HOW'S YOUR HAAL?

AUSTRALIAN multicultural foundation

A report on our community conversation project regarding the mental health and wellbeing of CaLD youth in WA

Table of Contents

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- Edmund Rice Centre of WA
- Embrace Multicultural Mental Health Australia
- Ethnic Communities Council of WA
- Headspace
- Multicultural Futures
- Sri Lankan Australian Youth Association (SLAYA)
- Youth Futures WA
- Dr Hon Anne Aly MP, Member for Cowan
- Mr Chris Tallentire MLA, Member for Thornlie

Executive Summary

From February 2020 to March 2020, the How's Your Haal? Project hosted three community conversations and various online engagements with over 90 young people from Culturally and Linguistically Diverse (CaLD) backgrounds on the subject of mental health. Four recurring themes emerged in these discussions:

1. **Identities and Labels:** The constant pressure to choose an identity - i.e. our Australian identities and our ethnic identities was a signficant source of anxiety, with flow on effects on our mental health. The "CaLD" label itself, while sometimes othering, can be unifying if used correctly.

2. **Family, Parents and Households:** Mental health starts in the home, but generational differences, intergenerational trauma and a lack of education around mental health were common obstacles for all of us. However, our families can be our biggest source of strength when given the chance.

3. **Culturally Sensitive Service Provision:** There are visible improvements in cultural sensitivity in the mental health space. However, a lot of us still carry the feeling that the system is not for us. Part of this is because we feel an extra burden of needing to educate about our cultural backgrounds before we even open up about our mental health issues (which is already hard).

4. **The Role of Friends:** We rely heavily on our friends to get us through tough times. Some of our friendship groups are well-equipped to deal with mental health issues, while others are not. Regardless of our preparedness, our friends are often our first and most credible point of contact when we're going through tough times.

Given the issues outlined above, there were also some common themes in the suggestions on improve the mental health outcomes for youth from CaLD backgrounds going forward:

- Increase capacity of CaLD youth to **facilitate community conversations:** Community dialogues were seen as one of the most effective ways to reduce stigma on the issue of mental health - both within and across communities.

- Develop **peer-to-peer support systems** to bridge the gap between youth and service providers: Peer-to-peer support systems were seen as crucial to getting buy-in for any initiative seeking to engage CaLD youth to improve mental health e.g. teaching each other mental health first-aid; hacking how best to talk to service providers about issues regarding culture etc; developing systems of help-seeking.

- Support **"by us, for us" storytelling** to reduce stigma: Increased visibility of CaLD leaders who are willing addressing mental health head-on - whether sharing their own stories publicly or talking to smaller groups of young people - was seen as an important of destigmatising unhelpful narratives around mental health, particularly with parents.

- Increase opportunities for **co-design with CaLD youth** into formal programming: This is particularly for any training that seeks to improve service provision with CaLD communities.

Introduction

This report is a summary of the conversations we held as part of our initiative, How's Your Haal? ('HYH').

The HYH Project is the WA chapter of a national youth leadership program administered by the Australian Multicultural Foundation ('AMF') and is funded by the Australian Government, Department of Social Services. The purpose of this program was to bring young people together to develop an intervention strategy to address an issue of concern within our collective context.

As a group we collectively felt that the conversation about the mental health of youth from culturaly and linguistically diverse backgrounds ('CaLD') has stagnated and needed to be addressed. We acknowledge that there is still a lot of stigma around mental health in all communities. It is a tough subject for anyone to talk about. Everyone is impacted by it. But there is evidence - anecdotal and empirical - that these negative impacts are compounded for us, and our peers, whose culturally backgrounds have come to Australia from elsewhere.

However, because there's not a lot of research out there about the mental health of youth from CaLD backgrounds, we felt that the best place to start was simply to open up the space to talk about it: first with each other, then with our broader communities of support.

"How can we know what these impacts are if we don't talk to each other about them?"

Hence, the HYH Pilot Project was born. The heart of this project was about creating "brave spaces" for conversation around important issues, so we could:

1. Destigmatize and demystify the subject of mental health amongst CaLD youth,
2. Challenge existing assumptions by listening to the experiences of CaLD youth, and
3. Build a stronger sense of community between CaLD youth, service providers and community leaders, in order to foster a greater resilience towards future challenges and keep this important conversation alive.

