IMPROVING THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE FROM MIGRANT AND REFUGEE BACKGROUNDS

LITERATURE REVIEW

CENTRE FOR MULTICULTURAL YOUTH

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INTRODUCTION

This literature review has been drawn from academic and grey literature available within Australia and internationally. It focusses on good practices that are considered to improve the lives of young people from migrant and refugee backgrounds that are experiencing mental ill-health and are being supported in the community, including primary care settings. This aligns with the role and mandate of primary health networks (PHNs) to:

Support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.[1]

Twenty-five percent of Australia's 3.7 million young people are from a refugee or migrant background and 11% have arrived in Australia as refugees or migrants. Between 2010 and 2015, young people comprised approximately 20% of all those arriving through the combined family, humanitarian and skilled migration programs.[2] Across the country, proportions of young people from migrant or refugee backgrounds living within each PHN catchment varies significantly.

This review will first outline the key determining factors that influence the mental health and wellbeing of young people from migrant and refugee backgrounds. It will then identify the key enablers and barriers to implementing good practice approaches to improving mental health and wellbeing. Finally, an outline of the relevant frameworks that have been implemented in Australia will be provided.

BACKGROUND

DETERMINANTS OF MENTAL HEALTH

Mental health is considered an integral and essential component of health by the World Health Organization (WHO). The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[3] The WHO recognises that there are multiple determinants of mental health including social, psychological, and biological factors. They further associate poor mental health with environmental factors such as violence, discrimination, exclusion and human rights violations. Individual biological factors are also considered determining factors.

SOCIAL DETERMINANTS OF HEALTH

The World Health Organisation (WHO) define the social determinants of health as the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life".[4] The key social determinants for the health of refugees and migrants are similar to the rest of the population: socioeconomic, cultural, environmental and lifestyle factors. The process of migration is also a social determinant of health in and of itself.

Humanitarian migrants often originate from countries affected by poverty, conflict, poor health systems and high burdens of disease. Conditions associated with the process of migration may exacerbate existing inequalities and expose migrants to greater risks and poorer health outcomes during the process of migration and settlement.

The conditions that many migrants are subject to when migrating and settling in the destination country include:

- hazards associated with the mode and duration of travel
- legal status of the individual
- policies which grant or deny access to migrant-friendly health and social services
- working and living conditions.

Additional factors impacting the health of migrants include:

- social and cultural barriers to integration
- acculturation stress (mental and emotional challenges experienced as a result of adapting to a new culture)
- exclusion and discrimination
- changes in lifestyle
- loss of family and friendship networks.[5]

The mental health risk factors identified by the WHO include exposure to trauma or economic hardship, experience of physical harm and separation, and poor socioeconomic conditions such as social isolation and unemployment in the destination country.[6]

The more risk factors young people are exposed to, the greater the potential impact on their mental health. The WHO identified the following factors which can contribute to stress during adolescence: a desire for greater autonomy, pressure to conform with peers, exploration of sexual identity, and increased access to and use of technology. The influence of media and gender norms can exacerbate these factors.

Other important determinants that contribute to youth mental health include the quality of the young person's home life and peer relationships. Violence (including harsh parenting and bullying) and socio-economic problems are known risks to mental health.

Children and adolescents are especially vulnerable to sexual violence, which is detrimental to their mental health. Difficult living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services can also have a detrimental impact on the mental health of young people.[7]

MENTAL HEALTH SERVICES FOR PEOPLE FROM MIGRANT AND REFUGEE BACKGROUNDS

The WHO acknowledges that whilst access to health has been ratified by the International Covenant on Economic, Social and Cultural Rights as a universal and basic human right, in practice, access to public health systems mostly depends on the particular circumstances of the individual.[8]

In Australia, a person's migration status determines their access to publicly funded health care. This creates significant disadvantage to some groups.[9] Access to mental health services for newly arrived refugees is facilitated through the Australian Government's settlement support arrangements, which includes linking clients to relevant health professionals upon arrival. Services include:

- Settlement services responsible for referring clients to mental health services (if assessed as required and the client consents to the referral).
- Refugee health-specific services provide health assessments to refugees who have arrived in Australia within the past 12 months. These services operate in partnership with GPs and other primary care health professionals in the community.[10]
- The Forum of Assistance for Survivors of Torture and Trauma (FASTT) agencies provide specialist mental health services for those who have experienced torture and trauma in their countries of origin and/or as a result of the migration journey. Clients are mostly from refugee, humanitarian and asylum seeker backgrounds.
- The Mental Health in Multicultural Australia program aims to strengthen capacity of mainstream health services to address mental health needs, including among migrant and refugee populations, in a culturally inclusive and responsive manner.[11]

THE REFUGEE EXPERIENCE

While there is no standard 'refugee experience', people from refugee backgrounds have, by definition, been forced to flee their country of origin because of war or persecution.[12] Young people from refugee backgrounds generally arrive in Australia through the Humanitarian Program. Some arrive with their immediate or extended family, and others as unaccompanied minors (young people under 18 years old without a close adult relative able or willing to care for them) or with non-parent carers, such as siblings.

