

The mental health and wellbeing of children and young people

Policy brief, September 2013

Children and young people from culturally and linguistically diverse communities

The Commissioner for Children and Young People Western Australia undertook an Inquiry into the mental health and wellbeing of children and young people (the Inquiry) after hearing consistently from communities across the State about their concerns for the mental health of their children and young people, from infants to young adults.

The *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia* was tabled in Parliament in May 2011.

This policy brief focuses on the mental health and wellbeing of children and young people from culturally and linguistically diverse (CaLD) communities¹, including those from a refugee² background. The mental health and wellbeing of Aboriginal and Torres Strait Islander children and young people is discussed in a separate policy brief.³

The 2011 Australian Census showed that WA and Perth had the highest proportion of their population born overseas of all Australian states and territories and capital cities – approximately one third of the population of both.⁴

Almost one in five (18.4%) children and young people in WA were born in a country other than Australia, with the most common countries of birth being the United Kingdom, New Zealand, South Africa and India.⁵

The 2011 Census showed that almost one-third (29.7%) of Western Australian children and young people (between the ages of 0 and 17 years) were identified as having CaLD ancestry.⁶

More than one in 10 (10.6%) of WA children and young people speak a language other than English as the main language at home. The most commonly spoken languages are Southeast Asian languages including Vietnamese, Indonesian and Malay, and Eastern Asian languages including Mandarin and Cantonese.⁷

During 2011–12 one-third (464) of humanitarian entrants⁸ settled in WA were children and young people under the age of 18 years. Afghanistan was the most common country of origin for child humanitarian entrants.⁹ This is a change from 2009–10 when four in ten (546) humanitarian entrants were children and young people and the most common country of origin was Myanmar.¹⁰

Children and young people from CaLD communities are a very diverse group and there is no comprehensive, reliable data on their mental health. There is evidence that 'newly arrived migrant and refugee young people can experience behavioural and learning difficulties, depression, anxiety, post-traumatic stress disorder, psychosomatic disorders and identity issues'.¹¹



Commissioner for Children and Young People
Western Australia

In 2011, Kids Helpline provided 3,106 telephone or online counselling sessions to WA children and young people. Of the 41 per cent of sessions where the child or young person's cultural background was recorded, 24 per cent identified as being from a CaLD background. This is consistent with national Kids Helpline data.¹²

While mental health and wellbeing issues tend to be similar for children and young people regardless of their cultural and linguistic background, and strong culture and traditions are a protective factor for mental health and wellbeing, there are additional challenges for those children and young people whose experiences or cultural identity are different to the majority of Western Australians.

Some children and young people from CaLD communities (and their families) experience language barriers, feeling torn between cultures, intergenerational conflict, racism and discrimination, bullying and resettlement stress. Some have traumatic pre-migration experiences such as family separation and loss, war, violence and immigration detention.^{13 14 15 16 17 18 19}

What do children and young people say?

The Commissioner's wellbeing research²⁰ conducted in 2009 with nearly 1000 children and young people aged between five and 18 from diverse cultural, socioeconomic, geographical and situational backgrounds found that the majority of children were faring well but areas of concern included family conflict, bullying, stress and peer pressure.²¹

More than 700 children and young people, including those from CaLD communities, contributed their views on mental health to the Inquiry. They considered that feeling healthy (both physically and emotionally), positive about life, loved and cared for, acknowledged, connected and informed about mental health issues all contributed to good mental health.

Conversely they said that feeling down or sad, pressured, alone or isolated, different, bored, unloved, uninformed and unable to seek help contributed to mental health problems.²²

For the children and young people of the Commissioner's 2011 Metropolitan Advisory Committee their 'cultures, heritages, faiths and beliefs' were a source of pride and something to be celebrated for their contribution to Australian culture. They wanted to learn more about their cultural and religious traditions and saw this not only as a way of bridging the gap between their elders and parents but also with other Australians.

"Mainstream Australians need to be educated about the contributions their migrant and refugee populations have made to the country" – 14 year-old boy²³

However, they also experience bullying and discrimination because of stereotyping related to their cultural, religious, linguistic or racial background.

"We get called names like Taliban and Osama Bin Laden because not many people know about Islam and migrants in general." – 14 year-old²⁴

Research with young people from CaLD backgrounds about how they experience mental health (including WA young people) found isolation and resettlement stress were significant issues, but the young people also had strategies for staying mentally healthy.