After three events, 90 young people, and 600 new social media connections, we can now share our findings and tell the stories of CaLD youth in WA as they relate to mental health. The following words are directly from those brave enough to join us in this initiative. To them, we are extremely grateful and have done our best to stay true to what was shared with us.

Project Overview

The HYH Project was originally designed as project comprising of three phases:

1. Conduct **consultations with service providers and community leaders** that have experience assisting and supporting young people from CaLD backgrounds;

2. Use these insights as the basis for discussion with other CaLD youth via a series of **facilitated community conversations (using the "Taboo Talk" method);**

3. Bring together community leaders, service providers and young people who participated in the project together and **facilitate a whole-of-community conversation** about the findings. The purpose of this would be to create a stronger sense of shared purpose on the issue of the mental health outcomes for CaLD youth.

Changes due to the coronavirus pandemic

Phase One and Phase Two of the HYH Project were completed between December 2019 and February 2020 before the government-mandated restrictions for public gatherings were put into place.

However, as a result of the timing of these restrictions, we have been unable to commence Phase Three as originally planned. Therefore, a decision was made to indefinitely postpone Phase Three until a time after these restrictions are lifted.

As a result, this report seeks to consolidate the findings of the events and discussions that have taken place with a view to informing the work of service providers and community leaders who are continuing to work in this space and developing future programming.
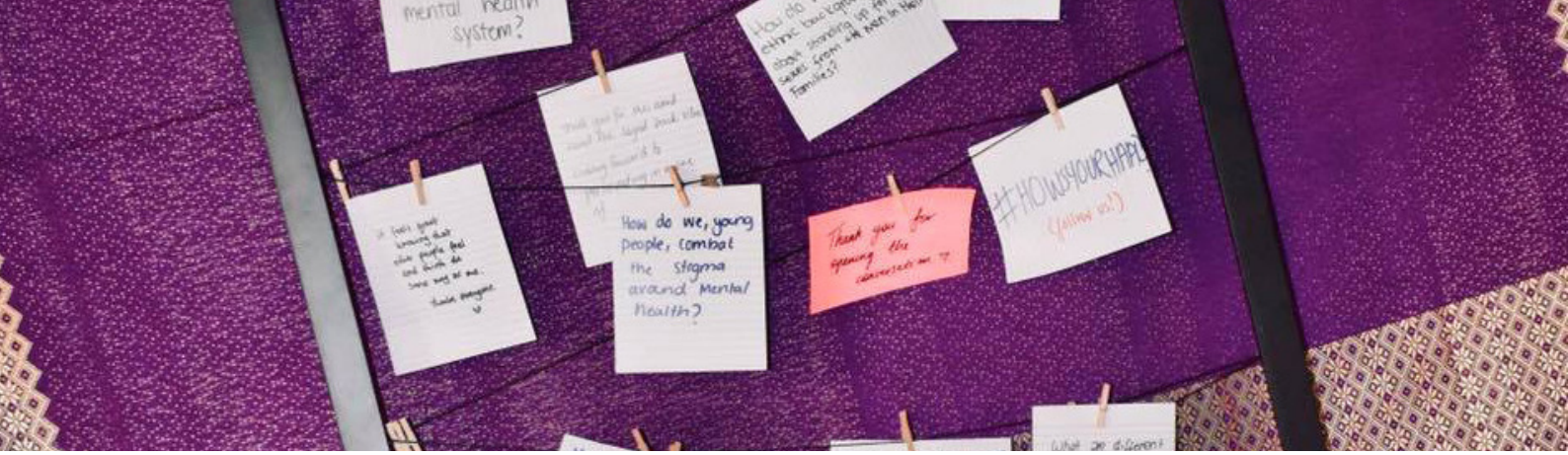
Theme One: Identity and Labels

"I didn't choose any of my labels. They came from a system."