A growing proportion of those arriving as humanitarian entrants in Australia are young people. In the financial year 2016-17, 23% of Australia's 21,968 humanitarian arrivals were between the ages of 12 and 24 years.[13]

The refugee and asylum seeking experience is characteristically traumatic. Many young people experience: a dangerous escape from their country of origin, often traveling long distances; separation from family members or significant others; and protracted periods living in unsafe and insecure environments with limited access to health care, education and safe or secure housing.[14]

Those who are unable to return home often spend many years in a country of first asylum, which is often another developing country (e.g. Kenya or Thailand). For some young people, the majority of their lives have been spent in transit countries, where they have been forced to wait (often with limited resources, opportunities and rights) until their refugee status is determined and a safe home is secured. This profoundly affects their identity and resettlement experience in Australia. Some young people will have spent time in refugee camps, while others may have lived in the community in an urban setting.

Conditions in refugee camps vary widely in terms of the availability of amenities, infrastructure, basic services and food. However, most young people who have lived in a camp experience:

- prolonged periods in overcrowded conditions, where social and political structures are fragmented or have collapsed
- low nutrition and poor health
- disrupted schooling (a few hours a day or none at all)
- profound lack of opportunities and life choices.[15]

The experience of seeking asylum is highly stressful and one of acute uncertainty, often compounding the effects of pre-arrival trauma and adding to the complexity of the settlement process. Young people seeking asylum will typically have spent extended periods of time in Australian detention facilities, in community detention, on temporary visas, or at an off-shore processing centre, while awaiting the outcome of their application for protection.

Unaccompanied minors are a particularly vulnerable subgroup within the refugee and migrant youth population. Separated from their families, they face additional settlement challenges associated with their unaccompanied status. Primarily, navigating the challenges of settlement in a new country as young people without the immediate support and care of family and/or significant others. Many have experienced lengthy periods in transit and detention without safety or stability, have histories of trauma and may have complex mental and physical health needs as a result. The lack of family reunion options often have significant implications for this group, adversely affecting their physical and mental health and impacting on their capacity to imagine a future and build connections to support settlement, such as participation in education, training and employment.[16]

THE MIGRANT EXPERIENCE

A person who leaves their country of origin voluntarily to seek a better life for a range of personal and economic reasons is termed a migrant. Migrants have made the choice to leave, had the chance to plan and prepare for migration and generally can return at any time if they wish. There are several classes of migration visas available in Australia including skilled migrant, family and international student visa categories.[17]

Because of their age, most young migrants will have had little or no choice in their family's decision about leaving their country, culture, family and friends. As such, they are impacted by the intersection of issues relating to dislocation, the impact of migration on family relationships, and family cultural values and practices.

There are also many young people who are migrants, having arrived in Australia via the family or skilled visa programs, but who have had experiences similar to those who are recognised refugees. This means that even though their experiences prior to arrival in Australia and in the settlement context may be similar to refugee or humanitarian entrants, they may not have access to settlement services available to those arriving through the Humanitarian Program.[18]

The effects of migration and the process of settling into a new country can be experienced through the generations. This review includes young people from migrant backgrounds to incorporate those young people with a direct migrant experience as well as those young people who may have been born in Australia but have close cultural and ethnic ties to family members or communities who migrated from overseas.[19]

SETTLEMENT PROCESS

Settlement is the process of developing skills and social/cultural capital to understand and navigate Australian society. The process of settling in Australia can be complex and protracted for all refugees and migrants, regardless of their age, and is best understood as non-linear, dynamic and not necessarily defined by the number of years since arrival in Australia. The experience of settling in Australia is shaped by many things, including the interaction between settlement and mainstream services, the broader community, peers, and the private sector.[20]

The Australian Government provides a range of services to support the settlement process at the national and state levels. At the national level, these services include:

- pre-arrival training through the Australian Cultural Orientation (AUSCO) Program
- humanitarian settlement services to support eligible arrivals in the first six months of settlement
- settlement services and complex case support for beyond their first six months in Australia
- English language support
- translating and interpreting services.[21]

