DESIGNING MENTAL HEALTH SERVICES FOR YOUNG PEOPLE FROM MIGRANT AND REFUGEE BACKGROUNDS

GOOD PRACTICE FRAMEWORK

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BACKGROUND

Twenty-five percent of Australia's 3.7 million young people are from a refugee or migrant background and 11 percent have arrived in Australia as refugees or migrants. Between 2010 and 2015, young people comprised approximately 20 percent of all those arriving through the combined family, humanitarian and skilled migration programs.[1] Across the country, proportions of young people from migrant or refugee backgrounds living within each Primary Health Network (PHN) catchment varies significantly.

Young people from migrant and refugee backgrounds commonly face a range of barriers to accessing services and opportunities that are not experienced by Australian-born young people, some of which relate to the challenges associated with settling in a new country.

The existing research on mental health service barriers for young people from refugee backgrounds identifies several issues, including:

- a lower priority being placed on mental health;
- lack of understanding regarding mental health and related services;
- stigma related to mental health problems and help-seeking;
- distrust of services (including a belief services have low levels of cross-cultural competence); and
- social and cultural factors that impact on "how problems are understood, whether help is sought and from where".[2]

Young people from migrant and refugee backgrounds who are unable to access appropriate support are at an increased risk of social exclusion and disconnection. Young people unable to access early and adequate settlement support are more likely to experience homelessness, family breakdown, poor health, crime and drug and alcohol use than young people who are able to access support.[3]

ABOUT THIS DOCUMENT

This document aims to assist PHNs and youth mental health services to design mental health services for young people from migrant and refugee backgrounds. It has been informed by a literature review (*Improving the mental health and wellbeing of young people from migrant and refugee backgrounds*) and consultations in Melbourne, Sydney, Brisbane and rural Victoria with young people from migrant and refugee backgrounds, PHNs and service providers. This document is structured in two parts: a set of core underlying principles and a series of practices that can be implemented by systems (PHNs), services and in workforce planning and development.

It is important to remember that young people from migrant and refugee backgrounds are a highly diverse group of young people with differing mental health-related needs and service preferences.

KEY FINDINGS

FROM CONSULTATIONS WITH YOUNG PEOPLE

Fear and lived experiences of racism, lack of cultural responsiveness, and negative experiences when visiting mental health services are a key barrier to accessing mental health services.

Intergenerational conflict, stigma and shame, as well as fear of burdening parents/family, creates barriers to mental health service access and help seeking.

Terminology and language used in mental health is stigmatising and alienating. More culturally sensitive terms are needed.

Building trusting and non-judgmental relationships between mental health services, young people and their families and communities is key to supporting access to services and achieving better mental health outcomes.

The physical appearance of mental health services, their location, design and use of space are contributors to feelings of safety and acceptance on entering a service. For example, connection to nature was highlighted as essential.

Young people want service providers to be curious, to build rapport, to follow-up with them to ensure they are supported, and to gain trust so they may be viewed as allies.

Cultural competence is important, but young people want professionals to know them as individuals rather than make assumptions about their values, beliefs etc.

Young people are keen to play an active role in helping their families and communities to address mental health issues.

Community leaders are recommended as a source of good advice to parents for discussing mental health issues.

FROM CONSULTATIONS WITH PHNS, MULTICULTURAL AND MENTAL HEALTH SERVICE PROVIDERS AND COMMUNITY LEADERS

Good service responses include:

strong connections with migrant and refugee communities in their local areas;

operating in locations that young people frequent (including providing outreach);

employing workers from migrant and refugee communities;

upskilling the mainstream mental health workforce in cultural appropriate practice;

providing wraparound services in collaboration with other service providers and agency colocation;

early intervention as a targeted service response; and

addressing rural and regional inequities.

PART ONE: PRINCIPLES

The following seven principles underlie all aspects of service delivery:

- Partnering with communities.
- Human rights.
- Social justice.
- Youth-centred.
- Family-aware.
- Responding to culture.
- Intersectionality.

