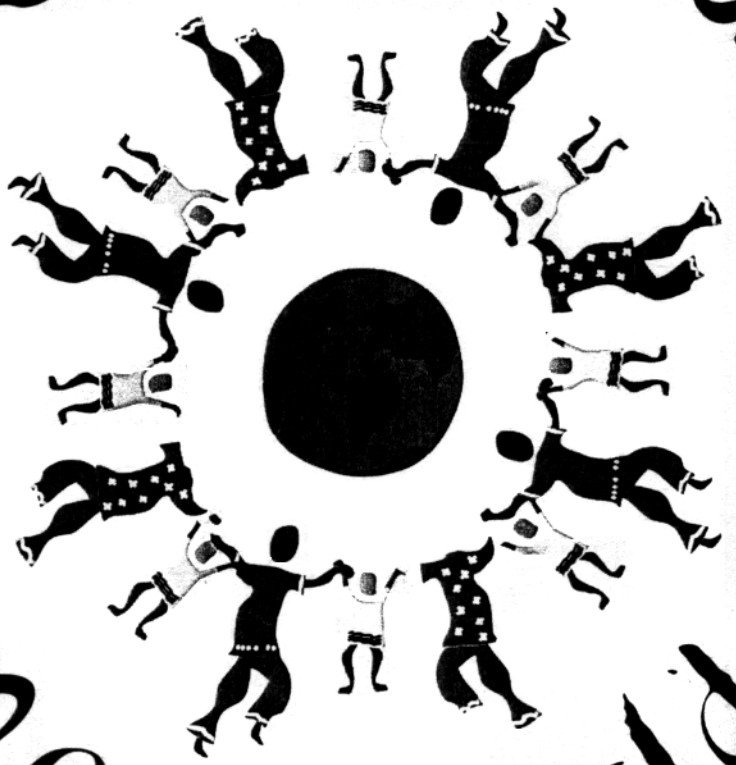
Coping in a new world



The social and emotional wellbeing of young people from culturally and linguistically diverse backgrounds

November 2001

Queensland Government
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Coping in a new world
The social and emotional wellbeing of young people from culturally and linguistically diverse backgrounds
The final report of the NESB Youth Mental Health Needs Assessment project.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ACKNOWLEDGMENTS

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- South Brisbane Child & Youth Mental Health Service, Queensland Health
- Mental Health Association of Queensland
- Brisbane Youth Service
- Centre for Multicultural Pastoral Care
- The Peace Centre
- Logan City Multicultural Neighbourhood Centre
- Booron Park Neighbourhood Centre
- Mental Health Community Development, Logan City Mission
- Logan City Youth and Family Service
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EXECUTIVE SUMMARY

This report documents the experiences, resilience and needs of young people from culturally and linguistically diverse backgrounds (CALD) aged between 16 and 24, in relation to their social, emotional and mental wellbeing. Young people interviewed self-identified as having experienced some form of extreme stress, anxiety or depression. The focus of the study was on the mental health needs of CALD young people.

The project conducted 211 in-depth personal interviews in Queensland, South Australia and Western Australia. These interviews were with 123 young people, 41 carers and 47 service providers (26 mental health service providers and 21 other service providers).

This report is divided into six sections: introduction, literature review, methodology, findings and discussion, conclusion and recommendations. In addition, information sheets present snapshots of the interviews conducted with members of the communities that participated in the project.

Section 1 presents the introduction, which provides information on the background of the project; the rationale for selecting the participating communities, the interstate partners are explained and the project team is introduced.

Section 2 provides an intensive review of the literature, which examines the mental health issues that affect CALD young people. The literature review reinforces and validates the project findings, particularly the adaptation processes involving acculturation, identity negotiation, issues at schools, family support and intergenerational conflicts. Models of service delivery including the gaps in these models are examined and recommendations to address these issues are outlined.

Section 3 explains the methodology used in this qualitative research project. The methodology used is based on a qualitative needs assessment manual specifically designed for assessing mental health needs for CALD communities. In-depth interviews were used to collect information from the three groups (young people, carers and service providers). The main tools used in the methodology included the bilingual interviewer model to overcome cultural and language barriers, data analysis using qualitative computer software (QSR NUD*IST) to enable categorising and coding of themes, and participatory methods where members of the reference group and project team provided support and input into the refinement of the report.

Section 4 presents the findings of the three groups of people interviewed: young people, carers and service providers (both mental health service providers and other service providers). Quotes from the interviews that are rich and descriptive have been included where relevant, with the aim of giving this project a voice and bringing it to life.

The interviews with young people and carers from the immigrant and refugee communities provided insight into factors that had an impact on their emotional and social wellbeing. Issues relating to their cultural identity and resettlement experiences, risk and protective factors as well as coping strategies were explored. Interviews with service providers identified the diversity amongst the young people using services and also highlighted gaps in services that resulted in service under utilisation.

These interviews provided the most insightful findings of the research as the interviewees, particularly CALD young people, were able to explain from their own perspectives how they were *'Coping in a new world'*.

Summary of key findings

- Social isolation from the wider society due to language barriers, lack of social acceptance, limited understanding of local culture and parental restrictions to engage in the Australian lifestyle.
- Culture was an issue for all young people, particularly for those who arrived later in adolescence and from countries with less commonalities with the Australian society. In addition, some young people were in a cultural tension, wanting to maintain their culture and traditions, but also wanting to fit-in a new society.
- Family played an important role in young people's lives, however, intergenerational conflict was exacerbated by parent's lack of understanding of Australian culture and young people's acculturation process.
- Young people's migration history, settlement experiences and proficiency in English impacted on their adjustments at school and overall academic achievements.
- Service providers highlighted the lack of appropriate services for CALD young people and their families.
- Service providers identified the need for ethno-specific workers and more cross-cultural training for mainstream services.
- Overall, CALD young people were found to be remarkably resilient.

Section 5 summarises the findings for all three groups interviewed and explains how the recommendations were developed.

Section 6 provides the recommendations that emerged from the findings of the interviews. These recommendations have been grouped into three areas: *area of negotiated need*, *further recommendations* and *recommendations from the project*. There were four key issues that were commonly identified by all three groups which is called the *area of negotiated need*. These were issues relating to social connectedness, culture, family and education. *Further recommendations* addresses issues raised individually by the three groups as well as the literature review. The third set of recommendations, *recommendations from the project* and the reference group, addresses broader areas.

RECOMMENDATIONS

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.

2. FAMILIES

Recommendation 2.1

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

Recommendation 2.2

Government to resource flexible pilot and adequate recurrent funding to enable the 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.

3. EDUCATION/SCHOOL SUPPORT

Recommendation 3.1

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

Recommendation 3.2

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

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.

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.

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.

Recommendation 5.3

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

6. ORGANISATIONAL CAPACITY

Recommendation 6.1

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

Recommendation 6.2

Governments to make available adequate resources 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.

7. CO-ORDINATION OF SERVICES/COLLABORATION

Recommendation 7.1

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

8. ACCESS TO SERVICES

Recommendation 8.1

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

9. INFORMATION PROVISION

Recommendation 9.1

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

10. ANTI-RACISM

Recommendation 10.1

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

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.

RECOMMENDATIONS FROM THE PROJECT

12. DATA COLLECTION

Recommendation 12.1

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

Recommendation 12.2

Government to develop a co-ordinated data collection strategy 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.

1. INTRODUCTION

This report documents the needs of young people from culturally and linguistically diverse (CALD) backgrounds who have experienced extreme stress, depression and/or anxiety, their carers and service providers.

Few studies have been conducted about the mental health of immigrants and more specifically the mental health of CALD young people. Therefore, there is a need to identify the specific mental health needs of young people from immigrant and refugee backgrounds that may have resulted from pre-migration, migration and settlement experiences in Australia.

This report fills this gap. It presents information collected in 211 in-depth interviews conducted with young people, carers and service providers in Queensland, South Australia and Western Australia. It describes how CALD young people perceive their cultural identity, their familial and social support networks, their coping mechanisms, the social and emotional health issues they face as immigrants and refugees, and their access to mental health and other services in Australia.

This study is timely given the current focus by Commonwealth and State Governments on suicide prevention in young people, expressed in the National Suicide Prevention Strategy and the various State Government Youth Suicide Prevention Strategies.

It would appear that the emotional and cognitive adjustments young people make to the realities of life in the host country and the conflicts they experience may place immigrant young people at increased risk for psychosocial problems and risk-taking behaviours. However, this study highlights the tremendous strengths, resilience and coping mechanisms of CALD young people which need to be supported to improve mental health outcomes for CALD young people.

A review of current literature for this report indicates that with some exceptions[1], most studies have been conducted with immigrants in countries other than Australia. The few Australian studies with immigrants and refugees have been conducted in the states with the largest CALD populations, leaving the other states to rely on interstate data. This needs assessment is therefore also an opportunity to provide data for the states with smaller CALD populations and resources to develop their own policy and service responses.

Background

In early 1998, the Youth Affairs Network of Queensland Inc. (YANQ) and the Queensland Transcultural Mental Health Centre (QTMHC), Queensland Health, identified a critical lack of qualitative and quantitative information available on the mental health needs of young people from culturally and linguistically diverse backgrounds. This lack of information was particularly apparent in relation to youth suicide and self harm. It was agreed that a comprehensive study was required that could inform more targeted policy and service responses for CALD young people.

Consequently, a reference group of key stakeholders including ethnic community representatives, mental health professionals, youth workers, settlement and torture and trauma service providers, education staff and university-based researchers was established. With the support of this group, QTMHC and YANQ successfully sought funding to undertake a qualitative research project that would contribute toward a better understanding of the mental health issues experienced by CALD young people. The research would also seek to inform service providers, carers, policy makers and the community in general about appropriate strategies to support young people from culturally and linguistically diverse backgrounds experiencing depression, anxiety and/or extreme stress.

[1] Phipps (1995); Trauer, T. (1995); Davies & McKelvey (1998); Hertz, L. & Gullone, E. (1999)

With funding support from the Queensland Gaming Machine Community Benefit Fund and Queensland Health, the Queensland based research was made possible. Further funding gained from the Commonwealth Department of Health and Aged Care extended the study to include communities in South Australia and Western Australia. These two states were selected as they have more similarities with Queensland than other states with more dense culturally and linguistically diverse populations. The lack of reliable information on young people's mental health was also preventing effective responses in other states. The possibility of extending the project nationally was made possible through collaborative efforts between the Youth Affairs Council of Western Australia, the Transcultural Psychiatry Unit (Royal Perth Hospital), the Youth Affairs Council of South Australia and the Migrant Health Service of South Australia.

In April 2000, the first phase of the study concluded with the release of the preliminary findings in the form of information sheets.*[2]

Further funding was obtained in January 2001 from the Commonwealth Department of Health and Aged Care (National Suicide Prevention Strategy) to complete an in-depth analysis of this qualitative research project.

Project staff and management

The NESB Youth Mental Health Needs Assessment was managed by a Project Management Team and a Project Reference Group. The Project Management Team involved the managers and project officers of the Queensland Transcultural Mental Health Centre and the Youth Affairs Network of Queensland Inc:

Rita Prasad-Ildes
Bernice Smith
Elvia Ramirez
Michael Zgryza

They provided guidance, decision making and support to the project co-ordinator, Sumathy Selvamanickam. The Project Reference Group provided advice and support to the overall needs assessment project and report, contributed in the participatory discussion of the findings and recommendations, and provided input about strategic issues that impact on the dissemination and use of the needs assessment report.

The project was co-ordinated in Perth by Marie Arends and in Adelaide by Chris Fitzharris. A total of 19 bilingual interviewers conducted interviews with young people and carers. The interviewers were:

Queensland
Alice Chang
Osman Djobic
Stratos Efstratiou
Androniki Giovas
Abdi Hersi
Abdullah Ibrahim
Mohamed Keynan
Azza Mekawi
Peter Phan
Elvia Ramirez
Mojo Shallali

South Australia
Margaret Bako
Slavica Dedijer
Ibro Issack-Farah
Tome Petrovski

Western Australia
Val Yukich
Dobrica Cup
Jimmy Tong
Anna Tee

[2] Youth Affairs Network of Queensland & Queensland Transcultural Mental Health Centre: Social and Emotional Wellbeing of NESB Young People: Information sheets (2000), Brisbane, YANQ & QTMHC

The service providers interviews were conducted by the project officer and staff from QTMHC and YANQ in Queensland and by the project co-ordinators and staff from YACWA and YACSA in Perth and Adelaide respectively.

Project timeframe

The project was impacted by a drawn out timeframe due to funding issues. The project commenced in 1998 and was completed in April 2000 with the release of information sheets of the preliminary findings. Although some ongoing data analysis occurred during 2001, the project recommenced in earnest in 2001 with further funding under the National Suicide Prevention Strategy.

Key project dates

1998	Formation of project reference group Funding received from Gaming Machine Community Benefit Fund and Queensland Health and Commonwealth Health and Aged Care
1999	Interviews conducted
April 2000	Release of preliminary findings Conclusion of phase one
January 2001	Funding received under the National Suicide Prevention Strategy
November 2001	Project report and launch

Goal

The primary goal of the study has been to describe the mental health needs of CALD youth in Queensland, South Australia and Western Australia.

Objectives

1. To document the experiences and needs of family members and carers of young CALD people who have experienced depression and/or other mental health problems.
2. To document the experiences and needs of service providers who work directly with CALD young people.
3. Identify gaps in the mental health service delivery sector relevant to the needs of CALD youth.
4. Identify and analyse trends in youth suicide data across Australia according to ethnic background, gender and geographical location.
5. Make recommendations about working more effectively with young CALD people who have experienced depression and/or other mental health problems.
6. Make recommendations about future research into suicide prevention amongst young people.
7. To document the experiences and needs of first and second generation immigrant young people.

2. LITERATURE REVIEW

INTRODUCTION

In this section, literature dealing with mental health[3] issues for young people of culturally and linguistically diverse backgrounds (CALD) is reviewed[4]. The National Youth Suicide Prevention Strategy in Australia links mental illness with youth suicide behaviours[5] but there is a paucity of research in both the areas of mental health, and suicide, specifically addressing CALD young people[6].

In Australia, 25 per cent of suicides are committed by immigrant[7] populations and 60 per cent of these are committed by CALD people[8]. An examination of suicides and attempted suicide data in New South Wales (NSW) found that young CALD people from South East Asia, Southern Europe, North East Asia and the Middle East, in the 15-24 age group, had lower suicide rates than the state average, but that young people from Western Europe and Eastern Europe had higher suicide rates than the Australian-born population[9]. There is a widely acknowledged lack of information about the risk and protective variables for these differential rates.

There is a similar shortage of data on the prevalence, protective and risk factors of mental illness as these specifically relate to CALD young people in Australia. The literature documents widespread under-utilisation of mental health services by CALD young people, but this is more consistent with general patterns of under-use by young people and CALD communities than with any notion that there is a lower rate of mental health issues amongst CALD young people.

In fact, refuting any notion of a lower rate of mental illness amongst CALD communities, the 'migration-morbidity hypothesis' has been advanced in the literature to suggest a link between the prevalence of psychiatric disorder and immigrant status[10]. Yet, it has also been criticised as unduly simplistic. The common position now appears to be that the relationship between psychiatric morbidity and immigrant status involves complex risk factors such as socio-economic status; those generally attributable to young people's development of psychological disorders; specific factors relating to pre- migration stresses and events, such as torture and trauma; and post-migration resettlement factors.

[3] The concept of mental health may be narrowly confined to clinical diagnoses such as depression, anxiety, post traumatic stress disorder and risk-taking behaviours, such as drug and alcohol abuse, suicide and self-harm. More broadly, and for the purposes of this project, mental health also refers to feelings related to self-esteem, self concept and welfare issues.

[4] The concept of 'CALD young people' is used in this section to refer to young people between the ages of 12 to 25 years, and who are born in a non-English speaking country, or born in Australia and have one or both parents born in a non-English speaking country. The term 'second generation' includes the latter and young people who arrived in Australia during infancy or early childhood.

[5] National Youth Suicide Prevention Strategy (1999). Note however that although the literature documents a link between mental ill-health and suicide there is no evidence to suggest that mental health issues are causative of suicide.

[6] Dusevic, N. (2001)

[7] The term 'immigrant' is used to include those from refugee backgrounds. The literature tends to distinguish between an immigrant, as a person who has decided to move to another country in the hope of improving quality of life, and refugee, who usually flees a country to escape torture, trauma, imprisonment, death or because of witnessing devastation and brutality. Bashir, M. (2000) however points out that the line between refugee and immigrant has become more blurred over time as many decide to immigrate because they want to escape circumstances of coercion that may involve poverty, extreme social dispossession, or anticipated or perceived threats to themselves, families and loved ones. The approach in this review of literature has been to address common issues for all who migrate to Australia with attention also given to additional difficulties encountered by refugee young people.

[8] Dusevic, N. (2001) citing Cantor, C. et al. (2000); Hassan, R. (1995) and Kyrios, M. (1994)

[9] McDonald, B. and Steel, Z. (1997) cited in Dusevic, N. (2001)

[10] For critical discussion of this hypothesis see Klimidis, S. & Minas, I. (1995)

Furthermore, the stresses associated with immigration and cultural minority status do not necessarily produce psychiatric disorders in young people[11].

In reviewing the literature on mental health issues for young CALD people, particular focus is given to Australian literature and research. The first section of the literature review discusses and defines the concepts of 'mental health' and 'youth' including a social view of mental health that explains the variations of the mental status of CALD young people and a view of adolescence that does not necessarily entail a transitional period from childhood to adulthood.

The second section addresses acculturation, negotiating identity including cultural identity, and negotiating changes to school and families. These are the tasks for CALD young people that are most often addressed in the literature. These are also associated with risk variables for mental illness but equally, the literature identifies bicultural integration, a sense of cultural identity, and family relationships as important protective variables in building young people's resilience[12].

The third section addresses other risk and protective variables arising in the literature around CALD young people's mental health issues. An important protective factor is adequate and effective services for CALD young people and this review concludes by introducing recommendations made by others in Australia for best practice models in working with CALD young people.

THE VIEW OF MENTAL HEALTH

There is a growing body of literature that questions the applicability of the western concept and measurements of mental health to explain the identification and treatment of mental health issues for people in ethnic minority populations[13]. The emphasis on the biomedical model of mental health has proven to be very limited when trying to address the cultural expressions of emotional and mental distress and the wide range of life experiences and environmental factors that impact on the social, emotional and mental wellbeing of these populations.

In particular, this constant biomedical focus has wrongly developed profiles of psychiatric illness among some ethnic minority groups, that were based on treatment populations rather than the wider community[14]. Thus, in terms of mental health research on culturally and linguistically diverse groups, there has been a tendency towards studies that attempt to measure the prevalence of mental illness, rather than how experiences of mental well-being are mediated by culture and social factors.

A perspective of mental health that helps in fully understanding mental health issues amongst ethnic minorities is that which includes biological, psychological and social components. This biopsychosocial view of mental health explains the role, importance and value that social structures, culture, daily strivings, inner-strengths, spiritual beliefs and practices have in creating and maintaining emotional, mental and social wellbeing for these ethnic minorities. The literature notes that health professionals and others need to understand of how these resources influence mental health outcomes.

Some authors[15] seek to explain the association between the individual and society, 'the ways in which microlevel subjective experience is embedded in macrolevel objective social structures' and the relationship between social determinants and mental disorder.

[11] Klimidis, S. et al. (1994); Bashir, M. (2000)
[12] For a definition of resilience, refer below to section titled 'Protective Factors'.
[13] Nazroo, J. (1998); Vega, W. & Rumbaut, R. (1991); Raleigh, N. (1993)
[14] Nazroo, J. (1998)
[15] Vega, W. & Rumbaut, R. (1991):352

A Queensland study on the social determinants of health[16] affirms that people with mental health problems are amongst the most socially disadvantaged in the community. At the same time it tries to demonstrate how social aspects determine the health of the individual, including mental health. For immigrants and refugees, the circumstances in the country of settlement have been highlighted to be 'the most immediate and most important determinants of mental health and illness'[17]. However, there are very few studies that have attempted to take into account socio-economic status when making comparisons between the mental wellbeing of immigrants and non-immigrants[18].

Dressler[19] describes contemporary models in which two psychological dimensions maintain a balance to achieve mental wellbeing – the stressor dimension and the resistance resource dimension – which include social supports and personal coping resources. Persons with high strong social supports and personal coping resources are less affected by stressful events or circumstances, and those with low resources experience a considerable impact of stressors. Evidence of this is demonstrated when one considers the circumstances surrounding the lives of immigrants and refugees prior, during and after migration, and their overall mental health status which is not explained by the limited available settlement and mental health services alone[20].

Equally, it has been shown that 'the stressful effects of migration can persist for years if an effective adaptive strategy within the host culture is not established'[21].

GENERAL ISSUES OF ADOLESCENCE

Adolescence is not a universal concept. Wyn & White[22] draw attention to the tension between this apparent universality and the highly specific, differentiated and socially divided nature of youth. They define youth as 'an historical construct which gives certain aspects of biological and social experience of growing up their meaning'. These authors also argue that growing up, at least in advanced industrial countries such as Australia, has become an increasingly complex experience with an extended age range at both ends being likely to increase even more in the future. Chisholm[23] adds that 'a framework for understanding 'youth' must include both continuity and change, relations of age and of generation, and the social divisions of class, gender, ethnicity and 'race'.

Adolescence is typically denoted in western literature as a period of transition from childhood to adulthood and from a state of dependence to independence[24]. Mental health issues for young people are associated with needs relating to the development of a satisfactory sense of identity[25], self-esteem and self-concept, future, relationships, sexuality, and transitions of education and employment options. Literature on resilience indicates that a positive self-concept, a feeling of connection to and caring from others and self-understanding are factors that assist in successfully negotiating the transitions of adolescence and broader life challenges[26].

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[16] Public Health Services, Queensland Health (2001)
[17] Minas, I. (1993):262
[18] Klimidis, S. & Minas, I. (1995)
[19] Dressler, W. (1996)
[20] Raleigh, N. (1993)
[21] Grave and Graves (1980) cited in Dressler, W. (1990):261
[22] Wyn, J. & White, R. (1997):3
[23] Chisholm (1994) in Wyn, J. & White, R. (1997):28
[24] Fry, A. (2000):65 describes adolescence as a mainly western construct insofar as western societies construct it as a transitional development period between childhood and adulthood. By contrast, some non-western societies may regard the change from child to adult as of less relevance and link readiness for adult autonomy, sexuality and identity to the assumption of adult roles such as parenthood. As highlighted in Apaala Projects (2000) this may mean that in immigrant communities where the stage of 'childhood' continues until the advent of marriage, issues typically constructed in Australia as 'teenage issues' are not recognised as such.
[25] Bevan, K. (2000); Bashir, M. (2000)
[26] Rutter, M. (1987); Resnick, M. et al (1993)

Conversely, the risk factors of psychological and psychiatric ill health in young people include alcohol dependency and substance abuse, environmental stressors such as poverty, living with a parent with a mental illness, isolation, neglect, parental-child separation, physical and sexual abuse, chronic marital and family discord, prolonged separation from family, conflict, exposure to family violence, unemployment, living in foster care and lack of access to social and health services[27]. Research into factors impacting on the mental health of young people stress the importance of identity development in the trajectory of young people's social and emotional wellbeing.

For young CALD people living in Australia these are also important issues, although the meaning, significance and expected outcomes of adolescence and its transitions are culturally and ethnically value-laden[28]. In addition to these issues, the literature focuses on four particularly important adaptive tasks that young people from CALD countries have to negotiate: acculturation, formation of identity including cultural identity, schooling and changes and stressors in families.

NEGOTIATING ACCULTURATION

Acculturation refers to a process of change that a person or group undergoes when living in another culture and involves decisions about incorporating values and life skills of a country of origin into lifestyles in a new country. The incorporation may entail keeping the old ways and rejecting the new, or vice versa, or blending the two[29]. This process is not clear-cut, for example, through global marketing strategies, industrialised countries attempt to acculturate non-western cultures even prior to migration.

Acculturation may involve significant changes to values, thinking, behaviour patterns, activities such as socialising, interacting and employment, and to modes of self-identification[30]. Research indicates, however, that the extent and mode of incorporation of a culture of origin with the 'new' ways of a host country is neither static nor fixed in time[31]. It may vary across a young person's development and is highly dependent on young people's relations to their cultures and ethnic identities[32]. Berry has described four main outcomes of acculturation: assimilation, where a young person completely adopts the new culture of the host country and rejects her or his own culture; withdrawal from a new culture combined with an exaggerated emphasis on the ways and lifestyle of the culture of origin; marginalisation within the new culture; and bicultural integration where a young person successfully blends the cultures of the host country with the country of origin[33].

Factors relevant to acculturation patterns

There is widespread agreement in the literature that age is an important factor in acculturation and that young people and children tend to acculturate to a host country faster than their parents[34].

[27] Hoberman, H. (1992); Kazdin, A. (1993)
[28] Klimidis, S. & Minas, I. (1995) highlight these concepts as culturally variable and imbued with culturally specific notions of normality and disorder. Cultural understandings of adolescence and its transitions shape whether, and how, we perceive the need for interventions, the presentation of health concerns and perceptions of appropriate help-seeking behaviours.
[29] Hovey & King, (1996); Bashir, M. (1993*)*; Berry, J. (1990*)*
[30] Williams, C. & Berry, J. (1991) cited in Hovey & King (1996); Gordon (1964) cited in James, D. (1997)
[31] Wong, D. (2000)
[32] Wong, D. (2000) Writing in Australia, Wong thus notes that acculturation may involve a young person accepting her/his cultural identity, only to reject it during schooling but return to it when older.
[33] Berry, J. (1990*)*
[34] Bevan, K. (2000)

For example, addressing acculturation rates amongst young Vietnamese people in Melbourne, Klimidis (1993) found that whereas 40 per cent of Vietnamese children had adopted Australian ways, only 10 per cent of parents had done so in the same period and that the children were much more proficient in English language than their parents. The age of 12 years was found to be important as a denominator of acculturative stress[35], those immigrating at a younger age than twelve experiencing less acculturative stress than those immigrating over the age of 12[36].

Other factors impact on acculturation patterns and rates. A study in South East Queensland found that the values and socialisation processes of young people's cultures of origin impact on their acculturation responses and patterns[37]. Language proficiency, family support, social support, self-concept, ethnic identity, pre-migration experiences, length of time spent in Australia and precursors to migration were other factors relevant to acculturation[38]. Generational status is also relevant, with first generation immigrants more likely to experience acculturative stress than succeeding generations[39].

Mental health issues

The acculturation process has been linked to acculturative stress and accompanying emotional and behavioural problems, such as depression and anxiety, feelings of marginality and alienation, heightened psychosomatic symptoms, low self-esteem and identity confusion[40]. For refugees, acculturation occurs within a context of forced change and will often be associated with feelings of loss, sadness, grief, guilt and ambivalence[41]. Refugees may also experience post traumatic stress disorder (PTSD) symptoms, anxiety, and depression as the effects of exposure to trauma and torture. PTSD symptoms, in this group, have been found to be particularly enduring. A six year study with Cambodian adolescents in the USA found that whereas clinical depression had almost disappeared in this period, PTSD symptoms persisted[42]. A high level of acculturation may therefore, mask PTSD, or as the literature suggests, PTSD symptoms may develop over time[43]. It may manifest in a variety of ways, such as problematic and disruptive behaviour at school, poor academic performance, and depression or be expressed in a range of somatic complaints.