YOUTH-SPECIFIC SETTLEMENT

For young people who are newly arrived in Australia, the settlement process includes negotiating education and employment pathways (many with a history of disrupted or no formal education), a new language and culture, making new friends, and navigating unfamiliar and complex social systems (such as Centrelink and Australian laws), while also negotiating individual, family and community expectations within the context of adolescence.[22]

Young people face settlement challenges that are either distinct from those of adults or are experienced differently due to their age, developmental stage and position within the family. These include:

- Adapting to new family forms, structures and dynamics, where many young people live in significantly altered families as a result of the migration or refugee experience and often take on roles of responsibility that can impact on power and authority previously held by adult family members.
- Negotiating identity and belonging in the context of a new culture and society which places high value on individual choice in terms of relationships, study and career. Many young people have grown up in a cultural context where the well-being of the whole family and community is prioritised above individual aspirations. As such, they are often juggling a range of pressures and complex relationships – negotiating family, cultural and peer obligations or expectations while simultaneously establishing their own identity and place in a new culture and society.
- Managing additional and more complex transitions than their Australian-born counterparts, including the transition into a new culture and society, new peer relationships, a new schooling system and from English Language Schools to mainstream schools.
- Unfamiliarity with or lack of trust in youth services and programs. Parents and family members may also be unfamiliar with or untrusting of these services.
- Racism and discrimination – explicit (i.e. overt displays of racism), implicit (i.e. unconscious bias or prejudice), structural (i.e. public policies, institutional practices, and cultural representations that perpetuate racial group inequity) or individual (i.e. interpersonal behaviours and actions that express prejudice, hate or bias based on race toward a person).
- Settlement pressures (i.e. practical demands and responsibility for parents and family members, adapting to a new country, culture and systems).
- Lack of culturally competent or responsive practice within organisations.[23]

Assumptions are often made that young refugees are particularly resilient, and more able to quickly recover and adapt to Australian life than their adult counterparts. There is often an accompanying presumption that young people are less likely to have been exposed to traumatic events or directly affected by violence and are therefore less traumatised. While it is important to acknowledge the many ways in which young people cope with resettlement stresses, they often do so by carrying an enormous degree of responsibility at a particularly vulnerable time in their lives.[24]

BARRIERS TO ACCESSING SUPPORT

Young people from refugee and migrant backgrounds commonly face a range of barriers to accessing services and opportunities that are not experienced by Australian-born young people. Some barriers relate to the challenges associated with settling in a new country, while others relate to vulnerability linked to social exclusion at key transition points during adolescence and young adulthood,[25] which can be compounded by the refugee or migrant experience. These barriers may also be exacerbated by a lack of accessible or available services particularly in rural and regional areas.

Young people from refugee and migrant 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, drug and alcohol use than young people who are able to access support.[26]

STRENGTHS

Despite the immense difficulty of resettlement and recovery, young people from migrant and refugee backgrounds often make remarkable progress and bring a wealth of resources and strengths to the Australian community.

Newly arrived young people often have broad international knowledge, multilingual skills and awareness of many cultures and communities. If well supported in the transition to life in Australia, young people have demonstrated their strong capacity to be able to rebuild their lives, achieve their goals and contribute dynamically to the broader community.[27]

DISCRIMINATION AND RACISM

Discrimination occurs when a particular group of people is treated differently (especially unfairly), which results in unequal access to resources, power and opportunities. Discrimination can be interpersonal (occurring between individuals) or institutional (when policies and procedures or laws disadvantage a specific group). Supporting cultural diversity means accepting a diversity of values and ways of living within a human rights framework and with respect for the rule of law.[28] Discrimination is a key factor influencing mental health and wellbeing.

Racism is commonly experienced by many children and young people in Australia. Studies show that experiencing racism has profound effects on people's health and welfare; regular experiences of racism can lead to people withdrawing from work or study and diminishing of their quality of life.[29]

Racism affects health through various ways, including:

- stress and negative emotions, having negative physiological and psychological effects such as anxiety, depression, poor self-esteem, and stress-related illness
- individuals disengaging from healthy activities such as participation in sports, cultural and civic activities and instead engaging in coping behaviours that impact negatively on their health, such as smoking and excessive alcohol consumption
- restricting access to resources required for health such as housing and education.[30]

Studies indicate that rather than dealing with the consequences of racism and discrimination, the aim should focus on preventing it from occurring and developing environments where inclusion is supported.[31]

MENTAL HEALTH SERVICE UTILISATION IN AUSTRALIA BY COHORT

There is a significant gap in research on the use of mental health services by young people from migrant and refugee backgrounds, including barriers and facilitators to access.[32]

While service under-utilisation appears to be an issue for all young people in Australia, those from migrant and refugee backgrounds may be at an increased risk of mental ill-health and have greater difficulty accessing mental health care, should they require it.