"...even though I was very young, I went through enough misery to last 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." – 16 year-old boy from the former Yugoslavia²⁵



"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." – 16 year-old girl from the former Yugoslavia²⁶

The Human Rights and Equal Opportunity Commission's Inquiry into children in immigration detention found that immigration detention had 'a serious and detrimental impact' on the mental health of children and young people.²⁷ The Inquiry heard the stories of young detainees and former detainees:

"There are children who have been there for a very long time – two to three years and they have actually done things that are very distressing, like they went up the trees and they wanted to throw themselves, trying to commit suicide. There were kids that actually stitched their mouths. Things that are so traumatic that we are now having nightmares on a daily basis with these things." – person formerly detained as a child at Port Hedland detention centre²⁸

What were the findings of the Commissioner's mental health Inquiry?

There were a number of findings relating to the mental health and wellbeing of children and young people from CaLD communities.

- Children and young people from CaLD communities have a higher risk of mental health problems and face additional barriers to accessing services.²⁹
- Factors that may impact negatively on the mental health and wellbeing of children and young people (and their families) include:
 - experiences of war, torture, trauma and refugee camps
 - loss of and separation from family
 - interrupted education
 - identity issues and the challenge of belonging to two cultures
 - intergenerational conflict
 - loss of friends and social networks
 - responsibility for taking care of the family's practical needs (through greater competence in English)
 - isolation
 - language barriers
 - difficulty in making friends
 - the experience of racism and/or cultural and religious discrimination
 - the experience of immigration detention.³⁰
- Bullying is a reality for many children and young people, including those from CaLD communities, with one in four children reporting being bullied every few weeks or more.³¹
- The specific cultural and mental health needs of children and young people from CaLD communities should be considered in the development and delivery of programs and services.³²
- Parents, particularly when the family has experienced trauma or separation, can find parenting more difficult. Culturally-appropriate parenting programs that address the specific circumstances of these families are needed.³³
- As for all children and young people, promotion and prevention programs are essential for improving mental health and wellbeing. Programs developing positive school communities which affirm multiculturalism and which address racism, discrimination and bullying are particularly important.³⁴



- People from CaLD communities, including children and young people, access mental health services less than other Australian communities as a result of:
 - cultural differences in understanding, care and treatment of mental health
 - lack of culturally-appropriate information and education about mental health problems, disorders and services
 - stigma about mental health problems (within their own and broader community)
 - parents or guardians failing to recognise trauma resulting from the refugee experience.³⁵
- Children and young people's access to services would be improved by:
 - mental health stigma reduction programs in CaLD communities
 - engaging with CaLD community leaders in educating their communities about mental health
 - providing multilingual information at an early stage to new arrivals.³⁶
- Significant service barriers also exist including:
 - lack of culturally-sensitive, linguistically-appropriate or culturally-specific services
 - limited cultural understanding on the part of staff
 - barriers around recruiting bi-cultural and bi-lingual staff.³⁷
- Service barriers would be improved by developing a culturally competent workforce (which may include staff who are bilingual or from CaLD communities) and ensuring cultural competency training for staff.³⁸
- Targeted early identification processes resulting in referral to culturally responsive youth-friendly and/or family-centred early intervention and treatment services are needed, provided in settings readily accessed by children, young people and their families, for example schools.³⁹
- The Integrated Services Centres, located at Koondoola and Parkwood Primary Schools are an effective holistic service model for addressing the complex needs of humanitarian entrants and should be expanded to other Intensive English Centres, including in secondary schools.⁴⁰
- Special consideration needs to be given to the mental health and wellbeing needs of children and young people held in immigration detention, and the provision of mental health services for them.⁴¹

Key recommendations of the Inquiry relevant to children and young people from CaLD backgrounds are:

Recommendation 9: A strategic and comprehensive plan for mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission. This plan provide for the implementation and funding of promotion, prevention, early intervention and treatment services and programs.⁴²

Recommendation 17: As part of the strategic and comprehensive plan for mental health and wellbeing of children and young people across Western Australia, the Mental Health Commission identify the unique and specific requirements for:

- Aboriginal children and young people
- children and young people who are vulnerable or disadvantaged for any reason.⁴³



Recommendation 24: The Integrated Service Centres at Parkwood and Koondoola be maintained and consideration be given to expanding this model on additional school sites.⁴⁴