The literature diverges around the link between rates of acculturation and psychological disturbance. On the one hand, it has been suggested that too rapid or higher levels of acculturation have adverse effects on wellbeing.

It may involve a rejection of cultural identity, self-deprecation, and even 'ethnic self-hatred' and an internalising of racism, discrimination and negative values of a host culture[44]. Variations of the pattern may be observed where young people try to blend in and act like their peers as if the past never existed, or over-compensate by acting more 'ocker' than 'Aussies'[45].

On the other hand, another body of research links low levels of acculturation to mental ill-health. This is on the assumption that low levels reflect withdrawal from the new culture caused by racism, discrimination, language and support barriers and carry higher risks of mental illness, in particular, higher risks of anxiety and self-esteem problems[46].

[35] Klimidis, S. & Minas, I. (1995) define acculturative stress as stress and pressure associated with cultural changes connected with acculturation.
[36] Klimidis, S. et al (1993) cited in Klimidis, S. & Minas, I. (1995)
[37] Barrett, P. et al (2000)
[38] Ranieri, N. (1992) for Melbourne research that also found length of time in Australia to be relevant.
[39] Shapiro, J. et al (1999)
[40] Williams, C. & Berry, J. (1991)
[41] Wallace, H. (1990) cited in Bevan, K. (2000)
[42] Sack, W. et al (1986) cited in Bevan, K. (2000)
[43] Weine, S. et al (1995)
[44] Luntz, J. (1998); Rogler, L. et al (1991) cited in Klimidis, S. & Minas, I. (1995)
[45] James, D. (1997); Wong, D. (2000)
[46] Klimidis, S. & Minas, I. (1995); Wong, D. (2000)

Cultural conflicts, combined with consistent reminders of being racially or culturally 'different,' may mean that young immigrants come to feel marginalised within both the culture of origin, and host country, and unable to feel a part of either culture which, in turn, may cause distress and in the longer term, depression[47]. A third proposition has been advanced that those who reach an optimal combination of elements of the culture of origin and new culture, are less likely to suffer psychological illness[48].

YOUNG PEOPLE NEGOTIATING IDENTITY

Western research links the development of a strong sense of self and identity to positive self-esteem and self-concept, and a person's ability to successfully function in society. The adolescent years have been identified as acutely important to identity development and problems related to this facet of development have been linked to symptoms of anxiety and depression[49].

In contrast to Anglo-Australian young people, for whom identity development occurs in a context to which they have been progressively socialised, identity development for many young immigrants occurs outside of a 'normally expected or anticipated' environment where it is difficult to identify and locate reinforcers for developmental tasks[50]. Lange highlights that for young male immigrants, whose countries of origin adhere to overtly patriarchal family structures and roles, this 'unexpected' environment may involve a significant loss of status with the satisfactory development of identity consequently depending on successful management of this status loss[51]. It is also likely, particularly for refugee young people, that the new and unexpected context for identity formation includes significant changes and disruptions to the family affected by pre-migration events and resettlement.

For refugees, other events leading up to arrival in Australia also impact on identity, for example, survival in refugee camps, torture, involvement in and living with political and military activity, physical and sexual abuse, witnessing atrocities such as mass killings and executions of loved ones, starvation, mass graves, widespread malnutrition and living in concentration and work camps. For refugees who arrive alone in Australia, or without access to proper supports, identity development occurs not only in an unknown environment but one that is likely to be experienced as profoundly alienating and lonely.

Identity development for CALD young people occurs in a context of living with two or more cultures and at least two languages and sets of values, norms and behaviour patterns. McDermott[52] highlights that this may mean that identity development necessitates the management of a series of conflicts around, for example, the meaning and place of the group versus individual, extended versus nuclear family, inter-dependence over independence, conformity versus competition, age over youth, the relevance of the past over futurist orientations in countries such as Australia, working with nature versus conquest, the valuing of patience and modesty over assertion and aggression and suppression of emotions and feelings over the value of expression.

Conflicts around cultural identity are also relevant to second-generation young people. Factors that often help to define their identity are visits to the country or countries they have links with and the implementation of policies that value multiculturalism[53].

[47] Bashir, M. (2000); Wong, D. (2000)
[48] Rogler, L., Cortes, D. & Malgady, R. (1991)
[49] Bashir, M. (2000)
[50] Fabrier, N. (1987) cited in Bevan, K. (2000)
[51] Lange, A. (1990)
[52] McDermott, J. (1991)
[53] Vasta, E. in Guerra, C. & White, R. (1995)

Incorporating ethnic and cultural identity

It is widely agreed that satisfactory identity development and positive self esteem in CALD young people is linked to cultural identification.[54] Conversely, young people's struggles with cultural identity contributes to low self-esteem and behavioural issues[55].

Research links a young person's ethnic identity to her or his family and the extent to which the family remains connected to its culture of origin and its values and norms[56]. In the USA, two-thirds of immigrant young people ethnically self-identified with their parents' national origins, but young women were more likely to choose and construct additive identities than young men[57].

Conversely, it has been suggested that parental uncertainty or hesitancy about ethnic identity may have a confusing impact and render their children more vulnerable to stressors such as racism and adjustment difficulties[58]. Racism and discrimination are other important influences on young people developing an identity that incorporate a sense of cultural identity[59].

SCHOOLING

Schools play a major role in young people's lives and have a powerful effect on their mental and emotional well being. Literature indicates that children and young people tend to express psychological and other mental health issues at school[60], yet Australian schools have been criticised for lacking understanding of the effects of migration and trauma on young people and for having low levels of 'mental health literacy'[61]. Furthermore, the education system has failed to implement multicultural policies by not acknowledging the social differences that systematically mark young people from different cultural backgrounds by using standardised assessment tools that assume that academic achievements are universal[62].

The literature indicates that schooling for CALD young people in Australia often involves discriminatory treatment and pressures to succeed academically that are either self imposed[63], or applied by parents[64]. Nationwide data collected by Kids Help Line, over a five year period, also indicates that schooling for young CALD people in Australia involves a high degree of stress connected to managing cultural and language differences, difficulties in maintaining peer relationships and bullying (especially for those under 15 years)[65]. Young people from CALD, were 40 per cent more likely to telephone Kids Help Line about bullying, and significantly more likely than their Australian counterparts, to be experiencing continual harassment and bullying often motivated by, or related to, racial and cultural differences. In Victoria, medical practitioners and teachers report that young refugees experience difficulties in obtaining acceptance from their Australian peers, particularly refugees who, by reason of cultural practices, are overtly distinguished from the Anglo-Australian majority[66].

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[54] Pinderhughes, E. (1989); Wong, D. (2000)
[55] Cederblad, M., Hook, B., Irhammar, M. & Mercke, A. (1999) cited in Barrett, P. et al (2000). Compare Lange, A. (1990) who suggests that young people may be able to question their ethnicity and experience dissonant feelings both within and outside of a group ethnic context, without this having any dramatic influence on their self-evaluations.
[56] Rosenthal, D. & Cichello, A. (1986)
[57] James, D. (1997) for Russian-speaking immigrant adolescents in Finland, ethnic identity was also strongly related to their perceptions of the relationship with parents (Jasinskaja-Lahti, I. & Liebkind, K. (1998)) and the personal meaning associated with the social categories in which individuals claim membership (Jasinskaja-Lahti, I. & Liebkind, K. (1999)).
[58] Bevan, K. (2000)
[59] Bevan, K. (2000)
[60] Bilanakis, N.; Pappas, E.; Lecic-Tosevski, D. & Alexiou, D. (1999); James, D. (1997)
[61] Sozomenou, A. et al (2000)
[62] Wyn, J. & White, R. (1997)
[63] Sozomenou, A. & Cassaniti, M. et al (2000)
[64] Kids Help Line (October 2000)
[65] Kids Help Line (October 2000)
[66] The Victorian Foundation for Survivors of Torture (June 2000)

Research also suggests that CALD young people may be subject to unrealistic pressure to succeed at school and in English language. Kids Help Line found that young CALD callers were more than twice as likely to be concerned about study than their Anglo-Australian counterparts and to be experiencing study-related stress, most often induced by parental expectations, but also related to difficulties in English as a second language, and effectively managing study[67].

In consultations with young people from CALD in Melbourne, it was suggested that young people may also experience unrealistic expectations from teachers that stem from stereotypical notions that certain racial and ethnic groups always perform well academically[68].

In addition to coping with these pressures, the literature highlights recent immigrants, overseas secondary school students and refugees as subject to other pressures and constraints at school. For young immigrants recently arrived in Australia, schooling may be affected by acculturative stress; economic and social hardships within families that necessitate young people's involvement in family income-generating activities such as outwork, or caring for siblings to assist parents earning an income; lack of access to assistance in the home with English language and study; language barriers; and previous literacy difficulties[69].

Refugees

Many young people who arrive in Australia as refugees, or as voluntary immigrants in circumstances where a country is involved in war, or immense economic and social hardship, may not have had any, or only limited or intermittent education. In countries characterised by war, a young person's education may have been largely around political activity rather than formal schooling.

A lack of formal education in the country of origin may mean that a young person arrives in Australia illiterate in the native language and unable to speak English as a second language. Gedi, for example, refers to the situation of Somali children in NSW who, as a result of civil war in Somalia, were unable to attend school for the last nine years and who consequently, have only a limited concept of schooling and might not be literate in their native language[70].

Once in Australia, young refugees may experience recurring and intermittent symptoms of traumatisation, which affect concentration and learning abilities and contribute to depression and language problems. Where these remain unrecognised and untreated, they are likely to impede school performance, and negatively impact on identity, self-concept and self-esteem[71]. In the long term, this may contribute to young people leaving school at an early age, remaining in low-skill jobs and engaging with alternative, but often self-destructive means of feeling empowered, such as drug-taking[72].

NEGOTIATING CHANGES AND STRESSORS IN FAMILIES

A consistent and dominant theme to the literature is that young people and their families experience immense change and disruption in the pre-migration, migration and re-settlement processes. Young people's families may have experienced trauma, loss and grief, and be struggling with extrinsic stressors such as homelessness, unemployment and poverty.

[67] Kids Help Line (October 2000):17-18
[68] Luntz, J. (1998)
[69] Bashir, M. (2000); Luntz, J. (1998)
[70] Gedi, A. (2000); Bevan, K. (2000)
[71] Luntz, J. (1998); Wong, D. (2000); Bashir, M. (2000)
[72] Luntz, J. (1998)

The literature around CALD young people's mental health issues, however, mainly concentrates on the effects on young people of internal changes undergone by families as a result of pre and post-migratory events. These changes are typically denoted as parent/child role reversals and value and lifestyle clashes between parents and young people[73].

Role reversal

As described above, young people tend to acculturate more easily and quickly than their parents. Research links this faster acculturation to a tendency for young people in immigrant families from CALD to become 'parentified'[74]. Because of English-speaking skills and a more advanced knowledge of the ways of the host country, young people may become responsible for facilitating parental contact with the outside world of the host culture. In turn, this may undermine parental authority and status and have destabilising and adverse effects on family stability and cohesion, and a young person's life-cycle development[75].

A young person's role in facilitating their parents' social contact with the outside world may involve interpreting for parents, and taking time off school to accompany parents, to appointments. Where parents are suffering from unrecognised and untreated mental health problems, young people may also be required to assume responsibility for the care of siblings[76].

The response of parents to the role reversal as a result of migration is not uniform. The role reversal may be invested with a high degree of conflict for parents who are forced to rely on their children. This may be especially where the role of social facilitator and interpreter exposes children and young people to 'adult concerns', or sensitive or taboo issues, such as sexual violence, reproduction and mental health[77]. Parents and other adult family members, who have experienced a substantial de-skilling, or continuing unemployment since migration, may also feel resentful where young people's participation in the world extends to completing their education and obtaining employment[78].

However, some other parents feel proud of their children's achievements, manage to accept and even encourage their children's integration to the host society in aspects such as education and employment, which overall increases family and community self-esteem[79].

Clash of values and lifestyles – intergenerational conflict

Intergenerational conflict, connected with a clash of values between young people and their parents, is an important theme in dealing with young CALD people's social and emotional well being[80]. As identified in Australia, the clash may centre around parents' 'strict' or protective parenting styles that are practiced as restrictions around socialising; parental expectations of academic performance and young people's participation in paid labour activities and care of children[81], parenting based on traditional collectivist approaches[82];

[73] Bevan, K. (2000) however, suggests or at least questions, whether research around these changes and effects may be based on an unsubstantiated assumption that young people of CALD are more likely to experience conflict in their families than others because of age and culture differences.
[74] Cassaniti, M. & Sozomenou, A. (2000); Cassaniti, M. et al (2000); Bevan, K. (2000)
[75] Gedi, A. (2000); Klimidis, S. & Minas, I. (1995)
[76] Sozomenou, A. et al (2000); Luntz, J. (1998)
[77] Bevan, K. (2000); Klimidis, S. & Minas, I. (1995)
[78] Bashir, M. (2000) The contrary may be indicated by studies suggesting that immigrant parents and young people emphasise academic performance and the attainment of high employment status as integral to successful adjustment in the host country, for example, Sozomenou, A. et al (2000); Kids Help Line (October 2000).
[79] Klimidis, S. & Minas, I. in Guerra, C. & White, R. (1995)
[80] Bashir, M. (2000); Bevan, K. (2000); Klimidis, S. & Minas, I. (1998)
[81] Luntz, J. (1998); Alexander, N. et al (2000)
[82] Hertz, L. & Gullone, E. (1999)

differing rates of acculturation[83]; a young person's struggle for independence and entitlement to financial independence via youth allowance and Austudy[84]; and generally, around the difficulties of living in two cultures[85].

An often cited example of an intergenerational clash of values is conflict around gender roles or more specifically, the role and expectations of women in families adhering to cultural and religious codes of explicit male domination[86]. These codes subordinate young women to their fathers and other male family members and to gender-based double standards. Young women may also be subjected to severe limitations on their freedom and to family expectations, such as that they will comply with arranged marriages, or at least obtain parental approval of chosen partners. In Australia, where gender inequality is differently configured, such expectations may pose a significant conflict for young women who, on the one hand, want the continuing respect, approval and love from their parents, and on the other hand, the equality, independence and freedom promised by the Australian ethos[87].

The literature also suggests that problem-solving methods may be another common source of intergenerational value conflict[88]. In consultations with young people in Melbourne, young people reported that whereas they may require, or want, outside assistance in dealing with problems arising with family, friends or school, their parents more commonly emphasise that problems and conflicts should be dealt with 'in-house'.

This might be because external help seeking is seen as a sign of weakness, or as stigmatising, or because adults are not familiar with seeking assistance outside the family, or consider that agencies should not be trusted and are concerned about a lack of confidentiality[89]. The young people reported that this conflict produced feelings of disloyalty when they engaged in outside help seeking, but that they also used a variety of strategies to deal with it. These included recourse to trusted people, such as other family members, teachers, and friends, or more damaging tactics to challenge parental authority, such as drug use and leaving home[90].

More broadly, intergenerational conflict may centre around a young person's acculturation into the individualist values and norms of Australian society, which contradict more traditional cultural values and norms to which parents adhere[91]. For adults without the support of a partner, or in situations where one parent remains in the country of origin, or a young person resides in Australia for some time before their parents' arrival, young people's acculturation into Australian culture may be especially likely to cause concern and conflict[92].

Intergenerational conflict may escalate where parents react to young people by emphasising traditional ways that involve more restrictive behaviours than those adhered to in a host country such as Australia[93]. For example, parents may impose restrictions on young women because they view Australian culture as excessively permissive or dangerous to young women[94]. Conversely, studies in Victoria indicate that immigrant parents may feel disempowered to effectively parent their children as a result of loss of extended family, loss of cultural values related to war experience, different acculturation rates and patterns amongst family members, lack of community support and location in a culture they do not understand[95].

[83] Guarnaccia, P. & Lopez, S. (1998)
[84] Gedi, A. (2000):114
[85] Kids Help Line (October 2000)
[86] Rosenthal, D. (1984) cited in Bevan, K. (2000)
[87] Fry, A. (2000):156; Luntz, J. (1998); Alexander, N. et al (2000)
[88] Luntz, J. (1998):8-9
[89] Luntz, J. (1998):8-9
[90] Luntz, J. (1998)
[91] James, D. (1997)
[92] Gedi, A. (2000)
[93] Bashir, M. (2000)
[94] Bashir, M. (2000); Luntz, J. (1998)
[95] Luntz, J. (1998):26; Apaala Projects (June 2000):26

An intergenerational gap may also arise for children born to immigrant parents, who have limited English-speaking skills. The parents may be fluent in their native language and their children fluent only in English with the result that parents and children have no common language. This undermines a young person's ability to effectively communicate with parents and parents' ability to guide and define appropriate behaviours for their children[96].

Mental health issues

Research indicates there may be a number of adverse effects to social and emotional well-being where, as a result of conflict with parents, a young person feels forced to choose between the culture of origin and values and norms of the host culture[97]. These effects may include an identity crisis, depression, loneliness, distress and confusion[98]. Parental over-control has also been identified as a risk factor in the development of serious emotional disturbances amongst young people[99].

Conflict around gendered double-standards and restrictions has an adverse impact on young women's social and emotional wellbeing, producing feelings and experiences of isolation and powerlessness, difficulties around positive identity development[100], depression, anger[101] and in the long term, unresolved acculturative stress[102]. Recent Australian research has indicated a link between the latter and eating disorders, noting the relatively recent development of anorexia nervosa amongst young immigrant women, from Mediterranean and Asian backgrounds[103].

Research in Sydney on suicidal behaviours amongst young immigrant women, has also linked intergenerational and cultural conflicts around gender roles to self-harming behaviours[104]. Analysing the findings of the Blacktown Suicide Prevention Project, Fry found that 76 per cent of young women participating in the project had experienced this type of conflict and that 17 per cent of self harming behaviours were precipitated by sexual and domestic violence[105]. Fry also suggests that the disparate positions of women and girls compared to men and boys, in explicitly patriarchal families, makes it more likely that young women are exposed to family problems, such as financial strife, violence, and alcohol abuse, and the concomitant distress and adverse effects these have on family members[106].

RISK FACTORS

Literature identifies and addresses risk factors connected with the development of maladjustment and mental illness[107]. Risk has been linked to stressful life events many of which are common to the immigrant and refugee experience[108]. These include familial and parental stress[109], and socio-demographic factors such as poverty and over-crowding[110].

[96] Guerra, C. & White, R. (1995); Luntz, J. (1998)
[97] Fry, A. (2000); Guarnaccia, P. & Lopez, S. (1998)
[98] Fry, A. (2000); Luntz, J. (1998):24
[99] Luntz, J. (1998):59
[100] Kids Help Line (October 2000):22 Kids Help Line found that consistent with broader trends, 80 per cent of calls about issues relating to self-esteem were from young CALD women.
[101] Luntz, J. (1998)
[102] Bashir, M. (2000):68
[103] Alexander, N. et al (2000); Bashir, M. (2000)
[104] Fry, A. (2000)
[105] Fry, A. (2000):156 notes this is consistent with review by Patel, S. & Gaw, A. (1996)
[106] Fry, A. (2000):156-7
[107] Garmezy, N. (1993); Rutter, M. (1987)
[108] Compas, Howell, Phares, Williams & Guanta (1989) in Mangham, C. et al (1997)
[109] Baldwin, A. et al (1993); Carro, M.,Grant, K., Gotlib, I. & Compas, B. (1993)
[110] Baldwin, A. et al (1990) in Rolf, J. et al; Baldwin, A. et al (1993); Easterbrooks, A.; Davidson, A. & Chazan, R. (1993)

Minority cultural membership[111], exposure to violence[112], discrimination, settlement circumstances[113], separation from parents/lack of parenting[114], life stress related to a high number of stressful life events or a high degree of parental stress[115] and malnutrition[116], are other common facets of immigrant and refugee experience that fall within categories of risk factors identified in resiliency research. However, not all individuals who are 'at-risk' manifest adjustment problems and mental illness because there is a distinction between these risk variables and the processes that link them to adjustment problems[117].

Research has identified risk factors, such as alcohol and substance abuse, sexual violence, domestic violence, history of mental illness or suicidal ideation, social and economic disadvantage, parental psychopathology, and personality factors, with mental illness and maladjustment in young people[118]. However, the relevance and significance of these factors to CALD young people's mental health remains largely unexplored and there is a lack of research around, for example, the rate of self harming behaviours such as drug-use, self-mutilation and suicide, amongst CALD young people[119].

On the other hand, the literature confirms that generic risk factors for mental illness and suicide in young people do have relevance to CALD young people. For example, findings from the Blacktown Youth Suicide Prevention Project in NSW indicate that pressures of gender restrictions and gender-based violence contribute to mental illness and self-harming and suicidal behaviours amongst CALD young women[120]. Drug taking and homelessness have also been identified as issues for CALD young people[121]. Suicide and attempted suicide tend to be generally under-reported and Morrell et al, suggest that this may be particularly the case for immigrants from countries that have strong suicide taboos[122].

The tenor of the literature is that there are risk factors for CALD young people that are additional to those identified generally in the mental health literature.

Many of these risk factors have already been addressed in the above sections concerning young people's negotiation of the acculturation process, self and cultural identity, schooling and family stressors and changes. Risk variables associated specifically, in the literature with CALD young people's mental ill-health are addressed below in terms of pre-migration factors, migration, racism and gaps in support and services for young people from CALD.

Pre-migration factors

The literature identifies pre-migratory factors as having an important influence on the adaptation processes and social and emotional well-being of immigrants. In some cases pre-migratory variables may play a protective role[123], but where a young person was not consulted about family migration, was suffering from mental illness before immigration[124], or where migration has been precipitated by war and conflict in countries of origin, the literature suggests clear risk factors to social and emotional wellbeing[125].

[111] Baldwin, A. et al (1993); Baldwin, A. et al (1990) in Rolf, J. et al; Easterbrooks, A. et al (1993)
[112] Werner, E. (1993); Egeland, B., Carlson, E. & Sroufe, L. (1993)
[113] Minas, I. (1994)
[114] Baldwin, A. et al (1990) in Rolf, J. et al; Egeland, B., Carlson, E. & Sroufe, L. (1993); Rutter, M. (1993); Rutter, M. (1990)
[115] Egeland, B., Carlson, E. & Sroufe, L. (1993); Wyman, P., Cowen, E., Work, W. & Parker, G. (1991)
[116] O'Dougherty & Wright (1990) cited in Mangham, C. et al (1997)
[117] Mangham, C. et al (1997)
[118] National Youth Suicide Prevention Strategy (1999)
[119] Fry, A. (2000)
[120] Fry, A. (2000); Patel, S. & Gaw, A. (1996) cited by Fry, A.; Guarnaccia, P. & Lopez, S. (1998) cited in Fry, A (2000)
[121] Luntz, J. (1998); Frederico, M., Cooper, B. & Picton, C. (1997) cited by Luntz, J. (1998):27
[122] Fry, A. (2000); Morrell, S. et al (1999)
[123] Shapiro, J. (1999); Rousseau, C., Drapeau, A. & Platt, R. (1999)
[124] Williams, C. & Westermeyer, J. (1983) cited by Wong, D. (2000)
[125] Montgomery, E. (1998); Bevan, K. (2000)

Research accordingly indicates that young refugees, and those who migrate to Australia in circumstances of social, economic, family or physical coercion, approximating the typical conditions of migration for refugees, are significantly more vulnerable to mental ill-health than the overall youth population[126]. Further, this vulnerability is exacerbated where young people experienced or witnessed torture and trauma[127]; arrive in Australia unaccompanied or unattached[128]; are separated from families and communities, and do not receive adequate support in dealing with the effect of horrifying events, such as witnessing the killing of family or neighbours, starvation, and prolonged exposure to harm and danger[129]. Other risk factors for young refugees, include a high prevalence of depression amongst the refugee population with consequent mental health risks to children, if left untreated[130]; 'parents' exposure to trauma with research indicating intergenerational transmission of the effects of trauma[131], and maternal distress, for example, distress connected to loss of loved ones, which has been found to correlate to mental ill-health in young people[132].

The link between mental health issues and refugee status for young people is a complex one, encompassing depression, anxiety, traumatisation, psychosomatic symptoms and behavioural disturbances[133].

Refugees are more likely to experience longer term physical and psychological conditions than other immigrants[134]. Exposure to trauma may undermine the basic conditions for positive identity formation in young people, shattering a young person's sense of safety and control and core assumptions about the purpose of life and human existence[135].

Pre-migratory trauma has also been linked to disorders such as post traumatic stress disorder (PTSD) in young people[136]. In a study in the United States, for example, it was found that the extent of trauma experienced by Cambodian young people during the Pol Pot regime prior to migration, correlated to high levels of post traumatic stress symptoms[137]. The sequelae to exposure to torture and other traumatic events may also include grief, guilt, anxiety and depression[138].

However, there is debate in the literature about the antecedent nature of war-induced trauma as a risk factor for mental disorders, such as depression and anxiety in refugees, and in particular, refugee children. Contrary to those arguing that war-induced trauma contributes to psychological maladjustment, others maintain that on a comparative basis, there are no significant differences between groups of refugee and non-refugee children in emotional and behavioural problems[139].

[126] Bashir, M. (2000); The Victorian Foundation for Survivors of Torture (June 2000); Hjern, A. et al (1998) found that five months after resettlement parents' ratings indicated 46 per cent of their refugee children (from Chile and the Middle East, in exile in Stockholm) had poor mental health and 13 months later 44 per cent still had poor mental health. Political violence in the home country and stress in the family sphere in exile were the major determinants in that context.
[127] Sozomenou, A. et al (2000); The Victorian Foundation for Survivors of Torture (June 2000)
[128] Sack, W. et al (1986) cited by Cassaniti, M. & Sozomenou, A. (2000):77
[129] Bashir, M. (2000); Bevan, K. (2000); The Victorian Foundation for Survivors of Torture (June 2000)
[130] Sozomenou, A. et al (2000)
[131] The Victorian Foundation for Survivors of Torture (June 2000); Weine, S.et al (1995) cited by Bevan, K. (2000)
[132] Sozomenou, A. et al (2000)
[133] Luntz, J. (1998); The Victorian Foundation for Survivors of Torture (June 2000)
[134] The Victorian Foundation for Survivors of Torture (June 2000)
[135] The Victorian Foundation for Survivors of Torture (June 2000)
[136] Klimidis, S. & Minas, I. (1995)
[137] Clarke, G. et al (1993) cited by Klimidis, S. & Minas, I. (1995)
[138] The Victorian Foundation for Survivors of Torture (June 2000)
[139] Preiss, M. (1998); Bilanakis, N. et al (1999)

Migration

Migration is considered one of the stressors that causes depression and anxiety[140]. Furthermore, there is some suggestion in the literature that migration, per se, is a risk factor for suicide. For example, Kliewer refers to studies in Australia and the United States that found that suicide rates for many immigrant groups were higher than those of the populations in their countries of origin[141].

Yet, as Klierwer also highlights, more complex data analysis indicates this proposition to be unduly simplistic. In a comparative analysis of age-specific suicide rates of native and foreign-born Australians, Klierwer found that the younger foreign-born had slightly higher rates of suicide, but that the difference between foreign-born and native-born suicide risk was highest for the elderly populations who were foreign-born. Research also shows that migration increases the risk of suicide for women rather than for male immigrants, with possible explanations being that immigrant women tend to be excluded from the initial decision to migrate and that women consequently find the migration process more deleterious and demoralising[142].