Refugee children and young people in Australia have lower rates of mental health service use than Australian children and young people This is despite the existence of specialist mental health youth services and multicultural non-mental health services. The lack of collaboration or partnerships between these two types of services has significant consequences for young people. Those who do access mental health services typically present to services at a later age when symptoms are more severe and are more likely to be admitted into acute inpatient care and treated for longer periods.[34]

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

- a low 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 they have low levels of cross-cultural competence)
- social and cultural factors that impact on "how problems are understood, whether help is sought and from where".[35]

The key barriers to improving the mental health and wellbeing of young people from migrant and refugee backgrounds identified include:

- stigma related to mental health
- distrust and lack of awareness of services available
- limited service approaches that are relevant and accessible.[36]

The literature identifies a need for further research with young people from migrant and refugee backgrounds to understand "rates and prevalence of service use, pathways to referrals and factors that act as barriers or facilitators to assessing and engaging with services."[37] Additionally, further research around the impact of gender and gender roles on use of mental health services by young people from refugee backgrounds would support improved service, responses.[38]

A 2016 review by Brown et al.[39] identified the following groups of young Australian's as having significant unmet mental health care needs:

- Aboriginal and Torres Strait Islanders
- culturally and linguistically diverse (CALD)
- lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI)
- homeless
- substance-use issues
- rural and remote residence.

Brown et al. (2016) identified one study, by De Anstiss and Ziaian (2010) with refugee adolescents[40], relevant to an analysis of the barriers CALD young people face in accessing mental health services.[41] Viewed through an intersectional lens, it is apparent that young people who are categorised under two or more of these at-risk groups, experience additional barriers leading to increased disadvantage.[42] Higher levels of social disadvantage, unemployment, traumatic experience prior to immigration, and separation from families and communities are common barriers associated with mental illness for young people from migrant and refugee backgrounds.[43]

Additionally, distrust of the service system and sociocultural beliefs regarding psychological problems were identified as barriers specific to CALD young people.[44] The two factors stem from cultural attitudes toward causes of mental ill-health and the appropriateness of help-seeking.[45]

De Anstiss and Ziaian (2010)[46] summarised the following barriers for refugee adolescents to mental health help-seeking:

- more likely to only seek help for their psychological problems from friends
- cultural construction of masculinity and the risk of losing face in seeking help for mental health issues
- low priority placed on mental health
- poor mental health and service knowledge
- distrust of services
- perception of lower levels of privacy with mental health professionals from the same culture
- expectation that personal and emotional issues are to only be contained in the family.

In 2017, Foundation House released a study focused on refugee youth perspectives of mental health accessibility. The study sought to address the gap in literature that drew directly from refugee young people.[47] The results of this study are used to frame the following themes that arise from analysis of the literature: cultural attitudes; literacy and use of interpreters; promoting trust in professional relationships; combining cultural competency with humility.

CULTURAL ATTITUDES TO MENTAL HEALTH

This literature review has identified stigma as a key barrier to refugee and migrant young people accessing mental health care services; refugee and migrant young people must navigate the influences of family and friends' various attitudes toward mental health professionals. Services must consider the impact of stigma and treatment outcomes.[48]

Pre-existing concepts around mental health, and the terminology used when interpreting from a language other than English, have a significant impact on young people from migrant and refugee background's experience of stigma and their access and engagement with mental health services. It is therefore not just a matter of offering services in languages other than English or interpreters; consideration of culturally appropriate terms and the cultural context is essential.

