Settlement, identity and self-esteem: Issues for youth of ethnic background

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This chapter explores the impact of settlement and cultural change on non-English speaking background (NESB) young people in relation to self-esteem and mental health.

Mental health is broadly defined here to include specific clinical diagnosis such as post-traumatic stress disorder, depression and self-harming and risk-taking behaviour, such as drug and alcohol misuse and suicide. The emphasis however, is on the more common feelings of low self-esteem and anxiety and their relation to welfare issues such as juvenile offending and homelessness.

Certain stressors and life events can put NESB young people at a high risk of developing mental health problems. The process of migration, particularly for refugee young people, can be difficult — both physically and emotionally. Settling into a new country is even more stressful due to having to learn a new language, adapt to a different culture, compete in the education and employment system, and sometimes deal with racism. For NESB young people, the turbulent adolescent years are further complicated by having to deal with issues of culture clash and cultural identity. Young offenders and homeless NESB young people suffering from mental health problems warrant special attention because they are unlikely to seek or receive help from appropriate services. Young people from ethnic minority groups and from rural and regional areas also face particular disadvantages and barriers.

These variables are not absolute: while they can, and do, correlate with mental health issues, many NESB young people are very resilient and able to positively adapt to a new country without experiencing any significant difficulties at all.

These issues have major implications for services in the prevention, detection and treatment of mental health problems. Emphasis will be given here to the issues affecting refugees, young offenders, homeless and rural NESB young people and the importance of services working with schools and parents.
Settlement, Cultural Change and Mental Health

Adolescence

The transition from childhood to adulthood can be a time of confusion and conflict as young people develop their identity and establish independence. It is also a time characterised by the importance of the peer group and the pressures of competing in the education and employment systems. Many significant changes and events occur between the ages of 12 and 15 years which have a major and lasting impact on the adult lives of young people.

Adolescence is also a time when mental health problems can arise as a result of stress, or where symptoms of an underlying clinical condition are first manifested. The high rate of teenage suicide is sad evidence that young people are particularly vulnerable and affected by mental health problems.

Culture

For NESB young people living in Australia, the transition from childhood to adulthood and the process of developing a sense of identity, is complicated by having to deal with cross-cultural conflict.

Aside from parental values and practices, culture is a powerful influence on identity and self-esteem. Culture shapes a person’s belief system, world view, and social, moral, and sexual behaviour. It influences such behaviours as how we greet others, and how we commemorate birth, death, and marriage. Culture determines what we regard as appropriate behaviour towards authority, appropriate gender roles, and so on. Cultures may clash when a person from one culture is exposed to another culture. What may seem perfectly normal, logical and right in one culture may be regarded as abnormal, offensive and even morally wrong to another. How a young person’s culture is perceived by others from another culture can have huge ramifications on their identity and self-esteem.

Cultural change (acculturation)

The process of settling into Australia is particularly stressful for many new migrant and refugee young people and their families. Not surprisingly, Williams and Westmeyer (1983) found that NESB young people suffering from a mental illness prior to migration, deteriorated after arrival. Factors such as the English language proficiency, migration category, and socio-economic status of the new arrivals, as well as the level of social support and services available within the host country, significantly determine the ability of new arrivals to adapt to and participate in Australian society.

Age also plays a key role in determining rate and extent of settlement. Children and young people are generally able to adapt more quickly, and to a greater degree than their parents, to a new way of life. This largely explains the intergenerational
conflict experienced by many NESB parents and young people. I will elaborate on this point later.

Berry (1990) outlines four different ways migrants can respond to cultural change or ‘acculturation’. These four responses can move along a continuum, shifting over time and circumstance:

- assimilation: wholesale adoption of the new culture and rejection of the old culture
- withdrawal: rejection of the new culture with preservation or even exaggeration of the old culture
- marginalisation: an abandonment of the new culture, or the rejection of or the inability to adopt the new culture
- integration or biculturalism: where the most important parts of the old culture are maintained and combined with the best parts adopted from the new culture, with the ability to benefit and function in both cultural contexts.

**How do levels of acculturation affect mental health?**

There is considerable research and debate on the link between migration, culture and mental health as outlined by Klimidis and Minas (1995). It is widely suggested that lower levels of adaptation, such as withdrawing from the new culture, are associated with higher risks of mental illness. This is based on the view that lower levels of cultural adjustment are caused by a range of negative factors, such as lack of social support, racism and discrimination, and language barriers. These factors lead to anxiety and self-esteem problems and a tendency to retreat into the old culture.