Accounting for the higher suicide rates amongst immigrant young people, Klierwer attributes the risk factors to the adjustment, rather than migration, process. Specifically, he points to language and schooling difficulties, early educational attrition, unemployment, familial conflict and to unresolved conflicts around cultural differences[143].

Gaps in service and resource provision

Inadequate service and resource provision at the broad levels of social and cultural support, housing, welfare, income, and learning of English as a second language and more specifically, at the levels of youth and mental health service provision, are identified in the literature as risk factors for the development of mental health problems amongst CALD populations[144].

CALD communities and young people, in particular, have a lower voluntary use rate of mental health services than other communities[145]. Reasons to explain the pattern of non-use include lack of information and promotion about services, language and cultural barriers to access, stigma in CALD communities about mental illness, different cultural tendencies to somatise psychological issues, lack of community education about early onset and recognition of mental illness in languages other than English, gaps in service provision to young people whose parents are suffering from mental illness and a lack of culturally appropriate service models and culturally-specific torture and trauma services[146]. Under-utilisation may mean that mental illness is not diagnosed or receives delayed treatment, with the concomitant result that poor treatment outcomes are achieved[147].

Youth services are widely regarded with suspicion by, or simply unknown to, parents of young people from CALD communities, which makes it unlikely that young people will access them[148].

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[140] Helman, C. (2000)
[141] Klierwer, E. (1991) On the other hand, research shows that suicide rates of immigrants converge with time with the rates of the population of the country into which they arrive. See, for example, Steel, Z. & McDonald, B. (2000); Morrell, Ss et al (1999)
[142] Steel, Z. & McDonald, B. (2000); Morrell, S. et al (1999)
[143] Klierwer, E. (1991):122-3
[144] Luntz, J. (1998)
[145] Cassaniti, M. & Sozomenou, A. (2000); Sozomenou. A. et al (2000)
[146] Wong, D. (2000); Bashir, M. (2000); Cassaniti, M. & Sozomenou, A. (2000); Luntz, J. (1998); The Victorian Foundation for Survivors of Torture (June 2000); Trauer, T. (1995); Gedi, A. (2000)
[147] Sozomenou, A. et al (2000)
[148] Gedi, A. (2000)

Like mental health services, many existing youth programs do not recognise, or incorporate, multicultural principles and activities in their service models with the ultimate result that their resources, programs, and service delivery models, exclude access and participation by young people from CALD communities. Youth, social and health services have also been criticised for failing to address the impact of pre-migratory experiences in assessments of, and provision of support and services to, CALD young people.

Racism

Research in Australia, and elsewhere, highlights that racism and discrimination make the process of adjustment more difficult and negatively impact on identity formation in young people[149]. CALD young people in Australia report racial harassment, racist taunts and teasing from peers as a daily fact of life[150]. This is confirmed by Kids Help Line data which shows that continual harassment and bullying is 40 per cent more likely to be an issue for its CALD clients, than for Anglo-Australian clients[151].

Young people also report discrimination and harassment from authority figures, such as teachers and police,[152] which like discrimination from their peers, is exacerbated by wider social and political trends promoting racial intolerance[153].

Research highlights widespread stereotyping and discriminatory labelling of cultural minorities in Australia and that this occurs in diverse areas of service provision. For example Gedi (2000), describes how young Somali women and their parents frequently encounter discrimination and insensitivity from Australian health practitioners about practices of female genital mutilation[154]. Cunneen and Walton highlight how often misleading media reporting in Australia tends to perpetuate stereotypes of CALD young people being involved in criminal activities and gangs[155]. Consultations with young people in Australia also indicate that these stereotypes influence and contribute to police treatment, such as verbal abuse and violence towards young people from CALD communities[156]. As another example, young people report stereotyping and labelling by school staff of certain cultural groups being high achievers and educationally successful[157]. More indirectly, literature identifies discrimination and racism as contributing to the lower occupational and educational status of young people from ethnic minorities and to high levels of unemployment and poverty amongst immigrant families[158].

Racism and discrimination are highly predictive of psychological distress in immigrants[159] and major contributors to low self-esteem, anger, depressive symptoms, and anxiety in CALD young people[160]. Racism creates a hostile environment for the arrival of immigrants and refugees into a host country, and is, associated with poor mental health outcomes[161].

It affects acculturation patterns and renders it less likely that young people achieve the optimum mental health outcome of successfully integrating aspects of both the host culture and culture of origin into their lives[162].

[149] Vasta, E. (1995); Luntz, J. (1998)
[150] Key Insights (1995); D'urso, E. and Associates (1996) cited in Wong, D. (2000); Bashir, M. (2000)
[151] Kids Help Line (October 2000)
[152] Wong, D. (2000):89; Luntz, J. (1998); Bevan, K. (2000):33-34
[153] Luntz, J. (1998); Bashir, M. (2000)
[154] Gedi, A. (2000)
[155] Cunneen, C. (1995) cited in Bevan, K. (2000); Walton, P. (1993)
[156] Wong, D. (2000); Luntz, J. (1998)
[157] Luntz, J. (1998)
[158] Vasta, E. (1995); The Victorian Foundation for Survivors of Torture (June 2000)
[159] Liebkind, K. & Jasinskaja-Lahti, I. (2000)
[160] Key Insights (1995) and D'urso, E. and Associates (1996) cited in Wong, D. (2000); Cassaniti, M. and Sozomenou, A. (2000)
[161] Sozomenou, A. et al (2000)
[162] James, D. (1997); Wong, D. (2000); Berry, J. (1990); Fry, A. (2000)

PROTECTIVE FACTORS

Corresponding to broader trends, literature on mental health issues for CALD young people shows an interest in resiliency and protective variables.

Resiliency is variously defined in the literature, but for the purposes of health promotion and prevention tends to be broadly defined, not only as an individual characteristic, but also as an attribute of organisations in which young people participate, for example, schools, clubs and families[163]. Mangham et al define resilience as follows:

> *Resilience is the capability of individuals and systems (families, groups, and communities) to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors within the individual/system and the environment, and contributes to the maintenance or enhancement of health*[164].

Resiliency literature defines protective factors in both narrow and broad terms. Rutter, for example, restrictively defines protective factors as variables which *'modify, ameliorate, or alter a person's response to some environmental hazards that predisposes to a maladaptive outcome'*[165]. By contrast Mangham et al suggest protective factors may more broadly encompass variables linked to positive adjustment and optimum health[166]. However, concepts of positive adjustment and health are culturally-specific, with those used in research and treatment in the Anglo-western world more likely to reflect western concepts of wellbeing[167].

Young immigrants exhibit a high degree of resiliency in the migration and settlement processes by learning to speak a second language and exercising sufficient dexterity of character to re-learn daily tasks, adjust to different schools and learning modes, develop new friendships and networks, deal with language barriers, support family members including parents and often, for refugees, in the course of dealing with feelings of great loss and grief[168]. Literature concerning resilience and mental health issues for CALD young people, identifies a number of important protective variables to this resiliency, including provision of support, feelings of belonging and connection, family support, self esteem, cultural identity, and norms and values of countries of origin[169].

Support

Provision of support across employment, education, welfare, social and health sectors is widely acknowledged as a crucial protective factor in promoting resilience[170]. In Australia, for example, it has been observed of CALD people that those with *'well developed support networks and access to adequate material and social resources enjoy better mental health than those whose access to these resources is limited'*[171].

Adequate support includes access to counselling. Consultations with young people in Melbourne found that contrary to literature rejecting counselling as an Anglo-centric health and social service model, young people *'were crying out for access to non-judgmental listening'*[172].

[163] Masten, A. & Garmezy, N. (1985)
[164] Mangham, C. et al (1997):2
[165] Rutter, M. (1995):600 cited in Bevan, K. (2000)
[166] Mangham, C. et al (1997)
[167] Klimidis, S. & Minas, I. (1995)
[168] Weine, S. et al (1995); Lee, E. (1987) cited in Bevan, K. (2000)
[169] Weine, S. et al (1995); Lee, E. (1987)
[170] Fine, S. (1991); Garmezy, N. (1993); The Victorian Foundation for Survivors of Torture (June 2000)
[171] The Victorian Foundation for Survivors of Torture (June 2000):14
[172] Luntz, J. (1998):60

Research also indicates that support to young people from their specific cultural and ethnic communities living within Australia, and wider societal support, acceptance, and promotion of diverse and co-ethnic communities are important buffers against acculturative stress[173].

There is widespread agreement in the literature that access to English language classes, for both young people and older generations, is a vital component of effective support provision and a major protective variable to young people's mental and emotional well-being[174]. A lack of assistance to young people experiencing English language difficulties has been linked to isolation, loneliness, depression, suicidal ideation, early educational attrition and social and economic marginalisation[175]. Provision of support and assistance to parents in English language classes is also important in reducing the risk of mental health problems, such as depression, anxiety and self-harming behaviours that are related to an inability on the part of parents and young people to communicate with each other in a common fluent language[176].

Family relationships

Family support and relationships are reiterated in the literature as major protective factors in young people's adjustment to immigration and settlement and their broader health concerns[177]. Overseas research has found that placement of unaccompanied minors in foster family environments had a positive effect on young people's adjustment and social and emotional well-being, when compared to those not placed in such environments[178].

In Australia, Gedi suggests that re-unifying young people with families, from which they were separated or isolated, may be crucial to young people's adjustment in resettlement and to their motivation to learn another language as a means to participating more fully in Australia[179]. In consultations in Melbourne, young people also identified family support and respect as a major protective factor in dealing with drug use and abuse[180].

On the other hand, pre and post-migration experiences may have a highly disruptive impact on family relationships causing family break-down, extreme stress and young people becoming orphaned or separated from family members.

Even where families remain intact, the trauma and stress of pre-migration and resettlement may mean that there is little effective opportunity for young people to access support from parents[181]. In such circumstances, the literature suggests that family is a malleable concept with a sense of caring from significant others being the most important protective variable in the development of resilience[182]. It is also suggested that where young people's families are in stress and hardship, provision of support and assistance to the family unit and particularly parents, is crucial to achieving positive health and welfare outcomes for young people[183].

Caring and connection

In major research undertaken in the United States, the experience of caring and a feeling of connectedness to family and school were isolated as the most important protective factors against the development of health compromising behaviours in young people[184].

[173] Bashir, M. (2000); Wong, D. (2000)
[174] The Victorian Foundation for Survivors of Torture (June 2000); Luntz, J. (1998)
[175] Wong, D. (2000); Luntz, J. (1998)
[176] Luntz, J. (1998)
[177] Bashir, M. (2000); Luntz, J. (1998); The Victorian Foundation for Survivors of Torture (June 2000); Wong, D. (2000)
[178] Cederblad, M., Hook, B., Irhammar, M. & Mercke, A. (1999)
[179] Gedi, A. (2000)
[180] Luntz, J. (2000)
[181] The Victorian Foundation for Survivors of Torture (June 2000)
[182] Resnick, M. & Blum, R. (1993)
[183] Luntz, J. (2000); Wong, D. (2000); The Victorian Foundation for Survivors of Torture (June 2000)
[184] Resnick, M. & Blum, R. (1993)

The research project involved 36,000 students and showed that regardless of gender, a feeling of connection to family, (howsoever that was defined by a young person) was the most important protective factor against 'quietly disturbed behaviours' and that a sense of connection to school was the most important protective factor, against 'acting out behaviours'.

A sense of spirituality, low family stress related to an absence of poverty, unemployment, substance use and domestic violence, also functioned as protective factors[185]. Consistent with these findings, research with immigrant and second-generation Latino adolescents found that a sense of emotional closeness with others, rather than physical closeness, was a protective variable in young people's acculturative and adjustment experiences[186].

Cultural identity

Literature suggests that the development of a strong ethnic identity is an important protective factor in a person's ability to deal with life stressors and those associated with transition, migration and settlement in another culture. A sense of cultural identity and belonging is positively related to self-worth and confidence, and it has been suggested that those CALD young people who maintain links with their cultural communities, and live in accepting and supportive co-ethnic environments, are less likely to have identity and self-esteem issues[187]. The development of a sense of ethnic identity may also contribute to familial resilience and capacity to deal with intergenerational conflicts and those related to the balancing of the norms and values of the host culture and country of origin.

Self esteem

Resiliency literature highlights the role of self-esteem, self-efficacy and perceived competence in building resilience in young people[188]. Ethnicity has been identified as a variable in young people's self esteem and coping strategies[189]. A cross-cultural comparison of students in public schools in South East Queensland found higher overall levels of self-esteem amongst Australian students compared to immigrants, and confirmed that cultural devaluation and acculturative stress contribute to lower self esteem and a lesser sense of competence[190]. Environments that promote and foster cultural diversity, and facilitate the development of integrated bicultural identities through the acculturation process have, accordingly, been identified as a protective factor against low self-esteem[191]. The literature also suggests that provision and facilitation of opportunities for young immigrants to learn and improve English and to achieve academically may be another means to building self-esteem and perceptions of competence in young people[192].

Socio-cultural values

Research indicates that the values and norms of countries of origin may play an important protective role in the social and emotional well being of immigrants. For example, Barrett et al[193] suggest from their cross-cultural comparative study of young adolescents in public schools in South East Queensland, that acculturation is largely mediated by culture-specific socialisation processes.

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[185] Resnick, M. & Blum, R. (1993)

[186] Hovey & King (1996)

[187] Barrett, P. et al (2000); Wong, D. (2000); Phinney, J. et al (1990)

[188] Phinney, J. et al (1990) According to Raphael, D. (1993), self esteem by itself is not a promising target of health promotion, it should be linked to resilience. Self efficacy is a social learning concept and like self esteem and competence, is enhanced by supportive environments. Protective processes involved in resilience include those that promote self efficacy (Rutter, M. (1990)).

[189] Neill, L. & Proeve, M. (2000)

[190] Barrett, P. et al (2000)

[191] Barrett, P. et al (2000); Bashir, M. (2000); Wong, D. (2000)

[192] Wong, D. (2000); Sozomenou, A. (2000); Barrett, P. et al (2000)

[193] Barrett, P. et al (2000)

Likewise, the conclusions of comparative research into different problem-solving tactics employed by South East Asian and Australian students, were that active recognition of socio-cultural mores enhance coping competencies[194].

A review of research in the area of suicide amongst immigrants born in non-English speaking countries, found socio-cultural factors to be more determinative of suicide risk for this category of immigrants than the suicide mortality rate within Australia and that it was only with time, that rates for immigrants converged with Australian suicide rates[195]. However, this means that the values and attitudes to suicide that immigrants bring to Australia from their countries of origin may operate as either risk or protective factors for suicide[196].

It has been suggested, for example, that strong family and religious values operating before and following migration are protective factors against suicide for immigrants from Asia, the Middle East and South Europe[197]. However, Fry suggests that for CALD young women, these are often risk factors associated with suicidal and self-harming behaviours[198] and may also pose barriers to the achievement of a healthy and positive sexual identity for CALD gay and lesbian young people[199].

MODELS OF WORKING WITH CALD YOUNG PEOPLE

Models of working with CALD young people and their families must aim to reduce the social inequalities in their mental health status. This would benefit not just them but society at large. The interventions to improve mental health and reduce mental health inequalities should look at microeconomic and social policies, the impact of government economic policy on mental health inequalities, environmental measures, community development projects, inter-sectoral initiatives and data collection systems[200]. More targeted proposals and guidelines for effective service delivery models to CALD young people have come from diverse research projects that have been undertaken in Australia on mental health issues for CALD young people[201]. These place an emphasis on 'cultural competence' at organisational, training, education and service delivery levels[202].

The components of cultural competence include:

- the development and implementation of culturally appropriate responses;
- ongoing monitoring of access to services by CALD clients through data collection;
- research into cross-cultural practices and trends;
- development of collaborative models, including those based on partnership with ethno-specific agencies and those working with CALD young people;
- developing and maintaining work environments that promote cultural diversity and are visibly welcoming to a culturally diverse client base;
- community education in CALD communities to address fear and stigma about mental illness and to raise awareness about resources and health and youth services; and
- staff education and training for outcomes such as self-awareness of cultural frameworks and values and how these inform professional practice[203], increased knowledge and skills in delivering culturally appropriate responses, improved capacity to communicate with diverse clients through the use of interpreters, translators and bilingual workers[204], and an understanding of the link between macro issues such as poverty, racism, class, and institutional power and mental health issues for CALD young people[205].

[194] Neill, L. & Proeve, M. (2000)
[195] Steel, Z. & McDonald, B. (2000); Burvill, P. (1998)
[196] Fry, A. (2000) cite in Burvill, P., Woodings, T., Stenhouse, N. & McCall, M. (1982):152
[197] Burvill, P. (1998)
[198] Fry, A. (2000)
[199] For example, see Pallotta-Chiarolli, M. (2000)
[200] Public Health Services, Queensland Health (2001)
[201] Luntz, J. (1998); Barrett, P. et al (2000); Wong, D. (2000); Cassaniti, M. & Sozomenou, A. (2000)
[202] Luntz, J. (1998); Cassaniti, M. & Sozomenou, A. (2000)
[203] Fry, A. (2000)
[204] Luntz, J. (1998)
[205] Fry, A. (2000)

The use of health promotion models, particularly the principle of increasing the capacity of the community to access resources and empowering individuals by enabling young people to make decisions[206], should be recognised and adopted to address the needs of CALD young people, their families and communities.

Recommendations have also confirmed the value of applying and extending youth service models that incorporate informal, flexible, and community-based approaches to service delivery to young people; promote the use of innovative outreach strategies, such as peer education and arts and creativity to engage and work with young people; and focus on a holistic response to young people's emotional, mental, physical and spiritual needs[207].

It is also important that such responses recognise and address different needs of young people based on gender. For example, Fry identifies a need for information about law and rights amongst CALD young people, but highlights that young immigrant women have additional, specific information needs about refuges, sexual assault support services and general women's services[208].

Luntz's review of the methodology employed in consulting with CALD young people in Melbourne, also indicates the need for responses to incorporate awareness of the differences, and histories of conflict that may exist between cultural groups and their likely inhibiting impact on group activities such as discussions[209].

Families, friends and school staff are those to whom CALD young people are most likely to turn when seeking assistance with problems[210]. On this basis, strategies to engage and support parents, friends, caregivers, and significant others in young people's lives, are likely to improve the effectiveness of responses to young people's mental health issues[211].

In NSW, the CALD Youth Issues Network implemented such a strategy, developing an information kit on youth services for parents to address lack of information and misconceptions about youth services that had previously been identified as barriers to CALD young people accessing youth services[212]. Other examples of this type of strategy include the provision of English language classes to CALD parents by high schools to increase the participation of parents and caregivers in children's education; provision of information to parents about the Australian education system; provision of training and resources around youth issues to those who most often work with CALD parents and young people; and conflict resolution workshops with parents and young people[213].

Schools, as sites where mental health problems may either develop, or initially manifest, should be targeted for delivery of mental health and welfare resources. The literature also emphasises the need for training school staff to improve understanding of the adaptive behaviours of refugees and immigrants, and the link between behaviour and learning difficulties and PTSD, for the purpose of facilitating more effective and earlier learning and health interventions with CALD young people.

[206] World Health Organisation (1997)
[207] Wong, D. (2000)
[208] Fry, A. (2000)
[209] Luntz, J. (1998) Conflict may arise around many issues, such as different religious affiliations and memberships, political persuasions, and socio-political beliefs and involvement.
[210] Wong, D. (2000); Luntz, J. (1998)
[211] Wong, D. (2000); Bashir, M. (2000)
[212] Wong, D. (2000)
[213] Wong, D. (2000); Gedi, A. (2000)

Other recommendations that have been made in relation to schools include development and implementation of anti-racism policies; provision of resources and funding for English language classes and assistance; increased resources for school counsellors and programs to address special learning needs; and more collaboration and co-ordination between schools and community, ethnic and youth services[214].

CONCLUSION

This section has reviewed literature relating to CALD young people's mental health issues. The dominant approach in the literature may be characterised as an additive one with mental health issues for CALD young people addressed as additional to those recognised as relevant to young people generally. As a consequence, there remains a gap in research around the precise relevance, significance and impact of more generic, 'young people's mental health issues' to CALD young people, specifically. Nevertheless, there is agreement in the literature that risk factors, such as poverty, substance abuse, sexual violence, domestic violence and separation from or loss of family members, associated generally with mental illness in young people, are also relevant to CALD young people.

As outlined earlier, the literature addresses the additional impact on CALD young people of four key adaptive tasks, these being acculturation, negotiating identity including cultural identity – for both first and second generations, dealing with new schools and often, with immense changes and stressors within the family.

Young people demonstrate a high degree of resilience in negotiating these tasks but the literature also associates risk variables for mental illness with problems relating to acculturation, identity formation, family and school. Equally, however, the literature highlights successful acculturation, a positive self-identity and ethnic identity, and family, as protective variables in building a CALD young person's resilience.

The last section of this review, addressed other protective and risk factors listed in the literature with mental illness in CALD young people. These risk factors include pre-migratory factors that are especially relevant to refugees, migration, gaps in service and resource provision, and racism. The protective factors addressed in the literature are provision of support, family relationships, a sense of caring and connection, a sense of cultural identity, positive self-esteem and self-perceptions of competence and socio-cultural values and norms.

In conclusion, this review outlines some of the recommendations that have been made by diverse research projects in Australia about the needs and barriers facing CALD young people in accessing services and broader social, economic, and cultural resources and opportunities. CALD young people comprise a diverse group of young people with diverse needs and issues. The literature reiterates that recognition of this diversity, combined with an acceptance and valuing of cultural diversity at macro and micro levels, are integral to achieving CALD young people's social and emotional wellbeing.

[214] Wong, D. (2000); Gedi, A. (2000)

3. METHODOLOGY

The research method focused on documenting the experience and views of three groups of need definers: young people, carers and service providers. All 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 mental health problems. The data from the participants in Queensland, Western Australia and South Australia was qualitatively analysed.

As indicated in the literature review, there is a paucity of information regarding the relationship between suicide and poor mental health among CALD young people in Australia. In contrast, this project has sought to use a qualitative framework to focus on mental health needs of CALD young people who have self-defined themselves as having experienced extreme stress, depression or anxiety in their lives. As with all qualitative research, the strengths of the method remain with its ability to gather insights into the personal experiences of the participants.

The methodology in this study used the bilingual interviewer model, where bilingual interviewers conducted the interviews with young people and carers. This enabled the collection of information in a culturally and linguistically appropriate manner. The limitation however, is that the identification between interviewer and interviewee may result in subjective interpretation of the information being gathered. The method however, does allow for seeking of confirmation of the interviewer's interpretation to ensure that it truly represents the views of the interviewee.

Qualitative research has the means to provide better in-depth data but its limitation lies in the potential lack of representation of larger populations, making it difficult to generalise the results. This does not mean however that the findings are not of importance or that they do not contribute to the body of knowledge needed to gain greater insights into the issues. Research using qualitative analysis compared to quantitative analysis is also more valid with marginalised communities, where numbers are small to start with. This coupled with mental health issues further reduces the sample size, as participation decreases due to the associated stigma. In-depth data also allows qualitative research the advantage to dispel assumptions made from counting the number of people with some form of mental health problem and assuming that community needs are directly related to that problem[215].

3.1 DATA COLLECTION

3.1.1 Study design

The research methodology was largely based on a needs assessment manual by Larson et al (1999) who developed a qualitative needs assessment methodology specifically for assessing mental health issues within culturally and linguistically diverse communities.

The manual, jointly developed by the Australian Centre for International Tropical Health and Nutrition (University of Queensland), the Queensland Transcultural Mental Health Centre (Queensland Health) and the University of Western Australia provided a basic framework, which was then tailored to the specific needs of this project. This approach to the needs assessment included mapping services, interviewing CALD people with mental health problems, their carers and service providers.

The focus of this methodology is the use of in-depth interviews to collect comprehensive, quality information from people with direct personal experience of some form of stress, depression or anxiety – that is, young people themselves, their carers and service providers.

[215] Larson, A. et al (1999)) Assessing needs for mental health and in CALD : a qualitative approach

A team of bilingual interviewers was recruited to conduct the interviews with young people and carers. Members of the project team interviewed service providers in the three states.

The study design for this research project followed the guidelines of the manual and is described in detail below.

3.1.2 Ethics

An ethics application was submitted to the University of Queensland Ethics Committee for evaluation and approval once funding was obtained. The ethical submission outlined the research methodology with specific emphasis on data collection and storage, informed consent and confidentiality.

3.1.3 Participating communities

In order to capture the diversity of CALD experience in Australia it was considered necessary to cover a variety of CALD communities. The communities were selected in order to ensure that recently arrived immigrants and refugees (eg. Horn of African communities) as well as more established communities (eg. Greek) would be adequately described

As a result, in Queensland, the following communities were chosen: Somali community, Sudanese community, Greek community, Spanish speaking community, Arabic speaking community, Former Yugoslav community, Cambodian community and the Chinese community.

Two similar or matching communities were selected in Adelaide; Somalia, Sudan and Former Yugoslav and in Perth; Former Yugoslav and Chinese to participate in the project.

3.1.4 Bilingual interviewers

- **Recruitment**

Bilingual interviewers were recruited for each of the participating communities. Bilingual interviewers who were engaged signed an employment contract equivalent to a level three of the SACS award for a total of 60 hours' work, including training, interviewing and debriefing time. A total of 19 bilingual interviewers were employed in the project across the three states. The table below illustrates the ethnicities and gender of the bilingual interviewers involved in this project.

Table 1 - List of bilingual interviewers

Bilingual Interviewers			
Communities	**Queensland**	**South Australia**	**Western Australia**
Former Yugoslavia	1 male	1 male & 1 female	1 male & 1 female
Chinese	1 female		1 male & 1 female
Somalia	2 males	1 male	
Sudan	1 male	1 female	
Greek	1 male & 1 female		
Arabic speaking	1 male & 1 female		
Cambodian	1 male		
Spanish speaking	1 female		
Total	11	4	4

- **Training**

Bilingual interviewers participated in approximately 30 hours of training and planning in a group process with other interviewers.

A training process, based on the training guide in the Needs Assessment Manual was used with bilingual interviewers covering:

- Project background – history, timelines, problem definition
- Methodology – framework, steps, roles
- Mental health issues – general facts, psychotic and non-psychotic illness, specific issues (depression, anxiety, suicide)
- Myths surrounding mental illness (including cultural exploration)
- Young people issues – intergenerational conflict, racism, specific issues,
- Interview skills – rapport building, project information sheet, consent, listening, questioning
- Tricky situations – problems/interruptions, strategies and solutions
- Recruitment of interviewees – ID badges, approaching and recruiting
- Referral of distressed interviewees to appropriate services

In addition the following were discussed in detail:

- **Informed consent**

Interviewers were asked to brief potential participants about the purpose and structure of the interviews. They were also given an information sheet in their own language including contact details of the Project Co-ordinator to answer any queries they had about the project. Those choosing to participate were then asked to verbally give their consent (Appendix 1) and given a period of at least two days between agreeing to the interview and the interview taking place.

- **Confidentiality**

Interviewers were asked to confirm with participants that no link between their identity and the data collected would be recorded apart from the notes of the interviewer. Permission was requested for using quotes from the interviews in the report. Contact details would be kept solely for the purpose of giving information back to the participants and would be stored separately from field data. The final report would be written such that confidentiality was strictly maintained.

3.1.5 Interviews with participants

The focus of the study was on personal experience interviews with three categories of people: young people, their carers, and service providers.