Recommendation 14: Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service be increased so it is able to provide comprehensive early intervention and treatment services for children and young people across Western Australia, including meeting the needs of those with mild, moderate and severe mental illnesses.⁴⁵

Recommendation 31: Significant funding be provided to increase the delivery of evidence-based parenting programs for parents of children and young people. Programs must be universal and targeted, accessible across the State, with some tailored to children and young people who have particular needs.⁴⁶

Recommendation 38: The current focus on bullying be maintained and enhanced by the continued development and implementation of evidence-based anti-bullying programs involving the Commonwealth and State Governments, non-government agencies, community, parents and children and young people.⁴⁷

What the research says

Three research papers published by ARACY in 2007 and 2008⁴⁸ examined the needs of children, young people and their families from CaLD communities. While acknowledging their high levels of strength, resilience and resourcefulness the research concluded that they can face disadvantage and marginalisation in housing, health, education, employment and access to social and recreational opportunities,⁴⁹ arising from:

- being part of a minority group in Australia
- their experiences prior to migration (eg war and family loss)
- different values and practices
- difficulty learning a new language
- the experience of racism
- community structures that do not take account of their needs.^{50 51}

Research shows that the migration experience, even when within the same country, can be stressful and isolating and involves creating a new identity while maintaining existing culture and identity.^{52 53}

It is important for children and young people's mental health and wellbeing that they have a strong sense of identity and sense of belonging to their own and their new culture.⁵⁴

Children and young people share their family's migration experience yet it is also different for them. For example, adolescents are already experiencing physical and psychological changes which affect their identity,⁵⁵ children of a family may have had no say in the decision to migrate and children and young people often have greater community involvement than their parents and acculturate more easily.⁵⁶ Differences in the rate of acculturation between parents and their children can lead to significant family conflict.^{57 58}

Mental health programs and services need to be culturally competent to deal with such issues.⁵⁹

ARACY identified three models of service delivery that are successful in supporting children, young people and families from CaLD communities:

- Culturally-specific services – effective in providing services to groups who have significant pre-migration trauma, have staff from the same cultural background.⁶⁰



- Multicultural services – offer a range of programs to both specific cultural groups and more broadly to the wider CaLD community, have bilingual and bicultural staff.⁶¹
- Mainstream services – offer inclusive programs in partnership with culturally specific and multicultural services (through collaboration and co-location) to ensure seamless service delivery. This is achieved by utilising the expertise of culturally-specific and multicultural services and by providing support to enhance these services.⁶²

Successful services (regardless of the model) are characterised by close and valued relationships with cultural and community leaders; provision of resources in relevant languages, including providing interpreting services; integrated service delivery (through collaboration and co-location) and thorough cultural competency and skills training for all staff.⁶³

The Royal Australian and New Zealand College of Psychiatrists emphasises the importance of access to properly trained health care interpreters when needed and health care information in the person's language to ensure quality care.⁶⁴

For young people it is important that services are also easily accessible, youth-friendly, and confidential.⁶⁵

Some children and young people from CaLD communities experience significant barriers in their education. They find school stressful because of the academic requirements, cultural and language difficulties, pressure to succeed, peer relations, bullying and racism.^{66 67}

Initial English language support is provided through schools, however for some young people this may not be sufficient to ensure they achieve in mainstream schooling. Schools need additional resources to support these students in the transition to mainstream classes.⁶⁸

What is being done?

A number of developments relevant to the mental health of children and young people from CaLD communities have occurred since the Inquiry:

- The Mental Health Commission has developed a 10-year strategic policy, *Mental Health 2020: Making it personal and everybody's business*, which identifies that people from CaLD backgrounds often confront barriers that result in reluctance to access mental health services and refugees face additional issues requiring culturally responsive mental health services.⁶⁹
- The Mental Health Commission's *Action Plan 2011–2012* includes a review of clinical and non-clinical CaLD mental health services in WA. Based on the outcomes of the review service provision for CaLD communities will be expanded.⁷⁰
- The Mental Health Commission has provided funding to support the Integrated Service Centres at Parkwood and Koondoola primary schools.⁷¹

What needs to happen?

To improve the mental health of children and young people from CaLD communities the following is required:

- The development of a strategic and comprehensive mental health plan for all children and young people in WA which includes targeted mental health promotion, prevention, early intervention and treatment services and programs to address the mental health needs of children and young people from CaLD communities.



