Culture, young people and mental health

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There are a plethora of stories about specific ethnic groups of youth being involved with drugs, gang warfare and territoriality. It would appear that labelling and stereotyping are now firmly back on the agenda in Australian society. References have been noted in both the media and in research regarding the importation of urban warfare into Australian society (Cuneen, 1995). There is a perception, whether real or imagined, that the peaceful way of life associated with a mythic Australian past is under threat (Horne, 1965). Using a systemic approach (Beckhard & Harris, 1977), we discuss how mental health services can play a significant part, along with other components of the system, to ease this moral panic.

Development of the Project

Migration experience has a relationship to the psycho-social adjustment of young people. There are qualifications to this premise which relate to ethnic identity, parental activities and family structure, the process of resettlement, the possible presence of post-traumatic stress disorder (PTSD), and time spent in readjusting to what may be a hostile host environment. Young people from a non-English speaking background (NESB) may also experience racism and discrimination, which in turn may threaten their personal and cultural identity. The situation is complicated by the culture of origin, English language acquisition skills, issues of gender, religion, educational attainment and socio-economic status in the country of origin and possible status deprivation in Australia. These factors may be further compounded by isolation and marginalisation (Bashir, 1993; Beiser et al., 1988; Kahn & Fua, 1995).

The literature on young people indicates that if families are not supported by the society into which they have migrated, then young people may suffer emotional and related disorders later in life (Beiser et al., 1988). Young people become involved in the stresses and strains of the migration and settlement process of their families. They often become the key brokers in the resettlement and acculturation processes of their families, which in turn may contribute to family disharmony and a perceived lack of parental status, as there is, in effect, a role reversal. These issues may contribute to or exacerbate existing mental health problems in young people.
Despite the above findings there is a dearth of information on strategies required for young people of NESB who present with mental illness. Due to this gap, the New South Wales Transcultural Mental Health Centre, supported by the Centre for Mental Health (New South Wales Health), inaugurated a project to develop a range of support strategies for young people of NESB with mental disorders. The project also investigated strategies that could be developed that would improve mental health service delivery for this under-researched and under-resourced group.

This chapter, which evolved from a review of existing research and from a three-day forum held in 1998, aims to contribute to the ongoing development of mental health services for young people of NESB. The forum encouraged discussion between professionals, young people and their families on issues relating to the mental health of young people of NESB. The exchange of ideas and experiences contributed to the formation of future strategies for young people of NESB. It also explored good practice models for addressing the additional needs that some young people of NESB face as a result of culture and language barriers.

**Characteristics of Young People of NESB**

Young people of NESB are diverse in terms of culture, language, levels of English skills, age and developmental stages, time spent in Australia, education attainment, religion, family constitution and exposure to traumatic experiences. This project focused on young people of NESB aged 12 to 24 years, and included:

- recently arrived migrants;
- recently arrived refugees;
- those who arrived at a young age but who have been educated here;
- those who were born in Australia to migrant or refugee parents;
- unattached young refugees; and
- refugees who have lived in rural and remote communities in their country of origin.

**Factors that Impact on the Mental Health of Young People of NESB**

All young people undergo changing roles, tasks and expectations as they traverse adolescence and young adulthood, and these changes are easier to negotiate if one is a member of the dominant culture. For example, transition from adolescence to adulthood may be legitimated by a rite of passage, but for young people of NESB, the transitions are often troublesome because they may not be able to engage in a rite of passage that is legitimated by the dominant culture. Normal transitions may be disrupted by a predisposition to mental disorders precipitated by stressful life experiences and re-traumatisation, a family history of mental illness, and 'normal' risk-taking behaviour in young people (Kosky et al., 1992; Saigh, 1985).
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Research into the mental health of young people in NESB immigrant families has found intergenerational conflict to be an important issue (Klimidis & Minas, 1995; Morrisey et al., 1991). Young people of NESB often experience conflict over the individualistic values of modern Australian society and the more traditional values of their parents. The conflict that can arise as a result of differences in the acculturation processes of young people and their parents may have a negative impact on communication and family functioning. Another consistent finding in the literature relates to gender differences in conflicts of values between parents and children, indicating that perceived sex role behaviours may be an important factor in intergenerational conflict (Rosenthal, 1984).

