

TITLE

How young people from culturally and linguistically diverse backgrounds experience mental health: Some insights for Mental Health Nurses

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SHORT RUNNING TITLE

Mental health of CALD young people

ABSTRACT

This article reports on a part of a study which looked at the mental health of culturally and linguistically diverse (CALD) young people. The research sought to learn from CALD young people, carers, and service providers experiences relevant to the mental health of this group of young people. The ultimate goal was to gain insights that would inform government policy, service providers, ethnic communities and most importantly the young people themselves. To this end, qualitative interviews were undertaken with 123 CALD young people, 41 carers and 14 mental health service providers in Queensland, Western Australia and South Australia.

Only one aspect of the study will be dealt with here, namely the views of the young CALD participants, which included risk factors, coping strategies and recommendations about how they could be supported in their struggle to maintain mental health. One of the most important findings of the study relates to the resilience of these young people and an insight into the strategies that they used to cope. The efforts of these young people to assist us in our attempts to understand their situation deserve to be rewarded by improvements in the care that we provide. To this end this article sets out to inform mental health nurses of the results of the study so that they will be in a position to better understand the needs and strengths of their CALD clients and be in a better position to work effectively with them.

KEYWORDS

CALD, Mental Health, young people, culture

INTRODUCTION

Despite Australia's officially acknowledged multicultural society, its health care system is monocultural/Anglo-Celtic and non-English-speaking background (NESB) clients are disadvantaged in terms of

access and quality of service. To Address this problem, current services need to be developed in a way that enables the system to be accessible and sensitive to the needs of NESB clients (Gorman, 1997, p.259).

It is widely acknowledged that in the absence of sensitivity and understanding, young, indeed all CALD clients, may not have access to mental health services (LoGiudice, Hassett, Cook, Flicker, & Ames, 2001) and are at risk of poor or even destructive experiences when they do access them (Blackford et al. 1997; Comino et al. 2001; Gorman 1995; Hassett et al. 1999; Horsfall 1998; Runci et al. 1999; Stolk et al. 1998). Sensitivity and understanding require knowledge and it has been difficult for mental health nurses to gain knowledge about the experiences of CALD people of their mental health.

There is a shortage of data on the prevalence, protective and risk factors of mental illness as these specifically relate to CALD young people in Australia. The literature documents widespread under-utilisation of voluntary mental health services by CALD young people, but this is more consistent with general patterns of under-use by young people and CALD communities than with any notion that there is a lower rate of mental health issues amongst CALD young people. In fact, refuting any notion of a lower rate of mental illness amongst CALD communities, the “migration-morbidity hypothesis” has been advanced in the literature to suggest a link between the prevalence of psychiatric disorder and immigrant status (Klimidis & Minas, 1995). Yet, it has also been criticised as unduly simplistic. The common position now appears to be that the relationship between psychiatric morbidity and migrant status involves a complexity of risk factors such as socio-economic status, those generally attributable to young people’s development of psychological disorders in addition to specific factors relating to pre-migration stresses and events, such as torture and trauma, post-migration

resettlement factors and that the stresses associated with immigration and cultural minority status do not necessarily produce psychiatric disorders in young people (Selvamanickam, Zgryza, & Gorman, 2001). To try and address the paucity of data, especially qualitative data that would give insights into the experiences of young CALD peoples a study was undertaken that involved indepth interviews with CALD young people, their carers and service providers. The participants in the study consisted of 123 CALD young people, 41 carers and 14 mental health service providers in Queensland, Western Australia and South Australia. A full coverage of the study is beyond the scope of this article but can be acquired from the following report available from Queensland Transcultural Mental Health Centre 07 3240 2833 or Youth Affairs Network of Queensland Inc. on 07 3844 7713:

Selvamanickam, S., Zgryza, M., and Gorman, D. 2001, Coping in a new world: The social and emotional wellbeing of young people from culturally and linguistically diverse backgrounds, Brisbane, QTMHC & YANQ.