Stigma, a lack of information about mental illness and mental health services in appropriate and accessible formats, and poor communication and cultural differences between clients and clinicians, have been acknowledged by the Australian Government Department of Health as significant barriers to accessing mental health services.[49] Recommendations regarding preferred language or terminology to use when discussing mental health issues for the mainstream population are emerging.[50]

It is critical to recognise different cultural understandings of mental health and treat these understandings as the starting point, rather than relying solely on western models of mental health.[51] For example, recent studies have highlighted Aboriginal and Torres Strait Islander approaches to mental health and wellbeing as good practice examples, thereby reframing discussions of service accessibility and effectiveness. Studies of Aboriginal youth mental health have identified that the impact of colonisation has been further exacerbated by the failure of mainstream policy makers and mental health practitioners to recognise the key, distinctive cultural and social determinants that contribute to Aboriginal health and wellbeing.[52]

LITERACY AND USE OF INTERPRETERS

The WHO recognises that the diagnostic process in mental health care is almost entirely based on oral communication, as are many treatment interventions (e.g. psychological interventions).[53] In the context of refugee and migrant young people, poor mental health literacy and underdeveloped English language skills are common barriers impeding the help-seeking process. Gaps in available interpreter services and a bilingual mental health workforce are glaring barriers.

PROMOTING TRUST IN PROFESSIONAL RELATIONSHIPS

Trust is a key facilitator of positive relationships with mental health care providers.

Often practitioners can become focused on the complex frameworks used to understand, assess and assist refugee and migrant youth mental health; focusing on the framework rather than the young person. Participants in Valibhoy et al. (2017)[54] commonly highlighted that professionals needed to remember their patients are simply human. Cultural competency remains a critical factor in guiding professionals on best practices in working with refugee and migrant young people.

Participants in Valibhoy et al. (2017)[55] highlighted that many refugee and migrant clients respect the qualifications of the professional and rely on their expertise. However, clients often cease treatment as they feel misunderstood or that their immediate needs would not be met. These clients often present again years later when their situation may have worsened. The capacity to engage clients is diminished by the process of building of trust being usurped by perceived standards of professional service delivery.

Young people in the study emphasised that they did not wish to be treated with a sense of 'otherness.' The 'othering' and stereotyping of clients can exacerbate preexisting barriers, particularly feelings that their condition may worsen upon engaging with help and/or that their immediate concerns would be brushed aside in favour of issues which can be perceived as more important (e.g. experiences of migration, torture and trauma).

COMBINING CULTURAL COMPETENCY WITH HUMILITY

The identities of refugee or migrant young people are subject to fluidity and unpredictable trajectories post-migration.[56]

There is value in practitioners having a broad understanding of their client's cultural background, taking care to avoid assumptions and instead seeking to learn from the client as an individual. In practice, this can be demonstrated through displaying openness and willingness to learn about the young person. Valibhoy et al. (2017) identified a caring connection in which the young person felt heard, known, recognised and understood as central for participants who reported satisfaction with the mental health service.[57] One of the most significant findings of the study by Gorman, Brough and Ramirez (2003)[58], relates to the identification and contribution of resilience to CALD young peoples' experiences of mental health, as well as the insight the study provides into the strategies young participants used to cope.

GOOD PRACTICE APPROACHES AND FRAMEWORKS

The literature search did not identify any existing good practice frameworks specifically designed to improve the mental health of young people from migrant and refugee backgrounds living in Australia. Instead, the literature identified useful approaches and principles that could inform culturally responsive approaches.

Below is an outline of key approaches and principles that inform the adoption of best practices to improve the mental health and wellbeing of young people from migrant and refugee backgrounds. A range of enabling approaches that are aligned with human rights and social justice principles are included. Such approaches prioritise the development of trusting relationships and co-creation of shared understandings of mental health issues between mental health professionals, clients and communities.

AN INTERSECTIONAL APPROACH

An intersectional approach supports a broader understanding of peoples' experiences in the world, moving beyond individual identities, to focus on the points of intersection that their multiple identities create. Supporting a deeper understanding about how individuals with multiple identities that are less privileged, can experience multiple and unique forms of discrimination that cannot be conceptualised separately.[59]

DECOLONISING PRACTICE

Decolonisation is a global movement underpinned by principles of cultural safety that decentres the focus of power or authority. The decolonisation movement advocates collaborations and partnerships that highlight the values and views of minority groups in shaping health care policy, planning, research, education.[60]

Decolonising practice is fundamental to improving the health and wellbeing of Indigenous peoples and is supported by the United Nations Declaration on the Rights of Indigenous Peoples (2007).[61] Decolonising practice incorporates many dimensions, including identifying destructive beliefs and practices, reclaiming Indigenous beliefs and practices, and learning from successful decolonisation to improve practice. In social work, decolonisation is recognised as "a practice in which sustainable harmony is realized through active engagement in local environments".[62]

YOUTH-FRIENDLY SERVICES

In recognition of youth development approaches, the development of youth-friendly services has become a core component of good practice health planning. In its Quality Assessment Guidebook[63], the WHO identified five key dimensions of youth-friendly services. To be considered youth-friendly, services should be:

- Equitable: All young people, not just certain groups, are able to obtain the health services they need.
- Accessible: Young people are able to obtain the services that are provided.
- Acceptable: Health services are provided in ways that meet the expectations of young clients.
- Appropriate: The health services that young people need are provided.
- Effective: The right health services are provided in the right way and make a positive contribution to the health of young people.

