SUPPORTING MULTICULTURAL YOUNG PEOPLE'S MENTAL HEALTH

POLICY REPORT

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Centre for Multicultural Youth

orygen

ACKNOWLEDGEMENTS

The original version of this policy paper was developed by Orygen and expanded and refined in collaboration with the Centre for Multicultural Youth (CMY). Orygen recognises the knowledge and expertise CMY brought to this project.

Orygen and CMY acknowledge the Traditional Owners of the lands we are on and pay respect to their Elders past and present. We recognise and respect their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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The final report reflects Orygen's and CMY's analysis and independent conclusions. It may not necessarily reflect the opinions or conclusions of all contributors.

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ADDITIONAL READING

Responding together: Multicultural young people and their mental health.
Orygen and the Centre for Multicultural Youth. 2020

Designing mental health services for young people from migrant and refugee backgrounds: Good practice framework
Orygen and the Centre for Multicultural Youth. 2019

Improving the mental health and wellbeing of young people from migrant and refugee backgrounds: Literature review.
Orygen and the Centre for Multicultural Youth. 2019

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Note on terminology

Multiple and interchanging descriptions, demographic categories, and life experiences are used to describe and combine groups of multicultural young people in Australia. Large data collectors such as the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare use the term *Culturally and Linguistically Diverse (CALD)*. While the ABS has an established definition and governing set of standards for data collection relating to this broad population group, these are not mandated, applied or reported on consistently across all public services and programs.

For the purposes of this policy report, we use the term *multicultural young people* to refer to young people aged 12–25 years, who are living in Australia and have a refugee or migrant background (including international students and other temporary visa holders). This report has a focus on those who experience marginalisation and social exclusion in connection with their multicultural status.

Although often grouped together for the purposes of data collection and reporting, we acknowledge that multicultural young people are a diverse and dynamic cohort with distinct experiences and needs. The migration journey and settlement experiences of young people from refugee backgrounds is often quite distinct to those of young people from migrant backgrounds, as are experiences of young people in Australia on temporary visas compared to those who have settled permanently with family. When grouping such diverse cohorts into overarching categories there is a risk of obscuring or overlooking important differences and homogenising or simplifying needs. This can result in mental health interventions and approaches that fail to adequately target and respond to the needs of multicultural young people.

Glossary

Community-led organisations:
Organisations, groups or networks that are led by and for the people they serve. Decisions are made by members of the community and are not influenced by external agendas from governments, authorities, or funders.(1)

Cultural responsiveness:
Cultural responsiveness refers to the ability of services and individuals to deliver mental health care that respects and adapts to the cultural values, beliefs, and practices of the people they serve. It involves awareness of one's own cultural perspective, recognition of how dominant cultural norms shape systems and processes, and creating settings, policies, and interactions that are inclusive and responsive to diverse cultural needs.(2)

Foundational support:
Foundational supports are the essential services, resources, and structures every individual requires to thrive. They typically include housing, income support, education, healthcare, and social connections. These supports are considered "foundational" because they underpin wellbeing and allow other interventions, such as mental health or employment programs, to be effective.

Western clinical models of care:
Clinical frameworks common in Western health systems that conceptualise mental ill-health using standardised diagnosis and professional treatment approaches. They typically focus on individual symptoms and medical or psychosocial interventions, rather than community or cultural constructs of wellbeing.(2, 3)


NIKE

LHADEN'S STORY

My name is Lhaden* (he/him),
and I am a 21-year-old refugee from Central Asia.

I had to escape my home country due to the political unrest that unfolded, targeting all social activists and minority populations. My journey to Australia was not easy. I was displaced for a short while in a second country, where I was granted a humanitarian visa to resettle in Australia. By the time I arrived, I had gone through significant life changes, having left my parents back home, feeling isolated, and going through a severe mental breakdown. Navigating life, finding accommodation, and fitting into society were highly challenging, and no support was available to assist with the process. It was particularly difficult for me because I had no connections or family, so I had to bear the burden alone.

I was placed in a short-term accommodation with other families and individuals for a limited time until I sorted out a long-term plan. This place was far from the city and had underfunded public transport, which made it even harder to commute to the suburbs I was hoping to move into for house inspections. Although the resettlement agency provided basic support to open a bank account and obtain my Medicare card, they did not assist in any way with finding accommodation. In fact, they also threatened to evict me if I do not find a place within a certain timeframe. At a time when I was already struggling to keep up with life, they did nothing but add salt to the injury.

After a long hustle, I managed to move out and started focusing more on myself, my studies, and my work. I did not take notice of how severely my mental health was impacted. At times, I felt very empty, and I could not establish a sense of belonging to the city and the new place, which was substantially different to what I was used to. As time passed by, a series of incidents shattered my mind entirely and distorted my self-perceptions and my self-image. I sought counselling through a community health centre, where I was introduced to talk therapy as part of my recovery journey. It was my first time having a breakdown as extreme as this, and in the back of my mind, I was expecting – or at least hoping for – a linear journey of recovery.

But despite hoping for that path, I was struggling to recover, and nothing helped. I was afraid my counsellor would think I was getting crazy or sticking to the same thing over again. I felt like we were coming from different points of view because of our cultures. He had a very nonchalant attitude towards something that was extremely significant and serious to me. This left me a bit uncomfortable after each session. Maybe I was not given enough assurance that it is okay to grieve as long as it takes. I was scared of not fitting into the normal life routine like everyone else, which is why I was never brave enough to take a break and acknowledge the tragedy I was going through. I had minimal social connections, which were – and still are – a vital element for my recovery, which I desperately needed, but I could not access. Even after getting to university, my social skills were not yet developed enough to make friends or socialise, leaving me highly isolated.

Since I could not get the support I needed, and the mental health system seemed unnavigable, I sought counselling from abroad. This counselling was reflective, culturally relevant and more affirming than the service I had worked with in Australia. I was introduced to them through an organisation working with multicultural young people, and the main elements that have made their service stand out to me are their culturally adapted approach, humility, affirmation of different viewpoints and beliefs, reflective measures, flexibility, and deep mutual understanding. These are barriers that multicultural young people often face when opting for mental health services.

Addressing barriers through culturally safe services, more precise navigation, early intervention, and community-based models improves outcomes not only for individuals, but for families and broader communities. When young people feel supported, they can build connections, participate fully, and contribute with confidence, and thrive in – rather than just survive in – their new environment.

***Name has been changed.**

EXECUTIVE SUMMARY

Multicultural young people in Australia can experience complex and intersecting challenges that significantly impact their mental health and wellbeing. Factors such as racism, socio-economic disadvantage, immigration instability, experiences of trauma, and structural barriers to accessing care compound the risk of poor mental health outcomes. Overwhelmed health and mental health service systems are inadequately equipped to respond to the specific needs of this diverse group. Several recent policy reviews and frameworks, supported by the strong community expertise of multicultural advocacy organisations, offer a path forward.

There are many community-based services providing support to multicultural young people and their communities. A wide range of approaches are used and the grassroots origins of many means that culturally tailored support is available. Many of these services support young people while waiting for professional youth mental health support. This shifts the burden of responding to systemic gaps to young people's communities, often without sustainable funding, meaningful integration into the broader service system, or the specialist knowledge this role demands. Examples are mentioned in the report to illustrate the breadth of these services.