The study had the following goal and objectives:

Goal

The primary goal of this research was to describe the mental health needs of CALD youth in Queensland, South Australia and Western Australia.

Objectives

- To document the experiences and needs between first and second generation immigrant young people.
- To document the experiences and needs of family members and carers of young CALD people who have experienced depression and or other mental health problems.

- To document the experiences and needs of service providers who work directly with CALD young people.
- Identify gaps in mental health service delivery sector relevant to the needs of CALD youth.
- Identify and analyse trends in youth suicide data across Australia according to ethnic background, gender and geographical location.
- Make recommendations about working more effectively with young CALD people who have experienced depression and or other mental health problems.
- Make recommendations about future research into suicide prevention amongst young people.

This article will report only on that component of the study that dealt directly with the young CALD people themselves.

ETHICS APPROVAL

The proposal for the study was submitted to, and approved by, the University of Queensland Ethics Committee.

METHOD

The method chosen was qualitative to enable the researchers to access the rich resources of the participants' own experiences. This method was chosen so as to address the vacuum that exists in the data available on this topic. While quantitative data does exist there are considerable problems caused by difficulty in accessing sample sizes that would enable generalization of results. This study sought to capitalise on the strength of qualitative methods that allows them to access indepth stories of the experiences of the

participants. This process enables us to get a better understanding of their perspective of the issues and to access unanticipated information that could not be discovered with quantitative methods due to the inability to know what questions to ask..

The project was guided by a management group from YANQ and QTMHC. Support was also provided by a reference group of key stakeholders from the areas of youth, mental health and ethnic affairs

DATA COLLECTION

In-depth interviews were used to collect comprehensive, information from CALD young people with direct personal experience of some form of stress and pressure, depression or anxiety. Interviews were carried out by bilingual interviewers.

The interviews focused on:

- cultural identity and resettlement experiences;
- mental health status;
- experiences with accessing services; and
- protective and risk factors (internal and external).

The interviews did not focus on the mental health problem episode, but rather on the coping strategies and resources used by the young person to deal with the mental health issue.

PARTICIPATING COMMUNITIES

Due to the diversity of CALD experience in Australia a variety of CALD communities were involved in the study and were selected to ensure that recently arrived migrants and refugees (eg. Horn of African communities) as well as more established communities (eg. Greek) would be included. The communities chosen were:

Horn of African (Somalia and Sudan), Greek, Spanish speaking, Arabic speaking, Former Yugoslavian, Cambodian and Chinese.

BILINGUAL INTERVIEWERS

A total of 19 Bilingual interviewers were recruited and undertook 30 hours of training prior to commencing the data collection.

PARTICIPANTS

Participants aged from 16 to 24 were recruited from each of the communities utilising referrals from services, GPs, youth workers; newsletter advertisements; community associations, religious groups, social gatherings; and snowballing.

Project information, including a list of services that could be used for follow-up support was provided to potential participants.

Table 1 lists the participants by ethnic community and gender.

DATA ANALYSIS

The interviews were transcribed in English and entered into NUD●IST for thematic analysis.

Validation workshops with bilingual interviewers were held in the three States to obtain feedback and comments regarding the findings.

Several weeks prior to the workshop, interviewers were sent the 10 interviews conducted by them, an overall report on the findings of young people and a fact sheet based on the findings for his or her community.

Interviewers were guided through the written material section by section to identify and amend inaccuracies as well as to ensure that transcripts had been interpreted appropriately.

FINDINGS

Where possible quotes will be used to exemplify themes identified in the analysis and to give direct access of the reader to the voices of the participants. Quotes will indicate the ethnic background, gender and age of the participant.

A total of 123 young people were interviewed from the 3 States - Queensland, South Australia and Western Australia. The analysis of there stories resulted in the following seven main groups of information:

- Cultural identity and resettlement experiences
- Culture
- Social and emotional wellbeing
- Support from family
- Service experiences
- Situation now
- Suggestions

Cultural Identity and Resettlement Experiences

Of the 123 young people interviewed, the majority came to Australia under the Refugee and Humanitarian program as a result of the war in their countries. These were mainly young people from the Horn of Africa; Somalia, and Sudan, Former Yugoslavia, Cambodia and El Salvador and Colombia.