The bilingual interviewers were each requested to conduct a total of 10 interviews; six to seven with young people and three to four with carers. The recruitment of young people aged between 16 and 24 from each of the communities relied on a variety of strategies within each community. Recruitment methods included:

- Referrals from services, GPs, youth workers
- Newsletter advertisements
- Use of bilingual interviewers networks (eg. community associations, religious groups, social)
- Opportunistic recruitment (social gatherings, word of mouth, 'snowballing' recruitment)

All participants were aged 16-24, were from the research target communities and had to identify as having experienced depression, anxiety or extreme stress in the past.

Each young person and carer who were interviewed received a project information sheet (Appendix 2) translated into his or her language. This information sheet outlined the purpose of the study with a follow-up telephone number if the young person wanted to ask further questions or raise any issue of concern. On the reverse of the project information sheet was a list of services that could be used for follow-up support, if required.

The interviews with young people and carers focused on:

- cultural identity and resettlement experiences of the young person,
- mental health status of the young person,
- experiences of young people with accessing services,
- protective and risk factors (internal and external) of young people.

The interviews did not focus on the mental health problem episode, but rather on the protective strategies and resources used by the young person to deal with the mental health issue. The interview guide for young people is in Appendix 3 and the one for the carers can be found in Appendix 4.

3.1.6 Supervision

The bilingual interviewers met with the project officer for debriefing/supervision after every two interviews. This process ensured support to the interviewers as well as facilitating regular feedback and quality control in the management of the project. Issues such as participant recruitment, identifying and resolving problems, and writing up of notes were discussed during these sessions.

The following were noted at the debriefing sessions:

- The majority of interviewers had difficulty in finding young people and carers to interview due to the context of the questionnaires. Although the questionnaires were appropriately worded, many were still wary of participating when they realised it was related to mental health issues;
- Some interviewers found that issues were private and there was a feeling that this process was somewhat invasive;
- Some element of discomfort and difficulty were encountered by interviewers when seeking interviews, especially when the participant was known to the interviewer;
- Two interviewees became distressed halfway through the interview resulting in the interview being terminated;
- Conflict arising within community when employing bilingual workers who were not accepted by the community due to difference in religious beliefs;
- Some bilingual interviewers revealed that the whole process; recruiting interviewees and conducting the interviews, was more difficult than anticipated;
- Some bilingual interviewers were confused with the questionnaires, resulting in some carers responses relating to their own emotional and social wellbeing rather than that of the young person they were caring for.

3.1.7 Interviews with service providers

Interviews were also conducted in all three states with mental health service providers and other service providers. Separate questionaries were designed for Mental Health Service Providers and Other Service Providers to record the responses from services interviewed.
Mental health service providers interviewed included community mental health centres, ethno-specific mental health services, services that worked with survivors of torture and trauma, counsellors and settlement workers. Other service providers were those who were involved with young people such as youth and social workers, schools, youth organisations, social welfare organisations etc. Interviews with the mental health service providers (see Appendix 5) and other service providers (see Appendix 6) were conducted by the project co-ordinators in the three states as well as members of the project management group. Each service was interviewed regarding two or three young people who had accessed their service. The interviews sought to glean information on client profile, their mental health status and needs, any problems in service provision and capacity of services to cope with the needs of clients from culturally and linguistically diverse backgrounds.

3.2 DATA ANALYSIS

3.2.1 Qualitative data analysis

The analysis of the interviews was done using a qualitative computer package called QSR NUD*IST (Qualitative Solutions and Research Non-numerical Unstructured Data Indexing, Searching and Theorising).

This QSR NUD*IST program uses two main systems called the index system and the document system which are linked together. The document system holds information about all the documents that are used in the analysis and the index system is used to categorise and code the data. The advantage of using QSR NUD*IST is that categories and ideas are easily stored and located, and also can be reorganised as ideas. The program can locate data easily through the coding, which effectively overcomes having to manually browse through pages of data. It is crucial to note that this sophisticated program does not generate coding categories; instead the researcher has to identify themes that emerge from the data and summarise the findings.

The analysis for this research study was grouped into two main sections namely demographics and questions. Demographics of the interviewees included age, gender, ethnicity, type of interviewee (young person/carer) etc. The second section was further subdivided to four categories for the inclusion of questions for young people, carers, mental health service providers and other service providers.

Responses to questions from each of these categories were then methodically analysed and coded to form nodes of the index tree. In this manner, themes emerged and formed the basis of this report. Further analysis of these themes identified issues that overlapped across the three groups interviewed and formed the 'area of negotiated need'[216].

3.2.2 Participatory methodology

- **Reference group**

A broad-based reference group comprising key stakeholders in the areas of youth, mental health and ethnic affairs was established in 1998. This group met regularly to generate ideas and provide overall support to the project. Discussion workshops were conducted with the reference group on completion of preliminary findings and the final draft report. This enabled members of the reference group to have input into the discussion and refinement of the analysis, such as key findings and emerging themes that formed the basis of the recommendations.

- **Validation workshops**

Validation workshops with interviewers of young people carers and service providers were held in the three states. This was seen as a crucial exercise to feed the findings back to the interviewers to see if they regarded the findings as a true reflection of the interviews conducted and that the evolving analysis become part of the emerging research data[217]. This process also enabled feedback and comments regarding the snapshots that were written for every community as well as the reports on young people and carers (see inserts).

Prior to the workshops, bilingual interviewers were notified in detail regarding the process and were sent a package. This package contained the 10 interviews conducted by them, an overall report on the findings of young people and carers as well as the relevant fact sheet for his or her community several weeks prior to the workshop to enable familiarising themselves with the material sent.

[216] Larson, A. et al (1999) Assessing needs for mental health and in CALD : a qualitative approach
[217] Mays, N. & Pope, C. (1995) Rigour and Qualitative Research.

Interviewers were guided through the written material section by section to identify and amend inaccuracies as well as to ensure that transcripts had been interpreted appropriately. Several workshops were held to accommodate the interviewers' schedules.

3.3 LIMITATIONS THAT AROSE DURING THE PROJECT

- Underestimation of resources needed; including time and funds resulting in lapse of time between phase one and final phase of project.
- Training for project worker and other personnel was required to utilise software for qualitative research analysis.
- Volume of data collected required more than one person to code etc. resulting in difficulties achieving conformity in analysing.
- Involvement of three states resulting in difficulties achieving uniformity of data analysis.
- Turnover of staff during the life of the project.
- Difficulties with questionnaires eg. carers giving their own coping strategies rather than those of the young people.

4. FINDINGS AND DISCUSSION

This section details the experiences of young people and carers about migration and settling in Australia and their attitude and feelings about their traditions and culture. The risk factors as well as the protective factors contributing to the emotional and social wellbeing of young people are explored. The strategies that young people identified as being useful and non-useful to cope, including their use and reluctance to use services during their difficult periods have been recorded. Young people have also described their current circumstances and the vision they have for their future, and have provided suggestions for other young people in similar situations.

The interviews with service providers, both mental health service providers and other service providers are also described later in this section. Service providers provide detailed accounts of their experiences with young CALD people and describe common issues that affect CALD young people's emotional and social wellbeing. Service providers also put forth suggestions to improve the overall provision and delivery of services to CALD young people and their families.

4.1 YOUNG PEOPLE

A total of 123 young people were interviewed from the three states - Queensland, South Australia and Western Australia. There was a balance in gender with 65 young men and 58 young women interviewed.

Table 2 - Total (Queensland, Western Australia and South Australia) young people participants by ethnic community and gender

Community	Male	Female	Total
Somali	12	7	19
Lebanese	2	-	2
Sudanese	10	5	15
Colombian	-	1	1
El Salvadorean	1	4	5
Greek	3	5	8
Chinese	10	14	24
Cambodian	7	3	10
Arabic speaking	4	3	7
Former Yugoslavia	16	16	32
Total	**65**	**58**	**123**

4.1.1 CULTURAL IDENTITY AND RESETTLEMENT EXPERIENCES

(a) Refugees

Over half (70) of the 123 young people interviewed, came to Australia under the Refugee and Humanitarian program as a result of war and conflict in their countries. These were mainly young people from Somalia (17), and Sudan (11), Former Yugoslavia (26), Cambodia (10), El Salvador and Colombia (6).

> *The reason why I chose Australia was not my choice. The United National High Commission for Refugees recommended me to come to Australia so I accepted the offer…. Sudanese male, 24*

> *We left Cambodia as refugees because of the Cambodian civil war. We came to Australia because our other relatives came to Australia before us. My mother was the one who made the decision of coming to Australia… Cambodian male, 21*

Because of the war in El Salvador, my Mum applied to come here. She had a sister already living here and that was the main reason to come to Australia and not other country.... Spanish speaking female, 18

(b) Migrants

Except for six young people who were Australian born, the remainder of the sample immigrated from Greece, China, Taiwan, Hong Kong, Malaysia, Egypt and Lebanon for a multitude of reasons. These included families seeking a better future (40), family reunion and/or having relatives in Australia (14), families coming due to business migration and work related issues (7), parents fulfilling religious callings (4) and young people who came with their partners after marriage (2).

Parents immigrated for better quality of life. Parents made the decision….Greek female, 24

My father decided that we should come to Australia to help build the Taoism Temple here in Brisbane. He was here a year before that as a tourist and was impressed by the environment, education systems and welfare system. As a result my family followed him here to fulfil his calling….Chinese female, 22

The interviews with young people correspond with the literature review in that there are factors that support the acculturation[218] process. Although there was no reference to gender, age was an important factor that had an impact on the acculturation process.

Nope. I am a full Australian yobbo. To be honest I don't really know what the traditions or culture of the Cambodian way is any more. My parents are pretty much Australians….Cambodian male, 20

I was born in Australia, as was Mum. Dad was born in Cyprus and was 2 years old when he came to Australia, Grandad came over first, found work and then sent for the family. He came over with eight pounds. He came here for a better life and he was the one who made the decision.... Greek female, 22

Young people, who were newly arrived and older, generally had difficulties adapting to their host country.

….only arrived when I am in my 20's which is quite old. I find it very hard to adapt to the sudden cultural change. Everything is so entirely different that I may as well be on a different planet….Chinese female, 22

As the quotes above suggest, those who were either Australian born or arrived in Australia when they were much younger, had a tendency to adapt more easily to their adopted country and distanced their own culture, compared to those arriving at a later stage in their lives. All the Cambodian young people interviewed, considered Australia as home and were more familiar with the Australian way of life rather than their own.

The pre-migration process was another factor that contributed towards young people's acculturation into their new surroundings. The interviews revealed that pre-migration experiences such as loss of family members, torture and trauma issues etc. evoked mixed outcomes for young people when asked where they considered home. Some young people were inclined to integrate quickly into their adopted homeland so as to blend in with the dominant culture by rapidly putting the past behind them.

Australia. I have been forced to leave my country, there is no going back, Australia is my home now.... Former Yugoslav male, 17

[218] Acculturation refers to a process of change that a person or group undergoes when living in another culture and involves decision about incorporating values and life skills of a country of origin into lifestyles in a new country.

4.1.2 CULTURE

(a) Traditional culture

The majority of young people (80) generally showed a tendency to be able to practise their traditional lifestyle. Both young men and women were equally zealous in maintaining their traditional values in Australia. These traditional values included family and community closeness, social gatherings and the warmth of the people in these communities, extended family, cultural history, traditional dress, food, dance, music and festivals and speaking their own language.

> *The reason I am moving to Melbourne is to be more involved in the Greek community in a social sense. I most value the cultural/traditional side of our culture rather than the religious side. I value the strong sense of family, loyalty to the family and friends/relatives and to the community and the culture. The way Greeks look after their own....Greek male, 20*

> *Yes to a sufficient extent I am practising my Egyptian culture. I value our greatest history because I studied history. The difficult thing to practice has been with the family and friends from the same culture….Arabic speaking male, 24*

> *Yes I do, because we can still follow our tradition. I have friends from our community and I often go to our clubs and dances. The only difficulty is that our family is so far away and once you come here it is very hard to ever see them again....Former Yugoslav female, 18*

> *I was young when I left Somalia. I cannot remember much about Somali way of life. But I am Somali and I value all of my tradition and culture....Somali male, 22*

Traditional festivals could not be practised on the scale that they were accustomed to for a variety of reasons. These included lack of public holidays at the time of auspicious functions and the lack of a festive atmosphere such as fireworks or displays at shops that were pertinent for the festive mood to set in.

> *I like celebrations like Chinese New Year, and moon cake festival. Over here I don't really celebrate because the mood is different, and my family and relatives are not here....Chinese female, 24*

Young Somali women enjoyed wearing their traditional clothes although some admitted that this attire made them conspicuous and attracted attention resulting in many young women feeling self-conscious.

> *In some ways because I dress like Somali, I eat in Somali way and I cook Somali food. I value the way we dress, get together and the kind of food we Somali have. It is difficult to find some kinds of foods and dresses....Somali female, 24*

> *Yes, my religion. Dressing mode. When I cover myself people stare at me as I walk on the street....Somali female, 22*

There were an equal number of young men and women who stated that they had difficulties practising their traditional way of life in Australia for a variety of reasons. These were mainly as a result of language barriers, different lifestyles in their adopted country and the lack of family and people from similar backgrounds. However with some young people who were either born here and were second or third generation immigrants, or lived in Australia for a long period of time, it was the result of acculturation such as difficulties in maintaining native language skills. These young people also showed a preference for the less conservative, westernised lifestyle in Australia.

> *I hate the Cambodian way of life. The traditions and the community is very old fashioned. For example me and my girlfriend can't see each other because of our families' reputations. It isn't hard to practice but it is difficult to maintain it….Cambodian male, 17*

> *Not really. Opportunities exist to practice it but it is my personal choice not to take part.…Greek male, 21*

(b) Family and community closeness

More than half of those who admitted being able to practice the lifestyle that they were used to were from refugee backgrounds. Young people particularly valued family and community closeness, respect for elders and the social gatherings.

> *Yes. I do feel I am able to practice the Egyptian/Islamic way of life even though there are temptations. The thing I value most is the respect between people and the closeness within families. The thing I find most difficult is dealing with some of the Arab people's mentality making trouble. Also dealing with temptations that are around. Another difficulty is the lack of young men/women here from the same culture and religion….Arabic speaking female, 23*

> *I value respect for elders, and close knit family. I believe family should stick together. I am very close to my mum but now she is far away. I visit them in Malaysia maybe once or twice a year….Chinese female, 24*

Many young people looked forward to social gatherings within their communities. These events diminished the social isolation young people were faced within their adopted country and provided opportunities to meet other young people. Often the only opportunities to find a lifetime partner from similar backgrounds were at these community gatherings.

> *I don't practise everything from my culture. The things I like most is that we have parties. It is not easy to practise traditional dancing, wrestling and cattle herding….Sudanese male, 17*

(c) Language

Many young people took pride in their ability to speak and understand their own language. They enjoyed communicating with family and friends in their own language. This was often seen as a way to maintain their identity.

> *I value my Cambodian language. I can never forget that. Easy - just trying to learn the Cambodian language – reading and writing - that's very hard....Cambodian male, 19*

These young people however lamented that they had difficulty speaking and maintaining their own language due to lack of extended family or in some cases, even the nuclear family and friends here.

> *The most difficult thing to practice here is the language. It's easy over there because everyone speaks the language....Spanish speaking female, 16*

> *....I also find it hard to speak Greek because Grandma isn't here and because there is no one else to speak Greek to. I am trying to teach myself Greek. My brother is now going to visit Melbourne because of the lack of ethnic feeling here….Greek female, 22*

(d) Spirituality

Most young people were keen to pursue their faith by maintaining their spiritual beliefs, but some expressed difficulties in maintaining certain practices such as praying not only due to the lack of prayer facilities, but also as a result of the lack of understanding of their religious affiliations.

> *When we were in Melbourne, more so. In Brisbane very little. In Melbourne we went to church every Sunday, Christenings, Weddings etc. like Greek Easter. I value the sense of family most and the festivities. I find it most difficult to go to church here in Brisbane - it was easier in Melbourne because a lot of family members went together on the same day…..Greek female, 22*

> *Yes, I feel in practicing the Somalia way of life and most value about my tradition is religion. Hence what I found difficult to practice is praying. I also found it difficult to get facilities of praying….Somali male,15*

(e) Australian culture

Almost half the young people (57) found it relatively easy to practise the Australian lifestyle. Another 41 said it was difficult and the rest remarked that they were trying.

> *I am trying to practice the Australian way of life. I value open way of life and freedom. I don't know.... Somali female, 22*

There was consensus amongst 26 young people that the freedom they now enjoyed was the most appealing aspect of the Australian lifestyle. The relaxed attitude (17) and friendliness (14) of Australians were qualities that young people appreciated. Six young people remarked that the democracy in Australia was a refreshing change from their country of origin.

> *I love the freedom in Australia….The most difficult is my identity. I want to practice the Australian way of life but because I am Cambodian my culture plays a very big way…. Cambodian male, 21*

> *I am still trying to get used to the Australian life style. But I can still see traces of racial discrimination here and there as some Chinese are less likely to be employed due to their skin colour. I know Australia is a multicultural country but the integration of East and West might still need to take some time. Fortunately it is improving all the time....Chinese female, 22*

Forty-one young people responded that it was difficult to practice the Australian way of life. Eighteen young people cited the language barrier as a major deterrent in allowing for easy assimilation into society. This was further compounded by the failure to understand the Australian slang, with young people admitting that they were often too embarrassed to ask questions or clarify any issues at school, university or at their workplace which increased social isolation.

> *I do not feel that I am successful. I tried to adapt myself to Australian way of life but I could not do that. Freedom. Women have more freedom here than in my country. Social security as well….Former Yugoslav female, 23*

With some cultures, difficulties arose due to the gaps in eastern and western lifestyles.

> *I do not feel successful in practising the Australian way of life because my interaction with it is hampered by tradition. Because as parents become older they become more traditional, which is very annoying. I like the liberal attitude to family structure and gender roles. One aspect I find difficult is the habit of drinking until you drop. Also the society is very hypocritical because it claims to the equality but it doesn't.... Sudanese female, 20*

This included disdain at the westernised lifestyle that permitted drinking, inappropriate dressing, and kissing in public. Practices such as sleepovers, lack of respect for parents and the lack of warmth amongst Australians were also disapproved. The idea of not knowing ones neighbours was a concept unknown to many young people who were more accustomed to community closeness and therefore viewed the Australian society as being individualistic.

> *Religious rites, family gatherings, social life, coffee shops, relations with neighbours and friends, visiting friends and relatives. Social life is the most difficult to practise here. We do not know our neighbours or they just say, 'Hi how are you'.....Former Yugoslav female, 19*

> *No. Australians are very courteous and thanks giving. It is difficult to practise the culture of not even knowing your neighbours. I hardly know who is next to my house….Somali female, 22*

However these young people appreciated the democracy and social security that was part of Australia. Australia's multicultural society was another factor that appealed to many young people.

> *Australia is such a multicultural place. Some places are European, it almost feels like you're in Europe. I was born here and feel relaxed and I fit well into the Australian way of life. I don't have too many Australian friends who don't have the European background. I like the way Australians are out-doorsy and hang around on the head. The 'have-a-go', 'she'll be right mate' mentality.... Former Yugoslav, 22*

> *I guess. I'm successful in the language and education because I grew up here. What I value the most? I don't think they have much of a culture, this is multicultural. I value very much the law and education here....Spanish speaking female, 16*

Other areas that were seen as being positive were the respect that was given to children, tolerance exhibited amongst the Australian people and the high level of compliance towards rules and regulations for eg. road safety.

…..for example, all Australians are much better drivers than Taiwanese. The people here actually obey the road rules.…Chinese female, 22

The majority of young people (73) called Australia home, although 37 young people referred to their country of origin as home and another 10 regarded both Australia as well as their original country, home.

Australia is my home, because I have nothing to return to.…Former Yugoslav female, 19

I feel Sudan is my home. I still have that spiritual connection of the country. I would always like to go back home if the country is safe.…Sudanese female, 18

My home is both in Egypt and Australia because both countries are dear to my heart.…Arabic speaking female, 23

4.1.3 SOCIAL AND EMOTIONAL WELLBEING

…even though I was very young, I went through enough misery to last a lifetime….Former Yugoslav male,16

Young people described themselves as being lonely, worried, frustrated, nervous and sad, with some stating that living in fear had become a way of life. There were many factors that had an impact on their social and emotional wellbeing. These ranged from pre-migration issues such as war, torture and trauma issues, to post migration experiences which brought a new set of problems including those related to settlement such as language barriers, unemployment, etc. Young people described that trying to 'fit-in' and the cultural differences at school compromised their lifestyle and resulted in diminished mental health status.

There were different patterns in the mental health issues for those who came to Australia for refugee and humanitarian reasons to those who came voluntarily. For example, young people of Asian background (voluntary migration) quoted language problems and issues surrounding relationships as the root of their mental health problems. In contrast, although language was an obstacle, it paled in comparison to the experiences of the war that dominated the mental health problems of those who came under the refugee and humanitarian program (Former Yugoslavia, Somalia and Sudan), especially the new arrivals.

(a) Risk factors

When young people were asked to describe a problem that had caused them stress, anxiety or depression, 74 discussed problems resulting in stress and pressure, 15 described it as depression and 11 said their problems were anxiety provoking.

Memories of the War

Memories of the war were a major risk factor for young people of refugee background. Of the 74 having problems causing stress and pressure, 26 young people attributed their mental health problems to the experiences of war. Of these, 12 young people were from the Former Yugoslavia and the rest were from Sudan (9) and Somalia (5). Many young people had vivid memories of the war which included bombings and witnessing brutalities such as seeing loved ones tortured and killed. Although these young people had managed to escape and flee their war torn countries, the displacement and loss of homes as well as the constant fear of being caught and tortured had left a permanent imprint. Most of these young people revealed that they still experienced recurring nightmares and had disturbed sleep as a result of their experiences.

When the war started my father had to stay behind as he started to work for UNHCR. My mother, brother and I had to go and seek refuge in Serbia. There were a lot of difficulties in getting out of the war zone, especially of the mixed marriage of my parents. It was difficult enough getting to Serbia where we thought that we would be safe because my mother is Serbian, but when we arrived there, more problems started. I didn't know anyone there, we were strangers in our country. Even though I was very young I went though a lot of misery to last me a lifetime. First we didn't have anywhere to live, after I started school everybody teased me, I didn't have any friends, my accent was different, I was an outsider, I didn't belong there. Then we heard that my father was killed. I remember crying every night to sleep

and during the day I would sit at the gate waiting for my father to appear but he didn't come. I just couldn't believe that he was dead. But after two months he did appear. I think after all that misery that was the happiest day in my life…. Former Yugoslav male, 16

I experienced difficult problems when I left my country of origin, Eritrea. I was 10 years of age when my father was put in prison. All the family escaped to Sudan with no food or riding camels. For more than one week, all of the family members were walking at night and sleeping in the day time with no food and water. The weather was very hot and it was cold at night as most of us did not have clothes on and everybody was in fear of gangs or government agents because if they found you, you will go down.... Sudanese male, 22

Young people from refugee backgrounds were under enormous pressure because of the plights of their families left behind who were still in danger. They were further burdened with the guilt of being unable to assist their families in any manner.

A problem that is difficult for me to cope with is the difficulties that parents are facing back home. People get killed every day. They do not have any government protection. Every time I call them I wonder if they are going to tell me someone in the family died. There is nothing I can do for them as I am still in school and do not have the necessary powers to better their conditions of life….Somali female, 22

Some young people said that they had experienced depression, which stemmed from a variety of risk factors including memories of the war and sexual abuse in their country of origin.

*I have been raped several times in the streets of ***[asylum country] because I had no shelter at all and also I got into trouble with the police.…Sudanese female, 18*

Migration experience

In Australia, a new set of problems that came with being in a new country, such as language barriers, social isolation, relationship issues and a drop in academic performances, resulted in young people feeling depressed.

Soon after arrival I was so stressed and I cried every single day. Everything was so stupid, I missed my home, house, my friends. I wanted to go back immediately when I realised the emotional state I was in. I was not able to accept anything when we arrived here.... Former Yugoslav female, 16

Some young people also had the added burden of taking on responsibilities of the family as they sometimes were the only member of the family with limited English-speaking skills. They found that they were in conflicting roles; being an adult yet treated like a child where they had to make decisions in areas where they had no previous expertise, yet were not allowed the freedom that came along with such responsibility. This included having to abide by family rules such as not having phone calls from the opposite sex, getting involved in family activities and not having space for themselves.

When I first arrived I struggled a lot with my limited English. I studied English in Taiwan but only one subject, so I was not competent in English. It was not enough for me to have a conversation with people in English. My parents did not speak English at all when they first arrived, although they speak a little now. I felt inadequate due to the lack of English skills. I was embarrassed because I could not express myself well. People couldn't understand me, and I tended to withdraw myself. Worse still being the eldest child in the family I was expected to handle all the matters pertaining to the house. Because my parents couldn't speak English, a lot of the responsibility was left to me. I was very tired of doing all those things, I felt very stressed and unfair. I asked myself why I had to be the one doing it and not my siblings. My parents were relying on me because I was the only one who had the most language among all, to handle the maintenance of the house. Other problems I faced later on were things like values conflict between me and my parents, and their over protectiveness. I like to have space for negotiations and not to have things imposed on me without any options presented to me. My parents wanted me to stay at home, get involved in more family oriented type of activities, doing things together as a family, and to help out at home. I felt suffocated because I also like a bit of individual space. I also felt they were very controlling in terms of who I go out with especially when I have a boyfriend. My dad would ask me many questions whenever I had a phone call from a boy. I had a lot of arguments with my dad over such things….Chinese female, 24

Social isolation
Social isolation was a major risk factor, with 21 young people stating that it had resulted in stress, depression and/or anxiety for them. Of these, 14 young people commented that language barriers were a key obstacle to making friends and caused them undue stress during their academic life.

> *As you know I am here alone, no family, no relatives and I have of course some problems that is difficult to cope. Sometimes I miss my family, friends and relatives. I have language problems, unemployment - all of these cause me problems sometimes....Somali male, 22*

Many young people were socially isolated due to lack of family and friends, unemployment and cultural differences when resettling in a new country.

The whole concept of a new lifestyle or the 'migration experience' resulted in mental health problems for nine young people. Young people missed the security of familiar surroundings that included family, friends and a culture that they were accustomed to. Many found it difficult to make friends initially and had difficulties breaking into established social circles. Young people were isolated and felt they did not belong anywhere.

> *The problem of identity crisis, a sense of belonging. Difficult to tell which group I belonged to, local Australian or people from Chinese community. I did not feel happy. I had the feeling of being 'left out'. The other groups of people were happier. Their relationship was closer. Even international students, like students from Hong Kong, felt easier to identify themselves. I saw the local students were very happy staying together. They were in a group. But I'm a permanent resident. I had the feeling of being 'left out' by both of the groups.…Chinese female, 19*

The above quote supports the literature review where cultural conflicts can result in young immigrants feeling marginalised and socially isolated within both the culture of origin and the host country. Their inability to be a part of either culture may cause distress and depression.

Language barriers
Many young people cited language barriers as the cause of their poor state of emotional and social wellbeing. Language barriers resulted in social isolation, difficulties at school, poor self-esteem and decreased employment prospects.