This report proposes policy solutions to improve multicultural young people's access to and experience of mental health care. However, meaningful progress also requires that governments address the broader social determinants of mental health, including racism and discrimination.

Issues

Fragmented and inaccessible foundational support systems

Multicultural young people, particularly refugees and recent migrants, face a maze of disconnected services. Navigating health, legal, housing, and social services systems simultaneously – often without cultural or language support – can be overwhelming and present a barrier to accessing mental health care.

Limited cultural responsiveness in health and mental health settings

Multicultural young people often find that mainstream mental health services do not reflect their cultural beliefs, values, or communication styles. Western clinical models can clash with community norms and family dynamics, limiting trust and engagement, and leading young people to delay, avoid, or disengage from support.

Inadequate and inconsistent data collection and utilisation

Existing datasets often aggregate culturally diverse populations into broad categories, masking important differences. The absence of ethnicity, visa status, and language variables means policymakers and mental health service providers cannot fully understand or respond to the needs of multicultural young people. This undermines the design, funding, and evaluation of targeted services.

Solutions

Address foundational needs through integrated, place-based support

Place-based clinical care hubs provide coordinated access to mental health care and peer support, as well as other psychosocial services. These hubs reduce fragmentation and ensure young people receive timely, culturally responsive support without needing to navigate disconnected service systems.

Build a culturally safe and responsive mental health workforce

Professional and practice development initiatives are needed to strengthen practitioner and service responsiveness across the mental health sector, equipping mental health professionals to meet the diverse needs of multicultural young people.

Strengthen mental health care provision and engagement in community

Include local multicultural mental health networks in service planning and commissioning, and provide training for community leaders, including young people for this role. These initiatives promote early intervention, reduce stigma, and build trusted referral pathways. They also empower local networks to mobilise culturally safe mental health support quickly and effectively in response to emerging community needs.

Improve data collection and access

Implement consistent data collection standards and processes and expand access to group-level data to improve the evidence base for policy and enable targeted funding and service delivery.


Wilson

MULTICULTURAL YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING OUTCOMES

Multicultural young people living in Australia can face complex, intersecting challenges that impact their mental health and wellbeing. Young people born outside Australia, in particular, are more likely to experience mental ill-health, making it harder to maintain wellbeing or seek support when needed.(4) Experiences of racism, socio-economic disadvantage, immigration instability, experiences of trauma, and structural barriers to care compound their risk of poor mental health outcomes. Health and mental health service systems are inadequately equipped to respond to these diverse needs.

In 2019, Orygen and CMY published *Responding together: Multicultural young people and their mental health* to provide policy advice relating to young people from new and emerging populations.(2) Since then, the Australian Government has introduced several initiatives aimed at improving the mental health of multicultural young people. These include the Embrace Framework for Mental Health in Multicultural Australia, the Multicultural Framework Review, the National Anti-Racism Framework, and the Measuring What Matters Framework, which tracks both mental health and social cohesion outcomes. These initiatives have reinforced the need for suicide prevention, improved data collection, better access to interpreters, and culturally responsive, trauma-informed care. The range of agencies involved highlights the complex, and sometimes competing, responsibilities for supporting the mental health outcomes of multicultural young people. The establishment of an Office for Multicultural Affairs has brought an increased policy profile and an opportunity to improve services for multicultural young people.

Multicultural organisations and local community-led groups play a central role in promoting mental health and wellbeing, including facilitating engagement between multicultural young people and mental health services in Australia. Collaboration between local health networks and multicultural community organisations is key to linking young people with the support they need.(5) In recent years, several community and sector-led initiatives have worked to reduce access barriers to mental health support for multicultural young people. For example, Reverb 2.0 a philanthropically funded collaboration between CMY and headspace National. This iterative program was co-designed with multicultural young people. Its two-pronged approach (a) strengthens mental health literacy and help-seeking through school-based workshops, and (b) cultivates culturally-responsive services through sector capacity building activities.(6) There are numerous examples of community and sector-led initiatives across Australia that provide a mix of multicultural services and targeted initiatives to support diverse communities (including migrants, refugees, specific cultural or religious groups, and LGBTQIA+ people) through culturally responsive health, wellbeing, and social inclusion activities.

COMMON FACTORS IMPACTING MENTAL HEALTH AND HELP-SEEKING

Multicultural young people's mental health outcomes and help-seeking behaviours are shaped by intersecting socio-environmental circumstances, foundational needs, and systemic challenges. Some of these factors are more likely to affect recent arrivals than those born in Australia,(7, 8) and those who are living in Australia on a temporary basis.(9)

Socio-environmental

Racism and discrimination

Almost one in two people living in Australia were born overseas or have a parent born overseas.(10) While multiculturalism is identified as a foundation of Australia's shared national identity, discrimination based on race, ethnicity, faith, culture and language continues to be an everyday reality for many young Australians. Between one in three and one in two multicultural young people have experienced discrimination or unfair treatment related to their cultural background.(11, 12) Racial discrimination negatively impacts mental health and wellbeing outcomes and, for young people in particular, is associated with higher rates of anxiety, depression and psychological distress. Experiences of discrimination are also linked to loneliness and a lower sense of belonging.(13) This has a compounding effect on young people and people born outside Australia, who are already more likely to face mental health challenges.(4)

Family and culture

Multicultural young people navigate multiple sets of cultural or familial expectations and attitudes, alongside their personal preferences and needs. This negotiation can be challenging and stressful, impacting both mental health outcomes and help-seeking.(2, 14) Family attitudes, religious practices and cultural beliefs can shape young people's views on mental ill-health and their willingness to engage with Western models/frameworks of care. Stigma or shame towards mental ill-health, and distrust or lack of confidence in Western health models, can hinder symptom recognition and delay help-seeking.(15, 16) Some multicultural young people are more likely to perceive mental ill-health as a personal weakness and to express stigmatising beliefs about mental ill-health in public, than other population groups.(17) Levels of mental health stigma vary across the range of subpopulation groups of multicultural young people, including gender groups.