Except for a small number of young people who were Australian born, the rest immigrated for a multitude of reasons. These included families seeking a better future, family reunion and/or having relatives in Australia, families coming due to business

migration and work related issues, parents fulfilling religious callings and young people following marriage.

Pre migration experiences such as loss of family members, torture and trauma issues, had mixed outcomes. Some were inclined to integrate quickly so as to blend in with the dominant culture and rapidly put the past behind them. Others were consumed by various emotions over their experiences and overtly refused to accept any aspect of their new country.

Culture

The majority of young people were able to practise their traditional lifestyle. They identified family and community closeness, respect for elders, traditional dress, music, dance and festivals as well as traditional foods as aspects of their traditional culture that they valued. Use of their traditional language with family and friends was considered to have a positive effect on self identity. Many valued social gatherings within their communities which were seen to diminish social isolation and provided opportunities to meet other young people.

The reason I am moving to Melbourne is to be more involved in the Greek community in a social sense. I most value the cultural/traditional side of our culture rather than the religious side. I value the strong sense of family, loyalty to the family and friends/relatives and to the community and the culture. The way Greeks look after their own....Greek male, 20

Concern was expressed at the difficulties with speaking and maintaining traditional language where there was a lack of extended family. Inability to practice traditional festivals and maintain certain practices such as praying were also of concern.

Yes. I am very proud of my culture. I dance in a traditional dancing group that Mum has established. I love the food. I don't understand when people forget their background. I think it is something we should keep. The most difficult thing to practice here is the language. It's easy over there because everyone speaks the language. I value the most the family concept. I've noticed that most Anglo-Australian families don't have the closeness that we have where everyone has a place, a role.

Australians let their children do what they want...Spanish speaking female, 16

Most found it relatively easy to practise the Australian lifestyle and the freedom they now enjoyed was described as the most appealing aspect of the Australian lifestyle. The relaxed attitude and friendliness of Australians were qualities that young people appreciated. Some though found it difficult to practise the Australian way of life and cited language as a major deterrent to adapting to Australian society.

Differences between eastern and western lifestyles as well as generational differences were sometimes a problem.

I do not feel successful in practising the Australian way of life because my interaction with it is hampered by tradition. Because as parents become older they become more traditional, which is very annoying. I like the liberal attitude to family structure and gender role. One aspect I find difficult is the habit of drinking until you drop. Also the society is very hypercritical because it claims to the equality but it doesn't....Sudanese female, 20

Parental disapproval for the westernised lifestyle including such things as drinking, dress styles, kissing in public, sleepovers, lack of respect for parents and the lack of warmth amongst Australians was a difficulty for some young people. However they appreciated the democracy and social security and Australia's multicultural society. Other positive aspects were the respect that was given to children, tolerance and the high level of compliance towards rules and regulations for eg. Road safety.

...for example, all Australians are much better drivers than Taiwanese. The people here actually obey the road rules... Chinese female, 22

Social and Emotional Wellbeing

...even though I was very young, I went through enough misery to last a lifetime...former Yugoslavia, male, 16

Many reported being lonely, worried, frustrated, nervous, sad, with some indicating that fear had become a way of life. Factors related to these feelings ranged

from experiences of the war, torture and trauma issues, that occurred prior to migration, to more recent experiences related to settlement issues, language barriers, and unemployment. Trying to “fit-in” and the cultural differences at school stunted their lifestyle and impacted on their mental health.

There were differences between refugees and other migrants. The latter citing language problems and relationships as central to their mental health problems while the former referred to the experiences of war as most important. Many young people had vivid memories of the war which included the bombing, and witnessing brutalities such as seeing loved ones tortured and killed. Despite having escaped, the displacement and loss of homes and loved ones left behind as well as the constant fear of being caught and tortured had left a permanent imprint. Many still experienced recurring nightmares and had disturbed sleep as a result of their experiences.