Exposure to traumatic events in the country of origin may increase the difficulties which young people of NESB experience in the resettlement process (Sack et al., 1986). In addition, unattached young refugees may be more at risk of mental health problems than young people who come as members of an intact family.

A Report from the Forum

The forum focused on the following key areas: the relationship between culture and the mental health of young people of NESB; the experience of migrating or coming as a refugee during childhood or adolescent years, and the over-representation of some NESB communities in the juvenile justice system. Early intervention techniques and strategies with relation to mental health for young people of NESB were also considered.

Two main themes recurred throughout the forum. The first was that health-care professionals and other professionals working with young people of NESB are not sufficiently transculturally sensitised in their training. The second theme noted the inadequate communication between systems with relation to young people, which is exacerbated when the question of cross-cultural appropriateness also requires consideration.

Participants of the forum highlighted five areas of concern. They included:

i) The resettlement process
Presenters reported that they were concerned with the reasons why young people sometimes fell through the gaps in health, education and welfare provision during the resettlement process. The main areas of concern were problems related to the acculturation process, racism and discrimination. Racism and discrimination is a broad community issue which can impact on the mental health of young people of NESB. Racism, cultural insensitivity and a lack of support for cultural diversity, as well as the labelling of young people on the basis of colour, religion or race may be contributors to depression in young people. Programs need to address the impact of
racism on young people and its relationship to depressive symptomatology within high-risk groups.

Self-esteem, as well as extrinsic stressors, impacts on the mental health and wellbeing of young people of NESB. Factors which influence the ability of new arrivals to adapt and fully participate in Australian life include English skills, migrant category, socio-economic status, educational attainment, gender, age of arrival, and the level of support and infrastructure available in Australia.

Factors which may have a detrimental impact on the resettlement process for young people of NESB include loss of support, loss of extended family and kinship networks, and the difficulties of finding a career path that equates with qualifications and life experiences. Young NESB people in families exposed to such stressors may experience mental health problems.

Furthermore, as a result of resettlement many young people become ‘parentified’; that is, they take on the roles and responsibilities of their parents and act as a conduit between their parents and the external world. This on its own is stressful for any young person and is amplified when language and cultural barriers are involved. The ‘parentified’ child may find difficulty in negotiating the natural boundaries of life-cycle development, and this may predispose the person to mental health problems which may not be immediately evident.

**ii) Young refugees**

The forum expressed the need for mental health service providers to learn how persecutory regimes demoralise and degrade some young people. One useful framework mentioned at the forum was the whole-of-life concept. Experiences of young refugees prior to arrival are poorly understood by practitioners who tend to focus on the medical and psychological aspects of the problem. Rather than focus upon the negative aspects of behaviour, professionals should become sensitised to the pervading sense of loss that often underlies deviant behaviour. Young refugees whose parents have endured torture and trauma may have been exposed to their parents’ horrific experiences. Other major issues of concern for young refugees include hyper-vigilance and personal safety, attachment and loss, identification and fear of authority and the need for debriefing.

**iii) English language ability**

The refugee experience, migration and resettlement in the majority of cases leads to an interruption in the young person’s education. Young people from NESB may find it difficult to communicate in English. Therefore, they are likely to have difficulties gaining an education, finding employment and socialising. This situation for refugees is further compounded by poor English skills and poor literacy skills in their language of origin. Some refugees have received no formal education whatsoever — for example, young unattached Vietnamese boys and, in more recent
times, 'the boy soldiers' from Uganda, Sierra Leone and Somalia. Many young people may experience feelings of anxiety and a sense of failure at school. Some may become withdrawn and depressed, whilst others may become increasingly frustrated and lash out with behavioural problems. Both groups may be drawn to the margins of school life.

One factor that emerged from the forum was that there was a nexus between poor academic performance for young people of NESB and the development of health and welfare problems including homelessness, juvenile delinquency and drug and alcohol abuse.