Multicultural young people, particularly those living away from traditional support networks, such as international students or temporary visa holders, may conceal feelings of distress fearing they will worry family and friends, or that they will jeopardise their visa status, academic standing, or health insurance. For others, past trauma or situational instability further compounds stress.(18, 19) These overlapping pressures contribute to poorer mental health outcomes and limit access to appropriate, timely care.(20)

Past trauma and ongoing events in places of origin

Multicultural young people who have experienced trauma relating to circumstances (e.g., conflict and violence, famine, or natural disasters) in their places of origin are at significantly higher risk of mental ill-health. Refugees, asylum seekers, and other migrants with refugee-like experiences are more likely to be affected by post-traumatic stress disorder, anxiety, depression, and somatic symptoms. Many of these young people have also lived through traumatic forced migration processes, and ongoing post-migration distress due to separation from and concern for family members, friends, homes and communities in their places of origin.(5, 21) Young people have reported that ongoing or new incidents can also negatively impact their mental health.(22, 23) Despite this, young refugees are less likely to access mental health services.(5)

Multicultural organisations provide complementary support in these circumstances, for example hosting live social media events during times of conflict to acknowledge and discuss the psychological impacts of distressing events and how to manage them.(24)

SPOTLIGHT ON

Witness to War hotline

Witness to War is "a national multilingual telephone hotline for people affected by overseas conflicts. People can feel the impact in different ways, and may experience health, social and practical issues". The helpline is for anyone living in Australia who is feeling "distressed about overseas events, have friends and family abroad, need someone to talk to, or need help finding information about useful services and support". Callers are supported to speak to someone in their preferred language either through a bicultural worker or a professional interpreter. The service is free of charge.(25)

Language proficiency, social isolation and belonging

Multicultural young people's wellbeing is closely tied to their social networks. A sense of inclusion and belonging serves as a protective factor for long-term mental health outcomes. Multicultural young people emphasise their need to feel as though they belong in their individual families and cultural groups, as well as in their wider peer and community groups, such as local teams or hobbies, or broader sports or music fandoms.(2, 26)

"A lack of social connection is the root of a lot of issues. Young people want community-based support – community means location and culture."

Adriel, Orygen Youth Advisory Council and CMY Reverb 2.0 Youth Facilitator

English language proficiency is particularly important for inclusion and belonging in the Australian context. Australia's cultural and social structures are less accessible to young people with lower levels of confidence in their English language skills, which can negatively impact their mental health outcomes and access to support.(12) As their English-language proficiency and confidence improves over time, so too do social connections, highlighting the need for increased language and psychosocial support for newly arrived migrants.(9, 12, 27)

Youth Transition Support (YTS) services and Settlement Engagement and Transition Support youth programs funded by the Department of Home Affairs are successfully meeting the social connection needs of some multicultural young people but have limited accessibility, especially outside metropolitan centres. Multicultural networks or other community organisations also facilitate social connection initiatives to support the needs of their local multicultural young people.

SPOTLIGHT ON

Know Your Roots

Based in Shepparton in regional Victoria, the **Know Your Roots** program helps local community leaders and mentors to support students "to reconnect, learn and share in Pacific Island cultures". (28) The model and program, originally designed for Pacific Island students within local high schools, is now open to all community and cultures to engage and reconnect with their cultures.

SPOTLIGHT ON

Driving Social Inclusion through Sport and Physical Activity

The University of New England's **Driving Social Inclusion through Sport and Physical Activity** program delivered "a free, flexible and community-based opportunity for Armidale residents from culturally and linguistically diverse backgrounds to build their physical activity levels".(29) Newly arrived migrants and refugees participated in a range of sports, fitness activities, and outdoor recreational excursions. The program also focused on improving mental health and wellbeing outcomes through improved social connection and community-building. Evaluation of the program emphasised the need to support newly arrived migrants early in their settlement journey and demonstrated the positive impacts of community-based social connection opportunities.(29, 30)

Recommendation 1

Support social connection initiatives for newly arrived young migrants.

Policy solution	Evidence and rationale	Outcome
Extend and expand funding for Youth Transition Support services to deliver these programs more widely across Australia. Diversify program design to ensure social connection services across multiple domains of activity and interest in addition to education and employment initiatives.	Newly arrived young migrants often experience loneliness, disrupted support networks and social exclusion, all of which can negatively impact their mental health and wellbeing. Evaluation of the Youth Transition Support services identified success where the program was available. The inclusion of social connection initiatives is interconnected with outcomes in other service areas.	Newly arrived young migrants develop stronger social connections wherever they settle in Australia, improving their overall wellbeing and sense of social cohesion.

Mechanism: Department of Home Affairs

Foundational needs

Some groups of multicultural young people, particularly those who are newly arrived and those living in Australia with temporary visa status manage multiple and compounding socio-economic disadvantages that can negatively impact mental health and wellbeing. These include housing instability, financial hardship, difficulty accessing or maintaining education or employment, and social isolation.(31) Analysis of data collected through the 2022 Mission Australia Youth Survey found that of the nearly one in five respondents (~3,600 young people) who spoke a language other than English at home, one in six faced housing challenges, two in five had education and/or employment issues, and one in four experienced financial hardship. These factors occurred at higher rates compared to respondents who spoke only English at home. Each factor was also associated with significantly higher levels of psychological distress, loneliness, negativity about the future, challenged wellbeing, and a sense of having no control over one's own life.(32, 33)

Although socio-economic outcomes for migrants typically improve over time, humanitarian migrants are more likely to experience ongoing challenges such as financial hardship, housing stress, and social disadvantage, compared to permanent visa holders. This can have lasting impacts on their mental health and wellbeing.(9, 27)

Additional systemic barriers mean many multicultural young people require different or additional support to meet basic needs. The Australian Government funds a complex web of programs that aim to (or indirectly) support the foundational needs of multicultural young people though different departments. In addition, foundational support can be accessed from universal social services, health and disability services, NGOs, community, and state and territory governments. However, as noted above, there remain significant gaps and unmet needs for young people from refugee and migrant backgrounds.

Sector-led advice on new and/or refined models of youth mental health care

The impact of Australia's fragmented youth mental health and psychosocial support systems is felt widely. Young people with additional and intersecting needs are even more likely to experience difficulties navigating these services.(38)

The Australian Government's Department of Health, Disability and Ageing recently commissioned a consortium of many of Australia's leading youth mental health organisations, along with subject matter experts, to provide advice on how new or refined models of youth mental health care could improve outcomes. The lack of coordination between mental health and psychosocial services is highlighted throughout the consortium's advice, and associated consultation reports.(38-40)

There was strong youth and sector support for the development of community youth wellbeing hubs across Australia. The consortium advice noted: "Young people consistently advocated for local, community-led spaces that support wellbeing through connection, culture, and early intervention. There was strong support for drop-in hubs grounded in community as familiar places that are open to everyone regardless of where they are in their mental health journey. They supported models that reduce formality and remove unnecessary thresholds for care, allowing for support to begin through everyday connection – whether that's a conversation with a peer worker, a chat with a youth worker, or an encounter with a community elder."

Multicultural young people told us informal, drop-in, low-entry, and activity-based spaces, designed for local needs, are ideally placed to build the trusting relationships and rapport they need to connect with mainstream mental health care. They emphasised that the preventative care potential associated with psychosocial support and wellbeing spaces should be given equal weight to traditional clinical interventions. They also questioned whether the lack of formal funding pathways or evaluation of prevention programs and initiatives – often delivered by local community organisations – impacted the level of important and value placed upon these kinds of activities.

Young refugees and those with a refugee-like experience are eligible for specialised support through the Program of Assistance for Survivors of Torture and Trauma (PASTT), funded by the Department of Health, Disability and Ageing. But access often relies upon referral from overextended Humanitarian Settlement Program (HSP) case managers (funded by the Department of Home Affairs).(34-36) Those not connected with the HSP, but who are still eligible may be unaware of these services.(54) Additionally, some young people have reported that these services focus only on one aspect of their identity, highlighting the need for collaboration between services to ensure holistic care is provided.