When the war started my father had to stay behind as he started to work for UNHCR. My mother, brother and I had to go and seek refuge in Serbia. There were a lot of difficulties in getting out of the war zone, especially of the mixed marriage of my parents. It was difficult enough getting to Serbia where we thought that we would be safe because my mother is Serbian, but when we arrived there more problems started. I didn't know anyone there we were strangers in our country. Even though I was very young I went through a lot of misery to last me a lifetime. First we didn't have anywhere to live, after when I started school everybody teased me, I didn't have any friends, my accent was different, I was an outsider, I didn't belong there. Then we heard that my father was killed. I remember crying every night to sleep and during the day I would sit at the gate waiting for my father to appear but he didn't come. I just couldn't believe that he was dead. But after two months he did appear. I think after all that misery that was the happiest day in my life....Former Yugoslav male, 16

Fifteen had experienced depression stemming from a variety of factors including memories of the war, poor academic performances, sexual abuse, being diagnosed with schizophrenia and the whole concept of being in a new country.

*“I have been raped several times in the streets of *** because I had no shelter at all and also I got into trouble with the police”.....Sudanese female, 18*

Those who described anxiety as a key symptom attributed it to issues surrounding relationships including relationship breakdowns, family rifts and relationships with young people from a different background.

I had an Australian girlfriend in the past and that alone caused so much trouble between my family and me. My parents did not approve of me going out with someone who was not Cambodian. I wanted to stay with this girl for awhile but because of my parents things never worked out. I experienced a lot of stress, anxiety and depression because of my parents and my break up with my girlfriend.....Cambodian male, 21

Social isolation was reported as stressful impacting on depression and/or anxiety. A major factor leading to social isolation was the difficulty of communication in a foreign language being an obstacle in making friends and causing difficulties with academic studies. They had difficulties understanding what was being taught at school and university and were often afraid of ridicule by other students if they sought help or clarification. Lack of family and friends, unemployment and cultural differences when resettling in a new country were also cited as compounding social isolation.

The dramatic change to their lifestyle or the “migration experience” in itself resulted in mental health problems for many. They missed the security of familiar surroundings that included family, friends and a culture that they were accustomed to. Making friends was extremely difficult initially and they had difficulties breaking into established social circles.

The problem of identity crisis, a sense of belonging. Difficult to tell which group I belonged to, local Australian or people from Chinese community. I did not feel happy. I had the feeling of being 'left out'. The other groups of people were happier. Their relationship was closer. Even international students, like students from Hong Kong, felt easier to identify themselves.

I saw the local students were very happy staying together. They were in a group. But I'm a permanent resident. I had the feeling of being 'left out' by either of the groups.....Chinese female, 19

While the factors the young people identified as detrimental to their mental health are extremely important and offer insights into how we as nurses can understand and support them better, perhaps even more important and more encouraging are their views on what helped them to cope with the stresses of their lives.

The participants described a variety of coping strategies that they used to deal with their mental health issues. These are listed in Table 2:

Entertainment and/or distraction, the use of diversions such as music, movies, and night-clubs to take their mind off the problem, was described by most of the participants as a useful coping strategy.

Dancing and music helped me a little with my problems but what help me more was planning my trip to Egypt for a holiday....Arabic speaking female, 22yr.

Most also described socialising as a means of avoiding brooding over problems. This usually involved meeting with friends and belonging to a group, therefore avoiding or overcoming isolation. Friends were also described as providing support and being a means of temporarily escaping from the home situation.

Music, new friendships, social activities, just not to be at home alone helped. Getting involved in activities helps to get the mind off the problems that we had experienced....Former Yugoslavia female, 16.

Many of the participants described using physical activity to overcome periods of stress. They indicated that they benefited from vigorous physical activities such as sports as a means of releasing stress.

Playing vigorous sport tends to vent all negative feelings I have inside me. And if I win the game it's even better because I felt I'm good at something and I can do anything in the world....Chinese male, 16.

