



Submission on the Draft NSW Multicultural Health Policy and Implementation Plan *Health for Culturally Diverse Community 2011 - 2015*

The Multicultural Youth Affairs Network NSW and the NSW Association for Youth Health (NAYH) is pleased to have the opportunity to make a joint submission to provide feedback regarding the DRAFT NSW Multicultural Health Policy and Implementation Plan *Health for a Culturally Diverse Community 2011-2015*.

About the MYAN NSW

The MYAN NSW (previously known as the MYINN) is a network of services committed to multiculturalism and improving the opportunities and outcomes for culturally and linguistically diverse (CALD) young people. The term CALD young people includes newly arrived young people, refugees and Australian born young people that are from CALD backgrounds, aged 12 to 25 years. The Network is made up of youth workers, community workers and government employees who currently support CALD young people and their families. The MYAN NSW also seeks representation and input from CALD young people.

The purpose of the MYAN NSW is to provide a forum to coordinate information and undertake action on issues affecting CALD young people and their families in NSW, and to develop appropriate policies, strategies and resources that address these issues at the local, regional and state-wide levels.

About the NSW Association for Youth Health (NAYH)

Formally known as the NSW Association for Adolescent Health, the NSW Association for Youth Health (NAYH) Inc. is the peak body in NSW committed to working on behalf of the youth health sector to promote and advocate for the health and well being needs of marginalised young people aged 12 to 25 years. NAYH represents over 100 members who advocate for quality health care for marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education. NAYH considers young people from cultural and linguistically diverse backgrounds as a key sub-population within the broader population of marginalised young people.

NAYH aims to assist the youth health sector to strengthen and maintain its ability to provide appropriate, effective and evidence based health services to young people aged 12 to 25 years in NSW. NAYH's core business is to provide the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

CALD young people in NSW

CALD young people in NSW include those who are newly arrived, refugees and Australian born young people from CALD backgrounds. Newly arrived CALD young people often face greater challenges than the mainstream population including learning English, negotiating the education system, coming to terms with a new culture and finding jobs and housing. Australian born young people from CALD backgrounds regularly confront issues around family and intergenerational conflict, issues regarding identity and belonging and an overrepresentation in the juvenile justice system.

Of the 1,227,475 young people aged 12-25 in NSW, approximately 276,822 or 23% stated that they were born overseas¹. Of these approximately 253,582 or 21% specified that they spoke a language other than English at home².

In 2009-10, 23,993 people aged 12-24 migrated to Australia of these there 6,608 or 28% arrived to NSW. Of these young people 1,071 arrived as part of the Humanitarian Program, 4,143 came as part of family migration and 1,390 came as part of skilled migration (this number does not include international students)³.

The health and well-being of CALD young people

Most of the issues faced by CALD youth are similar to those faced by their mainstream peers. However, CALD youth may face additional difficulties such as a lack of knowledge or understanding of implicit or unspoken cultural norms that define 'normal' or 'expected' behaviours within the Australian social context or 'schoolyard'. CALD youth may also face language barriers, discrimination, adjusting to a new country and culture, accessing services, potential torture and trauma issues, uncertainty of visa status, being separated from family and friends, and a feeling of being torn between their traditional culture and the new.

Racism and Health: Research shows that discrimination is linked to health and well being issues amongst multicultural youth. A sense of belonging is vital to ensuring citizenship and participation. Recent Australian research demonstrated that 70.1% of non Anglo-saxon/caucasian secondary school students have experienced some form of racism and most chose not to report this. It also shows a correlation between experience of racism and lower health scores particularly for senior school students and for girls.⁴

Homelessness: Young people are at particular risk of homelessness. Young people of refugee and migrant backgrounds are six to ten times more likely than other groups of young people to be at risk of homelessness⁵. Despite this, there is no mention of the

1 Australian Bureau of Statistics (2006) Census of Population and Housing, Canberra

2 Australian Bureau of Statistics (2006) Census of Population and Housing, Canberra

3 DIAC Settlement Database, <http://www.immi.gov.au/settlement/>, data extracted July 2010, for period 1/7/2009- 30/06/2010.

4 Mansouri et al. (2009) "*The Impact of Racism Upon the Health and Wellbeing of Young Australians*," Foundation for Young Australians, Melbourne

5 While accurate information is lacking, this is the most widely used figure, aggregating data from a

specific challenges facing CALD young people in the National Homelessness Framework.

Sexual and Reproductive Health: Despite a lack of data on the sexual health of CALD young people, anecdotal evidence indicates that CALD youth are more likely to be affected by negative sexual health outcomes including unintended pregnancy, STIs, and poor access to sexual health services.