> *Now studying in TAFE. Language difficulty as I can't speak English fluently. Difficult to express myself, lack of vocabulary in speech. Feeling stressful, feeling embarrassed and nervous when asked by English speaking people and could not express myself, give them an answer.…Chinese male, 19*

> *My major problem was to learn the English language and then to study at the same time. Due to lack of knowledge of English language, I had to struggle at school, which resulted in stress. I felt isolated from my extended family and friends from Macedonia. I felt that I was put in chains because I was not able to express myself or communicate at all....Former Yugoslav male, 19*

> *The language is a barrier. I get really upset when people don't understand me at uni or other places so it's difficult to interact....Spanish speaking female, 26*

Relationship issues
Some young people were anxious as a result of issues surrounding relationships. These included relationship breakdowns, family rifts due to relationship problems and relationships with young people from different backgrounds.

> *I had an Australian girlfriend in the past and that alone caused so much trouble between my family and me. My parents did not approve of me going out with someone who was not Cambodian. I wanted to stay with this girl for a while but because of my parents things never worked out. I experienced a lot of stress, anxiety and depression because of my parents and my break up with my girlfriend….Cambodian male, 21*

Anxiety also revolved around unplanned pregnancies and friendship breakdowns.

Well it was the last year of high school that I had a boyfriend who was outside our race. Dad disowned me when he found out that I had a boyfriend and then the worst part was that I fell pregnant later. If I didn't get pregnant I would have had a chance to get back with Dad. I was very upset about the whole situation and this in turn gave me so much stress that I came to the edge of suicide. Later I moved away from home trying to find a place to stay. But in the event I never even thought about seeking help about what I was going through.... Cambodian female, 20

Academic issues

Young people reported that migration had a negative effect on their academic performances, which impacted on their social and emotional wellbeing. Many admitted that they had difficulties understanding what was being taught at school and university and were often afraid of seeking help and clarification for fear of being ridiculed by other students.

Failing a subject in year 12 is one problem I have experienced. This brought a lot of uncertainty about my future. I was and I am feeling disappointed and stressed.... Former Yugoslav male, 17

As soon as I arrived in Australia I was shoved into Grade 10. Even though I don't seem to have any language problems I was having difficulties with writing, a problem I have long had, having never studied grammar formally. With the horrible Grade 11 looming ahead and my very critical English teacher who expects perfect grammar as a basic skill, she did not bother to teach me it. But she did warn me to spruce it up over the holidays in my own time or else I would suffer in Grade 11 and 12 - the important years. I was temporarily seized by despair and a sense of helplessness. I mean, if even my English teacher refused to help me what hope have I got? I felt like a total failure who was too dumb to even write a sentence grammatically even at the grand age of Grade 10....Chinese female, 18

(b) Protective factors (internal and external support mechanisms)

The interviews revealed that young people had engaged a variety of coping strategies to deal with their mental health issues. Most young people revealed that they had become stronger as a result of the stressors they had encountered.

Young people from immigrant and refugee backgrounds both adopted useful and non-useful coping strategies.

(c) Useful coping strategies

The majority of young people (90) identified **entertainment** and/or **distraction** as a useful coping strategy. This referred to the use of diversions such as music, movies and nightclubs to take their mind off the problem.

Dancing and music helped me a little with my problems but what help me more was planning my trip to Egypt for a holiday.... Arabic speaking female, 22

I like reading, going to the cinema, playing soccer, sometimes listening to music.....Somali male, 22

I had an addiction. I would say it is dancing and have fun with my friends....Spanish speaking male, 22

Socialising was quoted by 62 participants as a way to avoid brooding on the problem as it was viewed as a distraction. It was usually referred to in relation to friends and connecting with someone, thereby avoiding or overcoming isolation. There were some references to friends also providing support and to using friends as a means of temporarily escaping from the home situation.

Music, new friendships, social activities, just not to be at home alone helped. Getting involved in activities helps to get the mind off the problems that we had experienced….Former Yugoslav female, 16

Physical activity was another popular coping strategy used by 58 young people to overcome periods of stress. Participants indicated that they benefited from vigorous physical activities such as sports as a means of releasing stress.

Playing rigorous sport tends to vent all negative feelings I have inside me. And if I win the game it's even better because I felt I'm good at something and I can do anything in the world….Chinese male, 16

This was closely followed by 55 young people using their **internal resources** and indicating the importance of taking a positive approach to their problems, of identifying their strengths and reinforcing their determination to cope. This involved an element of taking control rather than of being a victim.

It was very hard to sort the problem out by myself but I pushed myself to be strong and always encouraged myself to stay strong no matter what.…Arabic speaking female, 23

Spirituality was quoted as a coping strategy by 32 young people who referred to the strength they drew from participating in religious activities, especially prayer.

Getting back to religion and friends.... Lebanese male, 24

Avoiding was another coping strategy used by 20 young people. This was a means of coping by not confronting the perceived source of their problem. While this can be seen as non-useful, sometimes it is appropriate in the short term to avoid being overwhelmed.

It just seems that the more I think about it the more determined I am to reach a conclusion - I become more confused and unsure. So it is in fact sometimes better to push it to the back of my mind for the moment….Chinese female, 20

Connecting to original culture was a coping mechanism identified by 20 participants and related to the need to maintain connections by writing or telephoning family and/or friends in the home country.

I know my problem and I also know how to cure. Only one call to my family is OK. I think I am missing too much about my family….Somali male, 22

It was concerning that 16 young people claimed that **nothing helped** them. These participants not only indicated that no strategies had worked for them, but had an underlying sense of hopelessness running through their interview.

Nothing really. I know I have given up everything in Malaysia, it's too late to change mind. But till this day I still want to go back. I gave up my long jump and I can never do it here. I felt good whenever I won in the competition. There is no challenge here for me….Chinese male, 17

Fifteen participants saw **employment** as an important coping strategy, not only for economic reasons, but also importantly because of its effect on their self-esteem and level of independence from parents.

I tried hard to look for jobs. Later, I worked for several employers. I did not spend much with the money I earned. With the money I saved, I could solve my financial problem, and then I rented a flat with a friend....Chinese male, 25

Knowing that I go to work everyday and not staying on the dole makes me feel good about my life. It helps my parents with income and gives me something to do with my life....Cambodian male, 19

Substance use was used by 14 participants as a way of coping when confronted with difficult periods. The substances referred to included cigarettes, alcohol and illicit drugs. It is interesting to note that some participants, who referred to substance use as a useful strategy, also referred to it as a non-useful strategy, indicating that it had both positive and negative effects.

Drugs and alcohol, it made me forget depression, but also took its toll....Former Yugoslav male, 19

Twelve participants found that **adapting** to their new lifestyle and surroundings, learning about the Australian culture and the English language assisted them to cope during their difficult periods.

> *I like to socialise with Australians, learn more about their culture and so on. Reading books on subjects which my friends like to talk about means I fit in because I am on the same wavelength as them. I try very hard to be just one of them....Chinese male, 17*

Young people (10) identified that **talking about it** was another useful coping strategy. This referred to discussing the problem with others. Most participants indicated that they preferred to talk about it with people from their own culture and age group.

> *No substances of any sort but just talking to people, spending time with the dog to feel that what I was going through was worth it, trying to bond with the dog....Spanish speaking female, 18*

Nine young people opted for professional help, seeking **counselling** and undertaking formal therapy with professionals once they realised that there were possibilities for their issues to be resolved.

> *It was helpful to discuss the problem with my brother, aunty and counsellors to recognise the problem and to decide between the solutions. It seemed hard to recognise the problem since I've been living with it for quite a while, but after listening to others' views I realise that it was a problem and needed to be solved....Former Yugoslav female, 25*

(d) Non-useful coping strategies

Not talking about it was acknowledged by 15 participants as not helpful. These participants found that bottling up and not talking about their problems did not improve their situation.

> *I found the most helpful way to cope was to just keep smiling and act as if everything was alright otherwise I would always break down. But keeping it inside drained me....Arabic speaking female, 23*

Nine participants indicated that **substance use** had negative effects even when it provided temporary relief.

> *The most helpful was when I used to get drunk everyday. This would make me forget about my relationship between my parents and me. The other was it would help me to forget about my girlfriend. The most unhelpful was the alcohol because it would stress the relationship between my parents and me even more and it would give such a headache every morning....Cambodian male, 21*

4.1.4 SUPPORT FROM FAMILY

Young people had mixed reactions when asked if they spoke to family when they were under duress. Just over half (59) of the young people immediately turned to family for support and guidance.

> *When I had this problem I told my parents every thing as we are a very close family and like to listen to their advice and my father is treating me as a friend....Arabic speaking male, 24*

> *Yes, my sister's advice was very helpful because she advised me to forget about this problem and pray every time to Allah to give them peace. My sister filed an application for my parents and they are now processed for resettlement consideration in Australia....Somali female, 22*

Half of those who turned to their family for support said it was helpful, yet the other half found their advice unhelpful. This was because family did not understand their problems or were also in similar situations and were therefore unable to help the young person adequately.

> *Yes, they always comforted me and were helpful and understanding. They were under lots of stress themselves because of the terrible political situation at that time....Former Yugoslav male, 18*

Yet there were others (44) who were quite steadfast in refraining from any family support or involvement. Although a few young people had no family here, others gave reasons such as not wanting the family to worry, being afraid of their family's reaction, the family being the source of the problem or being angry with family.

> *I couldn't talk to my parents about my feelings because they were the source of the problem. Also in the Cambodian culture when the parents speak, we as children must always listen and follow their commands. Therefore I didn't have any say in the matter. If I did, it means I am disrespecting my parents. That is the worst thing you can ever do to a Cambodian parent....Cambodian male, 21*

> *As far as I am concerned no one was particularly helpful as they don't understand the situation as well as myself. Especially not my parents. They live in a different era so I don't expect them to understand at all….Chinese female, 22*

A few young people told their family some aspects of their problems but kept their real emotions bottled.

> *Yes. I was able to talk to my family but not the actual feelings I was going through….Chinese female, 22*

4.1.5 SERVICE EXPERIENCES

Generally young people from CALD communities turn to family and friends for support and direction, rather than using services to deal with any imbalance in their social and emotional wellbeing. The data indicates that there is under-utilisation of services by young people mainly as a result of viewing mental health issues as having a major social stigma, lack of understanding that a problem exists, and being unaware of services that are available.

This study indicates that of the 123 interviews conducted with young people only 31 young people had accessed services. Of these, 15 were males and 16 were females. The interviews indicate that while overall, young people from CALD do not use services for their mental health needs those who did access services were generally satisfied.

Table 3 - Profile of young people interviewed who used services by ethnicity and gender

Community	Brisbane		Adelaide		Perth	
	Male	Female	Male	Female	Male	Female
Arabic	0	1				
Lebanese	2	0				
Greek	2	3				
Somali	3	3				
Spanish speaking	1	2				
Sudanese	2	0	0	2		
Chinese	0	0			3	0
Former Yugoslavia	1	3		1	1	1
Totals	**11**	**12**	**0**	**3**	**4**	**1**

These young people had either heard or been put into contact with services by (in descending order); friends (10), family (6), school counsellors (5), other service providers (4), GP (2), teacher (1), unknown (2) and self referral (1).

The interviews revealed that 19 young people had a choice in accessing the service of their choice although another seven young people felt that they were not given that option, stating that they were just told where to go.

> *I always felt that I had to take orders from my parents and GP. That's the way they structure life.... Greek male, 22*

(a) Choice of services accessed
When asked if they had a choice in the service they received, 14 young people responded that they did have a choice, whereas 11 said that they had no control over the services received.

> *I do not have a choice. I am just told what to do, which place to go and what time to come. There is someone from **** [service provider]who comes to me once a week just for one hour. I need more than one hours counselling but nobody asked how many hours I need counselling.... Somali female, 22*

Eleven young people who had used services revealed that they had benefited from the support they had received from services. This included practical support in finding accommodation and channelling young people to appropriate services for financial benefits and assistance, seeking employment opportunities, emotional support in dealing with resettlement issues and family. Some young people (8) had received counselling and found this helpful.

> *Yes, I discussed my problem with youth services and Centrelink. The [youth service] helped me to find a house (boarding house) and they contacted me with other service providers. Centrelink facilitated me to separate my benefit from my family….Somali male, 22*

(b) Access issues
When young people were questioned about service access, 22 young people responded that they did not encounter any problems but four had complaints about the services they had accessed. These included language barriers, filling out numerous forms and being asked too many questions, lack of cultural understanding, workers who had insufficient expertise in handling cases and lengthy waiting periods.

> *When I was admitted to the hospital, I was new to the country and had a settlement case worker from *****. The case worker was informed that I was admitted but never showed up for five days. Sincerely speaking I did not get the support I deserved at the time.…Somali female, 22*

> *Too many questions making you go through your problems over and over again and waiting to see what happens takes too long especially when you really need help….Sudanese female, 20*

(c) Cultural issues
Young people from more established communities for example, the Greek community, were prepared to use services despite their reservations.

> *At the beginning I had no one. Then introduced to Ethnic Mental Health Program support worker who helped me to get pension and think of a future career. I can be secure about my hopes and dreams now....Greek male, 22*

However their young Asian counterparts almost completely refrained from using services stating quite emphatically that they were only for those with serious problems on the home front.

> *It has never occurred to me to use those facilities. Because back in Taiwan only people with broken families, alcoholic father or were about to be forced into prostitution go to those services for help. I didn't think that my problems were that serious. I just took the difficulties as they came and try to deal with the emotions myself.…Chinese female, 17*

Gaps in existing services such as lack of understanding of cultural issues and inadequate ethno-specific workers as well as being unaware of services were other barriers that young people experienced in accessing services.

> *I think people that come from war torn countries should be made aware of the services that are available to them for example counselling....Sudanese female, 17*

(d) Interpreter use
When using services, 25 young people spoke in English, some with no problems, but others with difficulty or through friends and bilingual workers. The rest spoke in their own languages through interpreters: Greek (2), Spanish (2), Somali (1) and Arabic (1).

I spoke to them in Somali. An interpreter helped me to communicate to the agencies....Somali female, 22

(e) Family involvement

There was no family involvement whilst using services with 19 interviewees. This was as a result of either having no family here or preferring confidentiality from their family. Seven young people had their families involved in various ways including provision of transport or being supportive just by being there for them.

Twenty-two interviewees still maintained contact with services.

Yes. I went 4 - 5 times (Spanish-speaking counsellor). She rings to follow up. I telling stuffs going on....Spanish speaking female,16

Eight other young people had no further contact with services.

....no need, graduated and working....Arabic speaking female, 23

4.1.6 SITUATION NOW

There were varied responses from young people when asked to comment on their current situation. The majority (75) responded with a positive outlook.

Forty-three of these young people said that they were coping well.

My situation is well and good compared to the situation I've been through....Somali male, 17

Some said it was better (30).

It's getting better. Our life is settled now as far as my family goes, but I still need friends, but I suppose that will come in time.... Former Yugoslav male, 18

And there were others who either felt good (2) or hopeful (1).

I know lots of people that go crazy from their problems. I'm still feeling ok, not bad. I feel something will change - I hope....Former Yugoslav male, 20

Fifteen young people commented their lives were at a status quo and there was no change or improvement.

My situation is the same except that I am employed as washing dishes after about 16 years of studying....Arabic speaking male, 24

The rest described their situation as being hopeless (7), all 'messed up' (2) and being worried (2).

I would say my situation is not good at all. I hate it here and I want to go back to China every day. I am constantly depressed, alienated and lonely. Not even the church can help me. I feel so worthless not being able to speak English well and I cannot make any friends because they are all so different to me....Chinese female, 21

4.1.7 SUGGESTIONS

Young people contributed many ideas on what they felt should be available for all CALD young people to assist their social and emotional wellbeing. These suggestions have been described under four main headings: youth support, education, broad policies and employment.

(a) Youth support (80 participants)

- Government sponsored youth programs to advise and provide support

> *I think they need a proper programme for the youth and good advice from the community and government….Sudanese male, 18*

- Youth recreational centres

> *In my opinion, the main things that could be available to help young Sudanese with similar problems are a formation youth centre, recreational activities, sport team....Sudanese male, 20*

- Help from elders in the community
- Support groups
- More activities
- Ethno-specific youth counsellors

> *I think within the Cambodian community they should have a young Cambodian counsellor who can relate to our problems. One who understands us and who can help us with procedures in moving out of home and helping us to find housing and help with particular services. I think it is going to be OK…Cambodian female, 20*

- Young Australian counsellors
- Services should work with families to help young people

b) Education (12 participants)

These participants made the following recommendations for changes to the education system to meet the needs of CALD students:

- Anti-racist education policies

> *I would like to see more help available from the Dept of Education to ensure mandatory anti-racist education programs....Arabic speaking male, 16*

- More ESL departments

> *I think more ESL departments should be established to help them with their language first then to introduce the Australian life style to them so they will be able to fit into this country. I believe being able to become part of this new society is important for young people. They will have to live with it for the rest of their lives....Chinese male, 17*

- Improvement in language help facilities
- More opportunities for work and study
- More flexible access to education
- More academic assistance to students
- Culturally appropriate education system

> *Schools and teachers should understand more and give more instructions and advice to newly arrived students, eg. helping them to prepare assignments, projects and research work. One of the teachers did help me prepare for assignments and exams. Government can provide more information to schools about people coming from different cultural backgrounds….Chinese male, 20*

- More bilingual school counsellors
- Schools should have more activities for young people

- Educational opportunities

(c) Broad policy (45 participants)
The following suggestions seem to relate to broader government policy rather than specific strategies:

- Parent education about cultural differences so that they can understand the acculturation of their children

> *In my opinion parents should attend more programs to help them understand the Australian way of life and to help them to have better communication with young teenagers….Arabic speaking female, 22*

> *I think it is my parents that needed the help more than we do. I just wish they had the opportunity to go out more and make friends – maybe even learn English....Chinese female, 17*

- More social gatherings

> *The young need recreational programs like picnic activity, sports days, being involved in community activities and decision-making….Sudanese male, 19*

- Youth to be involved in the decision making process
- Financial support from the government during troubled times
- Ethno-specific help lines

> *I think more target-specific services such as help line should be established. It needs to be more advertised towards the ethnic groups and perhaps offer consultations in their own language. But I am just a bit worried about the quality of the ethnic consultants. I have seen many of them unwilling to help with very bad attitude and not patient at all. Australians on the other hand are normally very friendly but there lies the language barrier….Chinese female, 22*

- Education of young people regarding their legal rights
- Less forms to fill in
- Policy changes regarding accommodation for eg. crisis accommodation
- More information on mental health
- More education on the issue

> *If I had known what it was I wouldn't have hid myself away from the world. I was ashamed because I couldn't cope. I didn't want to share that with anyone....Former Yugoslav female,18*

- More cultural events
- Policy reform in family reunion
- Support for parents with children experiencing mental health issues

(d) Employment (3 participants)
While assisting young people from CALD to find jobs was referred to specifically by only three participants, it is supported by comments from other participants about the importance of employment to their self esteem, as well as their financial status and independence.

> *Provide more opportunities for young people to work and to study. Help young people found out their own strong points so that they can bring their ability into full play....Chinese male, 25*

4.2 INTERSTATE COMPARISONS

(a) Former Yugoslav community

Table 4 - Overview of the findings of the interviews conducted with the Former Yugoslav community in the three states

FORMER YUGOSLAVIA	Queensland	South Australia	Western Australia
Migration history	Refugee background	Refugee background	Refugee background
Lifestyle	Practiced traditional way of life easily. Main issues were social isolation. Language barriers. *Loneliness. It is very difficult to find genuine friends....Female 25, Brisbane*	Able to practice traditional way of life. Missed having extended family. Language barriers. *The difficult part is that I miss the city where I grew up, left all of my friends, my relatives, left my childhood....Male 16, Adelaide*	Maintained traditional practices - family/community closeness, spoke mother tongue. Lack of respect from young towards elders. Lack of night life. Australians friendly. *Morning coffee, Family gatherings, I missed these. Good relations with neighbours, religious celebrations, birthday parties. The most difficult to practice here is to keep regular and good relationships with neighbours, we almost could hardly see them at all....Female 18, Perth*
Mental health problem	Experiences of the war. Dislocation from home. Settlement issues. *The concentration camp in Bosnia and Herzegovina and the war memories. He (son) is not able to relax, he can't stop thinking of bad experiences. When he sleeps he jumps from the bed. He dreams that the enemies captured him….Carer, Brisbane*	War related experiences. *I have experienced stress and nervousness because of the war. I was very frightened during that time. My father was taken to prison and I didn't know what was going to happen to him....Male 17, Adelaide*	War related experiences. Language barriers. Settlement issues. Discrimination at work. Inability to secure employment. *Seven years ago, when the war in Former Yugoslavia started I was 17. My whole life was in a state of complete chaos. My father was imprisoned. It had terrible impact to our life. I was feeling scared, depressed and unhappy. Living in fear became a normal way of living. I lived my 'normal' life for four years. The end of the war and coming to Australia brought some relief for me….Male 24, Adelaide*
Coping mechanisms	Services accessed by half the young people interviewed. Talking to family/friends. Spirituality/religion. Internal resources.	Very low service provider access (1 in 14). Males - internal resources, physical labour. Females - talking to family, socialising with friends.	Very low service provider access (2 in 13). Talking to family. Socialising. Music, sports, internal resources, spirituality.

	Socialising. *The door should be opened by myself....Female 24, Brisbane*	Both - music/sports. Carers - talking about issue with family, seeking employment, music, sports. *Work was the most helpful by far, because it increased my self-confidence/self-esteem. Getting back to the same problem and only thinking of the past, without doing anything, was least helpful....Male 22, Adelaide*	Carers- talking to family. Sporting activities, talking about the problem. *Time and patience…., crying, distracting herself with other activities, keeping busy, trying to think positive/ fighting it….Female 18, Perth*
Suggestions	Youth activities. Opportunities for friendships to be established. More organisations similar to torture and trauma services. Carers - youth activities.	Youth support groups, youth organisations, more counselling facilities. Carers - more bilingual workers.	Overcoming language barriers. Talking with young people. Seeking professional help. Setting short term goals.

The interviews indicate that no significant differences exist between young people from the Former Yugoslavia in the three states.

These young people had a similar migration history where they came to Australia due to the war in the Former Yugoslavia and were all of refugee background. They were able to practise the traditional way of life fairly easily but missed having family here. Their concerns regarding the Australian way of life was that there was a perceived lack of respect from young people towards their elders. The social isolation and language barriers they experienced were the negative factors they were confronted with in living in Australia. Their mental health problems stemmed from the experiences of the war and settlement issues. In addition young people in Western Australia mentioned that discrimination in the workplace had contributed to their mental health problems.

Access to services was highest in Queensland with half the young people interviewed using services as a coping strategy. There was minimal service use by young people in Western Australia (WA) and South Australia (SA). There were no marked differences between gender in Queensland and WA, where young people mainly used coping mechanisms such as talking to family and friends, socialising and internal resources. However in SA, the men resorted to their internal resources and using physical labour, whereas the women spoke to family and socialised with friends. Suggestions for more youth groups and activities were suggested in all three states.

(b) Chinese community

Table 5 - Overview of the findings of the interviews conducted with Chinese community in two states

CHINESE	Queensland	Western Australia
Migration history	Better lifestyle – education, health. Followed parents religious callings.	Better lifestyle – education, health, environment. Followed parents religious callings.
Lifestyle	Maintained Chinese culture and traditions. Family unity and closeness,	Maintained Chinese culture and traditions. Family unity and closeness,

	respect amongst elders. Difficulties accepting Australian way of life - language, lack of night life.	respect amongst elders. Difficulties accepting Australian way of life - language, lack of night life, sports culture.
Mental health problem	Social isolation, language barriers. Carers - adjusting at school. *When I first came to Australia which was not long ago I didn't know a word of English. There was no-one to help me with my language problem and I constantly had this sensation of drowning in my worries, inadequacies, frustrations and misery. There was only my family who were a source of comfort to me and I had no friends at school. It was not until I changed high school, where there were people from Taiwan too, that I started to make friends….Male 16, Brisbane*	Social isolation. Language barriers. Carers – adjusting at school, relationship breakdown. *Now studying in TAFE. Language difficulty as I can't speak English fluently. Difficult to express myself, lack of vocabulary in speech. Feeling stressful, feeling embarrassed and nervous when asked by English speaking people and could not express myself, give them an answer….Male 19, Perth*
Coping mechanisms	Service provider usage - nil. Families. Internal resources. Religion. Socialising.	Low services usage - 3 in 14 (males) referred by school. Family. Entertainment. Socialising.
Suggestions	Assistance with overcoming language barriers - ESL classes. Ethno-specific youth workers & support groups.	Youth support services. Ethno-specific help-lines and counsellors. Study and employment opportunities.

The Chinese communities in Queensland and Western Australia showed no visible differences. Their reasons for migration were similar in that they generally came to Australia seeking a better quality of lifestyle and also to establish temples and spread their religious faith. Chinese people tended to maintain their Chinese culture and traditions and valued their family unity and held great respect for their elders. Their main difficulties in adapting to the Australian lifestyle stemmed from language barriers, the social limitations where nightlife was restricted to the weekends and also frustration over emphasis on sports and extent of sports coverage on television.

Mental health problems were largely a result of social isolation and language barriers, with carers also quoting adjusting to schools as an issue. In Queensland, young people did not use services at all and in Western Australia, only a few, all of whom were males, had used services. Families and socialising were the common coping mechanisms used by young people in both states. Suggestions for more ethno-specific youth workers and support services were suggested by Chinese communities in both states.

(c) Somali community

Table 6 - Overview of the findings of the interviews conducted with Somali community in two states

SOMALI	Queensland	South Australia
Migration history	Refugee and humanitarian background. Family Reunion program.	Refugee and humanitarian background.
Lifestyle	Strong cultural identity. Respect for elders, community closeness. Enjoyed wearing traditional clothing. Unable to understand Australian culture - public show of affection, drinking. Enjoyed freedom and safety, Australians seen as polite and friendly.	Strong cultural identity. Respect for family and elders. Difficulty wearing traditional clothes and praying-due to lack of facilities. Unable to understand Australian culture - revealing dress code, drinking.
Mental health problem	War experiences – brutalities of the war. Separation from family, loneliness relationship breakdown, settlement problems. *As you know I am here alone, no family, no relatives and I have of course some problems that is difficult to cope. Sometimes I miss my family, friends and relatives. I have language problems, unemployment; all of these cause me problems sometimes....Male 22, Brisbane*	War experiences - witnessing brutalities of the war. Settlement issues. Social Isolation. *What I experienced in the past were torturing, beatings, looting and many forms of humiliation that can't be estimated here….Male 19, Adelaide*
Coping mechanisms	Half used services - (heard of services through friends). Talked to friends. Low levels of disclosure to family. Socialising - being together in groups, spirituality, internal resources, physical activities, connecting to culture and counselling.	Service access - nil. Carer - young people had used service and was very beneficial. Carer – unaware of services that could assist. Talked to family - difficult as family also traumatised. Internal resources, spirituality, physical activity, connecting to original culture. Carers - values of freedom.

The Somali communities interviewed in Queensland and South Australia had no significant differences. Both came to Australia due to the war in their country and came under the Refugee and Humanitarian program. They had strong connections to their culture and displayed high regard to community closeness. Somali people enjoyed wearing their traditional clothes but were uncomfortable wearing these in Australia as they were so conspicuous. They were not in favour of some dress codes adopted by women in Australia as well as the public shows of affection, which was uncommon where they came from.