The use of “internal resources”, which involved taking a positive approach, identifying their strengths and reinforcing their determination to cope, was also important and was seen as involving an element of taking control rather than of being a victim.

It was very hard to sort the problem out by myself but I pushed myself to be strong and always encouraged myself to stay strong no matter what....Arabic speaking female, 23.

Spirituality which referred to drawing strength from participation in religious activities, especially prayer, was a source of resilience for many of the participants.

Getting back to religion and friends....Lebanese male, 24

Avoidance was as a means of coping that involved not confronting the perceived source of their problem. This of course is often seen as a negative strategy but the young people who used it emphasised that sometimes it was appropriate in the short term to avoid being overwhelmed.

It just seems that the more I think about it the more determined I am to reach a conclusion - I become more confused and unsure. So it is in fact sometimes better to push it to the back of my mind for the moment....Chinese female, 20

A coping mechanism used by some was to connect to their original culture. This was related to the need to maintain connections by writing or telephoning home to family and/or friends in the home country.

I know my problem and I also know how to cure. Only one call to my family is OK. I think I am missing too much about my family.....Somali male, 22

Unfortunately 16 of the young people who participated in this study claimed that nothing helped them. As well as stating that no strategies had worked for them, there was an underlying sense of hopelessness running through their interview.

Interviewee was quiet when this question was posed to him, and he took a long time to think. Nothing really. I know I have given everything in Malaysia, it's too late to change mind. But till this day I still want to go

back. I gave up my long jump and I can never do it here. I felt good whenever I won in the competition. There is no challenge here for me....Chinese male, 17

Employment was seen as an important to coping for economic reasons and because of its very powerful effect on their self esteem and level of independence from parents.

Knowing that I go to work everyday and not staying on the dole makes me feel good about my life. It helps my parents with income and gives me something to do with my life....Cambodian male, 19

A number of participants indicated that they saw substance use i.e. cigarettes, alcohol and illicit drugs, as a means of coping with difficult times in their lives. While it was referred to as useful it was also referred to it as a non-useful strategy, indicating that it had both positive and negative effects.

Drugs and alcohol, it made me forget depression, but also took its toll....Former Yugoslav male, 19.

Adapting to the new lifestyle and surroundings, by learning English and studying the Australian culture, assisted a number of the young people to cope during periods of stress

I like to socialise with Australians, learn more about their culture and so on. Reading books on subjects which my friends like to talk about means I fit in because I am on the same wavelength as them. I try very hard to be just one of them....Chinese male,17

Talking about their problems with others was another useful coping strategy described by the participants. Participants generally preferred to talk about them with people from their own culture and age group.

Only 9 of the young people had undertaken professional help, in the form of counselling and formal therapy with professionals.

It was helpful to discuss the problem with my brother, aunty and counsellors to recognise the problem and to decide between the solutions. It seemed hard to recognise the problem since I've been living

with it for quite a while, but after listening to others' views I realise that it was a problem and needed to be solved....Former Yugoslav female, 25

Participants also talked about the strategies that they had tried and found not to be useful.

Avoiding talking about it was described as not helpful because bottling it up and not discussing their problems did not improve their situation. Participants also indicated that despite some temporary relief, substance use also had negative effects.

The most helpful was when I used to get drunk everyday. This would make me forget about my relationship between my parents and me. The other was it would help me to forget about my girlfriend. The most unhelpful was the alcohol because I would stress the relationship between my parents and me even more and it would give such a headache every morning...Cambodian male, 21.

Support from Family

When asked if they spoke to their family about their problems there were mixed responses. Over half of the participants indicated turning to their family for support and guidance.

When I had this problem I told my parents everything as we are a very close family and like to listen to their advice and my father is treating me as a friend....Arabic speaking male, 24

Yes, my sister's advice was very helpful because she advised me to forget about this problem and pray every time to Allah to give them peace. My sister filed an application for my parents and they are now processed for resettlement consideration in Australia....Somali female, 22.

While many of them turned to their family only half of those said it was helpful.