Needs assessment and planning •
Procuring services •
Monitoring and evaluation •

- Accessibility and youth-friendliness
- Interpreters
- Collaborating in care
- Family inclusive
- Promoting the service to the community
- Supported service navigation

PHN LEVEL

SERVICE LEVEL

Partnering with community

Intersectionality

Human rights

Responding to culture

Social justice

Family-aware

Youth-centred

WORKFORCE DEVELOPMENT

- Workforce planning
- Strengthening mental health leadership
- Promoting multiculturalism
- Building workforce capacity
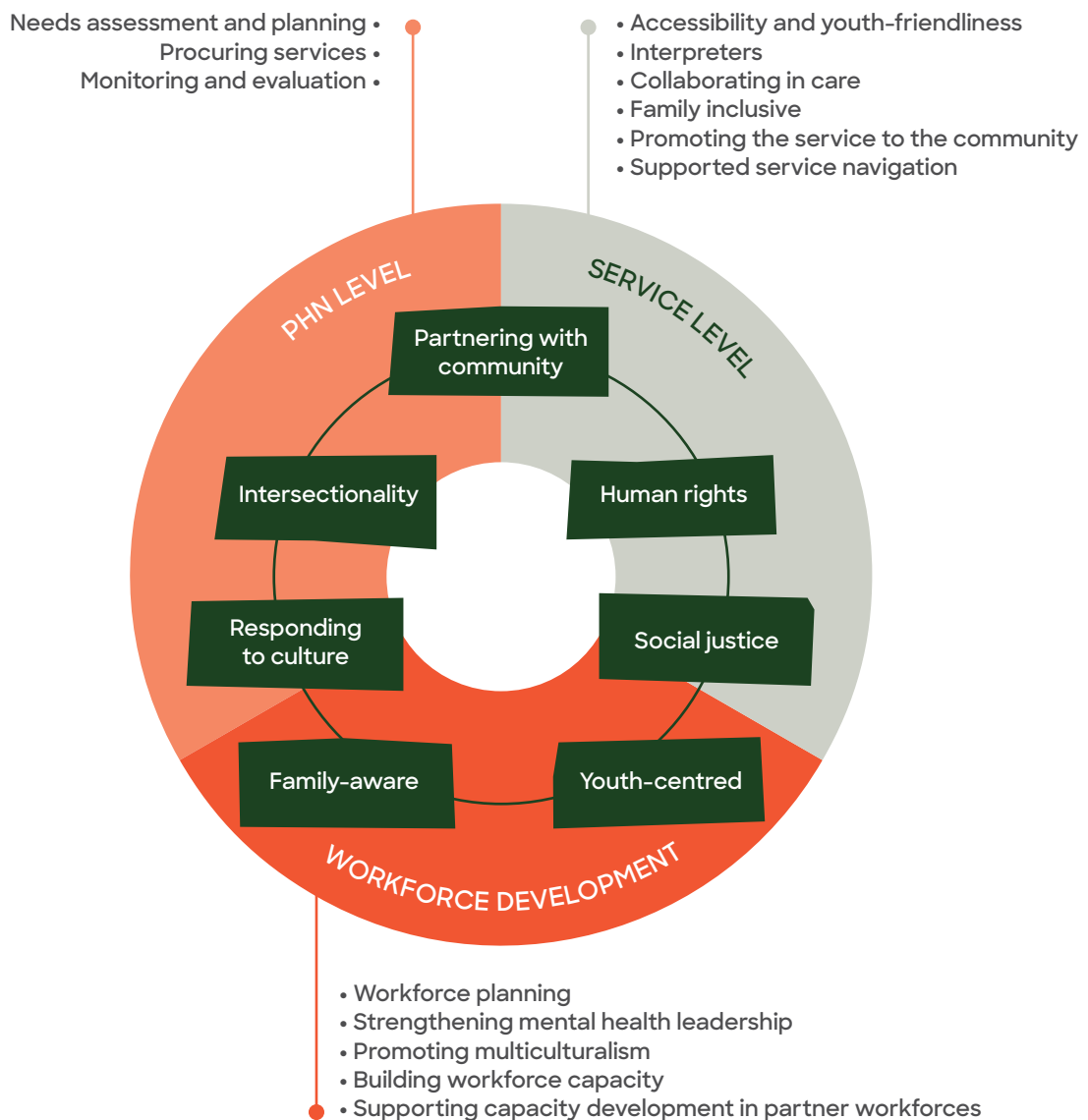- Supporting capacity development in partner workforces

