

Improving mental health services for CALD communities and young people

The Centre for Muslim Wellbeing (CMW) commends the [Productivity Commission Report on Mental Health](#) and welcomes the recognition by the Commission of the role of cultural and social factors in the treatment of mental health. We envisage its recommendations are acted upon by all relevant agencies and look forward to important advancements in mental health care and well-being in Victoria.

The CMW was founded and incorporated in 2018 to be a leading provider of services that advance partnerships and build flourishing individuals and vibrant communities in Victoria. The organisation is led by experienced Psychologists, health providers and community workers who respect, embrace, and harness the constructive power of diversity to support individuals to reach their full potential and purpose. We aim to craft innovative projects and practices that can be shared with other culturally and linguistically diverse communities facing similar challenges to their mental health and attainment of wellbeing.

Victoria is Australia's most culturally diverse state, with almost one quarter of our population born overseas. Victorians come from over 230 countries, speak over 200 languages and follow more than 120 different faiths.

The Victorian Muslim population is over 200,000 (approx. 3% of Victoria). A unique attribute of the Muslim community is that it's a very relatively young population, with almost half (47%) being under the age of 25 and one-third (29%) under 14 ie) children. It is also one of the most diverse of communities, spread over 60 ethnicities and cultures and with a large proportion considered as 'new and emerging'.

Whilst Victoria is proud of its multiculturalism, mental health services often do not cater to our culturally and linguistically diverse (CALD) communities. People from CALD backgrounds comprise a significant proportion of the Victorian population, who experience unique needs and barriers to accessing mental health support, cultural conceptions of mental health, illness and recovery differ for people from CALD backgrounds, hence cultural responsiveness in the mental health system is no longer an option, but a necessity. We need health services and health professionals who can deliver culturally responsive and equitable services, to ensure the whole population receives quality healthcare.

COVID-19 has also caused multiple stresses for CALD communities, including uncertainty about their future, social isolation, increasing rates of unemployment and financial distress, further impacting on and exacerbating mental health.

CALD communities have unique experiences such as grief and loss, trauma, war, poverty, a sense of displacement, racism, and discrimination, lack of a sense of belonging, identity, cultural and language barriers, intergenerational conflicts, stigma or taboo surrounding mental illness, mean that many young people from CALD communities don't access the support they need.

CMW is in no doubt that there is a greater stigma of mental illness in CALD communities. People's cultural heritage and life experiences play a role in forming our understanding of and responses to mental illness. There can also be a reluctance in CALD communities to voluntarily access hospital and community-based mental health services. This may be because of difficulties in understanding, finding and accessing mainstream services and mental health awareness programs which are culturally appropriate.

Another identified barrier to accessing mental health services from CALD communities are from people living at home with family, where mental illness is stigmatised. It is therefore particularly important to include family members where possible in the prevention and treatment of mental illness to promote a holistic approach.

The CMW wholeheartedly affirms the Reports' statement *"with almost half of all Australians either born overseas or having a parent who was born overseas, an effective mental health system must be able provide care to people that is appropriate to their cultural background and the language that they speak."*

The CMW would like to see cultural diversity regarded as an integral component of mental health practice as a whole, rather than as an adjunct to service delivery. Cultural responsiveness has relevance to all organisations providing mental health services and not only those providing specific services to CALD communities, including advocates, practitioners, and policymakers.

The CMW also commends the Commission's recognition of the experiences of young people as a specific group and the acknowledgement that different groups in the community have different needs and outcomes with regards to their mental health and well-being.

The CMW reiterates the Reports' statement *"The mental health of children and families should be a priority, starting from help for new parents and continuing through a child's life. Schools should have a clearly defined role in supporting the social and emotional wellbeing of students, with effective pathways to care."*

Young people from CALD backgrounds face unique challenges when it comes to seeking and accessing services, and can experience many additional barriers that can impact their access to support and treatment for mental health issues and not all these barriers arise from within their own communities.

The CMW calls for greater focus on young people's mental health, as an estimated 75 per cent of symptoms of mental ill-health emerge before the age of 25. Early intervention and prevention is crucial to ensure CALD young people's needs are met and they are equipped long-term with the tools to cope and live a healthy life.

The CMW also highlights that unfortunately there is still limited research and data about mental health in CALD communities and young people. Without reliable data about the different types of mental health conditions in CALD communities, it is challenging to evaluate whether attempts to improve mental ill health for this population is effective. Therefore, further comprehensive research is essential to improve mental health outcomes for CALD communities and young people.

The CMW would like to see

- the broadening of the scope of mental health prevention to work holistically with young people, families, and communities from CALD backgrounds – to take community-based approach.
- cultural competence training for practitioners and service providers
- Greater research of CALD communities and youth.
- Co-design with CALD youth in services and program development

The CMW encourages that all new mental initiatives and services stemming from the Report acknowledge the important role that CALD mental health practitioners and community leaders play in disseminating evidence-based information on mental health issues to new and emerging communities.

The CMW supports all efforts and opportunities for culturally responsive, community-based mental health services. New models of mental health care that focus on inter-agency co-operation between health services and ethnic and multicultural organisations is essential moving forward, as well as the development of community-based initiatives and community-led programs.

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