"Choosing an identity" is a huge source of anxiety for us because we feel like we have to be one or the other, at a time in our lives where we are still working that out. This pressure can come from the broader Australian society as well as from within our own communities. This "choice" ignores the fact that our ethnicities and languages are an important part of our identity, but they are definitely not the only culture we have.

We feel that this internal conflict was inherent in the "CaLD" label itself - a label used by others, not us.

Since we didn't create or nor do we control the "CaLD" label, it can often be used to confine, ostracise and simplify us. We feel that it "CaLD" is essentially shorthand for "non-White" or "non-Australian" and this ignores the incredible diversity amongst us - both in our communities and within Australia at large. Our individual qualities can be overshadowed, which creates a sense of unbelonging. There is this internal conflict, a constant questioning of whether we are Australian or our own culture and most felt they did not belong to either culture.

However we also felt that the "CaLD" label can and does create a sense of community, of kinship between people with similar situations. Sometimes it is the only way we can identify and categorise key issues that only occur to or within our own communities. For a lot of us 'CaLD' has given us a sense of belonging and comfort in an uncomfortable society.

"CaLD" assumes that the culture we all identify the most with are our ethnic communities, which is not always the case. I.e. some of us felt more cultural affinity based on the basis of sexuality or neurodiversity - other groups whose needs don't adhere to the default of the mainstream. In a multicultural society like Australia's, this is what diversity really is.

Ultimately it comes down to who was using labels like "CaLD" and the way they are used. The first step is to recognise the tendency for the wider society to cluster groups of people within the "CaLD" community together, whether intentionally or not. For the "CaLD" label to be useful, and even empowering, it has to be understood in a way that acknowledges that we are all of our experiences: both shared as members of a specific community and personal to us.

Having our systems accept this reality will make a big difference to how we see ourselves.

What does "CaLD" look like when you let us choose where we belong?

- Pakistani
- Sri Lankan
- Greek
- Pakistani Iranian
- Sri Lankan Australian
- Indian
- Chinese
- Zimbabwean
- Indian
- Australian
- Australian Mixed Race
- Australian Lebanese
- Afghan

- Tamil Sri Lankan
- Burundian
- Filipino
- Belgian
- South Korean
- Autism Community
- Indonesian South African
- Malaysian Chinese
- Iraqi
- Pakistani Urdu Panjabi
- Nigerian American
- Tamil Hindu Sri Lankan
- Indian Gujarati

- Middle Eastern African
- Hazara
- Australian Chinese
- Australian French
- English Zanzibarian
- Australian Italian
- Somalian Yemeni
- Middle Eastern
- Bangladeshi
- Ethnic
- ADHD Community
- Pakistani Muslim
- Serbian

- Christian
- South Asian
- Muslim
- Sinhala Buddhist
- Mauritian Creole
- French Spiritual
- Afghan Muslim
- Sinhala Sri Lankan

Theme Two: Families, Parents and Households

"They can't fathom what we lack here."

We all believe that good mental health starts in the home. We also understand that mental health is hard for anyone to talk about. However, as CaLD youth, we all shared the feeling that there were certain obstacles that are compounded when you belong to a family whose cultural background is from elsewhere. This was regardless of what our particular ethnic, racial and religious practices were.

Many of us live with internalised feelings of conflict and uncertainty when it came to bringing these issues to our families attention; particularly our parents. We carry a lot of guilt at the possibility that our issues with mental health would only burden them. Our parents have been through a lot to get here so its tempting to play down our problems ("they can't possibly compare"). We also carry the concern that even if we did tell them, they would not see our issues as significant or real, because they're not physical. Their experience of "mental health" is so different to ours that it becomes harder for them to understand.

Naturally it can be a massive source of conflict. Most of us can recount experiences of how our parents have dealt with our concerns in unhelpful and even hurtful ways. Our collective challenge seems to be trying to figure out how to improve their understanding and to react with patience instead of frustration and anger.

Even in the face of these challenges in our own homes, we still keep trying to move the needle on this conversation in our own way. This is because there is a shared understanding amongst us that our families can be our greatest asset in reclaiming our mental health if given the chance.