FIGURE 1: THIS FRAMEWORK IS BROKEN INTO SEVEN PRINCIPLES UNDERLYING PRACTICES FOR PHNS, SERVICES AND WORKFORCE DEVELOPMENT.

PARTNERING WITH COMMUNITIES

Partnering with communities is a common thread throughout this document.

Good practice service planning, implementation, review and evaluation requires partnerships with culturally diverse communities. Through partnering with communities, and the sharing of ideas, the potential to create new and more effective services that are innovative and relevant to the local community is greatly heightened.

At the core of partnering with communities is working together to co-determine desired outcomes, followed by co-designing, implementing and evaluating the initiative.

The goal is to bring individuals, service providers, funders, policy makers and community members together to systematically solve existing and emerging issues that could not easily be solved by one group alone.

A range of factors will determine the success of these partnerships, including the degree and willingness of partners to share vision, mission, power, resources and goals.[4] Inherent in this practice is the development of context and local community-based approaches. Every catchment, community group and service system will have unique needs and solutions.

Partnering with communities is a multifaceted process, consisting of:

KNOWING YOUR COMMUNITY

It is essential to understand that young people in one catchment area may have very different needs or priorities to young people residing in another area, even if they are from similar cultural backgrounds. You can utilise demographic data to refine approaches to further strategies, such as workforce planning, staff training and development, or youth engagement strategies.

CONNECTING WITH YOUR COMMUNITY

Forging relationships in the community can deepen your understanding of their needs and allow you to draw on their skills and knowledge to develop culturally appropriate services that meet these needs.

Organisations and associations that are specific to migrant and refugee communities are a good starting point for connecting with communities. They can offer:

- a wealth of knowledge and information about young people and their families in the local community, including their history, culture and needs;

- ideas for appropriate and effective ways of engaging with young people and families, and other community members including community leaders;
- facilitation of access to volunteers, bi-cultural staff;
- existing community communication avenues and networks that can be utilised to advertise or engage with the community in their language; and
- increased trustworthiness in the eyes of community members.

STRATEGIES FOR ESTABLISHING CONNECTIONS WITH COMMUNITY ORGANISATIONS INCLUDE

- identify the relevant community organisations (local or peak organisations) that work with or represent migrant and refugee communities;
- establish informal and/or formal arrangements for working collaboratively with local community organisations;
- become a member of and contribute expertise to relevant community networks; and
- partner with relevant community networks to co-design and co-create strategies that work towards greater collaboration across the service system.

WORKING WITH YOUR COMMUNITY

Operational aspects of program and service design and delivery can act as barriers to access for many young people from migrant and refugee backgrounds. These barriers arise from inadequate systemic and organisational responses to the cultural, linguistic and the settlement or migration context of young people's lives.

Working with young people and their communities to understand and address these barriers will help to:

- form an in-depth understanding of the cultures, aspirations and strengths of young people;
- ensure that services and programs are directly relevant and accessible to young people;
- ensure that strategies genuinely respond to the specific challenges young people are experiencing; and
- increase participation and engagement of young people in mental health services.

- Building youth-centred connections require another level of action that proactively engages, seeks feedback from, and encourages leadership by young people in programs and services. Strategies include:
- partnering with a range of community organisations to communicate and to culturally appropriately engage with diverse groups of young people locally or regionally;
- co-creating opportunities for young people from migrant and refugee backgrounds to actively contribute to decision-making, design and delivery of services and programs, and organisational development;
- valuing the unique insights and strengths of a diverse range of young people; and
- promoting leadership development of young people, e.g. train, establish and support youth advisory groups that have strong representation of young people from migrant and refugee backgrounds; establish work experience or youth internships, or facilitate youth-led initiatives.