Youth Hubs were piloted between 2020 and 2022 to provide youth-specific settlement services, as well as co-located foundational services, demonstrated the value of integrated, place-based models that respond to local community needs.(37) The Youth Hubs were not implemented beyond the pilot stage, due to identified duplication with the YTS services. Similar benefits are available through integrated service sites that offer multi-agency health and social support.

> *"Early intervention is so important – young people need access to basic needs, community and friends."*
>
> ***Li, Orygen Youth Advisor***

SPOTLIGHT ON

Your Community Health

Your Community Health is a non-for-profit community health provider based in Melbourne's northern suburbs. It offers a range of free or low-cost and co-located medical, dental, mental health, physical health and social support services, including community outreach and specialised services for diverse communities. Your Community Health also offers priority access to newly arrived refugees and asylum seekers.(41)

SPOTLIGHT ON

City West Hub

Based in Adelaide's CBD, the **City West Hub** provides an after-hours crisis service on Friday and Saturday nights. The City West Hub was established in 2011 and is delivered by Multicultural Youth South Australia. The service supports unaccompanied children and young people to "access culturally sensitive drop in, assessment and transport services".(42, 43)

Recommendation 2

Prioritise integrated, youth-friendly service hubs to improve access for multicultural young people.

Policy solution	Evidence and rationale	Outcome
PHNs identify local service hub options that build on existing services and support culturally responsive outreach workers to connect young people with health services. Establish and strengthen referral pathways between community-based social services and youth mental health services.	Multicultural young people experiencing mental ill-health often face intersecting challenges. Fragmented service and complex referral processes create barriers. Integrated, place-based models improve access, engagement and outcomes by coordinating health, mental health, and social supports. The development of community youth wellbeing hubs across Australia was recommended in sector-led advice to the Australian Government.	Young people can access mental health and practical support more quickly. Streamlined referral pathways reduce service disengagement and improve continuity of care. Improved coordination of services enhances mental health equity for multicultural young people.

Mechanism: Department of Health, Disability and Ageing

Multicultural young people with diverse migration pathways and experiences reported they were largely unaware of what support options were available, especially if they could not access specialised support upon arrival. The challenge of navigating fragmented services and eligibility requirements can mean people do not access available support. Multicultural young people told us receiving service navigation information upon arrival in Australia may have assisted them to have a more positive settlement experience. Smartphone technology offers an ideal platform to assist multicultural young people to find the right support, when and where they need it, in their preferred language.

Recommendation 3

Develop and maintain a service directory and navigation tool.

Policy solution	Evidence and rationale	Outcome
Develop a co-designed service navigation tool for young people and their families with multicultural communities to enable access to the complex and overlapping service system. Establish and maintain a service directory (including national and state government programs, PHN commissioned services, NGOs and community services) to underpin the navigation tool. This should be supported by emerging advanced technology (for example, AI-based matching) to ensure efficiency, currency, and suitability of suggested options.	Multicultural young people experiencing mental ill-health often face intersecting challenges. Fragmented provision of foundational support services and complex referral processes create barriers. Official NDIS provider registers and third-party platforms may offer models of similar data-driven options that could be scaled up to include different languages and visa categories.	Young people and their supporters can access a range of supports through one portal. A range of support services can be promoted in the community, with tailored guidance for young people.

Mechanism: Department of Home Affairs

Visa status

Immigration criteria can make it harder for some multicultural young people to access to mental health support, contributing to increased distress. Some visa conditions restrict access to publicly funded mental health care, leading some young migrants to mistakenly believe they are ineligible for support. It can also impact help-seeking behaviour with some young migrants concerned that disclosing mental ill-health, or attributing psychological distress to cultural pressures, could result in the deportation of themselves or members of their families.(15, 44) The precarity associated with temporary visa status can be an additional source of stress and insecurity.(44, 45) The visa application process can also be stressful for young migrants who have undertaken administrative responsibilities for relatives with low or no English-language proficiency.(16)

SERVICE CONNECTIONS TO SUPPORT HELP-SEEKING AND MAINTAINING ACCESS

In addition to the common issues and experiences that can impact some multicultural young people's mental health help-seeking, a range of structural, systemic, service and workforce barriers and gaps impede their ability to engage with, and motivation to maintain, consistent mental health support. Service fragmentation and siloing mental health care contribute to these barriers. Young people report that services often focus on clinical symptoms, overlooking broader social and cultural stressors.(46)

Building and maintaining connections between mainstream mental health services and community-led organisations is integral to addressing access barriers and enabling ongoing mental health care for multicultural young people. Improving mental health literacy and system accessibility would help raise awareness of local support options, particularly for those who are newly-arrived or have low English language proficiency.(15, 16) Individual mental health professionals and practices also have a significant role to play in ensuring their services are inclusive and supportive.(16)

Strengthening mental health sector engagement with communities and improving mental health literacy

The delivery of flexible, community-specific and regionally contextualised mental health literacy initiatives is more likely to succeed when service providers have established relationships with local multicultural groups and community-led organisations.(5, 45) Multicultural young people expressed strong support for employing community members to deliver mental health messages and to connect them with the mental health system. There is also strong evidence of the benefits of engaging a bicultural workforce.(47)

By actively building partnerships with multicultural communities and leaders, mental health service providers can raise awareness of support options and establish clearer pathways to care for local young people. Existing cross-sector relationships also help community leaders to mobilise support more quickly when unexpected issues arise, for example, when distressing events occur in a migrant group's place of origin, or if a local community is impacted by suicide. Investing time in building strong partnerships with communities is especially important for young people with refugee experiences who may lack trust in government systems or authorities.(5, 48)

Government investment is critical in the ongoing facilitation of local multicultural mental health networks to maintain outreach and engagement between community-led organisations, commissioning bodies, mental health service providers, and other professions who work with multicultural young people. Established multicultural advocacy organisations that are trusted by local and regional community groups are best placed to manage these processes in partnership with communities.(6)

"Get to know the young people before you deliver mental health education."

Adriel, Orygen Youth Advisory Council and CMY Reverb 2.0 Youth Facilitator

Recommendation 4

Facilitate and support local multicultural service networks within and across PHNs.

Policy solution	Evidence and rationale	Outcome
PHNs should ensure consistent support and resourcing for the development or maintenance of local multicultural service networks (comparable to communities of practice). This may involve formalising existing groups or establishing new groups where gaps exist to enable ongoing collaboration between professionals across health, education, youth, multicultural affairs, and community sectors.	Cross-sector professionals often work in isolation, leading to fragmented care pathways and missed opportunities to coordinate responses to issues impacting multicultural young people in their local networks. Trusted community networks are critical to bridging the gap between multicultural communities and the mental health sector. There are many examples of such networks already successfully supporting their local communities. However, they are inconsistently resourced and often driven by individuals and small organisations.	Multicultural young people benefit from a stronger local safety net and more coordinated support. Local teams working with multicultural young people are better equipped to provide wraparound care without having to work beyond their resources or outside their scope of practice.