**iv) Juvenile justice**

Some ethnic minority groups are over-represented in the juvenile justice system. Once in the juvenile justice system the stressors impacting on young people are compounded by a limited command of English, difficulties communicating with staff, and often uncertainty as to why they are in the juvenile justice system. Therefore, they may be resistant to counselling and group work. Young people and their families may also experience shame and stigma. As a consequence young people may become alienated from their own communities, as well as from Australian society. Furthermore, this cycle of isolation and hopelessness often continues with difficulties in obtaining accommodation, further education and employment. One consequence of this may be a permanent underclass of marginalised young people.

**v) Early intervention for mental health disorders**

While young people from NESB have been treated by early intervention services, the forum indicated that they were not aware of any research in Australia that examined the relationship between culture, early psychosis and early intervention. Whilst national guidelines on mental health exist for key components of first episode psychosis treatments, they do not specifically incorporate approaches that take into account transcultural issues. The effectiveness of early intervention programs that target young people need to be examined in the context of a culturally diverse society. The forum emphasised the importance of early intervention services for young people of NESB.

**Strategies Proposed from the Forum**

Strategies proposed by the forum for the provision of optimal mental health services for young people of NESB were:

**i) Strategies to improve the resettlement process**

The forum concluded that mental health promotion interventions would be effective at the point of resettlement. A more flexible service delivery model
should be introduced, such as 'outreach' programs for those identified as at risk.

The forum argued that a systemic approach be employed to address issues of intergenerational conflict that result as a consequence of migration and resettlement. Such interventions would address areas of conflict for those young people who are in the process of rejecting their old culture and adopting elements of the host culture, with the aim of minimising family disharmony.

Young females of NESB were considered to be a group at risk of mental health problems due to the high reportage of conflict, stress and depression resulting from problematic relationships with their parents. Problem areas outlined by the forum included religion, attitudes to sexuality and marriage, and relationships with other groups within Australian society, as well as a conflict of values concerning young females and the role of patriarchy in their lives. One recommended strategy was the introduction of education programs in schools promoting positive mental health and wellbeing, aimed at parents and boys and girls.

A further recommendation was for transcultural mental health education to be incorporated into undergraduate and postgraduate training for mental health professionals. In addition, the forum emphasised the need for ongoing professional development for both clinicians and teachers on transcultural mental health issues.

**ii) Strategies to enhance the mental health of young refugees**

Young people who have been exposed to such atrocities as war, torture and starvation are not necessarily resilient and adaptable. Some of them relive these nightmares regularly. Future strategies need to reflect and systematically document what has been learnt from the national and international literature in relation to early intervention initiatives with young refugees. Young people who have experienced torture and trauma have been shown to experience both short-term and long-term mental health consequences as a result of their traumatic experiences. Studies with young refugees indicate that, over time, they continue to experience stress related to the refugee experience and the resettlement process. Such stress may affect their mental health adversely, either immediately or subsequently. Young people who have been exposed to the traumatic experiences of war may show high levels of adaptive behaviour initially after resettlement (Weine et al., 1995). However, this adaptive behaviour may mask symptoms of PTSD and depression in the short term — a finding pertinent to early intervention strategies developed for this population.

The forum also highlighted that further training is required for the majority of mental health professionals in the treatment of young people who have PTSD. It was felt that a constellation of other symptoms and behaviours (for example, drug abuse, poor school performance and depression) may mask a diagnosis of PTSD. It was considered important for clinicians to recognise the characteristics of PTSD.
For example, clinicians may conclude that paranoia is the diagnosis rather than recognising a form of hyper-vigilance that has kept the young person alive in adverse circumstances.

The forum identified a group as being significantly at risk: the unattached young refugee. It concluded that these young people require further research so that appropriate strategies for their care and wellbeing can be implemented.

**iii) Strategies to support young migrants and refugees to learn English**

The main strategy promoted by the forum was the need for ongoing support and adequate funding for intensive English language classes in order to provide young migrants and refugees with better access to the mainstream culture. Without the acquisition of language skills, these young people remain marginalised, denied access to the means of acculturation and mobility.