HUMAN RIGHTS

Recognise that every young person is free and equal in dignity and rights, and these rights are indivisible and universal.

Ensure that all staff have a clear understanding of the rights of children and young people (see Human Rights and Children and Young People).

Young people should also be informed of their rights and responsibilities (e.g. privacy, the right to their own Medicare card, etc.).

Staff should be able to identify what rights might be particularly relevant for an individual, for example, whether a young person has the capacity to give consent.

SOCIAL JUSTICE

Recognise that every young person deserves equal access to services and resources that promote their health. While mainstream youth mental health services should be accessible to young people from migrant and refugee backgrounds, targeted services or programs within mainstream services may better meet their needs. Additionally, targeted activities can provide an easier entry point to unfamiliar services and systems, and act as a stepping stone for young people from migrant and refugee backgrounds to engage more broadly in generalist services.

Involving young people, local services and community stakeholders will provide opportunities to identify gaps and create equity in service access. Targeted communication strategies may also be required to connect with particular communities, especially those who are newly arrived.

YOUTH-CENTRED

Recognise that young peoples' needs are distinct from those of children and adults.

Ensure that young peoples' needs and interests are kept central, and recognise them as experts in their own lives.

Partner with young people from your community to ensure services are accessible and appropriate, as well as supporting them to design and deliver youth-led activities.

FAMILY-AWARE

Recognise, legitimise and facilitate connections and involvement of family members as a core part of service design and delivery.[5]

Recognise when managing the interests of both the young person and family members becomes a conflict.

Map local family services and develop referral pathways for family members when needed, while still including them in the young person's healthcare as appropriate. Additionally, support families to navigate the local service system and understand youth services.

Finally, it is important for all staff to understand the impact of intergenerational conflict and the refugee and settlement experience on families as well as young people.

RESPONDING TO CULTURE

Recognise and respond to the specific needs of culturally diverse population groups.

Understand that different groups will have different needs, even if they have the same cultural background. Partnering with communities will allow you to understand these and respond appropriately.

Reflect on cultural assumptions at a personal and organisational level, and how these shape your approach to service delivery and organisational culture.

INTERSECTIONALITY

Recognise the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group. An intersectional lens recognises and responds to intersecting identity markers. For example, a young person may identify as a migrant, recently arrived, a lesbian and a person with a disability.

PART TWO: PRACTICES

PHN LEVEL:
REGIONAL PLANNING AND COMMISSIONING

PHNs have an opportunity to influence service responses that improve the mental health and wellbeing of young people from migrant and refugee backgrounds at a regional level through the commissioning process.

Best practice partnerships involve collaboration with communities that are led by service system planning, implementation, review and evaluation processes. Collaboration that is supported at systems level enables participation by people, groups and organisations to work together to achieve desired outcomes.

The following section outlines a suite of strategies that PHNs can adopt to facilitate the transformation of mental health service provision.
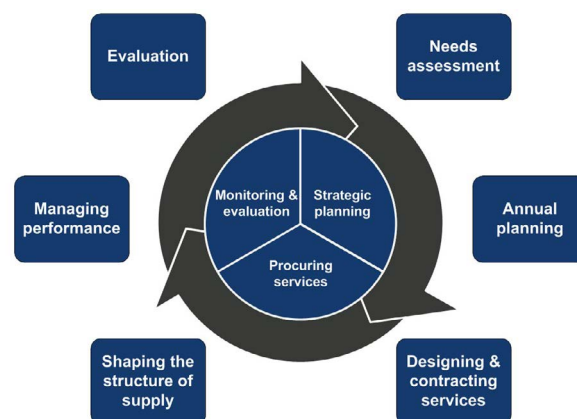