Mechanism: Department of Health, Disability and Ageing; PHNs

Mental health literacy

Developing and delivering mental health literacy initiatives and resources with multicultural communities continues to be a critical enabler of mental health help-seeking. While multicultural young people may have greater awareness of mental health concepts than older generations, they often have low mental health literacy, including limited familiarity with terminology or recognising symptoms of mental ill-health. (15) Multicultural young people emphasised the significant influence of their parents and families in terms of both acknowledging mental health concerns and help-seeking. They demonstrated awareness and understanding of their parents' limited familiarity with mental health concepts but expressed a strong desire for their parents to take an active, supportive role in help-seeking, rather than having to navigate these processes independently. This requires upskilling workforces to confidently integrate family inclusive practices into care.(49)

> *"Educate parents to help them look after the mental health of their children. Parents need to be skilled in taking the first step – it shouldn't be the young person's responsibility."*
>
> ***Akif, Orygen Youth Advisory Council***

Investing in community-led and co-designed mental health literacy initiatives can support help-seeking among young people not engaged with mainstream mental health care. Multicultural young people also expressed strong support for employing community members to deliver mental health messages and to connect them with the mental health system.

Mental health literacy initiatives can help reduce stigma and support young people to recognise when emerging or mild symptoms may be related to their mental health.(2, 15, 16) This is especially important for those who have migrated from places where clinical mental health care is associated with very severe symptoms. Multicultural organisations consulted for this report noted that integrating mental health education into broader health education or community programs (e.g., school-based incursions, or health workshops through faith or sports groups) can help normalise these concepts. Community groups can empower community members to play a bridging role between multicultural communities and the mental health system.

SPOTLIGHT ON

South Sudanese Minds

The Australian Centre for Social Innovation partnered with South Sudanese Australian communities to support the mental health of young South Sudanese people living in Melbourne. The resultant **South Sudanese Minds** project included the appointment of young Community Connectors who worked with their peers to develop a variety of initiatives in response to challenges negatively impacting the community, including an increased number of deaths by suicide. The community selected three of these initiatives for implementation.(50) Young people also led this process, including the delivery of "a culturally safe and informal mental health training" program to equip both young people and their parents to help support community members experiencing mental health challenges.(51)

SPOTLIGHT ON

Karakan

Operating south-east of Brisbane, **Karakan** is a community-based mental health organisation that centres its services around "inclusion, connection and resilience."(52) Through its Multicultural Youth Support Navigator Service, and regular community events, Karakan actively engages with local community leaders and organisations to facilitate mental health literacy and provide opportunities for young people to connect with mainstream mental health supports.(53)

SPOTLIGHT ON

Community Support Groups

The **Community Support Group** (CSG) model "is a coordinated, community-led approach to enhance youth and community engagement and to respond to local community issues and needs".(54) The Victorian Government currently funds seven CSGs: Jamma, the Northern CSG, Himilo, The Huddle, Komak, and Junubi Wyndham.

As the auspice organisation to Jamma, two South Sudanese CSGs in Melton and Dandenong (Victoria), CMY supports community representatives – including young people – to deliver a range of initiatives aimed at improving community engagement and responding to local issues.(54, 55) Many Jamma programs and initiatives are also designed to celebrate South Sudanese culture and provide positive platforms for voices that are not always prioritised in broader public discourse. Examples include a weekly community radio show, local cultural events and festivals, mentorships, and skills workshops. (54, 56, 57)

Recommendation 5

Improve service connections through community engagement.

Policy solution	Evidence and rationale	Outcome
Fund community engagement activities through PHNs to improve health services connections with multicultural communities as an enabler of service access and family inclusion.	Multicultural young people value family involvement in mental health and wellbeing support and treatment highly. Family stigma and cultural barriers can negatively impact help-seeking, especially in collectivist communities. Community-based engagement and advocacy programs foster trust, normalise conversations, and bridge gaps between services and families, ensuring culturally safe and inclusive support.	Enhanced family and community engagement will increase help-seeking behaviours, reduce stigma, and improve mental health literacy. Young people will feel supported by both family and community, leading to better engagement with services and improved mental health outcomes across diverse cultural groups.

Mechanism: Department of Health, Disability and Ageing

Recommendation 6

Expand mental health community connector training programs.

Policy solution	Evidence and rationale	Outcome
Provide funding to expand proven mental health community connector training through multicultural groups and local community-led organisations. PHNs inform a level of need analysis and administer program funding.	Many adults working with young people in multicultural community organisations do not have the skills or tools to identify mental health concerns or support young people to seek help. Mental health community connector training, and culturally safe referral pathways can reduce stigma, facilitate help-seeking and improve access to ongoing support.	Supports PHNs to build community engagement with mental health services. Multicultural young people are informed about options for mental health care. Improved engagement and trust between communities and services.

Mechanism: Department of Health, Disability and Ageing; PHNs; multicultural groups and community-led organisations.

CULTIVATING A CULTURALLY RESPONSIVE MENTAL HEALTH SYSTEM

Building trust, understanding and respect between mental health practitioners and service-users is essential to facilitating ongoing engagement with multicultural young people and their communities.(5, 15, 45) Culturally responsive and inclusive practice acknowledges and addresses a young person's concerns about confidentiality, diverse conceptual beliefs about wellbeing, and the specific needs of refugee and migrant young people in relation to settlement issues. It also requires ongoing development of cultural responsiveness and commitment to building genuine trust with young people, their families, and their wider communities.(5, 14-16, 21, 45)

Addressing system gaps and access barriers

Depending upon their situational experience or visa status, multicultural young people living in Australia may access mental health support through multiple government or privately funded channels. Service barriers such as wait lists, inflexible appointment hours and strict cancellation policies present significant barriers for refugees and recent arrivals who may also be dealing with trauma, family separation, and the impacts of racism and displacement.(5)

Limited flexibility in service delivery disproportionately impacts multicultural young people, particularly those with poor mental health literacy or limited English proficiency, who may face barriers with communicating their needs within standard appointment times.(5) Introducing longer appointments as standard for young people who have identified they do not speak English at home or are using an interpreter, and normalising feedback mechanisms available in multiple languages with clear guidance on consent and anonymity could also improve communication, trust and engagement, helping services to respond to the complex realities of multicultural young people.(58)

Communication and language barriers

Inadequate support for non-English speakers is a major access barrier to mental health support for multicultural young people and their families.(14, 15, 36, 45) Although the Australian Charter of Healthcare Rights affirms the right to communication support, access to interpreters and bicultural staff remains limited, especially outside hospital settings.(15, 59-61) Underinvestment contributes to misunderstandings and disengagement.(2) Young people born in non-English speaking countries told us they had difficulty describing mental health symptoms, and understanding inconsistent practitioner diagnoses and advice.(12, 59) Some young people also worry their confidential information will be shared with family or community members, further reducing engagement.(5, 15, 45)

"Language is a major barrier. Some mental health concepts aren't even translatable in other languages. It impacts every single interaction."