There is also the opposing view arguing that greater levels of acculturation are associated with a higher risk of mental illness. According to this view, migrants who have identified (and sometimes even over-identified) with the host culture have internalised negative beliefs and values about their ethnicity resulting in self-hatred and rejection of their original cultural identity (Rogler et al., 1991).

An example of this would be where NESB young people who have their cultural values criticised, undermined or ridiculed by others, feel embarrassed and ashamed of their culture, their family and themselves. As a defence against these feelings, some young people abandon their culture in order to ‘fit in’ and belong to a peer group. In some cases, the pressure to conform is so strong that young people may over-compensate for their ethnicity by being more ‘ocker’ than the ‘Aussies’.

Young people who are culturally isolated (for example a few NESB individuals in a predominantly Anglo-Australian school) are more likely to experience identity and self-esteem problems than those who have strong links with their ethnic community and who live in an environment which is accepting and supportive of different cultures.
Cultural identity was noted as a major issue for NESB young people living in rural and regional areas (Key Insights, 1995). Young NESB people can sometimes feel they don’t belong anywhere: some feel others may consider them too Australian to be Chinese, but also too Chinese to be Australian. It is also possible to observe a pattern of movement between the four levels of acculturation where young people experience total acceptance of their first culture as a child, only to reject it during school, and then seek it out and return to it when older.

Specific Stressors

Intergenerational conflict

Conflict with parents is almost considered a normal part of adolescent–parent relations. However, for NESB young people, intergenerational conflict can be intensified by the settlement process and the clash of cultures. There is a strong correlation between conflict with parents and the development of adolescent mental health problems such as depression, anxiety, self-harming behaviour and suicide. This is of particular concern given that family breakdown is on the rise among NESB communities.

A Melbourne study of conflict between Vietnamese young people and parents (Ranieri, 1992) found that the longer the time spent in Australia, the greater the identification with ‘Western’ values, that is, increased independence, accompanied by the loss of Vietnamese traditional values, language and culture. The level of cultural conflict is probably less between second- and third-generation NESB young people and their parents, due to the accumulative acculturation of their parents.

High levels of conflict can be expected in cases where parents feel threatened and withdraw from the new culture and attempt to prevent their children from being influenced by it. Parental fears of the new culture ‘corrupting’ their children are commonly attributed to the ‘broken clock’ syndrome, that is, when migrants, isolated from their home country and unable to observe the natural evolution of their culture, retain a static view of their culture locked in the time of their migration. It is often a shock to many migrant parents when they discover that the culture in their home country has become just as permissive or ‘Western’ as the host country’s culture. Parents who choose to assimilate for the sake of helping their children ‘fit in’ probably encounter less conflict.

Parental conflict also appears to be influenced by gender. Ranieri (1992) found that young Vietnamese women moved further away from their traditional culture than boys, resulting in more conflict between young women and their parents. The young women gravitated towards the new culture as their perception of traditional Vietnamese roles for women were limiting and disadvantageous.
Conflict between parents and children also appear to be issue-related. Wakil, Siddique and Wakil (1981) found that NESB parents were willing to allow greater independence for children to choose and adopt elements of the new culture in areas such as language, dress, career options and cultural celebrations. However, in other areas (such as religion, attitudes to sex and relationships, and marriage decisions) parents were more reluctant to relinquish control.

**Language barrier and education**

Another major stressor facing newly-arrived young people is the English language barrier and the pressure to compete in the education system. Refugee young people face particular learning difficulties associated with disrupted education and low literacy in their first language, making the learning of a second language more difficult. NESB young people living in rural areas also have limited access to English language support.

Lack of support for language difficulties (particularly at the high school level), often unrealistic parental expectations, and a high prospect of unemployment upon leaving school, can all contribute to anxiety and feelings of hopelessness among young people. In frustration at not being able to cope at school, some young people may become withdrawn and depressed, while others become alienated and angry. This can culminate in young people ‘dropping out’ or being suspended from school. English language difficulties, poor academic performance and lack of support are often precursors to homelessness, juvenile offending, and drug and alcohol misuse among NESB young people. English language support services are essential in order to prevent the escalation of language problems into more serious health and welfare problems.