The main reason given for this was that the family did not understand their problems or were themselves under considerable stress and unable to give the support needed.

Yes, they always comforted me and were helpful and understanding. They were under lots of stress themselves because of the terrible political situation at that time....Former Yugoslav male, 18

Still others avoided approaching their family at all. There were a number of reasons given for this. For some their family was not in Australia, others did not want to

add to their family's stress, or were afraid of their families reaction and in some cases because the family was seen as the cause of the problem.

I couldn't talk to my parents about my feelings because they were the source of the problem. Also in the Cambodian culture when the parents speak, we as children must always listen and follow their commands. Therefore I didn't have any say in the matter. If I did, it means I am disrespecting my parents. That is the worst thing you can ever do to a Cambodian parent....Cambodian male, 22.

As far as I am concerned no one was particularly helpful as they don't understand the situation as well as myself. Especially not my parents. They live in a different era so I don't expect them to understand at all....Chinese female, 22.

Experiences with Services

By far the most common trend of the participants was to seek support from friends or family. Only a small number had accessed formal services and the reasons given for this included concern about the social stigma associated with mental illness (this was particularly expressed by Asian participants), lack of awareness that there was a problem that required professional help, and lack of awareness of the existence of services. Of those who had accessed services, half said they did not have any choice in the service they received. Those who said they had benefited from the services cited practical support such as help in finding accommodation, financial benefits, employment, and emotional support as the most useful. Lack of understanding of cultural issues and lack of ethno-specific workers were described as barriers to access.

Situation Now

There were a range of responses to the way they saw their situation at the time of interview. The largest group saw themselves as coping well, with the next biggest group seeing things as better than they had been.

Participants Suggestions

The participants were asked for their ideas on what supports could help CALD young people. Their recommendations can be described under four main headings; youth support, broad policies, education and employment.

Youth Support

This included suggestions for more government sponsored youth programs to advise and provide support, more youth recreational centres, help from elders in the community, support groups, more activities, provision of young Australian counsellors, services that work with families to help young people and the provision of ethno-specific youth counsellors.

I think within the Cambodian community they should have a young Cambodian counsellor who can relate to our problems. One who understands us and who can help us with procedures in moving out of home and helping us to find housing and help with particular services . I think it is going to be OK.....Cambodian female,20

Education

The following suggestions were made for changes to the education system to meet the needs of CALD students.

Provision of more ESL departments, improvement in language help facilities, more opportunities for work and study, more flexible access to education, more academic assistance to students, a culturally appropriate education system, provision of more advice to newly arrived students, more bilingual school counsellors, more activities for young people at school, opportunities to learn about the Australian way of life, and anti-racist education policies

Broad Policy

The following suggestions relate to broader government policy rather than specific strategies:

Education of parents about cultural differences to facilitate their understanding of the acculturation of their children, more social gatherings, more youth involvement in the decision making process, financial support from Government during troubled times, ethno-specific help lines, education of young people regarding their legal rights, less forms to fill in, policy changes regarding accommodation for eg. Crisis accommodation, more information on mental health, more education on the issue, more cultural events, policy reform in family reunion, support for parents with children experiencing mental health issues.

Employment

The need to provide more assistance to young CALD people to find jobs was referred to both directly and indirectly particularly in relation to its importance to their self esteem as well as their financial status and independence.

DISCUSSION

Over the past decade, much interest has developed within the mental health arena around the notion of resilience. Rather than focus on dysfunction, resilience provides a basis for a strength based approach to practice (Saleeby, 1997) focusing on positive adaptations to negative environmental circumstances (Miller, 1999). For young people coping with new social, cultural and linguistic environments, there can be no denying the myriad of challenges they must face. From the interviews discussed in this paper, it is clear that CALD young people use a variety of coping strategies in their lives. Most importantly, they recognise the value of their own peer, family and community networks as social and emotional resources. Like similar research from the United States (Miller, 1999; Yeh & Inose, 2002), this study found young people more

likely to seek out support from those around them rather than from the formal health and welfare sector.