FIGURE 2: PHN COMMISSIONING FRAMEWORK[6]

STRATEGIC PLANNING:
NEEDS ASSESSMENT AND ANNUAL PLANNING

PHNs can:

- ensure they understand the demographics and diverse needs of their local community which includes information on migrant and refugee populations, by:
  + routinely reviewing population-level data for their catchment area;
  + routinely collecting client demographic data (e.g. on registration or intake and assessment forms) that captures information such as ethnicity, country of birth, migrant or refugee visa status, year of arrival to Australia, language spoken, religion etc., as appropriate;
  + utilising data collected to determine patterns of service usage by young people from migrant and refugee backgrounds; and
  + partnering with local community groups and associations to determine who is settling in the catchment area and to collate anecdotal evidence of service usage, if data is not available.
- consult with young people from diverse communities on their health care needs; and
- ensure planning and consultation includes representation of young people and families from migrant and refugee backgrounds to create equity in service provision.

PROCURING SERVICES: DESIGNING
AND CONTRACTING SERVICES,
SHAPING THE STRUCTURE OF SUPPLY

PHNs can:

- partner with young people, families and their communities to:
  + design service specifications;
  + review tender applications and sit on interview panels;
  + develop culturally appropriate service outcomes and KPIs;
  + design service promotion and mental health literacy campaigns tailored to communities;
- support service navigation through developing interconnected and culturally appropriate system for young people to comfortably transition between organisations, programs and processes.

MONITORING AND EVALUATION

PHNs can:

- partner with young people, families and their communities to:
  + identify what should be measured and evaluated;
    review data and identify ways that services can be improved on;
  + design the evaluation of mental health services (e.g. setting key questions and success criteria);
- use participatory approaches in evaluation design to capture the stories of young people from migrant and refugee backgrounds.

SERVICE LEVEL

The following set of practices and strategies have been developed for individual services to improve mental health and wellbeing programs for young people from migrant and refugee backgrounds.

ACCESSIBILITY AND YOUTH-FRIENDLINESS

Organisations that orientate their policies, procedures, workforce development, and participation of young people towards strategies that are tailored to young peoples' unique needs and preferences are more likely to achieve positive mental health outcomes.

Recognise that the complexity of cultural identities and the broad range of migrant and refugee experiences means no one young person can be assumed to have the same needs as their peers.

Ensure that services are easily accessible for young people from migrant and refugee backgrounds.

KEY FEATURES OF EASILY ACCESSIBLE SERVICES (AS ADAPTED FROM INCLUSIVE ORGANISATION)[7] INCLUDE

- The setting of the service:
  + Youth-centred programs and services can be delivered within specialist mental health settings as well as other settings that young people already frequent, such as schools, English language centres and youth associations.
  + For young people reluctant to attend any mental health facilities, delivery in youth settings and outreach services are often effective.
- The physical environment of services should be youth-friendly, inclusive and welcoming.
- Affordability – services should be free or low cost.