Toby, Orygen Youth Advisor

Privacy and confidentiality

For some multicultural young people, engagement with mental health support is impacted by cultural expectations of family privacy and keeping personal problems 'in-house'.(15, 16) In some cultural groups, this relates to the stigmatisation of mental ill-health. Young people may be hesitant to seek help because they worry about bringing shame to their family.(15, 21, 45) Connected to this concern about privacy is a distrust in the confidentiality of their mental health care. This can be exacerbated when members of their own communities are involved in the support process as interpreters or bicultural workers.(5, 45) Mental health service providers need to be cognisant of these concerns when working with multicultural young people. It is best practice for practitioners to promote and discuss confidentiality preferences and obligations during their initial consultations with multicultural young people and to actively seek their preferences around the roles of their family or other community members such faith leaders or elders.(5)

Understanding the specific needs of refugees and new migrants

A range of additional settlement pressures are also faced by refugees and recently arrived migrants. The associated disruption and adjustment can contribute to poorer mental health outcomes and impact their ability to access support.(21, 44, 59, 62) Consultative research with multicultural communities emphasised the need for mental health providers to better understand refugee experiences, and to establish processes to identify specific social exclusion factors impacting young refugees and migrants.(62)

Specialised services

Multicultural young people living in Australia on humanitarian or temporary visas may require support from multiple systems. While young refugees can access ongoing specialised support though PASTT, they often face long wait times; and, because PASTT sits outside the mainstream models of care, some refugees incorrectly assume they are ineligible for general mental health support.(15, 36)

Temporary visas

PASTT is available to anyone with a refugee-like experience but migrants not connected with the HSP are often unaware they can access these services.(63) Temporary visa holders, such as international students or Pacific Australia Labour Mobility participants, must meet specific visa conditions and may avoid seeking mental health support in case it impacts their visa status.(15, 64) Many are also ineligible for Medicare, adding financial barriers that limit access to mental health support.(65) Service providers told us international students faced further challenges navigating the overseas student health cover system.

Understanding of trauma-informed practice

Despite being best practice, trauma-informed care is inconsistently applied. Multicultural young people are affected when professionals lack training in culturally-inclusive trauma responses.(66) Without this knowledge, mental health practitioners may misinterpret or overlook indicators of trauma. Embedding culturally responsive, trauma-informed approaches in policies, training, and organisational culture is essential, alongside funding for ongoing professional development for all frontline staff.(2, 16)

Enhancing cultural responsiveness and safety

Developing a culturally responsive and safe workforce is essential for mental health equity. Multicultural young people are more likely to engage with care when services are culturally inclusive. This includes learning and engaging with multicultural young people's diverse ideas about wellbeing and creating safe and welcoming spaces that respect their diverse ways of feeling, thinking and behaving. It also requires services and practitioners to actively build trust and understanding, and challenge systemic racism that can exist in mental health care.(15, 67, 68)

Building genuine trust

Developing genuine trust between mental health services and multicultural communities is key to encouraging help-seeking and sustained engagement with support.(5, 15, 16) Culturally responsive and safe practice underpins trust-building, recognising young people's intersecting identities, including religion, family, and historical context. One-on-one therapeutic settings can feel isolating and disempowering in these contexts. Regular, meaningful engagement demonstrates that a service provider is committed to building trust and genuinely cares about communities in their local area.(69) Multicultural young people emphasised that consistent outreach and communication help establish rapport with mental health services. This is particularly important for those from collectivist cultures where life challenges are often addressed within family or communities. (70) When multicultural young people are confident that their individual experiences and needs will be validated and understood, they are more likely to engage with support.(5, 16, 68)

Personalisation of mental health support

Multicultural young people are not a homogenous group and have highly diverse understandings, expectations and support needs. While some multicultural young people would prefer to engage with community-led or culturally tailored mental health care, others are satisfied with accessing support through the mainstream mental health system. It is critical that each individual's personal preferences are identified and considered from the outset of support to ensure their needs are met.(15)

To facilitate ongoing engagement, effort should be made to increase the alignment of therapeutic practices with multicultural young people's needs and experiences.(15, 16) Young people emphasised that culturally responsive and inclusive practice begins with not making assumptions based on cultural, linguistic, racial or ethnic background.

> *"... the practitioner advised her to simply cut off contact with her family and live independently. There was a lack of acknowledgement of her cultural identity, religion, or the role family and community plays in her sense of self and wellbeing."*
>
> ***Anonymous, CMY Youth Advocate***

Strength-based approaches that centre around lived experiences, sense of cultural identity, and personal narratives are key to ongoing engagement. (5) This is important for both Australian-born multicultural young people, who often navigate competing cultural expectations, and newly-arrived migrants who may be unfamiliar with Western mental health practices.(15, 16) Ongoing engagement is supported when practitioners regularly check in with young people to ensure their evolving needs, expectations and perspectives are reflected in mental health care.(15)

SPOTLIGHT ON

Pola Practice

Pola Practice is a private mental health and wellbeing practice that offers a range of therapeutic services including psychology, counselling, social work, art therapy, family therapy and mental health nursing. Pola Practice provides a model of a clinical mental health service that centres its therapeutic approaches around culturally responsive and inclusive practice. It actively communicates the diverse backgrounds and lived experiences of its team and promotes its commitment to supporting marginalised communities.(79) It is important to acknowledge private services are not accessible to all multicultural young people.

Embracing alternative models of care

While Western models of mental health care can be a barrier to multicultural young people's ongoing engagement with support, alternative approaches can enable it.(44) By offering a variety of therapeutic options, such as activity-based, creative and group practices, and addressing the young person's wider social, cultural, and spiritual needs, service providers can also reduce disengagement.(15, 61, 71)

SPOTLIGHT ON

Talk to a Queer Imam

Sydney Queer Muslims' **Talk to a Queer Imam** counselling service enables LQBTQIA+ people with Muslim backgrounds to access online video counselling with an Islamic scholar. The free service aims to support those "struggling with their faith and orientation". (72) Sydney Queer Muslims also offers social work services and support groups, as well as resources for people managing dual identities.

SPOTLIGHT ON

Le Mana Pasifika

CMY's **Le Mana Pasifika** program offers cultural support to Māori and Pasifika young people across Victoria. The Le Mana bicultural team works with schools and workplaces to build cultural responsiveness and community engagement, as well as young people and their families to improve wellbeing through mentorships, study support, creative cultural expression and community sports and activities.(73)

SPOTLIGHT ON

Helping Hands

Launched in 2022, **Helping Hands** is a "peer-led mental health support program for Muslim youth in Melbourne".(74) Intended for Muslim young people aged 18-24 years, Helping Hands is delivered across five Melbourne locations, with a focus on university campuses. The peer-led program aims to improve mental health help-seeking and service engagement by connecting Help Seekers with Help Givers – young Muslim volunteers who are trained to facilitate supportive conversations about mental health.(74)

Putting cultural responsiveness into practice

Mental health care in Australia is typically grounded in Western clinical models, which can clash with the lived experiences and help-seeking behaviours of multicultural young people.(75) This mismatch can discourage ongoing engagement, especially when practitioners overlook key cultural factors such as the role of faith and family in shaping a young person's identity and emotional expression.(5, 76) For example, young people from Muslim communities reported deeply sensitive issues and experiences were dismissed as routine, which made the young people feel misunderstood. Culturally competent care requires practitioners to demonstrate a willingness to learn from communities and understand differing values and concepts of wellbeing.(66) To build this capacity, all frontline and administrative staff working in public health and mental health settings should complete regular cultural responsive practice and anti-racism training to better respond to multicultural young people's multifaceted needs.(77, 78)

Recommendation 7

Deliver culturally responsive training across publicly funded health and mental health services.