Young people with refugee backgrounds are disadvantaged in relation to access to sexual health information – and have little knowledge of sexual health or STIs apart from HIV/AIDS. While they are aware of potential sources of sexual health information, few of these sources are utilized. Specific barriers to learning about sexual health include concerns about confidentiality, shame and embarrassment when discussing sexual health, and the competing demands of resettlement.⁶

Mental Health: CALD young people face a number of mental health risk factors in addition to those of the general population of young people such as experiences of racism and discrimination; negotiating issues of belonging and identity in a cross-cultural context; and, for refugee young people, pre-settlement experiences of trauma or torture⁷. Moreover, the MYAN Australia identified the following key issues regarding mental health for CALD young people:

- A lack of access to appropriate mental health treatment;
- A lack of coordination between mental health and other support services;
- A lack of resources and cultural competency in mainstream youth mental health services;
- A lack of data regarding access by multicultural young people into mainstream mental health services.

In addition, intervening early or appropriately into mental health issues for refugee and migrant young people requires an understanding and application of a transcultural mental health model. Understandings of mental health (including assessment and treatment responses) are culturally constructed concepts that need to be sensitively explained to young people and their families. Translating material is not sufficient to address cultural understandings. A transcultural mental health approach recognises the significance of cultural and linguistic factors in understanding mental health and addresses specific risk factors for individuals and groups⁸.

Recent Australian research has shown that young people who experience social, eco-

range of sources, including Coventry, L., Guerra, C., Mackenzie, D. and Pinkney, S. (2002) *Wealth of All Nations: Identification of strategies to assist refugee young people in transition to independence* (Australian Clearinghouse for Youth Studies: Tasmania).

6 McMichael, C. & Gifford, S.M. (2009) 'It is Good to Know Now...Before it's Too Late': *Promoting Sexual Health Literacy Amongst Resettled Young People With Refugee Backgrounds*, *Sexuality and Culture*, 13(4): 218-237.

7 MYAN Australia, August 2010, *Multicultural Youth Briefing Paper*, Centre for Multicultural Youth, Melbourne

8 MYAN Australia, August 2010, *Multicultural Youth Briefing Paper*, Centre for Multicultural Youth, Melbourne

conomic or cultural marginalisation are at increased risk of experiencing mental health problems.^{9 10} This becomes compounded when young refugees and migrants first arrive in Australia and experience the pressures of settlement such as learning English, attending school, finding employment, confronting racism and intercultural tension, and sustaining social networks.¹¹

Diabetes: Type 2 Diabetes is steadily escalating throughout the world in a wide range of ethnic groups and is no longer a disease that only afflicts adults¹², and can delay the psychosocial development of young people¹³.

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- 9 Herrman, H., Saxena, S., & Moodie, R. (2005) *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. Geneva: World Health Organisation, Department of Mental Health and Substance Abuse, in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.
- 10 Australian Institute of Health and Welfare (2007) *Young Australians: Their health and wellbeing*, Canberra.
- 11 O'Mara, B., Babacan, H., Borland, H (2010) *Sending the Right Message: ICT Use and Access for Communicating Messages of Health and Wellbeing to CALD Communities*, Institute for Community, Ethnicity and Policy Alternatives – Victoria University, Melbourne.
- 12 Libman, I. and Arslanian, S. (2003) *Type 2 diabetes in childhood: The American perspective*. *Hormone Research* **59**: 69-76.
- 13 Boeger, A. and Seiffgekrenke, I (1994) *Psychopathology, Self-Concept and Psychosocial Development in Chronically Ill Adolescents with Type-I Diabetes and in Healthy Controls*. *Zeitschrift Fur Kinder-Und Jugendpsychiatrie Und Psychotherapie* **22**(1): 5-15.

Recommendation 1: That young people from CALD backgrounds be included as a priority sub-population

This submission focuses on the inclusion of young people as part of the policy and implementation plan. Currently the policy only has one or two direct references to the health needs of young people from CALD backgrounds and it is recommended that the policy would benefit from the explicit articulation of young people as a priority sub-population.

It is important to acknowledge that the health needs of young people can be different to those of either children or adults, and may require specific intervention. This is particularly true for young people who are marginalised by socioeconomic, cultural or biomedical circumstances. The inclusion of youth specific information and policy responses within the NSW Multicultural Health Policy and Implementation Plan is essential to ensuring equitable, and population wide, outcomes in health.

Recommendation 2: That the policy include a focus on early intervention

The current draft nominates three priority areas for action, but neglects to include a focus on early intervention. Many of the health issues (and factors which directly impact on health) experienced by people from CALD backgrounds would benefit from appropriately targeted early intervention programs – particularly those that work with young people.

A focus on early intervention would also act to link this policy with other NSW Health policy documents (such as the NSW Community Mental Health Strategy 2007 – 2012 and the draft NSW Youth Health Policy).

Recommendation 3: That the policy clearly identify target groups who are likely to require multidisciplinary support and specialist expertise such as homeless CALD people, and CALD people with complex needs

NAYH and MYAN NSW recognise that mainstream health services have a large and important role in providing health services to people from CALD backgrounds. However, it is also critical that CALD people who experience multiple health conditions and who may require access to alternate models of service delivery and more intensive support are identified within this policy.

Conclusion

The MYAN NSW and the NAYH thanks NSW Health for the opportunity to provide feedback about the DRAFT NSW Multicultural Health Policy and Implementation Plan *Health for a Culturally Diverse Community 2011-2015*.

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