Their mental health problems were a result of the war which had resulted in loss or separation from family, dislocation from homes and settlement issues. The main differences between the two states were that half the young Somali people in Queensland had used services whereas those in SA had completely refrained from accessing any services. Those who had used services in Queensland had accessed youth organisations, counsellors and social benefit organisations and heard of these services through their friends. Carers in SA said that young people who had used services had benefited, but others revealed being unaware that there were such services that could actually assist in these situations.

There was a low level of disclosure to their families in both states for differing reasons. The young people in Queensland felt that their families would not understand their problems and in some instances were the root of their problems, whereas the young people of SA felt that they had been traumatised as well by the experiences of the war and as such were in a similar situation. Young people mainly used internal resources and spirituality as useful coping strategies. Socialising, being in groups and connecting to their original culture were also useful.

Suggestions from the Somali communities included more youth support services and ethno-specific workers as well as having better systems in place for young people to understand their rights in society.

(d) Sudanese community

Table 7 - Overview of the findings of the interviews conducted with Sudanese community in two states

SUDANESE	Queensland	South Australia
Migration history	Refugee and Humanitarian background.	Refugee and Humanitarian background.
Lifestyle	Strong cultural identities. Difficulties practicing traditional lifestyle due to lack of kinship. Enjoyed being in groups. Women – difficult to adapt culturally.	Difficulties practicing traditional lifestyle due to lack of kinship. Enjoyed being in groups. Women difficult to adapt culturally. Carers valued peace and freedom, difficult to keep family together and maintain authority.
Mental health problem	War time experiences. Settlement issues. Coercion into arranged marriages. *I lost my father during the war. I was shocked and that was difficult to cope with…Male 20, Brisbane.*	War experiences. Domestic violence. Social isolation. *One of the problems that I have experienced is that when I was in my country we had to run away from our town we were living in. We spent some days walking. There was no food as well….Male 23, Adelaide*
Coping mechanisms	Service use - low. No family - as all were suffering. Talking to friends. Being in relationships. Sports, drinking, smoking.	Service use - high with women. - nil with men. Family - not helpful as problems not understood, family often source of problem and there was conflict of interests.

		Sports, music, school, going out.
Suggestions	More recreational and sporting activities for youth. Youth centres. Parenting programs. Support groups.	Access to youth worker in confidential surroundings. More refuge places. Carers - culturally appropriate settlement services, practical support - accommodation and employment.

The Sudanese communities interviewed in Queensland and South Australia came under the Refugee and Humanitarian program. They had strong cultural identities and described the difficulties they experienced in practising their traditional lifestyle due to lack of kinship. They enjoyed being in groups. A major gender difference was that young women in the two states had more difficulty adapting to the Australian lifestyle, as some stated that it was a country which preached equality but did not really practise it, and others could not secure employment which resulted in feelings of worthlessness.

Mental health issues were a result of the war. There was low service access by young people in Queensland. In South Australia however, young women showed a higher tendency to access services but the men did not use services at all. Young people in Queensland did not confide in family members as they felt that family were also war victims but the young people in SA did not disclose their mental health problems to family, often seeing them as the source of their problems.

There were various suggestions from the Somali community in the two states, Queensland requesting more recreational and sport activities and SA asking for access to more confidential areas for counselling purposes as well as more refuges.

4.3 CONCLUSION

The findings from this study indicate that the key issues CALD young people are confronted with are social isolation, cultural and language barriers, issues related to families, education, recreational issues and access to services. There were no significant differences in the social and emotional wellbeing of young people from similar CALD backgrounds between the three states.

Young people from diverse backgrounds showed many similarities in their actions and way of thinking. Culture and traditions were seen as important aspects to maintain these beliefs. Family and community closeness were valued, as most of these young people had come from societies that were highly cohesive. Culture and language barriers compounded existing problems such as social isolation. Service access was low, as young people were unfamiliar with such formal coping mechanisms and families were generally unaware of services that young people could access when they were distressed.

Young people practiced a positive social culture, where they shared similar likes such as enjoying being in groups, going out with friends and enjoying music. This was contrasted with a number of dislikes such as having intergenerational conflicts at home, relationship problems and conflicting values. Their main coping strategies included family, entertainment and socialising.

There were differences in their migration histories where those who had migrated voluntarily had problems that came with the migration experience such as settlement issues, language problems, social isolation, etc. In addition to these problems, young people from refugee backgrounds were also tormented with memories of the war and the brutalities they had witnessed. As a result, services had to understand that young people from CALD backgrounds were diverse and that their individual needs had to be taken into consideration.

There was consensus amongst the majority of young people for more culturally appropriate services for both the youth sector as well as in the broader policy area.

4.4 CARERS

People who cared for young people experiencing stress and pressure, depression or anxiety were also interviewed. They were referred to as carers and comprised mainly of parents, some siblings and friends. Forty-one carers from Queensland, Western Australia and South Australia were interviewed.

Although the interviews with carers were designed to assess the needs and coping strategies used by young people under their care, some carers gave a filtered view of what young people's needs were and focussed more on their own needs. This result that carers themselves are a high needs group with their own personal needs sometimes overshadowing the needs of their young loved ones. As a result, the findings from the interview detail both; what carers perceived as the needs of young people they cared for and their own personal needs.

4.4.1 CULTURAL IDENTITY AND RESETTLEMENT EXPERIENCES

(a) Refugees
When carers were asked their reasons for migrating to Australia, 29 interviewees came due to reasons relating to the war, which included refugee and humanitarian status and the political turmoil in their countries. These carers were from the Former Yugoslavia, Somalia, Sudan, El Salvador and Arabic speaking communities.

> *The reason that we migrated to Australia was because of the war in Former Yugoslavia. The decision was made by every member of the family. Our marriage is mixed and it was difficult for us to live safely anywhere in Former Yugoslavia….Former Yugoslav mother*

> *The decision was made by my husband and I because at the time it was very dangerous to live in El Salvador. We were told that Australia was beautiful and peaceful and in El Salvador there was a migration program for people in danger…. Spanish speaking mother*

(b) Immigrants
Fourteen carers from various backgrounds such as Greek, Arabic speaking, Chinese and Spanish speaking came seeking a better future for their families; identifying educational opportunities and seeking a better future as the key motivation for migrating to Australia. Three other carers moved to Australia as a result of issues surrounding relationships.

> *My family came to Australia 10-11 years ago. We came here by skill migration. My husband felt stressful in his work when we were in Hong Kong. Also, for the children's education and the future. My husband decided to move to Australia with us....Chinese mother*

> *Poverty. They heard it was the lucky country….Greek mother*

> *I got married to an Egyptian man. He lived in Australia and came to Egypt for a visit and then we came to Australia together because he had to come back to his work as an accountant. We both made the decision to come and had our children in Australia…. Arabic speaking mother*

4.4.2 CULTURE

(a) Traditional culture
More than half (27 carers) said that they were able to continue to practise their way of life in Australia. They valued the close knit family unit, enjoyed eating their own food, dressing in traditional clothes and speaking their mother tongue. They also took pride in their young people respecting their elders and there was a great sense of responsibility towards the young, emphasising that the young could stay on with families for as long as they chose to.

> *Yes. I feel successful in practicing the Egyptian way of life because I would like to teach it to my children. What I value most about our culture is our honesty and loyalty to each other. The*

most difficult to practice in our way of life is being with our family, neighbours and friends - sharing with them the good times and the bad times....Arabic speaking father

Yes. I feel that every beginning is very difficult but as time goes by it's a lot easier. That is getting to know people from our community, food, clubs, and we still use our own language in most places. It's difficult because we left other family behind….Former Yugoslav father

Although these carers could practise their traditional way of life, they identified that certain aspects of their accustomed life were not easily practised here. This included having difficulties with dressing in traditional clothes, as they felt conspicuous. The attention and comments that came with this made them uncomfortable and extremely self-conscious. The lack of family and friends, language barriers and the inability to celebrate traditional festivals were seen as factors that were difficult to live with.

I eat Somali food, dress Somali clothes and speak Somali language. I am proud of my culture. I value everything in my culture. The ladies have to be virgin before marriage - it is the one thing I value most about my culture. It is difficult for me to eat in restaurants. Meat is not halal. I cannot get my traditional clothes, I cannot get camel milk….Somali sister

Fourteen carers remarked that they had difficulty practising the lifestyle that they were accustomed to in their country of origin. Carers said that the lack of extended family, not knowing their neighbours, the limited availability of resources in their language, inability to practise their religion and celebrate traditional festivals made it difficult to maintain their accustomed lifestyle. Unemployment and the reversal of roles in the home environment were other factors that prevented them from practicing their accustomed lifestyle, as there was the loss of authority and respect, particularly for the males, that they once had within family and society.

What I value most about my culture is to be together with the community as one family and family support. The most difficult to practice here is to get a job. I have been working in Sudan all my life and now I am without a job. I lost respect from my own children. Even my wife does not respect me like before….Sudanese father

The reversal of roles had a detrimental effect on the emotional and social wellbeing of both the young person and the carer. As seen earlier in the literature review, this reversal increases the responsibilities of the young and diminishes the authority of the parent. Many carers, especially parents, feel demoralised when they have to depend on their young family members for communicating in English, being unable to understand their school homework and a multitude of other daily activities which they had complete control over prior to migrating to Australia. Young people are equally affected with their increased responsibilities as they are exposed to adult issues at a much earlier stage of their young lives.

(b) Australian culture

Twenty-four carers said that they could not practice or had difficulty practising the Australian way of life for a variety of reasons. These included language barriers, too set in their ways to adopt a new lifestyle, (or that the lifestyle was completely different) and disapproval for a society that was perceived as being low on family values. Carers also showed dismay at the amount of freedom young Australian people were allowed, especially in relation to staying out late, kissing in public, dressing inappropriately and being allowed sleepovers.

Carers commented that Australians were not close-knit, often not knowing their neighbours and the concept of not being able to just drop in at a friends home at any time, was quite foreign to their way of thinking and living.

Not really. I like Australian way of life because of the government system. The only thing I don't like because neighbours don't know one another, they don't care or know what's happening with other people around them.…Former Yugoslav mother

Two carers had difficulty accepting the equal rights shared by men and women. One carer said it was difficult to practice the Australian way of life because he was still new in Australia.

I cannot say that because everything is different between the way we practise our way of life. Issue in visiting each other, attending the African seasonal dance, the man role is very different in Sudanese culture but here it is totally different in Australia….Sudanese mother

Carers however acknowledged the respect bestowed on to women and children as well as the care and benefits given to the elderly and disabled people in Australia. Carers expressed gratitude for the social welfare benefits that they were entitled to under Australian law. The culture in Australia was seen as a simpler culture that was more practical and easily followed. Australia was generally seen as a law-abiding society.

More than half (26) the carers regarded Australia as home.

I would have to say here, as there is nothing left for us in our country….Former Yugoslav father

The rest (14) referred to their country of origin as home. One carer commented that home was where the majority of family resided.

I cannot say that because everything is different between the way we practice our way of life. Issue in visiting each other. For the moment Australia is home for me physically but my heart is back home. For my children Australia is home because they have been brought up here and it would be very difficult for them to adapt elsewhere….Spanish speaking mother

4.4.3 SOCIAL AND EMOTIONAL WELLBEING

(a) Risk factors

When carers were asked to describe the mental health problems presenting in their young ones, the responses indicated that more than half the respondents had described it as being stress and a few carers indicated that their loved ones were depressed. Carers reported that young people resorted to crying and were easily upset. Many had changed from being happy, carefree youngsters to moody, withdrawn individuals.

*My son **** found it difficult to adjust to the schooling system when he first got here. He was very depressed for the first year. He has changed from a happy, chattering young boy into a withdrawn, overly serious young adult. He smiles only occasionally and doesn't talk to us about the problem….Chinese mother*

(b) Memories of the war

Carers from refugee backgrounds noted that memories of the war caused a shift in the emotional and social wellbeing of the young people in their care. These young people complained of flashbacks and poor sleeping habits as well as feeling sad and sensitive. Some young people were displaced from their homes in their homeland and had further settlement issues in Australia compounding their lack of security.

The biggest problem he had was when we refuged to Serbia and again the same problem appeared when we came here. We have moved to a new place with nothing familiar and with nothing at all. Back in Serbia we didn't have anything and we didn't know anyone. He was very afraid at that time for his father's life but also kept asking questions like what are we going to do? Where are we going to sleep? What are we going to live off? That went on for a while but after he didn't ask anything any more, he totally withdrew to himself. He didn't want to go anywhere or talk to anyone. He missed a lot from school because he would say that he was sick. Just as he started to get out of his shell, we came here and it was the same reaction all over again. We have lived here for over a year now, he does go to school but he still doesn't have any friends. He doesn't go anywhere and he won't tell us what is troubling him either. I'm just hoping it is a phase, which will pass….Former Yugoslav mother

Many of these young people were also under enormous pressure as they were unaware of the whereabouts of family members as a result of war.

In October 1991 my son was in refuge in Belgrade (he originally lived in Croatia with rest of us). Myself and his father were still in our home town in Croatia. One day my husband (his father) was arrested by some para-military group while going out to provide some food. We have not heard from him ever since. Four days after that my son and I spoke on the phone and

when I told him about his father he was extremely stressed and shocked. This had a long term negative effect on him….Former Yugoslav mother

Some carers reported that being labelled 'refugee' had a negative impact on their young loved ones.

During the war we had to leave our home town. Automatically we had to put up with the tag 'refugees'. It was hard for everybody, for me, my son and particularly for my daughter. We stayed in 'collective accommodation' for nearly four years sharing a big room with a few other families….Former Yugoslav mother

(c) Social isolation

Carers identified social isolation as the main cause of depression in six young people. Shifts in the family dynamics such as divorce and death in the family and relationships with young people from different backgrounds were found to contribute to mental health problems in the lives of three young people.

*When my son first came, he had a lot of difficulties adjusting to the new life here. He could not speak English well. He was 13 then. He couldn't seem to join in the Australian life well. He was isolated, didn't have many friends. He missed his life and friends in Hong Kong. He didn't like the life here; he found it too slow, and quiet. He went to[school] to study English when he first came. In 1996 he went ****, and he is now in **** repeating his year 12….Chinese mother*

Carers reported that there was either decreased or no communication with their young loved ones as a result of migrating to Australia. The migration experience had a negative impact on these youngsters who had difficulty adjusting to the lifestyle in a new country and chose to withdraw from family and friends.

(d) Academic issues

Peer pressure, bullying at school and difficulty adjusting with school had resulted in stress for many young people. Carers also reported that young people had high expectations of their academic performances and were stressed that they could not maintain these standards in Australia.

The problem that caused my son a lot of stress was because he was bullied at school about his colour. My son used to become very upset and he hated going to school. He thought that if he used violence they wouldn't bully him but that only got him into more trouble with the teachers….Arabic speaking father

Peer pressure, causing her stress. It's about keeping step with them. She doesn't want to. If she doesn't, she's outcast. If she does she does something against her values and personality. I have often found her crying even, in some situations she can't sleep. And asking me how to cope. If you don't drink and smoke at parties you are not cool, clothing....Former Yugoslav mother

These findings are consistent with that of the literature review which highlights that CALD young people are under constant pressure to maintain peer relationships and are subjected to bullying which often stems from cultural and racial differences. Data from Kids Help Line further substantiates this, with calls from CALD young people significantly more likely to be related to bullying, peer pressure and feeling under pressure to perform well academically, than their Australian counterparts.

(e) Cultural issues

Carers reported other variables that were culturally related such as abuse (physical, sexual and mental), language barriers and arranged marriages that resulted in their young ones feeling distressed.

The problem with my husband. The split up and the time prior to it while the children were growing up. The problem affected particularly my son (17). The father used to abuse him in ways that isolated him. He accused him of being homosexual just because he wasn't sexually active with girlfriends or prostitutes. He said that El Salvadorean boys start having sex at 13. My son decided to stop going out with his friends, to sleep over because my husband would tease him. Husband put a lot of pressure for him to stop studying at Grade 10 and go to work just because he started working at young age. He would say things such as: you are lazy going

to school to learn nothing instead of making money working. My son just finished high school this week. I had to intervene and work extra time to pay his school fees as my husband stopped working so my son wouldn't go to school. All this made my son an extremely reserved child. He only talks about his feelings when he drinks alcohol….Spanish speaking mother

*According to our tradition, we practise the arranged marriage in our way of tribal tradition. One of the youth come to the family and apply to marry **** but unfortunately she refused that man but we insist for her to marry that boy but she resisted the offer but the family did not take anything from this boy as dowry. I am sure my daughter felt unhappy. She is stressed and depressed since this issue of marriage to her life….Sudanese mother*

Parental expectations often caused intergenerational conflict as seen in the above quotes. Some CALD young people are required to abide by traditions such as arranged marriages, which is subject to ridicule by other young people. As a result, young people already under enormous pressure to conform to their parent's wishes are tormented by the comments from a more modern society.

(f) Protective factors (internal and external support mechanisms)
Carers identified the following strategies that they felt would be useful for young people and in some instances, for carers themselves when coping with their emotional and social wellbeing.

(g) Useful coping strategies [219]
Carers reported that when young people talked about their problems, it was easier to help them cope. Some carers found that this helped both parties, i.e. parents/family/friends and young people to cope with stressors simultaneously as they could better understand the issues, thereby improving the situation for all concerned.

Carers identified that **talking about** it was important for one young person.

She listened to my advice because she understood that I was on her side. I told her that race is not an important criterion for choosing boyfriends but we had to convince ourselves that was the right person before Dad could be convinced….Chinese mother

Many carers found that **talking about** their problems helped them cope better.

I always told the children and myself that problems are unavoidable in our life. Sometimes you can't control them. The most important thing is to try to cope with them and not to put too much stress on yourself. After I talked to my husband and friends I felt better. My English has been improving and I also got some advice and help from my friends in preparation for the assessment interview….Chinese mother

Carers found that providing a **supportive environment** helped three young people feel better about their situation.

What helped our children to cope with their feelings was us being with them most of the time and keeping them busy by taking them to the movies or to picnics in the park with our community or travelling with them to Sydney to visit their father's family…..Arabic speaking mother

Five carers also noted that having a **supportive environment** helped them cope with their situation.

Occasionally I was going on long walks. I was trying to relax while playing with my little grandson. It was giving me additional strength to support my son. Trying to preoccupy myself with my grandson was the most helpful for me. When I was thinking about the terrible things that have happened and losses of the war made the situation worse….Former Yugoslav mother

[219] In some cases, carers gave strategies that they themselves felt were useful/non-useful instead of relating it from the young person's perspective. As a result, both of these responses (carers and young persons) have been documented.

Carers found that **entertainment/distractions** such as sports, dancing and music were useful coping strategies for four young people.

> *Out of all the things that my son did to cope with his problem was training for athletics and sometimes basketball. My son also enjoyed dancing and listening to music….Arabic speaking father*

Four carers (4) identified **spirituality** as being a useful coping strategy for themselves.

> *I don't think anything helped. There was nothing that could help. The war was raging on, people were getting killed everywhere, at that time all I prayed for was for my children to be safe and to stay alive, I didn't care much about myself…. Former Yugoslav mother*

> *My faith saved me through this - nothing else. There is no way doctors could have helped me (but most of the doctors were Christians anyway). God works through them too….Greek mother*

One carer stated that **entertainment/distractions** was helpful too.

Carers felt that **socialising** was useful for their son.

> *I suppose [young person's name] found the outings and recreational activities very helpful. He seems always more cheery afterwards…Chinese mother*

Three carers felt **socialising** was beneficial and improved the way they were feeling.

> *Going to the beaches, window-shopping and meeting people in the community. We were invited to a lunch during the weekend and had full community support. Everyone was great and willing to help…. Somali sister*

Some carers identified that drawing on their **inner resources** helped them cope during difficult periods of their life.

> *What has helped me the most is not to hate. It was destroying me. What has helped me more is talking to other people….Spanish speaking mother*

Carers found that the security in Australia had a positive outcome for their young loved ones.

> *The thing that might have helped my children is the peace and freedom, which is the most important thing in the world....Somali father*

Similarly, carers also found that **security** contributed to their own personal wellbeing.

> *I have come across a difficult situation in my life like 'the one who jump over the death to another and then you just wait for your turn to come'. I feel that I am in Australia and I am safe but all my country situation is something sad and I do not want to continue to talk about this issue….Sudanese father*

Carers found that some young people were **empowered** by feeling good about themselves.

> *My children like gym and hard exercise and music because that made them feel good about themselves and also they like to be successful in their education….Arabic speaking mother*

Carers found they were **empowered** when they had better understanding of the problems that young people were facing and this was found to be a useful coping strategy for them.

> *Doing research and getting an understanding of the issues. Half of the success is to get a clearer picture of what is happening. Most advice, however, is based on research done by Anglo Saxon people and on Anglo Saxon patients. Often other cultures have such an emotional build like (Mediterranean's) that it is very hard to implement the advice that works for people who can control their emotions much easier. Specially mood disorders 'affect' more people who are already 'moody' by design….Greek mother*

One carer identified that **abstaining from substance use** was useful for young people.

Helped: not to start drinking again and friends were equally helpful. Not helpful? Nothing in particular…. Spanish speaking father

(h) Non-useful coping strategies

Carers found that being **non-communicative** was not a useful coping strategy for two young people.

….admitted to me keeping things to himself and not talking to anyone about it is the worst non-solution….Chinese mother

Carers found that **being isolated** was not a helpful solution for two young people.

The most helpful thing, as I've said, is for them to have the peace and freedom they have in Australia. What wasn't helpful for them is staying at home all the time....Somali mother

Carers also found that **being isolated** was not helpful for their own wellbeing.

I feel bad when I am alone, when I am with people I feel a lot easier…. Former Yugoslav father

Substance use was reported as not helpful for another young person.

They found helpful everything except drugs and bad activities that are against our beliefs not helpful….Somali mother

One carer found that **reflecting on the problem** was not a useful coping strategy.

I have come across a difficult situation in my life like 'the one who jump over the death to another and then you just wait for your turn to come'. I feel that I am in Australia and I am safe but all my country situation is something sad and I do not want to continue to talk about this issue….Sudanese father

Another carer discovered that **resisting** change that came with acculturation was not a useful coping strategy.

*The thing that let me cope with **** situation was that I regarded this issue as a part of the western way of life and the affect of the cultural shock here in Australia is most helpful for me to cope but finding about the situation always and resisting all these attitudes is quite stressful to me and all of the family…. Sudanese sister*

Feeling sad all the time did not improve the situation for one carer.

Before, I used to spend all my time worrying about my daughter but now I am used to it after she moved out of the house. I used to contact her many times. That gave me relief. If I am sad all the time, that will not help at all....Sudanese mother

Another coping strategy that was not useful for carers themselves was to **ignore the problem**.

Ignoring the problem did not work for me. I have tried to sing to make myself forget the problem but the problem is still there….Somali sister

4.4.4 FAMILY SUPPORT

When carers were asked if young people turned to family when they had problems, 28 carers answered affirmatively.

Yes. I, my mother and one of the brothers. What happens is she gets very emotional and starts crying. We also start crying and then after some minutes we are all happy and maybe this happens again after sometime. Whenever she cries she feels relief and better….Somali sister

Ten other carers said that young people did not turn to them for any support or assistance for many reasons which included trying not to burden families with their own problems and some young people assumed that families would not understand their problems.

> *She feels that the rest of the family members didn't stand by her side. A lot of them completely ignored and didn't want to know about her problem….Greek mother*

> *She didn't really talk much. She just kept saying sorry to us for letting us down. In the end we left her alone, and didn't want to add any more pressures on her. We knew she already put a lot of pressure on herself….Chinese mother*

4.4.5 SERVICE EXPERIENCES

Carers reported that 15 young people had used services, 17 had no contact with any service and one carer did not know if a service had been accessed. Services had been accessed by young people from the Former Yugoslav, Somali, Sudan, Greek and Spanish speaking communities.

Carers revealed that young people had heard of service providers from community organisations, family doctors, hospitals, social workers, family, school and self-referral. Nine carers said that the young people were given a choice if they wanted to use services but six others said that they were either taken there or were not allowed to have a say in the matter.

> *We don't have a choice. The private mental health services is unaffordable....Spanish speaking mother*

When carers were asked whether young people were given a choice in the services that they received, nine carers responded affirmatively but another five said that this was not the case, but did not give any details.

Carers commented that they believed young people had benefited from the assistance that they had received from services. These included support (4), medication and explanation of the mental health problem (4), social security (2) and genuine concern from services (3). One carer felt that his young son did not benefit from the services at all.

Nine carers said the young people had encountered no problems, but four complained of problems such as language barriers (2), being kept waiting and that they were just seen as a number. There was also a perception from carers that there was no genuine concern from the service provider.

Carers said that seven young people spoke in English and the rest in their own language, using interpreters when necessary.

Five carers said they were not involved at all when young people were using service providers. Seven carers were involved in various ways, which ranged from merely providing transport to total commitment by families attending sessions with their young ones.

Carers said that 12 young people were still in contact with services.

4.4.6 SITUATION NOW

Carers revealed that almost half the young people who had some form of mental health problem, were more settled now.

The situation of my kids are well and good whatever they have been through….Somali mother

However, carers reported that there were some who had no change in their situation.

The same. It still hurts her, but she learnt some strategies how to make attacks more soft. She has to learn more….Former Yugoslav mother

And there were a few whose situation had deteriorated further.

> *She is using drugs, anorexic and has no job. Lives with a violent partner. Not very good….Former Yugoslav mother*

4.4.7 SUGGESTIONS

Carers put forth many suggestions when asked for ideas that could improve the social and emotional wellbeing of other young people in similar circumstances. These suggestions were grouped into five main categories

(a) Youth support/service delivery (21)
These suggestions include better support for youth as well as culturally appropriate delivery:

- Culturally appropriate youth worker
- Cross-cultural awareness programs at schools

> *In my opinion I think the schools should have a lot of culture awareness training about all cultures and also religions to be able to reduce peer pressure.…Arabic speaking mother*

- Market services available to youth

> *The school should have more contact with parents, so that parents would be aware of the problem before it becomes serious. I wish I could understand more about my son's school life but there is a language problem. It would be better if the school can have counsellors from different cultural background....Chinese mother*

- Government to assist youth arriving newly into Australia
- Commitment from service providers
- Involvement of parents with service providers in supporting youth

(b) Interpersonal solutions (10)
Interpersonal solutions referred to better communication between young people and their parents as well as communication between parents and schools. The following are some suggestions by carers:

- Stay with parents

> *My advice to young people with similar problems is that there is no better place than home and home is only where your parents are. Obey your parents. Listen to their advice. They always want what is best for you….Somali mother*

- Schools should contact parents more

> *There should be feedback from school about their behaviour in general. We were informed regularly by teachers back in Bosnia about their achievement or failure but here everything is different….Former Yugoslav mother*

- Help can only come from inner self
- Discard fears surrounding people with mental health problems

- Avoid being judgmental

> *Different people need to be understood differently. People's culture and beliefs should be respected. Do not be judgemental. Some young people may not be comfortable with old workers. Before someone gives help to these young people they have to thoroughly understand the nature of the problem....Somali sister*

- Improve communication between parents and young people
- Identify the real problem
- Encourage expression through music/dance, etc.
- Acceptance and support

> *Identification of the exposed ones through individual interviews. Helping the individual child to express his/her own experiences. Encourage the child to take part in music, dancing, drama and role plays…. Sudanese father*

(c) Provision of services (4)

One carer remarked that financial benefits from the Government gave young people a higher level of independence and this sudden sense of freedom sometimes resulted in adverse effects on their general wellbeing, suggesting that institutionalising youth could resolve problems. Several other suggestions by carers included having more drop-in centres for young people, increase in services for immigrant students and that young people would benefit by having more people to talk to.