A lot of these difficulties come from a lack of opportunities for them to really understand the issues around mental health. As daunting as it can seem, we feel that we can be the impetus for change and take them on that journey with us.

As the language of mental health doesn't naturally exist in many of our cultural backgrounds and communities, we felt that it was important for language which encouraged feelings based conversation and mindfulness, to be introduced in our cultural communities. In turn, we hope and believe that this will improve and boost the conversation of mental health in households as well as the wider community.

We are acutely aware of the challenges and complexities which came along with implementing change in our cultural communities in order to encourage the discussion of mental health. But we feel like we can be the agents for change with support and encouragement.
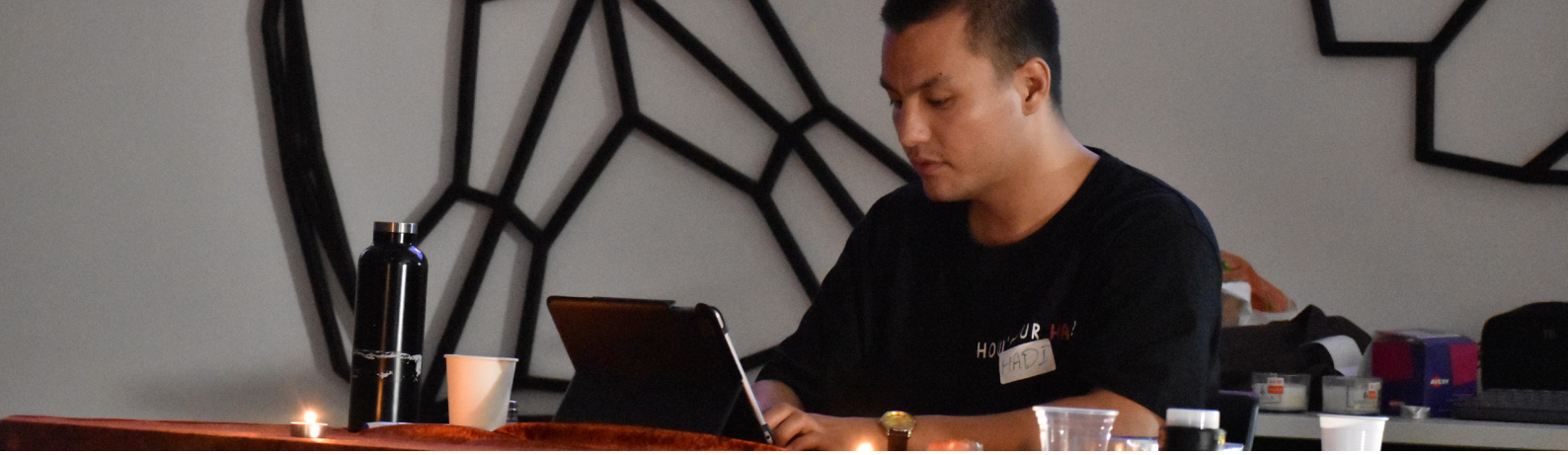
Theme Three: Culturally Sensitive Service Provision

"Would they ask that if we were White?"

Knowing you need help is one challenge. Actively seeking that out is a whole other challenge. When you feel like the system is not made to service or even understand you, we are much less inclined to seek the very help that could save our lives.

This feeling is a common reason why we can feel apprehensive about approaching service providers. We often start off with the point of view that services will simply cluster us into convenient categories and assume that we have the same struggle as another person in our cultural community. This perception can make it hard to see any benefits in seeking professional help.

The last thing we want to do is encourage more people to assume the worst of our cultures because of issues we may be having. There is almost always a lingering fear that service providers may be racist or make offensive statements, whether it is unknowingly or not. As multicultural as Australia is, the reality is that our communities can attract extra scrutiny when times are tough. We certainly feel pressure to not bring our communities into disrepute or shame, so being vulnerable with service providers you don't feel safe with is a huge ask.

With that all said, we do see the positive developments in the mental health landscape. We see that services are becoming more accessible to people with different cultural experiences and needs. There are those of us who have had positive experiences seeking help, and are great advocates for the good work that is being done.

