



Working with Children, Young People and Families from a Refugee and Asylum-seeking Background:

A Tip Sheet for Mental Health Clinicians, Counsellors and Key Workers

Culturally-informed Practice

Knowledge

- An awareness and ongoing curiosity towards one's own cultural background and the way this informs our perceptions, assumptions and responses
- An understanding that culture is neither homogenous or static
- An understanding that culture, faith, ethnicity and the broader sociopolitical context are important dimensions to explore and consider when undertaking a mental health assessment and/or devising an appropriate treatment plan
- An awareness of explanatory models of mental health and healing that exist beyond dominant cultural norms.

Skills

- Practice cultural curiosity and humility
- Develop the ability to work effectively with interpreters
- Communicate important information using a teach-back method
- Identify and adaptively respond to treatment barriers
- Proactively enquire about culture, faith and ethnicity
- Consider aspects of a client's cultural identity without essentialising it or assuming it is the most pertinent factor in any given case
- Develop case formulations and treatment plans that incorporate the client and/or family's explanatory models of mental health and healing.

Engagement Barriers

Despite a high prevalence of psychological distress, children and young people from refugee and asylum-seeking backgrounds do not readily access or receive mental health treatment.

Reasons for this include:

- ▶ Lack of culturally-informed expertise within mainstream health services
- ▶ Diverse explanatory models of mental health and healing
- ▶ Lack of awareness/understanding of health systems in Australia
- ▶ Financial hardship and uncertainty
- ▶ Linguistic barriers and their varied impacts (ie. access to transport, healthcare)
- ▶ Concern regarding confidentiality and how this might influence Visa outcomes
- ▶ Mental health stigma within diaspora communities
- ▶ Adjustment stress during the re-settlement period.

Setting up the Work

1. Before you book an interpreter, you need to be aware of:

- ▶ Country of birth
- ▶ Language/s spoken
- ▶ Dialect preferences
- ▶ Interpreter gender and ethnicity preferences.

2. Introducing yourself and the service:

You will need to explain in jargon-free, simple language:

- ▶ That accessing a public mental health service in Australia is common, safe and free
- ▶ That Visa status does not prevent access to public mental health services
- ▶ What your mental health services does
- ▶ Your role and likely length of engagement with the family
- ▶ The type of information you will require and why this information is needed
- ▶ What you will do with this information - where it is recorded/stored, how it will be used, and who it will/won't be shared with
- ▶ The limits of confidentiality and your ethical obligations
- ▶ An explicit acknowledgement and/or overview of consumer rights and responsibilities.

Further considerations:

- ▶ Accessibility (access to car/public transport, limited finances for car parking, fear of unfamiliar environments)
- ▶ Sense of safety (consider completing an intake in the family environment or including a support person/community member).

RIGHTS AND RESPONSIBILITIES

Do not assume families from refugee and asylum-seeking backgrounds are aware of their rights as a health service consumer. You will need to speak to these explicitly. **Use a teach-back method to ensure accurate understanding.**

TEACH-BACK METHOD:

The following links provide a basic introduction to the concept and practice of a teach-back method:

<https://www.youtube.com/watch?v=d702HIZfVWs>

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0006/618387/Teach-Back.PDF

<https://www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/>

3. Assessment

Key information:

- ✓ Country of birth
- ✓ Arrival date in Australia
- ✓ Intermediary (transit) countries and timelines prior to arriving in Australia
- ✓ Confirm language preference and interpreter preference (gender, religion, ethnicity)
- ✓ Religion
- ✓ Ethnicity and nationality*
- ✓ Current support networks (formal, informal, cultural)
- ✓ Visa status

WHY ETHNICITY MATTERS

Ethnicity can be a sensitive topic for families of refugee and asylum-seeking background, particularly where persecution has occurred on this basis. Some families will be reluctant to disclose this information. It is useful to demonstrate to families that you are aware of this concern for them. Information about a client's ethnicity provides important context and assists in the development of culturally-informed interventions.

***Ethnicity** refers to a shared cultural or historical identity based on common ancestry, heritage, language, religion or other shared experiences irrespective of geographical location. **Nationality** refers to legal and political membership to a particular country.

Working with Interpreters

It is not enough to simply offer or include an interpreter. Working effectively with an interpreter requires significant planning and skill. There are readily available resources online to help clinicians develop their practice in this area.

Victorian Transcultural Mental Health (VTMH) offer an introductory guide:

<https://vtmh.org.au/working-with-interpreters-2/>

Engaging with Diverse Explanatory Models

Possible questions might include:

- What has been happening for your child?
- How is this a problem for your child?
- What would you call this?
- Why do you think this started when it did?
- Have you seen this happen to other children and families?
- How does it affect your child's body and mind?
- What do you most fear about these issues for your child?
- What do you most fear about the treatment?