- Awareness – how do young people and families find out about your organisation, what is offered, why it would benefit them and how to get in contact?
- The service should be easy to access via public transport
- Young people should be able to access the appropriate level and intensity of care in a timely and responsive manner
- Religious requirements such as catering and prayer times should be built into the design and delivery of programs and services
- Capacity building of intake and assessment staff to respond in a culturally appropriate manner
- Forms and processes (e.g. referral, intake and assessment forms and processes) should be culturally appropriate, as well as easy to understand and navigate
- There should be a clear process for informing and engaging parents and/or extended family members
- A comprehensive understanding by staff of the complex contexts of young peoples' lives, the unique needs of young people and how they differ for different groups
- Ongoing active engagement, consultation and encouragement of leadership by young people in programs and services
- Wide-spread collaboration with a range of community leaders and services providers from different sectors
- Implementation of a process for regular and meaningful consultation with young people from migrant and refugee backgrounds
- Creation of opportunities for young people from migrant and refugee backgrounds to actively contribute to decision making, design and delivery of services and programs, and organisational development.
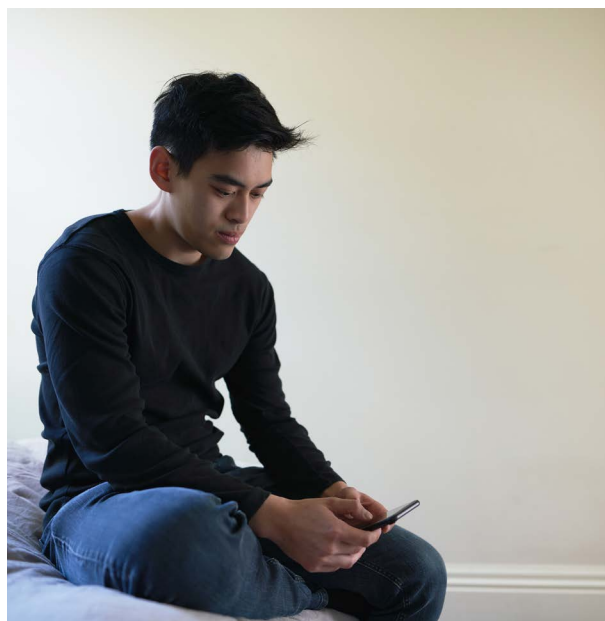
INTERPRETERS AND INFORMATION IN PREFERRED LANGUAGES

Being able to express oneself to communicate experiences, identify needs and be understood, is essential to building collaborative, safe and healing relationships. For migrant and refugee young people who have limited or low English proficiency, working with an accredited interpreter is essential to ensure meaningful participation in their healthcare.

Accredited interpreters have a very specific role in ensuring accurate communication with integrity, impartiality and confidentiality. Service providers have a responsibility to facilitate access to interpreting services. This includes informing young people of the availability of language services at their first point of contact. This also means that service providers need to be adequately trained and skilled in knowing how to work with interpreters (see Workforce Development section).

Some young people may be reluctant to use interpreters for a variety of reasons. Services need to be proactive in seeking to understand hesitancies or barriers to interpreter use. Young people should be consulted on their preferred language used (given many young people are fluent in multiple languages), and whether they would like an interpreter face-to-face or over the phone. At times, using a secondary language or phone interpreter may provide a level of privacy and confidentiality for the young person. Additionally, health literacy and service information should be available in multiple languages and in plain English.

COLLABORATING IN CARE

Collaborating in care means that young people accessing mental health services are provided appropriate and accessible information and culturally responsive support to make informed choices about their treatment.

Key features include:

- supporting meaningful collaboration and partnering in care, inclusive of shared decision making and supported risk-taking;
- intake initial needs assessment: the identification of needs is a negotiated dialogue between the young person and professionals and family, as relevant, to determine these needs;
- culturally responsive care plans and interventions are developed and implemented in partnership with the young person.

FAMILY INCLUSIVE

Family-aware organisations seek to create environments welcoming to families of all backgrounds and offer family-based service responses.

Family-aware organisations work with young people and communities to ensure parents/carers can access advice in a safe and culturally responsive way, and that young people can discretely access services. They also understand the role family members play and explore the choice to involve or not involve family members in care as an ongoing process that maintains the young person's autonomy, dignity and cultural connectedness.

Key features include:

- young people and their families working together in partnership with professionals;
- developing processes for informing and engaging parents and extended family members;
- implementing policies and processes that ensure young people are not called upon as interpreters, and that professional interpreters are always used to facilitate communication with family when necessary;
- ensure that systems are in place to readily access interpreters when needed, and information about the provider organisation is translated into community languages;
- advocating and identifying what is important for the young person, while understanding how to show respect for the role of parents and family members and their beliefs;
- including family members in the young person's care as appropriate, but being aware that their needs and interests may be in conflict;
- providing practical support and advocacy for families; and
- working with other agencies in supporting young people and families.