But even those of us with positive experiences still felt the burden of needing to educate the service provider about who we are and where we come from. This is often before we even get to the mental health issues that lead us there in the first place. When you already find it difficult to talk about or recognise your issues in the first place.

We can't help but wonder whether this was merely ignorance and naivety or something deeper. Is it simply a case of teaching people about using the right tone when asking questions about culture or about being respectful?

This is a conversation between us and service providers needs to happen more. If they are willing to listen to our experiences and incorporate that into their delivery, we can be their most powerful advocates.

"Luckily I have close friends I can be open with. Others don't."

We rely on our friends to get through whatever we're going through. A lot.

When service providers don't feel like they are designed for you and/or when we feel like our parents will not truly understand what is going on for us - our friends are our lifeline. They often provide a huge sense of support, and their opinions carry a lot of weight. If people in our friendship circles are having positive experiences with service providers or community leaders - we put a lot of trust in that and we also become more open to seeking those experiences out for ourselves.

The same goes for mental health. Having close friends allows us to share our mental health challenges, and when we are able to make a connection through similar experiences it normalises the issue at hand for all of us. The more we talk about mental health issues among friends the more comfortable we become.

Our friends have become support systems which are able to guide us in the right direction when seeking service support and when requiring immediate action. Service referrals through friends hold heavier weight when deciding which service to access. We also broadly felt that having friends of ethnic origins was easier due to similarities in life experiences and ability to reflect on this provided a deeper sense of friendship. This sense of friendship could also reach out to peers/peer groups in which young people can feel comfortable reaching out for support.

However, not all of us have the benefit of a strong support network. This particularly seems to be the case with young men in our communties. It became quite clear that it was much harder for them to open up among their friends for a number of reasons. Few of them said they have friends they share issues. We can't ignore the differing gender dynamics with levels of preparedness and comfort with talking about emotions and mental health experiences overall.

The other thing we want to avoid is putting too much pressure on each other. Sometimes, especially when it's a friend you care dearly about, its hard not to feel responsible for your friends. We can look after each other to a point because we don't always know what to do, or what is out there.

With the right support, we think friends are in the best position to connect their struggling peers to a system that can give them they help they might need.

Recommendations

Increase capacity for CaLD youth to facilitate community conversations

"Seeing the word "Haal" signalled to me that this was for my people, by my people."

Our first recommendation is to help us build our capacity to facilitate community conversations - much like the ones we have been having as part of the "How's Your Haal?" project.

As CaLD youth in Australia, we have built an understanding of mental health in ways that are different to the rest of our communities. This puts us in the best position to destigmatise the issues of mental health amongst our peers, our families and our respective communities.

We have a desire to educate others about the importance of mental health awareness in communities where we have noticed a lack of awareness and the enduring taboo surrounding it.

However, as we've attempted to fill these intergenerational gaps by ourselves, we have experienced issues with communication and community buy-in. We have found it difficult and confusing to approach communities with such a taboo topic and have realised that taking a strong standpoint may be too pressurising and conflicting for some.

But through conducting these conversations in a thoughtful, facilitated way (using something like the "Taboo Talk" model) we might have a chance to reignite this stagnated conversation.

Our previous experience shows us the importance of the right method in approaching both community members and parents with to socialise new and unfamiliar ideas of mental health.

This is a process that will no doubt take time and our efforts have to be gradual and consistent.

By practising with each other, we become much more confident in facilitating these community conversations from a place of understanding, empathy and mindfulness.

Recommendations cont.

Develop peer-to-peer support systems to bridge the gap between CaLD youth and service providers

"If you go to someone that doesn't get it, you get to explain it to them, which in turn becomes helpful"

Our second recommendation is to leverage the strength of our friendship groups to improve the connections between our peers in community and service providers looking to help them.

Despite the apprehensione of some, we did agree that one major solution to this issue is to give health services and professionals a chance. While we outlined a lot of negative experiences about seeking professional help, a number of us also expressed just how much they have benefitted from available services, in spite of these obstacles. It became apparent that a lot of us were not aware of these positive experiences within our own communities, merely because we hadn't had an opportunity to hear these stories for ourselves.