Policy solution	Evidence and rationale	Outcome
PHNs should partner with and fund local multicultural organisations or community groups to deliver a calendar of cultural responsiveness and safety training, to staff working in publicly funded health and mental health services who work with young people. Clear accountability measures such as monitoring participation, evaluating outcomes, and reporting progress should be built into this process to ensure effectiveness.	Staff in some health and mental health services often lack structured, ongoing training in cultural responsiveness and anti-racism. Without this training, staff may unknowingly contribute to culturally unsafe environments that deter multicultural young people from seeking or maintaining mental health care. The PHN Multicultural Health Framework provides direction for workforce training.	Supports implementation of recommendations made in the National Anti-Racism Framework. Service providers are better equipped to deliver equitable, inclusive care and uphold their legal and ethical responsibilities around discrimination and access. PHNs support cross sector engagement professionals who support multicultural young people.

Mechanism: Department of Health, Disability and Ageing, PHNs

A lack of cultural responsiveness can prevent multicultural young people accessing or maintaining mental health support. Conversely, delivering culturally responsive and safe practices facilitates ongoing care relationships.(15) Several tools and frameworks are available to support public mental health services, private practices, and individual practitioners to develop skills and knowledge to provide culturally competent mental health practices. Examples include the Embrace Framework for Mental Health in Multicultural Australia,(80) the PHN Multicultural Health Framework,(81) and the Good Practice Framework for Designing Mental Health Services for Young People from Migrant and Refugee Backgrounds.(68, 82) Evaluation of the Embrace Framework found that while it is an effective guide for inclusive mental health practice, uptake of the resource was low as a result of limited training and implementation resources.(83)

SPOTLIGHT ON

headspace National

Established in 2022, **headspace National**'s Multicultural Practice Team works to strengthen culturally responsive approaches across the headspace network. The team provides practice advice, cultural capability training and resources for the headspace network, supporting services to better meet the needs of young people and family from multicultural backgrounds. As part of its work the team has partnered externally. For example:

- with CMY the Reverb 2.0 program expands on a successful place-based pilot from 2021 that built young people's capacity to lead change in mental health. This national model engages Youth Advocates, multicultural young people with lived experience navigating mental health, to co-deliver professional development workshops to headspace staff and wellbeing workshops to young people.
- with Embrace Multicultural Mental Health, the Embrace Framework is being piloted to embed inclusive practices, including structured reflection on cultural accessibility, revised induction processes, enhanced data collection, and proactive school engagement. Centres have also established working groups that include multicultural young people, ensuring lived experience directly informs service design.

Recommendation 8

Consider expansion of inclusive youth mental health practice programs and tools across national youth mental health service system.

Policy solution	Evidence and rationale	Outcome
Evaluate headspace National adoption of inclusive practice measures and consider options for expanding across the national youth mental health service system.	Many youth mental health centres lack the resources, partnerships and practical support to designate dedicated responsibility within their workforce structure to embed inclusive practice with multicultural young people into service delivery. Reverb 2.0 professional development workshops and the Embrace Framework for inclusive practice are examples of measures being adopted by headspace National to build understanding of effectively engaging multicultural young people in mental health care. While engagement has been positive, to date uptake across services has been inconsistent.	Culturally responsive, trauma-informed care is embedded in youth mental health services, improving quality of care and outcomes for multicultural young people.

Mechanism: Department of Health, Disability and Ageing

Many psychologists, especially early-career practitioners, feel underprepared for working with multicultural clients.(84) Upcoming changes to the Australian Health Practitioner Regulation Agency's general registration professional competency requirements present an opportunity to ensure evidence-based and culturally-informed training is available to support all mental health practitioners to provide culturally responsive care.(85) Professional associations offer an alternative avenue for other mental health occupations to improve their cultural responsiveness skills.

Recommendation 9

Commission cultural responsiveness training co-designed with multicultural young people.

Policy solution	Evidence and rationale	Outcome
Commission AHPRA to develop mental health sector specific, co-designed and accredited cultural responsiveness training and supervision models specifically tailored to supporting multicultural young people. Department funding for the platforming and promotion of training modules by peak bodies.	Many practitioners report feeling underprepared to provide inclusive care without co-designed guidance. Many existing cultural responsiveness or competency training offered for mental health professionals is not tailored to the needs and experiences of multicultural young people. Reverb addresses this gap, with workshops for youth mental health practitioners co-designed and co-delivered with multicultural young people.	Mental health practitioners build capacity to deliver inclusive and culturally responsive care. Multicultural young people feel understood and supported, improving service engagement and retention.

Mechanism: Department of Health, Disability and Ageing; Australian Health Practitioner Regulation Agency; professional peak bodies

RESEARCH GAPS: IMPROVING DATA COLLECTION AND UTILISATION

Current Australian datasets do not enable detailed analysis of multicultural young people's mental health and wellbeing experiences and outcomes. While disaggregated data shows differences across CALD variables, these differences are often lost in aggregated data.(59) Reporting often focuses on just one issue (e.g., suicide and self-harm(86)) and may not distinguish between age groups.(87) As a result, the specific impacts of different variables on young people are unclear, limiting evidence-informed policy and funding decisions.

The term *Culturally and Linguistically Diverse* and the acronym CALD are utilised by large data collectors but nationally consistent definitions are not applied due to the absence of a governing set of standards.(88-92) The term can treat all migrants and culturally diverse Australian-born residents as a homogenous collective, concealing their heterogeneous needs and the barriers they face.(15, 93) Alternative terms, such as: culturally and racially marginalised; culturally, ethnically and linguistically Diverse; black, indigenous and people of colour (bipoc); and visible minorities aim to promote more inclusion and to embrace intersectionality often still do not capture lived experience adequately.(94-96) Deficit language used in some of these terms can also reinforce 'othering' of multicultural people.

Recommendation 10

Review national standards for data collection on cultural and language diversity.

Policy solution	Evidence and rationale	Outcome
Review the standards and definitions used to collect all necessary information for consistent measurement of cultural and language diversity in Australia. These standards should reflect the diverse cultures and intersectional experiences of multicultural people. Include adherence to the standard in federally funded data collection and policies.	Data, including ABS collected information, standards and variables, are used to measure multicultural young people's mental health outcomes, informing policy interventions, service design and program funding. Understanding how well these data, standards and variables understand and accurately reflect multicultural young people's experience is therefore vital to improving outcomes. Inconsistent data collection and coding practices result in unreliable comparisons and limit the ability to track outcomes or design targeted interventions.	Datasets are better aligned, allowing for better tracking of mental health outcomes and stronger policy responses. Governments services and organisations have access to robust data that supports effective commissioning, evaluation, and community engagement.

Mechanism: Australian Bureau of Statistics

Inconsistent collection and reporting of CALD data creates gaps in the evidence used to inform policy decisions and allocate resources. This significantly impacts organisations that depend on publicly available aggregate data to assess need and evaluate program efficacy. Cross analysis of multiple datasets to explore intersectionality between health and psychosocial variables is often difficult or unrealistic.(93) While microdata platforms such as the Person Level Integrated Data Asset offer stronger insights, they are largely inaccessible to non-government organisations and community groups that support multicultural young people due to limited expertise and resources.(90)

Accurate, disaggregated and accessible data is essential for improving mental health outcomes for multicultural young people. By regularly updating national data standards, ensuring consistent collection and coding of cultural and language diversity variables, and – where privacy protections and sample sizes allow – increasing access to group-level datasets, services and policymakers can develop evidence-based, inclusive programs and meet local community needs.