In 2011, the NSW Centre for the Advancement of Adolescent Health published the Access Study: Youth Health – Better Practice Framework.[64] This framework is a practical tool, developed to assist services in reviewing, planning and evaluating organisational processes to support youth health-related programming.

This framework draws from a series of factsheets that are based on the following practice principles:

- accessibility
- evidence-based approach
- youth participation
- collaboration and partnerships
- professional development
- sustainability
- evaluation.

YOUTH MENTAL HEALTH SERVICES

The WHO has recommended that promotion and prevention interventions are adopted to promote young peoples' mental health[65]. Promotion of mental health and well-being is considered helpful for young people to build resilience so that they can cope well in difficult situations or adversities.

The WHO outlines a broad range of sites and interventions that should be adopted. Interventions should aim to strengthen protective factors and enhance alternatives to risk-taking behaviours. Promotion and prevention programs for young people at risk of mental health conditions require a multilevel approach with varied delivery platforms – for example, digital media, health or social care settings, schools, or the community.

Furthermore, early detection and treatment is considered crucial.[66] For children and adolescents, the WHO highlight that emphasis should be placed on the developmental aspects such as having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society.[67]

In its Mental Health Action Plan 2013 – 2020, the WHO have outlined six cross-cutting principles and approaches for improving mental health for all people[68]. These are:

- Universal health coverage: Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.
- Human rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities[69] and other international and regional human rights instruments.

- Evidence-based practice: Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.
- Life course approach: Policies, plans and services for mental health need to take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.
- Multisectoral approach: A comprehensive and coordinated response for mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector, as appropriate to the country situation.
- Empowerment of persons with mental disorders and psychosocial disabilities: Persons with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.[70]

FRAMEWORK FOR MENTAL HEALTH IN MULTICULTURAL AUSTRALIA

The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery[71] has been developed by Mental Health in Multicultural Australia to help mainstream services evaluate their cultural responsiveness and develop action plans to enhance their delivery of services to CALD communities.

Whilst the framework is not youth specific, it does provide general guidance around addressing barriers faced by CALD communities seeking to access services. The framework website offers a range of tools and resources that support services to audit and monitor their practice, implementation actions that improve their responses, as well as providing resources and information including best practice examples.

The framework outlines four key outcome areas with guidance on their implementation. The four areas[72] are:

- Consumer, carer and family participation
- Safety and quality
- Promotion, prevention and early intervention
- Workforce.

NATIONAL YOUTH SETTLEMENT FRAMEWORK

The National Youth Settlement Framework[73] (NYSF) established by Multicultural Youth Advocacy Network (Australia) (MYAN) is a guide for organisations working with refugee and migrant young people. It aims to support a targeted and consistent approach to addressing the needs of young people in the settlement context.

The NYSF consists of four components: understanding the refugee and migration experience for young people; understanding the Australian settlement context; facilitating good settlement through active citizenship; and facilitating good practice in youth settlement.

The NYSF provides conceptual and practical information for achieving good settlement outcomes for young people. Good youth settlement is understood as active citizenship, where young people are supported to become active and engaged members of Australian society. The domains of economic, social, civic participation and personal well-being are used to frame this process.

The framework outlines eight good practice capabilities as a foundation and provides guidance on facilitating good settlement at the service delivery level. The good practice capabilities are: cultural competency, youth-centred and strengths-based, youth development and participation, trauma-informed, family-aware, flexibility and responsiveness, collaboration, and advocacy.

The NYSF recognises that the experiences of refugee and migrant young people are distinct from other life stages and recognises the impact of migration and/or settlement on this stage of development.

An understanding of the NYSF is relevant to mental health service delivery for CALD young people, as mental health is an explicit indicator of personal wellbeing within the framework.