**Racism**

Consultations with NESB young people living in the Central Coast (Key Insights, 1995) and Sydney (D’urso & Associates, 1996; Moura & Sifuentes, 1998) identified racism and discrimination, both direct and indirect, as major causes of anxiety, low self-esteem, anger and depression. Racist taunts from other young people were so common that it was begrudgingly accepted as a part of life. The school playground and sporting field are arenas where racist divisions and conflicts are played out, sometimes with physical violence. Many NESB young men felt that teachers and police officers ‘picked’ on them because of how they looked and dressed and the perception that certain ethnic groups were troublemakers. Young people reported that racist behaviour exhibited by people in authority such as teachers, police officers and employers was more emotionally damaging than that from peers.
Groups with Special Needs

Refugees

Refugee young people deserve particular attention in the area of mental health due to the high incidence of grief and loss, as well as torture and trauma experiences. Many have witnessed the death, torture or disappearance of family members. Others have been victims of physical and sexual assault and have been exposed to violent and life-threatening situations. Clarke, Sack and Goff (1993) have shown that the extent of trauma experienced prior to migration, as well as stress levels during the early settlement stage, were associated with higher levels of post-traumatic stress disorder. Symptoms of depression tended to appear later in relation to English language and schooling difficulties. Unattached refugee minors, who are placed as wards of the State if they are under age 18 years, are particularly vulnerable to depression.

Juvenile offenders

In relation to juvenile offending, the report *The drift of children in care into the juvenile justice system: Turning victims into criminals* (Community Services Commission, 1996) found that State wards are fifteen times more likely to enter a juvenile justice centre compared to other young people.

The juvenile justice system acts as a catchment area for many young people with undiagnosed and untreated mental illness (Hearn, 1993). Young people suffering from psychotic episodes may commit offences related to their illness. Depressed young people are also more likely to engage in substance abuse, increasing the chance of them engaging in criminal behaviour if the substance is illegal, or if criminal acts are committed in order to finance the habit. Depressed young people may also engage in risk-taking behaviour that is dangerous or illegal.

Considering the comparatively large numbers of Indo-Chinese, Pacific Islander and Arabic young people in New South Wales' juvenile justice system, it would be fair to suggest that a significant percentage of these young offenders suffer from mental health problems.

Homeless young people

The report *Our Homeless Children* (Human Rights and Equal Opportunity Commission, 1989) found that young people with mental health problems were over-represented among the homeless population and that they were also more likely to be involved in the criminal justice system.

Homeless young people face significant mental health issues, many having escaped from emotional, physical or sexual abuse. The lifestyle of homeless young people makes them more prone to poverty, substance abuse, sexually transmitted diseases and physical injury and harm. The report *We’re just like other kids* (Pe-Pua,
1996) identified a high prevalence of depression and suicide among street-frequenting NESB young people.

**Ethnic minority groups and rural NESB young people**

NESB young people from ethnic minority groups encounter specific difficulties in accessing appropriate treatment for mental health problems. Such difficulties stem from the small size of the community and the corresponding lack of data and services. When government and community services collect demographic data, ethnic minority groups tend to be lumped under the general language or ethnic category of 'other', rendering them and their needs invisible. As a result research, information, welfare, and interpreting and translation services for ethnic minority groups are scarce. In small communities where there are services, issues of anonymity and confidentiality can sometimes be a perceived problem that deters young people from seeking help, particularly for sensitive issues.

In rural and regional areas there is an overall lack of appropriate services for young people. For example, on the central and north coast of New South Wales there is a high incidence of drug-induced psychosis. However, the nearest specialist adolescent psychiatric unit is Redbank House in Western Sydney.

**Implications for Services**

These issues have major implications for the way in which a range of services work with NESB young people in the prevention, detection and treatment of mental health problems. General strategies include:

- innovative outreach strategies involving peer education, the arts, consultation with young people;
- culturally appropriate use of interpreters, translators, bilingual workers, and training for staff; and
- youth-friendly services, such as youth health centres which are informal, de-institutionalised, community based and holistic in their approach.

The focus here will be on the importance of working with families and schools.