- Funding to the State's Infant, Child, Adolescent and Youth Mental Health Service is increased so it is able to provide comprehensive early intervention and treatment services for all children and young people in WA, including those from CaLD communities.
- Barriers to access to mental health services for children, young people and their families from CaLD communities are addressed including through the use of health interpreters and cultural competency training.
- Consideration is given to expanding the Integrated Service Centres model to additional school sites and to additional resources for schools to support these students in the transition to mainstream classes.
- Expand the availability of evidence-based parenting programs, both universal and targeted, to a level that meets the diverse cultural needs of all WA parents.
- A continued focus on developing positive school communities which affirm multiculturalism and adequately address bullying, discrimination and racism.
- Further research to inform the delivery of mental health services to CaLD children and young people⁷² and improved data collection on the mental health and wellbeing of children and young people from CaLD communities.
- Relevant recommendations from the *Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia* are implemented.⁷³
- Special consideration is given to the mental health and wellbeing needs of children and young people held in immigration detention, and the provision of mental health services for them, including improved coordination between Commonwealth, State and non-government organisations.

Other relevant information

Commissioner for Children and Young People WA

The following publications are available on the Commissioner for Children and Young People's website www.ccyp.wa.gov.au

- *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*
- *Speaking Out About Mental Health: The views of Western Australian children and young people*
- *Children and Young People's Views on Wellbeing* – Research report
- *Aboriginal and Torres Strait Islander Children and Young People mental health and wellbeing policy brief*

Mental Health Commission

- The Mental Health Commissions' strategic policy *Mental Health 2020: Making it personal and everybody's business* and the *Action Plan 2011-2012* are available at: www.mentalhealth.wa.gov.au



- Professor Bryant Stokes' *Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia* is available on the Mental Health Commission website:
www.mentalhealth.wa.gov.au/media_resources/policies/stokes.aspx

Office of Multicultural Interests

- Provides links to Australian Government and community organisations relating to multiculturalism and to resources for schools related to multiculturalism, human rights, racism, and discrimination: www.omi.wa.gov.au/omi_schools.cfm

Department of Health and Ageing

- The Mental Health in Multicultural Australia (MHIMA) project provides advice and support to governments and services on mental health and suicide prevention for people from CALD communities: <http://www.mhima.org.au>

Association for Services to Trauma and Torture Survivors (ASeTTS)

- Provides services in WA to people who are humanitarian entrants or are from a refugee background and who have experienced torture or trauma: www.asetts.org.au

The Victorian Foundation for Survivors of Torture (Foundation House)

- Provides services in Victoria to people from refugee backgrounds and develops publications and resources for other professionals, including a resource for schools – *School's In for Refugees: A Whole-School Approach To Supporting Students Of Refugee Backgrounds, Barriers to and facilitators of utilisation of mental health services by young people of refugee background*:
www.foundationhouse.org.au/resources/publications_and_resources.htm

¹ *The wide range of cultural groups and individuals that make up the Australian population, including groups and individuals who differ according to religion, race, language and ethnicity except those whose ancestry is Anglo-Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander*: Western Australian Office of Multicultural Interests, *Multicultural terminology – what's in a word?*, cited in Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, p.181.

² *A refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion*: Australian Human Rights Commission, *Asylum seekers and refugees* [website] viewed 30 August 2013, <http://www.humanrights.gov.au/publications/asylum-seekers-and-refugees>

³ *The mental health and wellbeing of children and young people: Aboriginal and Torres Strait Islander children and young people* policy brief, is available:
<http://www.cyp.wa.gov.au/files/POLICY%20BRIEFS%202013/Policy%20Brief%20-%20Mental%20health%20-%20Aboriginal%20children%20and%20young%20people.PDF>

⁴ Office of Multicultural Interests 2013, *Cultural Diversity in Western Australia*, Department of Local Government, Perth.