TRANSCULTURAL MENTAL HEALTH - CULTURE, CONTEXT AND EXPRESSIONS OF DISTRESS

Culture has the same ubiquity and transparency as water except at the junction of cultures, where the world is refracted and reflected[74]

Distress and wellbeing are experienced in cultural, social and historical contexts. A transcultural approach to care is person-centred, with the practitioner seeking to understand and draw upon the social and cultural context of the person to support their diagnosis and treatment. It is an approach to providing mental health services when care providers and people seeking support have different socio-cultural backgrounds.[75]

CULTURAL FORMULATION

DSM-5 Cultural Formulation Interview (CFI)[76] is a refined tool to help health professionals gather and organise culturally relevant clinical information. The CFI has both patient and informant (i.e. family member or friend of the patient) versions and includes 12 supplementary modules that provide the health professional user with detailed questions to enable the user to understand the problem from the cultural perspective of the patient and to use this information to support diagnosis and treatment. The titles of the supplementary modules are:

- Explanatory model
- Level of functioning
- Social network
- Psychosocial stressors
- Spirituality, religion and moral traditions
- Cultural identity
- Coping and help-seeking
- Clinician-patient relationship
- School-age children and adolescents
- Older adults
- Immigrants and refugees
- Caregivers.

The CFI guidelines help care providers to collect and integrate information pertaining to cultural identity, cultural explanations of illness, expressions and meaning making, cultural factors in the psychosocial environment, levels of functioning, and cultural elements in the relationship between individuals and clinicians. The guidelines also explore the migration experience and the acculturation situation, supporting the development of informed, culturally reflective and person-centred therapeutic care.

This approach has been recognised to support:

- a more accurate identification of need (disease classification)
- a deeper understanding of a person's illness experience and socio-cultural context
- the development of a treatment alliance characterised by trust
- the formulation of collaborative and meaningful care plans.[77]

BUILDING CULTURALLY SAFE AND RESPONSIVE MENTAL HEALTH SERVICES

The need for an intercultural dialogue is particularly acute in mental health services, where the failure to provide appropriate services leads to over-representation of migrants in coercive treatments of last resort[78]. Cultural safety recognises that providing the same care to different groups may result in inferior care.[79] Numerous studies indicate the need for mainstream services to work toward more inclusive service provision that incorporates features such as interpreting and translation services, culturally appropriate family support, cultural brokers and working more closely with faith and community leaders.[80]

Cultural safety is an organising approach that invites health professional and service providers to be reflexive about their work; examining their own beliefs, behaviours and practices, along with broader reflections on social and systemic themes and processes such as institutional racism, structural discrimination and organisational power dynamics.

The concept of cultural safety as an approach to care was first advocated by the Maori nurses of New Zealand in the late 1980s. Cultural safety was developed as an ongoing process of structuring safety in the provision of care, where the service provider takes responsibility for developing and providing services people feel safe to access, whilst concurrently critically reflecting on power dynamics and approaches such as 'the expert model' and 'unidirectional' health literacy.

Developing cultural safety is a continuous process at both practitioner and organisational levels that invites service providers and institutions to hold a critical and reflexive lens to their models of care.[81, 82] Culturally safe practice is centred on the experiences of individuals and communities seeking care; recognising their inherent wholeness, strengths, insights and knowledge, concurrent with an understanding of the role of colonisation, racism, and oppression.

A culturally safe, intersectional approach recognises and respects people's unique cultural identity and directly responds to the impact power dynamics and structural oppression such as the experience of racism can have on one's sense of self and safety in the world.

Cultural safety is a process rather than an end point or a static competency. It requires a level of cognitive, attitudinal and personal skills that enhance communication and interaction with others. Individuals, families and communities are empowered to decide what is culturally safe; relationships are reciprocal and dynamic; collaboration is privileged and built on mutual respect with a recognition of diverse explanatory models (for health and distress), help seeking behaviours and meaning making.

Approaching practice from a position of culturally safety creates opportunities to negotiate care in which collaboration is valued and planned for, which may itself result in services diverting from 'usual practice' to ensure 'best practice' and equitable access to care.[83]

Culturally safe practice includes the following key elements:

- Working from a holistic perspective: Physical, mental, social, spiritual and emotional needs of individuals are inseparable and inclusive of their network of family and community relationships.
- Understanding the role of colonisation, racism, and oppression in the emergence of health and social determinants and current health conditions of people.
- Culture as healing: Incorporation of traditional knowledge and practice, strength-based approach to wellness.
- Recognising we are all bearers of culture: The practitioner considers not only the culture of the people but also the culture of the practitioner and the organisation.
- Diversity: Culture is diverse and adherence to traditional practices and connection to culture, spiritual beliefs, and knowledge of traditional language is varied and cannot be presumed to be universal.
- Relational: Each person's knowledge and perspective is validated. Part of a relational approach is 'person-first' language, which puts a person before a diagnosis.
- Empowerment: Recognise individual strengths and challenges, acknowledge diversity, working with people where they are at rather and promote self-determination.[84]

NATIONAL STRATEGIC FRAMEWORK FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING 2017-2023

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023[85] , whilst not developed for people from migrant and refugee backgrounds, has been recognised as a useful resource to support the development of good practice approaches for improving mental health.