Recommendation 11

Increase public access to group-level data.

Policy solution	Evidence and rationale	Outcome
Increase public access to group-level data (where privacy protections and sample sizes allow) through interactive and user-friendly data dashboards, enabling services to explore demographic and mental health trends at a local level.	Community organisations and service providers often lack the capacity or access required to interpret complex national datasets. With almost one in two young Australians (48%) born overseas or with a parent born overseas, understanding sub-groups within the broader multicultural youth cohort is imperative to policy development, service design and program funding.	Organisations and local services are better equipped to develop targeted, culturally responsive mental health support programs and initiatives for multicultural young people and assess their efficacy.

Mechanism: Department of Health, Disability and Ageing

APPENDIX

Reverb 2.0: Amplifying multicultural young people's voices

Reverb emerged in 2018 when CMY's Youth Advisory Group (YAG) identified mental health as a critical priority for multicultural young people. Recognising the stigma surrounding mental health in some multicultural communities, as well as the barriers young people face when accessing support, the YAG envisioned a youth-led program that would address these challenges through lived experience and peer education.

In response to this youth-identified need, CMY developed Reverb as a co-designed initiative to amplify multicultural young people's voices, reduce stigma, encourage help-seeking behaviours and improve mental health service provision. The program responds directly to the higher risk of mental illness in culturally diverse communities and the significant underrepresentation of multicultural young people in mental health services.

Reverb 2.0 addresses critical gaps in mental health support for multicultural young people by building mental health literacy within communities, partnering with young people to inform culturally tailored responses, and strengthening cultural responsiveness across youth mental health services. These interventions centre lived experience and the underrepresented voices of multicultural youth in the mental health service system, allowing young people to reauthor narratives towards multicultural communities to inform more effective, responsive services and practice.

2019–2020: Foundation and launch

With founding support from the Gandel Foundation, Reverb launched as an innovative prevention and early intervention mental health initiative. In 2020, CMY recruited and trained 17 youth facilitators from multicultural backgrounds who began facilitating workshops for young people and mental health sector professionals, sharing lived experiences to encourage better mental health outcomes.

2021–2023: Growth and impact

Building momentum, Reverb youth facilitators delivered 11 workshops reaching approximately 200 young people, and three workshops for 25 mental health service providers in 2021. Program evaluation identified significant impacts and benefits, demonstrating the effectiveness of youth-led, culturally grounded approaches to mental health education and service improvement.

2024–present: Reverb 2.0 partnership

In 2024, renewed investment from the Gandel Foundation enabled the establishment of Reverb 2.0, an expanded partnership between CMY, young multicultural people and headspace National. Ten Youth Advocates were recruited and completed a comprehensive 15-week training and co-design process, developing two distinct workshop streams with accompanying toolkits: three workshops for secondary school students addressing stigma and promoting help-seeking, and three workshops for mental health service providers to increase cultural responsiveness. In 2025, Reverb 2.0 reached over 170 staff across 20 headspace centres in Victoria and New South Wales, expanding nationally in July 2025 to train headspace staff across Australia.

Approach

Reverb 2.0 is a partnership model that embeds multicultural lived experience at every stage, from program design through to delivery, ensuring authentic, relevant and impactful responses to the mental health needs of multicultural young people. Reverb 2.0 continues to build on the program's strong foundation of youth leadership, community partnership and evidence-based practice.

Reverb 2.0 addresses barriers to mental health access and support facing multicultural young people through two interconnected components:

Professional development workshops are delivered to headspace centres nationally to develop staff understanding of effectively engaging multicultural young people in mental health care. Through three interconnected sessions, staff explore how mental health is perceived across diverse communities, unpack systemic barriers young people face, and build capabilities to respond effectively. Staff engage in critical reflection on power, privilege and unconscious bias, grounded in real stories and local insights from multicultural young people.

A schools program with three 55-minute sessions for students in Years 8 to 10, facilitated by Reverb 2.0 Youth Advocates, young people with lived experience navigating mental health challenges in multicultural contexts. Workshops help students understand the link between mental health and cultural identity, build confidence, challenge stigma, and learn practical ways to access support services.

Placing multicultural Reverb 2.0 Youth Advocates at the centre of program design and delivery gives them a platform to inspire school students through peer-to-peer learning and break down barriers to mental health service utilisation.

Impact

Reverb 2.0 has reached over 300 participants, including youth facilitators, youth participants, school staff and mental health providers. Evidence demonstrates the program has:

- increased capacity of young people to lead change, building knowledge and facilitation skills of Youth Advocates who now deliver program content
- normalised experiences of mental ill-health for both Youth Advocates and participants through workshop discussions and storytelling
- increased knowledge of mental health and wellbeing, help-seeking behaviours and available services among culturally diverse young people
- built cultural responsiveness in mental health services, with emerging evidence of increased capacity among headspace centres to effectively engage culturally diverse young people, though evidence remains preliminary given sample size.

Four key pillars of success

Co-design: Dedicated time and strategic process supporting strong engagement and partnership between young people and CMY ensures authenticity and relevance. The co-design process is supported by professional experts from CMY and headspace National that allows Youth Advocates access to professional and clinical expertise and knowledge to inform decision making, support a sense of confidence and safety, and mentoring to develop and refine skills, supporting continuous development alongside genuine co-design.

Youth-led delivery: Facilitation by multicultural young people with lived experience of mental health challenges is essential to engaging participants, normalising conversations and ensuring content resonates with culturally diverse audiences.

Focused capacity building: Comprehensive supports provided to Youth Advocates recruited and remunerated as staff enables successful delivery of program activities, valuing of their unique contributions and development of their leadership skills and pathways beyond the program.

Targeted objectives: The program's unique approach addresses specific service gaps by centring culturally diverse youth perspectives, driving uptake and engagement across schools and mental health services.

Next steps

1. **Expand Reverb 2.0 to additional jurisdictions, schools, and youth mental health providers:** Reverb 2.0 presents a proven model ready for scale. Its evidence-based approach has demonstrated impact and expansion of the program will deliver this impact for more young Australians.
2. **Develop and deliver Reverb 2.0 tailored community packages:** Multicultural communities and families are essential partners in building mental health awareness and culturally responsive service provision. Tailoring support to drive their meaningful engagement would involve identifying and empowering community leaders and everyday members as wellbeing champions; equipping parents and carers with skills to navigate mental wellbeing conversations with their young people; and facilitating community wellbeing dinners that bring together families and community members.
3. **Co-design and launch a comprehensive Reverb 2.0 digital training resource:** Relevant, youth-informed training materials and resources are needed to equip mental health clinicians and staff with foundational cultural responsiveness skills for working with multicultural young people. Delivered through learning management systems and CMY training platforms, this sustainable resource would provide mental health practitioners across Australia with accessible, ongoing training to extend impact well beyond initial program implementation.

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