-
- ⁵ Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro, cited in Commissioner for Children and Young People WA 2013, *Profile of Children and Young People in Western Australia*, available: <http://www.cyp.wa.gov.au/maps/index.html>
- ⁶ Australian Bureau of Statistics, *2011 Census of Population and Housing*. Data generated by the Office of Multicultural Interests using ABS Tablebuilder Pro. Ancestry data is based on self-identification therefore the actual number could be higher. Excludes main English-speaking backgrounds defined as Australian, British, South African, American, Canadian, South African, Irish and New Zealander ancestries as well as Aboriginal and Torres Strait Islander ancestries.
- ⁷ Australian Bureau of Statistics, *2011 Census of Population and Housing*. Findings based on use of ABS TableBuilder Pro, cited in Commissioner for Children and Young People WA 2013, *Profile of Children and Young People in Western Australia*, available: <http://www.cyp.wa.gov.au/maps/index.html>.
- ⁸ *Humanitarian entrants include persons entering Australia on refugee, protection and special humanitarian visa categories, granted both offshore and onshore*: Commissioner for Children and Young People WA 2013, *Profile of Children and Young People in Western Australia*, available: <http://www.cyp.wa.gov.au/maps/index.html>.
- ⁹ Department of Immigration and Citizenship 2012, custom report, cited in Commissioner for Children and Young People WA 2013, *Profile of Children and Young People in Western Australia*, available: <http://www.cyp.wa.gov.au/maps/index.html>.
- ¹⁰ Department of Immigration and Citizenship, 2011, Custom Report, cited in Commissioner for Children and Young People WA 2011, *Profile of Children and Young People in Western Australia*, Commissioner for Children and Young People WA, Perth, p. 22–23.
- ¹¹ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and Transition*, ARACY, Canberra, p. 30.
- ¹² Kids Helpline 2012, *Western Australia: Highlights from 2011*, BoysTown, p. 3, viewed 30 August 2013, <http://www.kidshelp.com.au/upload/22926.pdf>
- ¹³ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, pp.35–37.
- ¹⁴ Australian Infant, Child, Adolescent and Family Mental Health Association 2011, *Improving the mental health of infants, children and adolescents in Australia*, Australian Infant, Child, Adolescent and Family Mental Health Association, Adelaide, p. 21.
- ¹⁵ Black Dog Institute nd, *Information for Culturally and Linguistically Diverse Young People and Their Families*, Black Dog Institute, viewed 30 August 2013, <http://www.blackdoginstitute.org.au/docs/CALDpaper.pdf>
- ¹⁶ Office of Multicultural Interests 2009, *“Not Drowning, Waving”*: *Culturally and Linguistically Diverse Young People at Risk in Western Australia*, Office of Multicultural Interests, Perth, p. 33.
- ¹⁷ BoysTown 2012, *Kids Helpline information Sheet: Culturally and Linguistically Diverse Young People*, BoysTown, viewed 30 August 2013: <http://www.kidshelp.com.au/upload/22935.pdf>
- ¹⁸ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and Transition*, ARACY, Canberra, p. 30.
- ¹⁹ Kids Matter Primary 2012–13, *Cultural diversity and children’s wellbeing*, [website], viewed 30 August 2013, https://www.kidsmatter.edu.au/sites/default/files/public/KMP_C1_CDCW_CulturalDiversityAndChildrensWellbeing.pdf
- ²⁰ Commissioner for Children and Young People WA 2010, *Children and Young People’s Views on Wellbeing – Research Report*, Commissioner for Children and Young People WA, Perth.
- ²¹ Commissioner for Children and Young People WA 2010, *Speaking Out about Wellbeing: The views of Western Australian children and young people*, available: [http://www.cyp.wa.gov.au/files/Wellbeing%20research%20report%202010/wellbeing-report\[1\].pdf](http://www.cyp.wa.gov.au/files/Wellbeing%20research%20report%202010/wellbeing-report[1].pdf)
- ²² Commissioner for Children and Young People WA 2011, *Speaking out about mental health: The views of Western Australian children and young people*, p. 7, available: <http://www.cyp.wa.gov.au/files/Speaking%20out%20about%20Mental%20Health.pdf>
- ²³ Commissioner for Children and Young People WA’s Metropolitan Advisory Group 2012, *Scholar Hut: Us and Our Community* report, Metropolitan Migrant Resource Centre, Perth, available: <http://www.cyp.wa.gov.au/files/MMRC%20-%20Us%20and%20Our%20Community%20Report.pdf>
- ²⁴ Ibid.
- ²⁵ Goram et al 2003, *How young people from culturally and linguistically diverse backgrounds experience mental health: some insights from Mental Health Nurses*, University of Southern Queensland, p.10.
- ²⁶ Ibid, p.13
- ²⁷ Human Rights and Equal Opportunity Commission 2004, *A Last Resort? National Inquiry into Children in Immigration Detention*, Human Rights and Equal Opportunity Commission, Sydney, p. 429.
- ²⁸ Ibid, p. 370.
- ²⁹ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, p.88.
- ³⁰ Ibid, pp.89–91.
- ³¹ Ibid, p.123.
- ³² Ibid, p.89.
- ³³ Ibid, p.89.
- ³⁴ Ibid, p.89.