**iv) Strategies to reduce the number of young people of NESB entering the juvenile justice system**

The forum indicated the need for further research to investigate the relationship between ethnicity, poor academic performance, unemployment, homelessness, drug abuse and risk-taking behaviour. As an interim measure, it was proposed that mental health promotion and preventive programs could be provided for communities with a high proportion of members under the age of 25. Also, school-based programs could be provided to support young people who wish to leave school before completing their secondary education. Young people of NESB who enter the juvenile justice system should receive culturally appropriate preventive programs aimed at minimising the rate of re-offending.

**v) Strategies for the development of culturally sensitive early intervention initiatives**

Participants agreed there is an association between trauma, the resettlement process and the incidence of mental illness which may occur immediately or at some later time. The lower utilisation of mental health services by communities of NESB (McDonald & Steel, 1997) may be an indication that young people of NESB are a high-risk group, unlikely to be engaged by early intervention strategies targeting the mainstream community. While young men and women from NESB are less inclined to use mental health services, the prevalence of mental health problems and disorders in these communities may not be less. Minas, Lambert, Kostov and Boranga (1996) listed the following reasons for this:

- lack of information about available services;
- reduced access to services due to language barriers and cultural barriers;
- a greater stigma attached to mental illness and the treatment of mental illness by some communities; and
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- in some cultures, individuals tend to somaticise their psychological problems.

The authors go on to suggest that the consequences of underuse and reduced access to appropriate treatment are:
- substantial numbers of people from NESB whose mental illnesses are unrecognised and untreated; and

Hence, there may be delays: in the identification of young people of NESB at risk; in the implementation of effective interventions; and in the instigation of a comprehensive treatment plan. The forum highlighted the need for research which focuses on service utilisation and the pathways to care for young people of NESB to address this gap in knowledge.

One of the main strategies the forum highlighted to counteract the underutilisation of mental health services by young people of NESB would be to develop cross-culturally sensitive and contextually appropriate psycho-education and peer support programs to be augmented by mental health promotion, prevention and early intervention services. To achieve this there is an obvious need to understand the context, as well as the risk factors, related to depression and other mental disorders which may occur in young people of NESB.

Such programs need to be developed and inaugurated in partnership with community representatives, consumers and carers of NESB, bicultural mental health professionals and the New South Wales Transcultural Mental Health Centre. These programs could address such factors as the impact of migration and resettlement, recognition of the early signs and symptoms of mental disorders, information about local mental health care facilities, as well as how to integrate Western and traditional models of health care into treatment. There is a clear need for 'relevant, accessible and culturally attuned' services (Bashir, 1993). Those who work with young people of NESB need to help them ‘negotiate a complex system’ (Bashir, 1993), to gain their trust and show that they respect the young person’s ethnicity and culture.

The above programs would require staff to be trained in transcultural mental health practice. The forum also advocated a training course on transcultural early intervention that would incorporate skills-based learning on transculturally sensitive and validated assessment tools which assist in the early identification of young people at risk of mental health problems.

Recommendations

It is recommended:

i. that tentative findings from the forum be followed up by empirical research;
ii. that research conducted with young people address the needs and issues of culturally diverse populations;

iii. that funding be made available to employ bicultural mental health workers to provide mental health promotion programs to young people from new emerging communities;

iv. that funding be made available to provide training in transcultural mental health to a range of professionals who work with young people;

v. that issues of gender within certain NESB communities be addressed at the research, policy and clinical levels;

vi. that active steps be made to integrate the various components of the health, education and welfare sectors that apply to young people of NESB;

vii. that the efficacy of mental health early intervention programs targeting young people be examined in the context of a culturally diverse society; and

viii. that mental health promotion and prevention programs for young people of NESB be introduced at the point of resettlement.

The success of Australia’s multicultural society depends partly on the well-being of young people. It is vital that our children and young people become accustomed to a diversity of languages and cultures. To assist in the process, the above strategies need to be carried out in multicultural, multisectoral and multidisciplinary systems. If young people of NESB are enabled to build a secure foundation in their own culture and language, as well as within the larger Australian society, they will feel more confident and more secure about their place in the world. This will inevitably contribute to overall wellbeing, as well as the nurturing of multiculturalism and a respect for the benefits of genuine diversity within our society.

References


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