**Families**

As mentioned previously, conflict between parents and young people is a major cause of distress for many NESB young people, so services can intervene here. When NESB young people were asked who they would talk to about their problems, the majority said family, followed by friends and then teachers. Services were low on the list, probably because many NESB young people were either unaware of the existence of services or were unclear about the role of a service.
In many cultures, the concept of ‘welfare service’ or ‘counselling’ is alien. Some migrants, particularly refugees, may be fearful or suspicious of government services depending upon previous experiences with services in their home country. Therefore, parents represent a first point of contact for reaching young people. Often, through parents, services can offer resources, information and support.

In most work with young people, gaining the support and even the participation of parents is essential. (Obviously, there are exceptions, as in the case of physical, emotional or sexual abuse, or where there is a significant breakdown of relationship.) Schools and health workers recognise the importance of working with parents, as do youth services. The report *No Way Out* (Lotus House and Fairfield Migrant Resource Centre, 1996) recommends that parental support and involvement, especially in regard to detoxification, is crucial in assisting Indo-Chinese young women offenders to rehabilitate and reintegrate into the community upon release from detention. The success of the home detoxification program in Cabramatta also rests heavily on the support provided by parents to their child during the detoxification process.

Strategies for working with parents in preventing and treating mental health issues in young people include:

- Developing appropriate information on youth and mental health issues and providing information on where parents can get help.

  A current project of the New South Wales NESB Youth Issues Network (NYIN) is the development of an information kit on youth services for NESB parents. The kit was produced in response to NESB young people not accessing services because their parents were unaware of services or held misconceptions about the activities of youth services. If funding permits, the kit will be translated into several languages and seminars will be conducted with each of those language communities.

- Conflict resolution workshops for parents and young people and information on how to access culturally-appropriate family services.

- Provision of training and resources on youth issues and how to work with young people to ethnic services staff who are often the first point of contact for help to parents.

- Concurrently meeting the needs of parents and young people. For example, a high school in Western Sydney increased the participation of NESB parents in their children’s education and school by providing English language classes for parents.

**Schools**

Many mental health problems either develop or are first manifested at school; therefore schools should be seen as a primary site for the delivery of mental health and welfare services. As mentioned earlier, the difficulties in learning English and...
performing at school were major causes of anxiety and stress in newly-arrived migrant and refugee young people. A 1995 federal government report on youth homelessness (House of Representatives Standing Committee on Community Affairs, 1995) recommended that intervention for preventing youth homelessness needed to occur as early as primary school. Research into juvenile justice (Braithwaite, 1989) also identifies poor academic performance and early school leaving as a significant variable leading to juvenile offending.

Strategies for better prevention and intervention include increasing the level of resources for school counsellors and programs that target young people with learning and behavioural difficulties. Joint school and community programs have been successful in working with NESB young people. A good example is the Circuit Breaker program which assists NESB young people who are performing poorly to improve their literacy, numeracy and self-esteem.

Greater resources and funding need to be made available for English language services such as English as a Second Language (ESL). Schools also need to ensure that they implement their anti-racism policy and that welfare issues are addressed during disciplinary procedures.

Greater coordination and collaboration are required between schools and services, such as health, community, youth, and ethnic services. Schools often do not have the resources or expertise to deal with the complex health and welfare issues of NESB students and therefore would benefit from networking with the broader community to provide these services. Community-based services need to tap into schools which provide an efficient and effective way of reaching and assisting young people. Key contacts within schools for services wishing to outreach to NESB young people include the English as a Second Language (ESL) teacher, year advisers, school counsellors, welfare teachers and the Anti-Racism Grievance Officer (ARGO). Some schools have Intensive English Centres and Circuit Breaker programs attached to them. Most youth health centres run programs with schools. Some youth health centres, such as Fairfield Liverpool Youth Health Team (FLYHT), have bilingual workers.

Conclusion

Finally, mental health issues affecting NESB young people are also influenced by socio-economic and political factors. Issues such as the social security migrant two-year waiting period, high youth unemployment, discriminatory policing and sentencing practices, and the recurring ‘race debate’ all contribute to the stress and hardship experienced by NESB young people and must be addressed by government at a policy level.

Greater coordination is required among services, on a variety of levels, working either directly with NESB young people or at a policy and department level to
ensure that both macro- and micro-policies produce fair and socially just outcomes for these young people.

References


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