-
- ³⁵ Ibid, p.90.
- ³⁶ Ibid, p.90.
- ³⁷ Ibid, p.90.
- ³⁸ Ibid, p.90.
- ³⁹ Ibid, p.90.
- ⁴⁰ Ibid, p.91.
- ⁴¹ Ibid, p.91.
- ⁴² Ibid, p.63.
- ⁴³ Ibid, p.72.
- ⁴⁴ Ibid, p.91.
- ⁴⁵ Ibid, p.67.
- ⁴⁶ Ibid, p.107.
- ⁴⁷ Ibid, p.124.
- ⁴⁸ *Multicultural Youth in Australia: Settlement and Transition; Working with Multicultural Youth: Programs, Strategies and Future Direction & Achieving Outcomes for Children and Families from Culturally and Linguistically Diverse Backgrounds*
- ⁴⁹ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and transition*, ARACY, Canberra, p. 8.
- ⁵⁰ Ibid, p. 8.
- ⁵¹ Australian Research Alliance for Children and Youth (ARACY) 2008, *Achieving Outcomes for Children and Families from Culturally and Linguistically Diverse Backgrounds*, ARACY, Canberra, p. 1.
- ⁵² Ibid, p. 1.
- ⁵³ Kids Matter Primary 2012–13, *Cultural diversity and children's wellbeing*, [website], viewed 30 August 2013 https://www.kidsmatter.edu.au/sites/default/files/public/KMP_C1_CDCW_CulturalDiversityAndChildrensWellbeing.pdf
- ⁵⁴ Ibid.
- ⁵⁵ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and transition*, ARACY, Canberra, p. 10.
- ⁵⁶ Australian Research Alliance for Children and Youth (ARACY) 2008, *Achieving Outcomes for Children and Families from Culturally and Linguistically Diverse Backgrounds*, ARACY, Canberra, p. 4.
- ⁵⁷ Black Dog Institute nd, *Information for Culturally and Linguistically Diverse Young People and Their Families*, Black Dog Institute, available: <http://www.blackdoginstitute.org.au/docs/CALDPaper.pdf>
- ⁵⁸ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and transition*, ARACY, Canberra, p. 17.
- ⁵⁹ Bashir 1993, cited in Goram et al 2003, *How young people from culturally and linguistically diverse backgrounds experience mental health: Some insights from Mental Health Nurses*, University of Southern Queensland, p.20.
- ⁶⁰ Australian Research Alliance for Children and Youth (ARACY) 2008, *Achieving Outcomes for Children and Families from Culturally and Linguistically Diverse Backgrounds*, ARACY, Canberra, pp. 9–11.
- ⁶¹ Ibid, pp. 12–15.
- ⁶² Ibid, pp. 15–21.
- ⁶³ Ibid, pp. 1–2, 21–28.
- ⁶⁴ The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2012, *Position Statement 46 – The provision of mental health services to asylum seekers and refugees*, RANZCP, p.3.
- ⁶⁵ Commissioner for Children and Young People WA 2011, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People WA, pp. 147–149.
- ⁶⁶ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and transition*, ARACY, Canberra, p. 22.
- ⁶⁷ Mansouri F, et al 2009, *The impact of racism upon the health and wellbeing of young Australians* The Foundation for Young Australians, pp. 3–6.
- ⁶⁸ Australian Research Alliance for Children and Youth (ARACY) 2007, *Multicultural Youth in Australia: Settlement and transition*, ARACY, Canberra, p. 22–23.
- ⁶⁹ Mental Health Commission 2011, *Mental Health 2020, Making it Personal and Everybody's Business*, Mental Health Commission, Perth, p.28.
- ⁷⁰ Mental Health Commission 2011, *Mental Health 2020, Making it personal and everybody's business, Action Plan 2011-2012*, Mental Health Commission, Perth, p.16
- ⁷¹ Ibid, p.16.
- ⁷² Colucci E et al 2012, *Barriers to and facilitators of utilisation of mental health services by young people of refugee background*, Foundation House, Melbourne, p. 4.
- ⁷³ Stokes B 2012, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health & Mental Health Commission, Perth.