PROMOTING THE SERVICE TO THE COMMUNITY

Raise community awareness of the service by adopting communication strategies that involve young people, such as advertisements and campaigns (online, billboards, community radio and print) which involve clinical (e.g. health information) and non-clinical entry points (such as schools, youth programs and workshops located at or near a service provider).

Key features include:

- identify strategic access points and formats for raising awareness;
- build relationships with key community groups;
- ensure young people know how to find out about the services offered by the organisation; and
- promote services amongst networks and workers who are actively engaged with young people from migrant and refugee backgrounds.

SUPPORTED SERVICE NAVIGATION

Supported service navigation means that young people are active agents in all phases of their care, including service navigation into and out of services and programs. Young people and families should be supported to understand the service system environment, and to feel safe to both connect with and navigate mental health services.

Key features include:

- making systems and processes visible so that young people and their families can smoothly engage with new programs and services with full consent and ability to manage these transitions; and
- developing referral pathways with other organisations to help young people to access other relevant supports.

WORKFORCE DEVELOPMENT

A key enabling factor for the transformation of the mental health and wellbeing service system is building the capacity of the workforce. A workforce that is deemed capable is highly responsive to the changing needs of young people from migrant and refugee backgrounds, their families and communities. In practice, all workers who are responsible for supporting young people directly or indirectly, will have the appropriate attitudes, skills, knowledge and confidence to address their mental health and wellbeing needs.

The activities below can support the development of a capable workforce across systems and service levels.

Workforce planning:

- Improving access to workforce data to facilitate effective local and regional planning.
- Consulting with community partners to identify priority issues and solutions for workforce development.
- Identifying priority projects that will provide immediate gains for the mental health workforce.
- Strengthening mental health leadership:
- Mental health leaders and managers effectively lead the implementation of a culturally inclusive culture and drive safety and quality improvements.
- Leaders ensure adequate support is provided for their region's workforce.
- Leaders familiarise themselves with the issues and solutions for improving the mental health of young people from migrant and refugee backgrounds.

PROMOTING MULTICULTURALISM IN THE WORKFORCE

- developing multicultural mental health worker positions and traineeships;
- promoting clinical placements for multicultural mental health trainees in youth mental health settings; and
- facilitating a range of training programs and employment pathways to increase migrant and refugee staff employment in the youth mental health sector, including the creation of pathways for young people to work in mental health.

BUILDING THE CAPACITY AND CULTURAL COMPETENCE OF EXISTING WORKFORCES

- providing targeted training and support to improve workforce capability and organisational culture to increase cultural responsiveness;
- identifying and developing accessible and capability-based training for all youth mental health staff;
- providing supervision, mentoring, coaching and professional development opportunities to support the development of culturally appropriate responses for young people from migrant and refugee backgrounds;
- developing resources to support the youth mental health workforce to work more responsively with migrant and refugee communities;
- developing a multicultural and/or refugee mental health workers' forum as an opportunity for multicultural and refugee mental health workers to develop and sustain professional support networks across the workforce; and
- build on existing capacities within the region to grow the capacities of emerging workforces.

SUPPORTING CAPACITY DEVELOPMENT IN PARTNER WORKFORCES BY

- Strengthening the capacity of partner sector workforces such as GPs, education, disability, other health and social care providers to effectively identify and respond to the mental health needs of young people from migrant and refugee backgrounds.
- Facilitating the development of culturally diverse peer worker roles in schools, multicultural youth programs, sporting and other associations to assist young people from migrant and refugee backgrounds to learn about mental health and suicide prevention and to effectively navigate the service system.

Some key practitioner competencies to consider for training opportunities are included below.

CULTURALLY RESPONSIVE ASSESSMENT AND FORMULATION

Distress and wellbeing are experienced within cultural, social and historical contexts. A transcultural approach to care is reflective of, and seeks to explore, a person-centred perspective within the individual's socio-cultural context.