> *Youth support groups with leaders supported somehow. Counselling. Activities for young people where they could share their experiences and support each other. Activities such as workshops on youth development. This could be broader and deeper than what they are through the school. Workshops on how to improve their self-esteem and solve problems. Drop-in centres for young people….Spanish speaking mother*

(d) Education (3)

Carers suggested that better education facilities which included incorporating life skills and drug and alcohol prevention studies into the normal school curriculum.

> *It's disturbing that the government cuts funding for general education for young people. Government should put more money into education for young people how to cope with such issues. In their teenage years. Prevention is better then healing. It's better than later, eg. drug, alcohol, peer pressure. Turning point in ages, so many decisions to make, not mature enough to do that. Society should not encourage them to leave their family. So many contradictions in society. Leave home, can't vote till 18. People are restricted in parenting. We heard much more about children's rights when we first arrived, more then parents. Everything is considered abuse here, which is different in our culture. They should concentrate on educating them on drugs and career paths….Former Yugoslav mother*

(e) Broad policy (2)

Carers suggested more available housing options and more job opportunities for young people to improve their social and emotional wellbeing.

> *Of course, accommodation should be provided for them. Jobs, should be provided for them if possible. Besides, newly arrived people need a lot of commitment. They need someone to talk/take them regularly at least twice a week. I think to minimise the problems, the organisation which deals or looks after new arrived should be very committed. Besides, Sudanese community should have at least two young men working for Immigrant Health Centre or Refugee Association…..Sudanese brother*

(f) Rights (2)

Carers also suggested that laws regarding the rights of mentally ill to be changed and that young people should know what their general rights are in Australia.

> *In my opinion I would say if possible let the government be more open for the young people who have been in critical situations as my children, in order for them to understand their rights….Somali mother*

4.4.8 CONCLUSION

Interviews with carers reveal that although they are caring for young people with social and emotional issues, their own personal needs can be overwhelming. This reduces their capacity to provide optimum support and care when their own social and emotional wellbeing is compromised. This study indicates that carers are a high needs group who require further research, support and education, to enable them to cope with their own issues.

Carers echoed young people's concerns that social isolation was a major deterrent in the process of acculturation. Carers reported that they could maintain their traditional practises although there were barriers. These barriers, particularly the language barrier and the concept of adapting to a new culture at a mature age prevented them from practising the Australian way of life. Improvements in the education system were seen as an area that could benefit the emotional and social wellbeing of young people. The interviews with carers reveal that families were a great source of support. There was no disparity between young people from refugee backgrounds and migrants with both groups turning to family in times of need. Some young people had accessed services but those from the Arabic speaking and Asian communities had refrained from using any services.

Carers reported that with the exception of a few, most young people were generally coping better with time as they acculturate.

As carers, especially parents and friends, were the most likely sources of support for young people, it was imperative that parents were well equipped with information and resources regarding their children's education and the education system in general. Carers would benefit from the provision of English language classes and information regarding youth issues to assist them to cope better with intergenerational conflicts. Services, particularly in the youth sector, needed to be culturally appropriate to ensure improved access by CALD young people.

4.5 MENTAL HEALTH SERVICE PROVIDERS

4.5.1 Who was interviewed?

Fourteen mental health service providers (MHSP) were interviewed regarding the mental health issues of 26 clients in the three states: Queensland, Western Australia and South Australia. The clients were from diverse ethnic backgrounds, which included the Former Yugoslavia, Spanish speaking, Vietnamese, Chinese, Arabic speaking, Greek, Cambodian, Polish, Italian, Sudanese and Eritrean. Clients were aged between 15 and 30 years and included 15 males and 11 females.

4.5.2 What were the needs identified?

(a) Access

Clients had either been referred or accessed services for a variety of mental health issues such as anxiety, severe depression with suicidal tendencies, behavioural problems, post traumatic stress disorder, schizophrenia and eating disorders.

> *MHSP re: Former Yugoslavian client….depressed. Miserable over long period of time, particularly over mother and diminishing academic studies*
>
> *MHSP re: Greek male….schizophrenic, attempted suicide twice*
>
> *MHSP re: Spanish speaking client….She had to adjust to the new reality she was facing - she was confused and anxious about her feelings and understanding the family situation. She wanted her family to be together*

Referrals were from various sources including teachers, school counsellors and nurses, social workers, community health workers, priests, other service providers, family and friends. Some young people had self-referred and there were a few who had some previous contact with mental health service providers.

Young people reported to service providers that several risk factors had affected their social and emotional wellbeing. These were mainly issues such as problems on the home front, social isolation, racial discrimination, cultural conflicts, peer-related problems, sexual abuse, substance abuse and violent attacks.

> *MHSP re: Arabic speaking client….Being alone is a big factor. People in the same circumstances may have other sources of support. If they have it - that's different. You know they run out of energy and can't fight for survival for so long. The anxiety and uncertainty kills them. After a few years they slowly disappear as a human being. They're slowly killed by the system….*

> *MHSP re: Arabic speaking client….He was extremely isolated and had absolutely no support. He was very uncertain about his situation in Australia. These were the primary causes of his mental health status. It was these external factors that caused the situation*

Service providers remarked that CALD young people were reticent in accessing services due to the stigma associated with mental health, a sentiment that was echoed strongly by carers, especially parents.

> *MHSP re: Former Yugoslavian client…Parents from the former Yugoslavian community do not seek assistance from service providers due to the stigma attached to mental health disorders. Their expectations are too high for mainstream health services, and they are impatient as they expect 'quick fix' solutions*

(b) Family

Service providers reported that many young people's problems stemmed from problems arising on the home front. These included intergenerational conflict, breakdown in family units, increasing domestic responsibilities such as caring for siblings and coping with mental health issues of parents with bipolar disorder and gambling problems. These factors had an adverse effect on many young people's social and emotional wellbeing.

> *MHSP re: Spanish speaking client….She was a Spanish-speaking girl. She was 16 years old and living with her family. Her parents became separated so she was just living with her mother. The father left and the family unit broke down. She needed support in negotiating the new family context, which included a new male figure ie. stepfather and a mother who was not the same person as the child knew her previously*

One young person was distressed as a result of being weighed down by responsibilities, which included caring for a sick mother and siblings as well as completing a tertiary degree. This was compounded by flashbacks of being sexually abused by her father from a young age.

Some young people revealed to service providers that they did not seek support from their families, as they were contributing to their diminished mental health status. These problems had a vicious cycle in the lives of many young people, as they were extremely unhappy at home. This resulted in diminished academic performances, which compounded their state of depression. Service providers also found that these clients used coping strategies that included working harder at school rather than dealing with their emotional needs which were often shelved and seldom resolved.

> *MHSP re: Chinese client….Client depressed due to diminishing academic achievement and caring for two siblings and two warring parents. She was needing an outlet*

> *MHSP re: Chinese client….Initially the nurse was concentrating on her emotions and the more this happened the more she cried. I changed this to how her academic efforts were going and where she was going. Her demeanour changed, specifically on how to change her study. She did this by connecting with other students in same situation*

Interviews with service providers revealed that some of these young people were living alone whilst others were with their families. There were mixed messages from young people regarding the support available from families, where some young people felt their families were a monument of strength and support and others who found the contrary. Mothers were generally seen as being supportive although sometimes proved more of a hindrance as they were in denial and/or could be overprotective and equated their young ones to invalids.

MHSP re: Former Yugoslavian client….I was seeing his mother before - for another reason. It was the school that referred him to me. She came with him for the first session and was very supportive. No, they (family) were more of a hindrance as they wanted to dictate to him and the mother was very protective

(c) Culture

Service providers expressed difficulty in commenting if their clients were typical of other young people from similar cultural backgrounds as they had not seen many young people from any particular country or cultural background.

MHSP re: Former Yugoslavian client….It's hard to say if this client is typical of clients from the Former Yugoslavia as I have not had many clients from this part of the world

MHSP re: Former Yugoslavian client….It's hard for me to say. I don't know this. If you look at other young people his age it's unusual to find them so grown up. The kids from Former Yugoslavia do seem to be a little bit ahead. They're quite mature for their age

Service providers informed that young people's cultural background and identity played a significant role in the use of services. Although access to services by CALD young people was generally low, young people from the various cultural backgrounds showed variations in service access. For example, Asian clients and their families were less inclined to integrate into the mainstream and access services because of the associated cultural issues, shame and stigma, and showed a tendency to shy away from services for fear of being recognised. Asian clientele were generally more closed-up and showed a tendency to conceal their emotions.

MHSP re: Chinese client….On one hand it is necessary to understand Chinese culture. If at first contact staff had knowledge of the need to focus on future and not emotions the client would have been helped sooner. Staff should be trained in cultural psychosocial needs

Young people from the Horn of African communities tended to internalise their feelings and required extensive contact periods with service providers to build trust and a working relationship before they were comfortable in expressing their feelings. Their Eastern European counterparts such as the Former Yugoslavian community had similar inhibitions.

In the Greek community, families were more receptive to services when the worker was a known member of the community. This was due to the worker having the required communication skills and similar cultural background, and was therefore understanding rather than critical of their cultural beliefs.

Service providers indicated that young people were generally hesitant to access services for various reasons, which included fear of being stigmatised, being in denial as well as being ignorant to the services that were available. Similarly, families did not seek assistance from service providers due to the associated stigma towards mental health problems and had unrealistic expectations from mainstream health services as they generally expected instant improvement in the health of their young ones. However, once initial barriers were overcome, they were more inclined to access services.

MHSP re: Former Yugoslavian client….Parents from the Former Yugoslavian community do not seek assistance from service providers due to the stigma attached to mental health disorders. Their expectations are too high for mainstream health services, and they are impatient as they expect 'quick fix' solutions

The main problems experienced by some clients were language barriers and some of them found it hard to initially trust workers from the service. These issues were overcome by engaging interpreters and most young people established rapport with services after a period of time.

MHSP re: Former Yugoslavian client….There were no communication difficulties between the client and me but major communication difficulties with mum. Dad spoke English well as he had been in Australia for many years. At one stage the parents insisted that an interpreter was not necessary but on one occasion we did use a telephone interpreter which was not all that

helpful. The interpreter started to side with the parents and was advocating on their behalf rather than interpreting for them

The interviews conducted with young people who accessed services indicated that they required a high level of support. However they were initially reluctant to express their mental health issues and only became more comfortable after extensive contact with workers from various services.

As suggested by the literature review, services are sometimes regarded with suspicion or simply unknown to parents of young people from CALD communities. The stigma attached to mental health issues as well as language barriers are also key factors that prevent young people and their families from accessing services.

There was a perception from service providers that there were mixed reactions from clients regarding having ethno-specific workers; as some communities preferred this whereas others showed a preference for the reverse. This stemmed from the fear of being recognised and/or stigmatised from the community if their mental health status was revealed. However there were others who would only seek services that were provided by an ethno-specific worker as language and cultural barriers were effectively overcome.

MHSP re: Former Yugoslavian client….No because there is an ethnic worker to support them

4.5.3 What worked?

(a) Organisational capacity

Services were able to provide these young people with counselling, support and advice, someone to talk to, link them with appropriate services as well as support groups and youth groups.

MHSP re: Arabic speaking client….My strategy was to talk with him. I also did a suicide assessment. Identified what he needed to survive in this country. I kept in contact with him as regularly as possible

MHSP re: Former Yugoslavian client….The young person needed ongoing support and counselling to overcome some of her loss and grief issues resulting from the loss of her father some years ago

MHSP re: Arabic speaking client [asylum seeker]….The outcome of his situation wasn't in his hands. I offered him someone he could talk to; someone who cared, as he had nobody. It is so sad to witness the psychological deterioration of a person. He wasn't sick in the beginning but the system denied him opportunities and the basic necessities of life - such as a means of income, a roof over his head and some security. To make it worse, he had nothing to do. He truly was a victim of the system

Service providers reported that adopting simple measures proved invaluable in coaxing young people to access services. Examples of these included getting young people to share their migration experiences, breaking down barriers and establishing better friendships and trust amongst young people. Some services also strived to keep clients out of hospital, choosing instead to liaise extensively with family and friends as well as linking young people to other appropriate services to create a supportive and healthy environment, which ultimately resulted in some normality for clients. Another strategy used by service providers was providing recreational activities that were otherwise too expensive. This helped overcome isolation and improve self-esteem, which enhanced young people's social and mental wellbeing.

Service providers informed that a lack of "appropriate services" was the reasons stated that some families refrained from accessing any services. Some of these family members were also unhappy to use the same service providers as their young ones as they perceived that these services were biased towards the young people.

MHSP re: Former Yugoslavian client….Yes, a lot could and should have been done for the family members but no specific services were available to refer them to and they did not want to deal or work with us as they felt we were on the side of the young person

Another concern that was expressed by service providers was that if there had been more specific information on culture available to them, cases could have been picked up earlier. Service providers also indicated that it was difficult to provide assistance or support to family members as young people preferred to retain their anonymity or in some cases their families were abroad. There was therefore no support from family, as families were not involved.

Service providers reported that most clients could communicate reasonably well with interpreters being called when there were language barriers. However problems did arise when interpreters advocated rather than interpreted for their clients.

MHSP re: Former Yugoslavian client….There were no communication difficulties between the client and me but major communication difficulties with mum. Dad spoke English well as he has been in Australia for many years. At one stage the parents insisted that an interpreter was not necessary but on one occasion we did use a telephone interpreter which was not all that helpful. The interpreter started to side with the parents and was advocating on their behalf rather than interpreting for them

4.5.4 What did service providers suggest?

(a) Education

Mental health literacy promotion classes and better education to remove social stigma associated to mental health may result in more CALD young people and their families accessing services. More funding for services would provide resources for long-term support therefore facilitating better rapport between services and young people. Better advertising of services and more resources in different languages would enable clients and their families to be better equipped to deal with their mental health issues. Young people required assistance with life skills, which included basic training in day-to-day living, as well as social skills such as communication etc.

Workers suggested that increased education, improved funding and better marketing of services would improve the overall delivery of services.

Education for families and carers was also recommended as this would improve their understanding regarding mental health issues and overcome barriers in accessing services. Education would also help them understand that mental health problems could be ongoing, therefore equipping them adequately to deal with these issues. Information regarding mental health issues also dispelled concerns that mental health disorders within families were hereditary.

MHSP re: Former Yugoslavian client….Education and encourage to attend a family support program for people with schizophrenia in Croatian community

MHSP re: Greek client….Community education as community tolerance is poor with regards to mental health problems. Family gets ostracised when there are mental health concerns within a family

MHSP re: Greek client….Parent education, more flexibility would have decreased culture conflict

More funding was requested for providing support and education to families and young people with mental health problems. Cross-cultural training for workers was another suggestion to improve workers understanding of client's cultural background, thereby enabling them to better understand their clients and their needs.

Education and support for families were required for services to achieve better results with clients. Support for families was necessary to give families and carers a break from their daily duties and education would provide some insight into their young ones' plight.

MHSP re:Chinese client… Yes someone to take over mother's responsibilities to give her a break for eg. Respite Centre for son to have gone to

Family education and family support was crucial for families to understand and accept the issues affecting their children. However, many families still had difficulties coming to terms with the mental health issue and often expected quick-fix solutions.

MHSP re: Former Yugoslavian client… Education and encourage to attend a family support program for people with schizophrenia in Croatian community

Service providers suggested that more culturally appropriate services be made available for the different communities. The diversity within communities indicated the need for diversity in provision of services.

Due to the extent of assistance and support required of staff, more funding was requested so that services could be better equipped and adequately staffed to provide for ethno-specific communities. This would result in a decrease in the workload of individual workers.

Service providers commented that families and carers would have benefited from more counselling and community education. More involvement in the treatment of the young people would also have given them better insight and understanding of the mental health problem. In some cases, service providers worked with all members of the family although this was not always possible as some carers felt that service providers tend to be biased towards their clients.

MHSP re:Greek client…Education and encourage to attend a family support program for people with schizophrenia in Croatian community

(b) Collaboration

Service providers suggested that there should be more collaboration and networking between key agencies, for example, youth agencies and immigrant services. These measures would result in better outcomes for clients. Clients would also have a more positive attitude towards services and be more receptive to what services have to offer.

Service providers suggested that better partnerships between various services and mental health services be established so that clients were not shunted from one service to another which caused confusion and prevented trusting relationships being established.

Service providers reported that better networking between immigrant and youth services could have hastened the recovery process for clients. There was also concern that government departments and agencies were not culturally sensitive towards the needs of clients of CALD.

As workers took on an advocacy role to negotiate clients' needs with school teachers and sometimes families, improving collaboration with other relevant organisations would be beneficial for both services as well as young people.

MHSP re: Former Yugoslavian client….Would like a more collaborative approach to CALD client services for example share resources, or directories would be extremely useful

Mental health service providers provided suggestions that were supported by the literature review, which highlight the need for partnerships between public mental health services and the community sector. This was seen as the model that would best promote, prevent and provide early intervention for high risk groups, in this case CALD young people.

4.5.5 Conclusion

Interviews with mental health service providers indicate that the major issues with CALD young people and their families revolved around social connectedness, family, culture, education, stigma, collaboration and access to services.

There was poor access by these young people and although they were confronted with various issues that affected their emotional and social wellbeing, family problems and issues related to culture dominated. Stigma associated with mental health, language and cultural barriers as well as being unaware of existing services are the main reasons for poor access. Although there were some common denominators within communities, services recognised the diversity amongst their clients and acknowledged that they required to be individually assessed.

Service providers revealed that CALD young people were more receptive to services when the approach was less conventional and more adaptive to their needs, such as sharing migration experiences and participating in social activities.

In addition, suggestions for education on mental health for CALD young people and their families, cross-cultural training for staff and mainstream services (i.e. not multicultural), better marketing of services and partnerships between organisations were the strategies that would improve the overall provision and delivery of services for CALD young people and their families.

4.6 OTHER SERVICE PROVIDERS

4.6.1 Who was interviewed?

Twelve other service providers (OSP) were interviewed regarding the mental health issues of 21 young people from Queensland, Western Australia and South Australia. These young people were from the following backgrounds: Chinese, Arabic speaking, Iraqi, Anglo-Indian, Horn of Africa and the Former Yugoslavia.

4.6.2 What were the needs identified?

(a) Access
Young people accessed services provided by schools, settlement workers, youth workers and social workers from youth organisations, community organisations and social welfare organisations. Clients mainly sought services for counselling, support and someone neutral to talk to, as well as act as an advocate for them.

> *OSP re: Former Yugoslavian client....Social support - something that says you are not alone, this is normal what you're going through. Psycho-educational stuff works well too. In groups with other young people - take them away from their families*

The mental health problems of these young people, described as being depressed, anxious suicidal, etc., were attributed to issues related to relationship breakdown, sexuality, homelessness, adjustment difficulties at school, conflicts within family, social isolation due to migration and loss of loved ones.

> *OSP re: former Yugoslavian client....History of anxiety and depression from overseas*

> *OSP re: Somali client....Her actions, she cried a lot during the interview. She was from a refugee background and I knew what the repercussions of camps are. She had lost contact with her family and I know what the repercussions of this are within the African culture. She didn't identify with 'mental health' as that means 'madness' to her. However her story gives into that there would be stress and distress. She also had TB which isolated her from her brother and family.....*

The effects of the war had a definite imprint on the lives of young people who had witnessed the war and its killing fields. Many of them had mental health issues as a result of the war in their countries of origin, which greatly compromised their social and emotional wellbeing.

> *OSP re: Somali client....In the course of providing support the young woman disclosed a range of personal experiences and issues, such as witnessing her family being murdered, re-occurring nightmares, flash-backs, stomach ulcer, that indicated there were mental health concerns*

Clients presented with a myriad of physical and emotional symptoms such as low self-esteem, insomnia and panic attacks, recurrent nightmares, flashbacks of seeing loved ones being killed and stomach ulcers.

> *OSP re: Chinese client….She was always coming in with stories of family not liking her, she was ugly, so I often challenged others about liking her. She had very little tolerance for frustration and would challenge at inappropriate times, for example on the street or during class. Family had always been dysfunctional*

There were also significant differences in young people's attitudes towards the services that they accessed. Some were extremely demanding of services whereas others showed a complete lack of interest and motivation in any aspect of the service, or life, in general. Most young people refused referral to mental health services with some denying the problem was related to mental health. Only a few agreed to receive counselling services but were reluctant to attend when they were referred.

> *OSP re: Somali client….The young woman did not want to access a mental health service because she preferred to stay connected with me because we had developed a relationship built on trust. I sought support from a mental health service provider so at least I had an idea about relevant responses*

(b) Culture

Young people were challenging cultural perception around sexuality whereas families had difficulties discussing issues around sexuality. Inability to express their sexuality amongst loved ones at home further contributed to the already fragile status of some young people.

> *OSP re: Chinese client….Client acknowledges their need for help. Client then can access mental health service. Services need to have rules in terms of confidentiality and cultural appropriateness, understanding sensitivity. Ethnic support groups need to develop strategies to link sexual and cultural. services need to be aware of issues around cultures, sexuality*

Service providers reported that some young people were extremely depressed, to the extent of being suicidal. A young Iraqi woman was identified as suicidal due to separation from her partner on arrival in Australia. The family was unable to leave her alone as she had threatened to throw herself into the river. Service providers had to support family members as well as the young person.

> *OSP re: Iraqi client….Her parents had spoken to a worker as they were terrified of leaving her alone as she had threatened to throw herself into the river.*

One young girl, 16 years of age, from the Horn of Africa was reported to have attempted suicide as a result of experiences related to child sexual abuse.

The mental health problems of Asian clientele stemmed from a combination of issues such as intergenerational conflict and relationship problems.

> *OSP re: Chinese client….No more extreme than most kids and families, at times was conflict with sibling. Rivalry between she and brother. Extreme difficulties at home with father. No signs or divulgence of physical or sexual abuse, but lots of psychological abuse*

Young people from the former Yugoslavia had issues mainly related to trauma, violence, settlement issues, unemployment and parental conflict. One young woman from the Former Yugoslavia was extremely anxious as a result of her father's state of depression. Another, also a female from the Former Yugoslavia was noticed to have some eating disorder and was extremely underweight. There was no interaction between her mother and her, compared to the other siblings. The service provider commented that the eating disorder was a control issue as the young woman had revealed that it was not okay to be angry with her parents so instead that anger was self-directed. The family dynamics in this case scenario was contributing to the eating problems.

> *OSP re: Former Yugoslavian client….I thought I'm going to need some special help here. I need to investigate how I'm going to work with this girl. I suspected that there were some eating issues here too. I then went off and did some investigation. It is very difficult to speak to*

young people alone because I worked in the OAA flats - so there's no privacy. The family was quite suspicious and the father was withdrawn and reluctant to accept services. The girl came out for hot chocolate and we just chatted about stuff. A lot of stuff came out. Her brother wanted to go out too so I took him out next time! I couldn't single her out. I then did the same thing with the mother. The girl was extremely isolated from her family. She had come through Germany, had been uprooted twice. She had been uprooted again. She felt she was forced to come - she didn't want to come here. She had a taste of German teenage life and then she was dragged off to Australia. It is not okay to be angry with your parents so she became angry with herself. Her eating was a control thing - it was the only thing she had control over in her life

Service providers indicated that generally, young people from the Former Yugoslavia were more accepting of services compared to young people from the Horn of Africa who were more wary of what services had to offer. But here again, there were gender differences within young people from the Former Yugoslavia. The young girls were more open and friendly whereas the young men had a tendency to be closed up and had major difficulties in divulging any mental health problems to service providers.

Since many of these people hail from middle class families was before fleeing their war torn countries, they had difficulties adjusting to a new life which is far from perfect. Issues of unemployment coupled with settlement and education programs for new arrivals, further compound these adjustment processes. Service providers had to intervene and resolve these underlying issues before dealing with the presenting problems.

The cultural diversity that was apparent in young people of refugee background from the Horn of Africa required services with gender specific staff to meet their needs.

OSP re: Somali client…Similar social issues to other young women, but the issues are so much more complex because of her refugee background

Another important factor that was mentioned by service providers was the need for workers to understand the diversity that exists within Arabic-speaking communities.

OSP re: Former Yugoslavian client…. Family socio-economic issues clearly impact on the behaviour of students. In the first 18 months to two years the parents experience acute anxiety with activities related to their children eg. they will not allow them to travel on public transport, they will generally let kids go. Major mental health issues for young people from Bosnia are related to witnessing of the killing of parents, father or relatives. Most initially do not want to go to QPASTT, Red Cross or accept a home tutor. One particular student was on a suicide alert - he was psychologically and physically very frail. But after a while in a supportive school environment his self-esteem increased and the danger of suicide decreased. We monitor psychological problems with students through their journals, which they keep, these are stories of their settlement, and through this you can detect problems with the young person or family

4.6.3 What worked?

(a) Organisational capacity

The interviews revealed that service providers are often confronted with situations that are beyond their scope of expertise. However it proved difficult to refer a client to a more appropriate mental health service once initial contact with any service provider was made. This was mainly attributed to clients feeling uneasy with having more people involved in their lives.

Service providers commented that young people do not say much in the presence of their family/parents when in reality they can be quite demanding and expressive of what they need, when accessing services alone.

OSP re: Former Yugoslavian client….Many young people from the Former Yugoslavia present as withdrawn. This is overshadowed by the fact that they don't say much when their parents are present.

There was a revelation by service providers that they are not designed to cope with some of the issues that are presented to them. Often these services are equipped to deal with settlement issues and provide a safety net on arrival but are fairly inexperienced in dealing with more complex mental health issues.

> *OSP re: Former Yugoslavian client….People from the Former Yugoslavia have had bad experiences with Serbia and the war. Services at Red Cross are not designed to deal with such issues, but to provide a safety net by dealing with settlement issues*

However certain programs, for example, youth social activities organised by torture and trauma services were highly acclaimed as being beneficial to young people especially due to their social isolation.

Service providers were contacted for a range of services that included counselling, social and moral support, career guidance, social networking and in some cases, for someone to talk to.

Young people showed an inclination to be demanding of workers who provided assistance or support to them, once they had established good rapport with them.

Although, service providers explained boundaries from the outset, many clients still called workers after hours and were occasionally persistent in their calls to the extent of being intrusive of workers' privacy.

> *OSP re: Chinese client….She would ring and ask why there was no answer to her letters. The client had difficulties with boundaries.*

Clients on the other hand perceived this as rejection and a lack of commitment, which then caused difficulties in establishing a good working relationship. These clients were reluctant to be referred to a mental health service provider. Instead some took solace in spiritual callings and turned to the church, whilst others used self-control measures such as belief in karma, meditation, etc.

(b) Dealing with stigma

Interviews with service providers indicate that clients were sceptical of accessing specific mental health services due to the associated stigma. There was an urgent need for generic services that are free of any stigma, as the stigma caused families to ignore the problems to 'save face'.

> *OSP re: Somali client.…The way we approach mental health. How mental health and madness are seen. The way we present it to them. Fear around mental health and being judged. Families don't want their children to be 'mad'. Families will isolate a 'mad' person. Conservative cultural beliefs equals the whole families social standing will drop. All services (mental health) need diverse staff and cross-cultural training*

However once contact was made, young people were generally satisfied with the services. Some clients proved demanding and showed a tendency to be clingy. With the growing demand in this area, ie. youth support, torture and trauma etc, service providers appealed for more funding to provide more resources and better services for young CALD people.