This framework offers several contributions to the conceptualisation of approaching mental health issues. It situates social and emotional wellbeing as a foundation for the physical and mental health of Aboriginal and Torres Strait Islander people. It also acknowledges culture and cultural identity as being critical to social and emotional wellbeing.

The framework identifies social, political and historical core determinants of health and outlines numerous strategies that have potential to drawn upon community strengths and enhancing capacities. For example, supporting access to traditional and contemporary healing practices and healers; supporting young people's strong connection to culture and sense of belonging in communities; families and friendship networks as a way to support young people's resilience and protect against suicide; and developing culturally appropriate mental health and social and emotional wellbeing assessment tools and clinical pathways.

ANALYSIS

The final five good practice frameworks and approaches provide a useful contribution to the creation of a good practice framework specifically designed to improve the mental health and wellbeing of young people from migrant and refugee backgrounds living in Australia. Whilst each framework or approach has a unique contribution to make, individually they do not fully articulate an approach that can be implemented on its own.

- **The Framework for Mental Health in Multicultural Australia:** This framework offers a useful guide for those wishing to create more culturally inclusive organisations. However, it does not provide standards and indicators that address the specific needs of young people. It also largely targets the organisational level with little emphasis on addressing the structural inequalities faced by young people at systemic levels.
- **The National Youth Settlement Framework:** The NYSF provides a comprehensive overview of how to address the settlement needs of young people generally. However, while the NYSF captures wellbeing approaches it does not address the specific needs of young people who are experiencing mental distress or mental ill-health.
- **The Transcultural Mental Health guidelines:** At a direct clinical practice level, these guidelines have been developed to better respond to mental ill-health within a socio-cultural context. While they provide essential elements of good practice, these guidelines require the scaffolding of organisational and systemic level strategies to ensure their implementation.
- **The Cultural Safety approach:** The cultural safety approach offers useful features that assist in understanding and developing more suitable mental health responses. The principles underpinning cultural safety assist to challenge health structures and practices that perpetuate dominant views of culturally and socially heterogeneous groups.

- **The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023:** This framework has been designed to meet the specific needs of Aboriginal and Torres Strait Islander peoples and therefore can only act to inform the development of suitable approaches for other population groups who are experiencing disadvantage and who are at risk of poor mental health outcomes. The nominated indigenous framework demonstrates the advances that have been made in the area of overcoming health inequalities in Australia and serve to inform improvements in all areas of health. This and the Cultural Safety approach have been included with caution however, due to concerns regarding risks of appropriating knowledges of indigenous and Aboriginal and Torres Strait Islander peoples and applying solutions to people from other cultures that are inappropriate. For this reason, we have acknowledged the unique circumstances Aboriginal and Torres Strait Islander peoples and recognise the frameworks as a contribution to thinking about good practice in the context of people from migrant and refugee backgrounds who are living in Australia.

CONCLUSION

This literature review has outlined the social context from which the diverse range of young people who are categorised as migrants and refugees fall under. It has explored the key barriers and enablers to improving the mental health and wellbeing of young people from migrant and refugee backgrounds. It has been asserted that people who are systematically excluded from their basic human rights, including access to essential health services, are more likely to experience poor mental health outcomes. This is in line with the social determinants of health model that has been adopted globally. It was found that there is limited research evidence on the experiences of young people from migrant and refugee backgrounds regarding utilisation and appropriateness of mental health and wellbeing services.

Despite an exhaustive search of the literature, no dedicated good practice frameworks were identified specifically for this cohort. The identified gaps in suitable responses to migrant and refugee youth mental health and associated risks in not addressing them suggests that a dedicated framework to support the planning, design and delivery of mental health services for young people from migrant and refugee backgrounds is required.

An analysis of five key good practice frameworks that are relevant to this area of enquiry was undertaken. These frameworks can inform the development of a dedicated good practice framework to meet the specific needs of young people from migrant and refugee backgrounds who are experiencing mental health issues.

Whilst this review summarises the emerging knowledge of good practice, it is recommended that further research is undertaken to address significant knowledge gaps and evaluate practices. In partnership with key stakeholders including mental health service providers, young people and migrant and refugee communities, new best practice frameworks could be rigorously developed and tested.

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