Culturally responsive assessment and formulation has been developed as an approach to providing mental health services in multi-cultural care environments where care providers and people seeking support are from different socio-cultural backgrounds[8 9 10 11 12]

Key features include:

- cultural identity of the individual;
- cultural explanations of distress;
- cultural factors related to psycho-social environment and functioning; and
- overall cultural assessment for diagnosis and care.

(Adapted from American Psychiatric Association, 2013)

An explanatory approach seeks to understand the experience of distress and how the individual makes meaning of their situation. It asks questions of what, how, why and who, centring practice on the experiences of individuals, families and communities seeking care.[13]

The approach can be used to better understand help-seeking behaviours. It invites a conversation and an enquiry into the presenting experience and seeks to understand what is important to individuals based on their values; their system of beliefs, including their family's intergenerational beliefs; and their stories that help them to make meaning in the world.

NEGOTIATING A SHARED UNDERSTANDING

The explanatory approach supports the development of common ground and requires clinicians to negotiate beliefs and values with individuals, families and communities. An explanatory approach recognises that every individual in society possess a set of cultural values. These cultural values inform how we define our social roles, what we deem appropriate behaviour, our approach to communication, how we form and maintain relationships, gender roles, family structure, and other factors that situate us in society. For example, an individual's values may privilege a Western biomedical approach to mental health diagnosis and care.

The explanatory approach seeks to develop 'two way' health literacy to support practitioners to develop a deeper and a more nuanced understanding of the individual and collective experiences.[14] See figure 3: diagram of how shared meaning can be negotiated.

WORKING WITH INTERPRETERS

As well as ensuring that systems are in place to readily access interpreters, clinicians should receive training in working with interpreters. Some topics might include:

- checking in that both the young person and family and interpreter are understanding each other;
- managing time when using interpreters in session;
- checking that the most appropriate dialect is being used, with the recognition that individuals from the same country might have different; ethnicities and/or proficiencies in language;
- knowing what to do if the young person/family are familiar with the interpreter;
- how to check in if an interpreter is "going rogue";
- difficulties with translating concepts or particular language, such as mental health concepts; and
- value of checking in with interpreters after an appointment if they have their own cultural feedback but also not assuming that this accurately reflects the perspective of the young person/family.
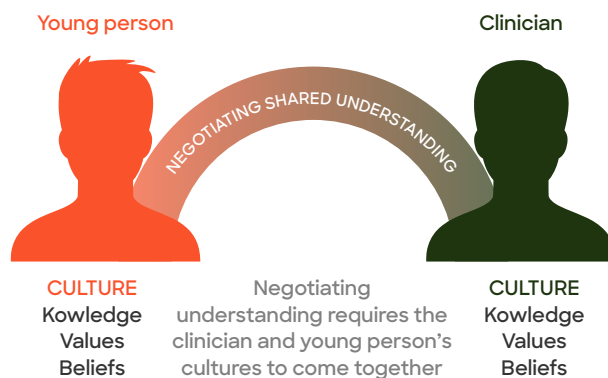

FIGURE 3: NEGOTIATING A SHARED UNDERSTANDING

REFLEXIVITY AND SELF-AWARENESS

Reflective practice supports the mobilisation of knowledge across a workforce; enhancing the capacity for practitioners to learn from experience and reflect on actions and outcomes.[15]

Reflexivity as a component of reflective practice, is the process of examining how one's feelings, reactions and motives, or reasons for acting, can influence what one does or thinks in a situation. Engaging in reflexivity enables practitioners to stand back and examine practice from a critical distance, acknowledging one's own culture, values and beliefs whilst considering internal assumptions, biases and blind spots that may be present in the provision of care. A reflexive approach supports practitioners to look inward as well as outward to better understand individuals' experiences in the world, their needs, and the broader social, political context in which care is both sought and provided. Such an approach can increase practitioner awareness of the structural barriers migrant and refugee young people, families and communities may experience. Essentially, this approach recognises self-awareness as an essential practitioner competency in providing culturally responsive care.

USEFUL RESOURCES

GENERAL RESOURCES

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