It appears that there may be both 'push' and 'pull' factors at work in this scenario. Young people from CALD backgrounds may face numerous barriers in accessing mono-cultural services. Equally they may prefer the type of support and genuine benefit they gain from familiar social networks. Much resilience research has confirmed the importance of social networks in constructing protective factors for young people. These factors can operate at individual, familial and societal levels (Garmezy, 1985; Rutter, 1987). Professional frameworks of mental health care practice thus need to acknowledge that cultural difference can produce both barriers and valuable resources.

The young people concerned here clearly grapple with this kind of contradiction on a daily basis. Their family and their communities provide them with the ability to sustain their identity, self-esteem and sense of stability in the face of a dominant culture very different from their own. Yet these resources can also form the basis for clashes of culture and expectation which can place young people in very difficult circumstances as they try to engage in the dominant culture without damaging their primary cultural attachment. It is not surprising that some young people conclude that 'nothing works'. As Bashir (1993) has noted, mental health clinical services need to be attuned to issues of identity, self-worth and loss. This should involve cross-cultural competence based on more than simply knowledge of difference, but must also engage in the dilemmas faced by CALD clients as they seek to make difficult choices about how to deal with mental health problems. For those working at a broader mental health promotion level, attempts to enhance resiliency must also acknowledge the need to work in partnership

with young people based on an understanding of their strengths, their choices and their diverse realities.

CONCLUSION

The key issues that CALD young people disclosed in this study are social isolation, cultural and language barriers, issues related to families, education, recreational issues and access to services. There were no significant differences between the three states.

While participants came from a wide range of cultural background their responses had a great deal in common and there were many similarities in their actions and way of thinking. Maintenance of culture and traditions were seen as important especially those relating to family and community closeness. Problems were compounded by cultural and language barriers particularly where they led to social isolation. Access to mental health services was low, a factor which needs to be addressed.

These young people practiced a positive social culture, sharing in groups, going out with friends and enjoying music. This was contrasted with intergenerational conflicts at home, relationship problems and conflicting values. Their main coping strategies included family, entertainment and socialising.

There were differences in their migration histories where those who had migrated voluntarily had problems that came with the migration experience such as settlement issues, language problems, social isolation, etc. In addition to these problems, young people from refugee backgrounds were also tormented with memories of the war and the brutalities they had witnessed. As a result, mental health nurses need to

understand that young people from CALD backgrounds are diverse and that their individual needs have to be taken into consideration and adjust their practice to adapt to these problems.

There was consensus amongst the majority of young people of the need for more culturally appropriate services for both the youth sector as well as in the broader policy area. The most significant information provided by the participants though, relates to their resilience. A better understanding of how they cope in their complex and stressful lives can only strengthen the potential of mental health nurses to support them through their difficult periods. To do this nurses must take the time to cross the cultural and linguistic barriers to see their client's world view and thus model new practice that enhances the client's own coping mechanisms.

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Table 1: Total (Qld, WA & SA) young people by ethnic community and gender

Community	Male	Female	Total
Somali	12	7	19
Lebanese	2	-	2
Sudanese	10	5	15
Colombian		1	1
El Salvadorian	1	4	5
Greek	3	5	8
Chinese	10	14	24
Cambodian	7	3	10
Arabic speaking	4	3	7
Former Yugoslavia	16	16	32
Totals	65	58	123

Table 2 : Coping strategies described by the CALD young people

COPING STRATEGIES	% No of Participants
Entertainment/ Distractions	76%, n =90 participants
Socialising	52%, n = 62 participants
Physical Activity	49%, n = 58 participants
Internal Resources	47%, n = 55 participants
Spirituality	27%, n = 32 participants
Avoidance	17%, n = 20 participants
Connecting to original culture	17%, n = 20 participants
Nothing helped	14%, n =16 participants
Employment	13%, n =15 participants
Substance Use	12%, n =14 participants
Adaptation	10%, n = 12 participants
Talking about it	8% , n = 10 participants
Counselling	8% , n = 10 participants