> *OSP re: Former Yugoslavian client….Worse case scenario. The issues were typical but he had a lot more than other clients. He was apologetic for using services a lot. Was very time consuming and probably still would have been, had we not changed the focus of my position*

> *OSP re: Former Yugoslavian client….She was very demanding - she recruited a lot of workers for herself and was very expressive of what she needed*

> *OSP re: Chinese client….Client was extremely demanding and very difficult to distance self from as wouldn't talk to school psychologist. When changing schools we had a joint session for closing the case. The client wrote letters saying she was unhappy and would/could be cause for killing herself. It was a very manipulative letter*

The comments from service providers reiterates the literature review which states that CALD communities have been noted to under-utilise services due to the stigma related to mental illness. This was a direct result of lack of information and understanding of mental health issues. Staff that are inadequately cross-culturally trained was another factor that deterred CALD young people from accessing services.

4.6.4 Suggestions by service providers

(a) Cross cultural framework
Generally services were not seen to be operating through a cross-cultural framework. Mainstream services generally had western values with regard to mental health and required in-depth training to deal with young people from diverse backgrounds.

This was in direct conflict to the needs of young people from culturally and linguistically diverse backgrounds. Service providers were lobbying for an increase in ethno-specific workers and services as well as cross-cultural training for staff in mainstream organisations. As a result, there was almost a plea from workers in these organisations to introduce compulsory cross-cultural training for existing services and staff, as this would ease some of the workload of existing services.

> *OSP re: Anglo-Indian client….Lack of understanding among services and the broader community regarding family issues within this culture and the impact that Australian systems have on these immigrants*

Service providers indicated that with some ethnicities, particularly from the Former Yugoslavia, it was essential to have ethno-specific workers because clients could only relate to workers from their own background.

> *OSP re: Former Yugoslavian client….No Yugoslav bilingual worker is a problem. Education for new arrivals, they need to be informed of bicultural services. It is important the person providing information assists in demystifying the whole thing about services. There is a distinct lack of services for culturally diverse young people*

Service providers also reported that young males from the Former Yugoslavia community were sceptical that there was any benefit simply by talking about their problems to service providers.

> *OSP re: Former Yugoslavian client….This young person seemed typical of Yugoslav males in that he couldn't see how talking about things could help. Relationships with this group take a long time and his whole reason for being there was for assistance to get over the family*

Ethno-specific workers were seen as being fundamental in the provision of services for clients with mental health problems. Improved funding to cope with the growing need in this area as well as having more interpreters were seen as issues requiring urgent attention. Another request was that more bilingual facilitators be recruited as language problems compounded issues and would be an incentive for young people to access services.

> *OSP re: Arabic speaking….Language barriers compound issues relating to access of services*

> *OSP re: Former Yugoslavian client….Former Yugoslavs are more acceptable of services. Horn of Africa young people may need a specific worker or program to deal with their issues. Gender issues are also really pertinent with this community*

Advertising to improve awareness about available service was suggested. Other suggestions included more networking and collaboration between organisations to enable better provision and delivery of services. This would enable young people to access the service most suitable for their needs, rather than being shunted from one organisation to another.

(b) Education
Families needed education on sexuality. Suggestions for family education, cross-cultural training including better understanding of the diverse cultural differences within communities for mainstream services and increased funding featured strongly amongst service providers.

OSP re: Chinese client….Coming out options. Take into account the cultural expectations and the impact of support as a result. Familial support (in terms of sexuality). Family education on issues around sexuality. Challenging cultural perceptions of sexuality

(c) Collaboration

The interviews identified the need for staff with skills in specialised areas, for example trauma counselling, etc. to be employed so as to meet the diverse mental health needs of young people from CALD. There is an indication that to achieve outcomes for both young people and their families, there needs to be extensive networking and liasing with key agencies to achieve a positive outcome.

OSP re: Former Yugoslavian client….My role was to provide information on general settlement issues for the family and to link families with services

OSP re: Iraqi client….It drew a large part of the focus and energy into assisting that family member and supporting the rest of the family at the same time. Had to work with more agencies to try and achieve an outcome if possible

Suggestions by service providers for better collaboration of services was backed by the literature review where it has been acknowledged that improved co-ordination of services between schools and communities, ethnic and youth services would provide optimum outcomes for CALD young people and their families.

4.6.5 Conclusion

Major issues identified by these service providers for CALD young people and their families were culture, family, education, organisational capacity, collaboration, access to services and social stigma related to mental health issues. The interviews with these services identify the need for more resources and cross-cultural training to deal with CALD clients. Working in partnerships with other organisations was also seen as a way to address concerns that most of these services were inadequately equipped to deal with the issues that confronted them.

4.7 OVERVIEW OF KEY FINDINGS

The findings of this research highlight issues that were identified from the perspectives of the three groups of people interviewed: young people, carers and service providers. These interviews provide valuable insights into personal experiences of young people who self-identified as having mental health problems, carers who were looking after young people with mental health problems and service providers who have worked with young people who have mental health problems. The findings highlight not only the clinical issues but also social aspects of mental health such as societal, emotional and spiritual issues.

Many issues were discussed by the three groups. Some of these issues were specific to the group interviewed and there were some issues that were common to all three groups. The issues identified by all three groups were those related to social connectedness, culture, family and education.

Social isolation was cited as a major factor that impacted on the lives of CALD young people. Language barriers were identified by the three groups of interviewees as a key factor that contributed to social isolation. As language barriers prevented social interaction, it reduced the opportunity to integrate into the adopted country. The three groups were also in consensus that young people were more receptive to social interventions, for example, recreational activities, rather than specific clinical interventions, to improve their wellbeing. Social interventions also had the desired outcome of reducing social isolation.

Culture was recognised by all three groups as an important aspect in maintaining their identity. There was acknowledgment from all three groups that speaking in their own language, family and community closeness as well as practicing traditional lifestyle were important aspects of their lifestyle and promoted their social and emotional wellbeing. Services identified that the diversity within CALD communities which sensitivity within service delivery to CALD young people and their families.

Family was acknowledged as an important factor that had an impact on young people's lives. Young people, especially of refugee background who were in Australia without their families were often more troubled than those who were with families. They found themselves coping on their own when previously there was support from their family or extended families. These young people often felt guilty of feeling safe and moving on when their family members lives were still at risk.

Intergenerational conflict was a major factor that impacted on the mental health status of young people and their families. In addition to having limited understanding of the Australian lifestyle, parental restrictions compounded the difficulties young people experienced while trying to live between two cultures. Carers spoke of their dismay at the level of freedom young people enjoyed in Australia. Service providers also found that conflicts between young people and their families whilst present in most families, were particularly apparent with CALD young people due to their struggle for independence which was opposed by parental restrictions based on culture and tradition.

Most young people used informal coping mechanisms by using family networks and friends when distressed and were generally well supported by them. Due to this, the three groups of people interviewed recognised that the needs of families as carers be addressed by improving English language skills, understanding issues related to the education system and promoting mental health literacy.

Issues relating to education were seen by all three groups as a factor that impacted on the social and emotional wellbeing of CALD young people and their families. Young people had problems with adjusting at schools and performing well academically due to language and cultural barriers. Bullying and racism were apparent at schools and other academic institutions. Carers required education on the Australian way of life, parenting skills and better understanding of mental health issues to equip them to deal with issues that confronted their young people. Service providers identified that improvements in mental health literacy for CALD young people and their families and communities would overcome stigma associated with mental health problems and improve access to services.

The findings also highlighted that CALD young people had specific needs and belonged to a youth culture where they needed to 'fit-in' to their new society. However parental restrictions often caused conflicts when young people tried to negotiate between the two cultures. These young people also had the added responsibility where they were the only members of the family with English language skills and often took on the role of interpreting language as well as culture. This exposed them to some family issues that were inappropriate and sometimes distressing. These young people were resentful that they were yo-yoed between being a child and an adult, depending on the circumstances but given neither the freedom nor the authority to be either.

The findings indicate that young people found entertainment and recreation, socialising and physical activity as the most useful coping strategies. In addition to these coping strategies, carers and young people identified spirituality and drawing on inner strength to be useful.

Carers emerged as a high needs group where their mental health needs sometimes overshadowed the mental health needs of their young family members. They were confronted with specific issues such as the reversal of roles in a society where gender roles are not as clearly defined to what they were accustomed to in their country of origin. They experienced a loss of authority within the family due to language barriers and poor employment prospects.

Carers identified that building on the capacity of communities would enable CALD young people to maintain their culture and continue to enjoy their traditions without fear of being stigmatised by the broader society.

The findings of the interviews with service providers indicate that the issues specific for service providers were the organisational capacity to respond to the specific needs of CALD young people and their families.

Service providers identified that building this organisational capacity would involve better understanding of cross-cultural issues, employing bilingual/bicultural workers, implementing early intervention strategies and enhancing resources of organisations. Service providers identified that this would enable young people to access services not only when in crisis, but also at an earlier stage. Another finding specific to the service providers was the need for better collaboration and partnerships to improve access for these communities. A one-stop shop, which was equipped to deal with all aspects of mental health, was identified by communities as well as services as a model to improve access and overcome the issue of fragmentation when having to deal with a number of services.

Interviews were conducted in Queensland, South Australia and Western Australia and the findings indicate that there are no significant differences between communities in the three States in relation to their settlement period, their mental health problems and their coping strategies.

The overall findings indicate that the majority of CALD young people have experienced mental health issues in relation to a range of issues such as war-time experiences, family conflicts and issues at school. They have used various coping strategies, which involved informal strategies as well as using services. They also identified some non-useful strategies. These experiences have resulted in the majority of CALD young people developing remarkable resilience and the capability of "*Coping in a new world*."

5. CONCLUSION

The findings of this study indicate that there are many factors that impact on the social and emotional wellbeing of CALD young people and their families. Some are specific to each individual but there are some that broadly affects all groups of people interviewed; young people, carers, mental health service providers and other service providers.

The four key issues that overlap are referred to as the 'area of negotiated need'. These are issues relating to social isolation, families, culture and education. Issues that were raised individually by each of the groups interviewed include those related to language needs, support programs to meet the needs of young people and their families, improvement in service provision and delivery including increasing ethno-specific workers and cross-cultural training within organisations. The recommendations developed by the project have arisen from the 'area of negotiated need', implications of project findings and broader issues relating to the project.

The findings of this research provide valuable information to be considered by service providers and policy makers and indicates the importance of recognising and valuing cultural diversity. It reiterates that the social and emotional wellbeing of CALD young people is closely linked to the acceptance, support and understanding of the wider community as they are "*Coping in a new world".*

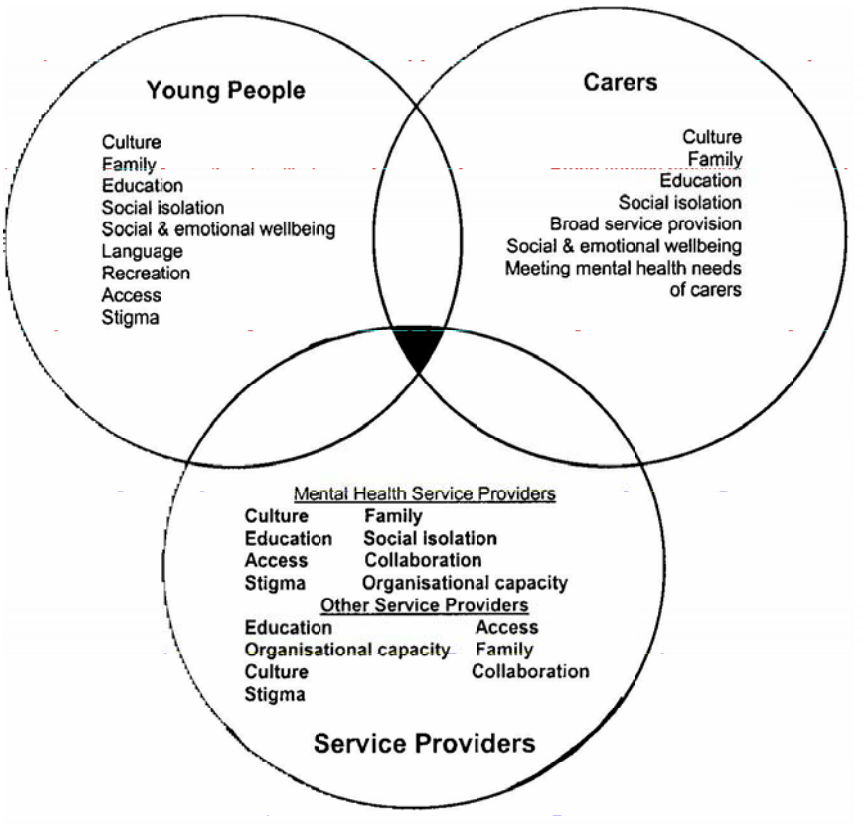
6. RECOMMENDATIONS

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 mental health problems.

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 shaded area) represent the issues that all of the groups defined here commonly identified. Recommendations are focussed on further supporting the strengths and capacities demonstrated by these groups in the research.

The *area of negotiated need* identified by the three groups are:
Culture
Family
Education
Social Connectedness

The second set of recommendations are *further recommendations* that arose from issues raised individually by the three groups as well as 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 need 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 the 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 socialising
- Values and lifestyles
- Academic expectations and performance
- Rates of acculturalisation
- 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 address issues such as bullying and racism.

Recommendation 3.2

Develop further targeted programs to support and assist CALD young people in school and other educational 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 Co-ordinator Program(Qld), and School Focussed 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 into 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 need assessment

- Young people and carers identified the need for ethno-specific workers.
- Services identified 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 utilise 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 the capacity 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 the 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 focussing 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 the needs assessment

- Utilising specialised skills
- Networking
- Liasing
- 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 programs and practice development enhances access for CALD young people and their families.

Issues from the 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 on 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 the needs assessment
- Social activities by youth programs organised by services of 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 providers, young people and ethnic communities.
Culture specific recreational grants.
Culture 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 the 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 on 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 strategy 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

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HOW YOUNG PEOPLE COPE WITH PROBLEMS

–

RESEARCH PROJECT INFORMATION

The Youth Affairs Network of Queensland (YANQ) and Queensland Transcultural Mental Health Centre (QTMHC) are doing a joint research project. This project is investigating how young people from non-English speaking background cope with problems such as depression, anxiety and stress.

About the interviews

We would like to interview young people between 16-24 years old from [country] background who live in [geographical area].

We would also like to interview parents and carers of young people from [country].

Interviews will be conducted in a discreet and private manner by someone who speaks [country] language. All interviews will be strictly confidential and anonymous and can be arranged at a place and time convenient for the person being interviewed.

How the information will be used

YANQ and QTMHC will publish a research report outlining the findings of the research. The information will also be used to advise the government about the needs of young people from non-English speaking background; policies; services; and new initiatives.

Further information

For more information, please call:-

[name]
Bilingual interviewer
[phone #]
450

Ms Sumathy Selvamanickam
Research Coordinator
(07) 32365400 – call TIS first on 131

USEFUL TELEPHONE NUMBERS

TRANSLATING AND INTERPRETING SERVICE 131 450

LIFELINE **24 hours a day – emotional support over the phone – for all ages** **Lifeline is an activity of the Uniting Church**	**131114**
LOGAN & BEENLEIGH MIGRANT RESOURCE CENTRE Has welfare workers to help you. Call during business hours.	**(07) 3808 9299**
QLD TRANSCULTURAL MENTAL HEALTH CENTRE Can help you find a counsellor who speaks your language. Call during business hours.	**1800 188189**
ETHNIC MENTAL HEALTH PROGRAM Has bilingual support workers who speak: Greek, Spanish, Vietnamese, Mandarin, Italian. Call during business hours.	**(07) 3891 7911**
QUEENSLAND PROGRAM OF ASSISTANCE TO SURVIVORS OF TORTURE AND TRAUMA (QPASTT) Provides counselling to refugees who have experienced trauma.	**(07) 33916677**
ALCOHOL & DRUG INFORMATION SERVICE Information during business hours	**1800 177 833**
WOMEN'S HEALTH INFORMATION LINE Information during business hours	**1800 017 676**

GREEK WELFARE CENTRE Has welfare workers who speak Greek.	(07) 3844 3669
ISLAMIC WOMEN'S ASSOCIATION Has welfare workers who speak Arabic.	(07) 3420 0400
MULTICULTURAL NEIGHBOURHOOD CENTRE	(07) 38084463
CATHAY CLUB LTD Has welfare workers who speak Mandarin/Cantonese	(07) 32529066

CONSENT PROTOCOL

Thank you for agreeing to be interviewed. As you know, the purpose of the interview is to ask you questions about how you coped with depression/anxiety/extreme stress.

I have given you the project information sheet [give sheet]. This information sheet contains further information about the project and also has my phone number and my supervisor's phone number. On the back of this sheet is a list of organisations and their telephone numbers, that may be able to assist you either now or in the future.

The interview we are about to do is completely confidential and anonymous. I will be taking some notes as we speak, but I will not put your name and contact details on the notes. If you would like us to stay in contact with you and invite you to the launch of the research report – I shall keep your contact details on file but separate from the interview notes. Would you like to be kept informed about the project?

YES/NO [*please circle*]

[Please complete the 'background information' sheet]

During the interview you may:

- choose not to answer any question you feel uncomfortable with
- stop the interview altogether.

Do you have any questions?

Do you give your permission for the interview to go ahead?

YES/NO [please circle]

Do you give your permission for quotes from the interview to be used in the report?

YES/NO [please circle]

Appendix 3

INTERVIEW QUESTIONS – YOUNG PEOPLE

First, I would like to learn more about your life in Australia as a person from [_____].

CULTURAL IDENTITY

1. How did you (your family) come to be in Australia?
   Prompts:
   What were the reasons for leaving?
   What were the reasons for moving to Australia instead of another country?
   Who made this decision?

2. These days, do you feel you are successful in practising the [_____] way of life?
   Prompts:
   What do you value most about your traditions/culture?
   What do you find the most difficult to practise here?

3. These days, do you feel you are successful in practising the Australian way of life?
   Prompts:
   What do you value most about Australian traditions/culture?
   What do you find the most difficult to practise?

4. Where is home for you?

That is very interesting. Now I would like to speak to you about how you have coped with the depression/anxiety/extreme stress in your life. I am interested in hearing your story and what has happened.

BACKGROUND TO THE ISSUE

5. Could you briefly describe a problem you experienced in the past that was difficult to cope with, and in dealing with it, you may have experienced depression, anxiety or stress?

SOCIAL CONTACTS

6. When you had this problem, were there any people you talked to about your problem? With whom did you speak?
   Probe for family members, friends, service providers.
   Try to get a complete list and be clear if they are from [_____] or not.

7. Out of all these people you have just mentioned, whose advice or help was the most helpful and why? Whose advice was not helpful and why?

8. When you had this problem, were there people who you saw regularly such as family, friends or teachers with whom you did **not** want to discuss your problem? What were your reasons?

FAMILY SUPPORT

9. When you had this problem, were you able to talk with your family members about it? Who? What happened?
   Probe if the person was able to tell family members the whole problem

10. Was your family's help/advice/support helpful for you? Why or why not? What happened?

11. How was your family/ family life affected by your problem? What happened?
Prompt: were there any positive outcomes?

SERVICE PROVIDERS

12. Around this time, did you have any contact with services such as school counsellors, GPs, youth services, CES, Centrelink?
Prompt: If not, why not? ***Go to question 22.***

13. Did you discuss your problem with any of the workers in these organisations? Why or why not? What happened?

If the person has not seen a service provider about this problem, go to question 22 now.

14. How did you find out about and make contact with this person/service?

15. Do you feel that you had a choice in going to the service?

16. Did you feel you had a choice over what services you received?

17. In what ways were they helpful?

18. Were there any particular problems you encountered using this service?

19. When you saw people at this service, did you speak to them in English or in [__]
Probe:
If in English – how was that, did you have any difficulties?
If in [__] – who interpreted for you, how was that for you?

20. In what ways were your family involved while you were using that service?

22. Out of all the things you did to cope, what was the most helpful and why? What was not helpful and why?

23. What kind of things do you like to do, that make you feel really good about your self and your life?

24. If one of your friends, also from [_____] confided in you and told you that they had the same problem that you had, what would you advise them to do?

FINISHING UP

25. How would you describe your situation now?

26. Can you describe how you feel about your future?

27. In your opinion, is there anything that should be available to help young [____] with similar problems?

NOTES

Appendix 4

INTERVIEW QUESTIONS- CARERS

First, I would like to learn more about your life in Australia as a person from [_____].

CULTURAL IDENTITY

1. How did you (your family) come to be in Australia?
   Prompts:
   What were the reasons for leaving?
   What were the reasons for moving to Australia instead of another country?
   Who made this decision?

2. These days, do you feel you are successful in practising the [_____] way of life?
   Prompts:
   What do you value most about your traditions/culture?
   What do you find the most difficult to practise here?

3. These days, do you feel you are successful in practising the Australian way of life?
   Prompts:
   What do you value most about Australian traditions/culture?
   What do you find the most difficult to practise?

4. Where is home for you?

That is very interesting. Now I would like to speak to you about _____ [person's name] and how s/he has coped with the depression/anxiety/extreme stress in her/his life. I am interested in hearing her/his story and what has happened and also how all this has affected you

.

BACKGROUND TO THE ISSUE

5. Could you briefly describe a problem _____ experienced in the past that was difficult to cope with for her/him, and in dealing with it, they may have experienced depression, anxiety or stress?

SOCIAL CONTACTS

6. When _____ had this problem, were there any people _____ talked to about this problem? With whom did _____ speak?
   Probe for family members, friends, service providers.
   Try to get a complete list and be clear if they are from the ethnic community or not.

7. Out of all these people you have just mentioned, whose advice or help was the most helpful and why? Whose advice was not helpful and why?

8. When _____ had this problem, were there people who _____ saw regularly such as family, friends or teachers with whom _____ did **not** want to discuss her/his problem? What were her/his reasons?

FAMILY SUPPORT

9. When _____ had this problem, was s/he able to talk with your family members about it? Who? What happened?
   Probe if the person was able to tell family members the whole problem

10. Was your family's help/advice/support helpful for _____? Why or why not? What happened?

11. How was your family/ family life affected by _____'s problem? What happened?
Prompt: were there any positive outcomes?

SERVICE PROVIDERS

12. Around this time, did _____ have any contact with services such as school counsellors, GPs, youth services, Centrelink?
Prompt: If not, why not? ***Go to question 22.***

13. Did _____ discuss her/his problem with any of the workers in these organisations? Why or why not? What happened?
If the person has not seen a service provider about this problem, go to question 22 now.

14. How did _____ find out about and make contact with this person/service?

15. Did _____ feel that s/he had a choice in going to the service?

16. Did _____ feel s/he had a choice over what services sh/he received?

17. In what ways do you think the service was helpful for _____?

18. Were there any particular problems _____ encountered using this service?
Probe: Did you ever have any problems with the service?

19. When _____ saw people at this service, did s/he speak to them in English or in [__]
Probe:
If in English – how was that, did _____ have any difficulties?
If in [__] – who interpreted for _____, how was that for her/him?

20. In what ways were your family involved while _____ was using that service?

21. Is _____ still in contact with this service?

OTHER COPING STRATEGIES

22. In sorting this problem out within her/himself, what worked for _____ and what didn't work?

23. Were there any things you did that helped you with how you were feeling about _____'s situation?

24. Out of all the things you did to cope, what was the most helpful and why? What was not helpful and why?

25. If one of your friends, also from [_____] confided in you and told you that their son/daughter had the same problem that ____ had, what would you advise them to do?

FINISHING UP

26. How would you describe _____'s situation now?

27. How would you describe your/your family's situation now?

28. In your opinion, is there anything that should be available to help young [____] with similar problems?

NOTES

Appendix 5

INTERVIEW QUESTIONS- MENTAL HEALTH SERVICE PROVIDERS

Thank you for agreeing to talk with me. I am very interested to know about your experiences in providing mental health services to young people of _____ background who experience depression, anxiety, or suicide attempts. I would like you to think about some of the young people of _____ background you have worked with in this context. If you have worked with a number of young people, just pick out the three most recent or most memorable examples. I do not need to know their names or any other information that would identify them. I will ask you a series of questions about these clients. Please feel free to discuss anything you remember from the case, even if it was minor and did not relate directly to the mental health problem or treatment.

We will take each client in turn. Thinking about the first client,

1. Was this person male or female? How old? Been in Australia for how long? Living with their family?

2. How would you describe his/her condition?
What was the diagnosis?

3. How was the person referred to you?

4. What was your assessment of the person's needs at that time?

5. What other experiences of mental health care had the person had before coming to you?

6. What were you able to do for him/her?

7. Was this helpful? If not, why not?

8. Were there any communication difficulties between you and the client?
How were these difficulties resolved?

9. Were there any communication difficulties between this client and other staff at the service?
How were these difficulties resolved?

10. On the whole, were the client's family members helpful or not helpful?

11. In your opinion, was the client satisfied with the care from this service?

12. In your opinion, was the family satisfied with the care from this service?

13. What is the situation now, as far as you know? Is the client still coming to the service, was treatment successful, did the client fail to complete treatment?

14. Is there anything that could have been done for this client to have prevented the mental health problem/ suicide attempt?
15. Is there anything that could have been done for this client that would have hastened recovery?

16. Is there anything that could have been done to support the family members caring for the client?

17. In your experience, was this client typical of clients from _____?
Probe for:

- *presentation of mental health problem*
- *referral process*
- *involvement of family*
- *treatment preference*
- *treatment compliance*

REPEAT THE QUESTIONS UP TO A TOTAL OF THREE CLIENTS.

At the end,

18. Thank you for answering these questions. Your answers have been very useful. Is there anything that you would like to add about these issues?

NOTES

Appendix 6

INTERVIEW QUESTIONS- OTHER SERVICE PROVIDERS

Thank you for agreeing to talk with me. I am very interested to know about your experiences in providing services to young people of _____ background who may experience depression, anxiety, or suicide attempts. I would like you to think about some of the young people of _____ background you have worked with in this context. If you have worked with a number of young people, just pick out the three most recent or most memorable examples. I do not need to know their names or any other information that would identify them. I will ask you a series of questions about these clients. Please feel free to discuss anything you remember from the case, even if it was minor and did not relate directly to the mental health problem.

We will take each client in turn. Thinking about the first client,

1. Was this person male or female? How old? Been in Australia for how long? Living with their family?

2. What was your role in working with this person?

3. **Was this client typical of your other clients?**
In what way was this client different?
Was this person particularly demanding?

19. What led you to believe this client had a mental health problem?

20. How did the mental health problem impact on the service you provided?

21. Did you refer this person on to a mental health service provider?
- *Which service?*
- *Do you know if the person went to the service?*

22. If you did not refer the person, what were your reasons?

8. If the person did go to a mental health service provider, did you receive any follow-up about the outcome? How did you receive follow-up? Was the information provided to you adequate?

AFTER GOING THROUGH TWO MORE CASES, ASK THESE GENERAL QUESTIONS:

9. What impressions do you have about the appropriateness of mental health services for young people from _____[ethnic community] in _____[area]?

10. What are the greatest needs of young people from _____ and their families with this mental health problem?

11. Thank you for answering these questions. Your answers have been very useful. Is there anything that you would like to add about these issues?

NOTES