We felt that peer networks and friendship groups can be this bridge between service providers and other young people by holding that space for their friends to discuss these specific cultural issues: e.g. how to talk about your culture with your mental health professional; which services have good, culturally sensitive practices etc.

By talking to our friends about these issues, we can start to let go of our hesitation in fully expressing ourselves. We all recognise this is difficult but we felt that it is something that we all can achieve as CaLD youth if we are patient and give the process some time.

Therefore, to really maximise the effectiveness of mental health services from healthcare providers, we must construct a bond of trust with them whilst also being open in improving their knowledge about various existing cultural values and issues.

Support "by us, for us" storytelling as a way to reduce stigma

"Involvement of a community leader could initiate a mass group of parents taking the first steps towards understanding"

Our third recommendation is to encourage the use of storytelling as a way to increase visibility from CaLD community leaders to address mental health.

This could be through more events addressing this issue or through the use of media. We felt this was really important because, in a media landscape that doesn't always represent us, we have to be able to create these reflections of ourselves - for others to find - somewhere.

Recommendations cont.

Community leaders are viewed as advisors in cultural and ethnic communities; they have great potential to stimulate the conversation on mental health in CaLD communities and the power to reduce the stigma around mental illness. We feel that if community leaders are open to sharing their own stories about mental health and illness publicly, this may provide communities, particularly parents, with an essential awareness and understanding of the concept of mental health, and draw attention to the reality and severity of mental illnesses.

Talking to smaller groups of young people to educate them on the importance of mental wellbeing and the services available to them will provide reassurance to those who might be experiencing feelings of uncertainty or fear.

Our community leaders have trusted, existing, and accessible networks, and we believe they could play a vital role in igniting the discussion and strengthen CaLD communities in reducing the taboo around mental health and illness.

While this recommendation is not easy to implement, we all know of community leaders who are championing good mental health practice in their own way. We merely want to make it easier for them to tell their stories and share them for the benefit of our communities.

Create opportunities for co-design with CaLD youth into formal programming

"I almost feel like there is an inability to educate due to the unspoken hierarchy"

Our fourth recommendation is, broadly, to improve mental health services for CaLD youth by formalising co-design practices with CaLD youth. This is particularly the case for any training that seeks to improve service provision for us.

A recurring theme in our conversations was the limited number of service providers from cultural backgrounds or specialists who knew about CaLD issues. Some of the CaLD youth we talked to suggested that the providers from available services could not resonate with their experiences due to unfamiliarity or simple ignorance. As a result, the youth were apprehensive to approach service providers, feeling that they would be misunderstood, disrespected, or discriminated against.

These challenges highlight the need for service providers to be educated on cultural backgrounds and issues, such as family dynamics and acknowledge their own assumptions in providing assistance to CaLD youth. In order to do so, service providers need to involve CaLD youth in the treatment process, working to understand individual contexts to be able to provide suitable, non-judgmental assistance.

We recommend CaLD youth also be involved in service provider training wherever possible. Whether its showing a willingness to be educated by their patients or speaking with younger members from CaLD communities, we believe there are as yet unexplored ways that CaLD youth can meaningfully contribute to program design.

Conclusion

Conversation was, and is, at the heart of the HYH Project.

In the short time we had, and the unique circumstances that arose due to the pandemic, we have already witnessed personal growth in the people that took part and a stronger sense of community being forged.

Since we didn't know what the "broader story" was, we simply wanted to create the opportunity to tell our own.

A lot of assumptions were indeed confirmed: the double-edged sword of being labelled as "CaLD"; the intergenerational issues within our family units; and the reasons for apprehension towards formal service providers.

But there were also many opportunities that became apparent. There is a strong willingness from young CaLD people to hold these difficult discussions within communities and amongst families.

Like any initiative that seeks to improve long term mental health outcomes, the effort needs to be consistent and well-supported. This is particularly the case now as the future looks uncertain for so many young people in Australia.

What we have managed to achieve via the HYH Project is merely the foundation for future work we would like to do, or at the very least, wish to see happen beyond the scope of our project.