Cultural Formulation Interview:

https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

Refugee and Humanitarian Visas

Visa status can affect healthcare eligibility, working rights and access to further education. Prolonged Visa uncertainty has a significant psychological impact on families. Visa status is therefore crucial to understand in the context of a mental health assessment.

Common Visa types:

- ▶ Global Special Humanitarian (subclass 202)
- ▶ Protection Visa (subclass 866)
- ▶ RefugeeVisas (subclass 200, 201, 203 and 204)
- ▶ Temporary Protection Visa (subclass 785) – also referred to as TPV.

For further details about Visa types within Australia, visit:

<https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing>

Refugee Trauma for Children and Young People

The following resource contextualises the nature of trauma, loss and adversity for children and young people from refugee and asylum-seeking backgrounds:

<https://earlytraumagrief.anu.edu.au/files/Refugee%20Tipsheet.pdf>

Additional Resources

Translated Documents:

<https://embracementalhealth.org.au/community/multilingual-information>

Cultural Information:

<https://culturalatlas.sbs.com.au/countries>

Refugee and Asylum Seeker information:

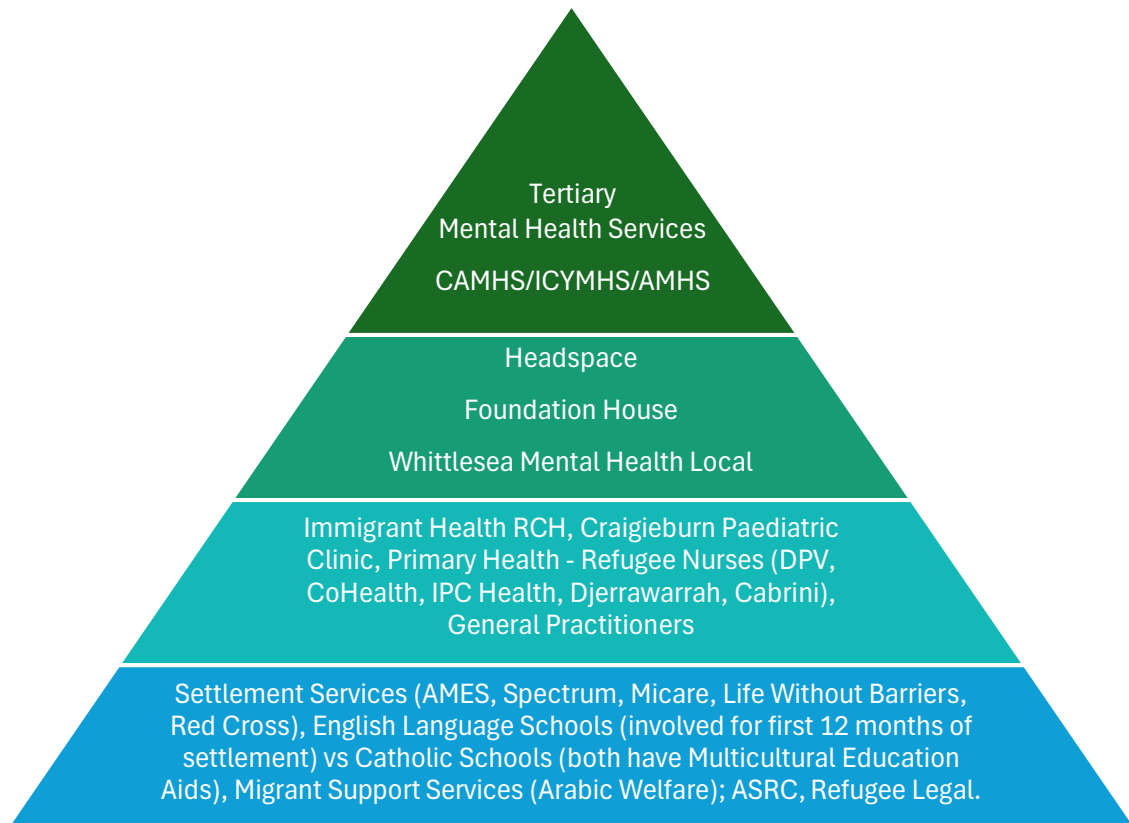
<https://www.unhcr.org/global-trends>
<https://data2.unhcr.org/en/situations>

Interpreter-mediated Work:

<https://culturaldiversityhealth.org.au/wp-content/uploads/2019/10/Guide-for-clinicians-working-with-interpreters-in-healthcare-settings-Jan2019.pdf>

Services for Families from Refugee and Asylum-seeking Backgrounds (North-western Metropolitan Melbourne)

Tertiary Mental Health Services are situated within a broader sector of health and social support services for families from refugee and asylum-seeking backgrounds. The services at the base of this pyramid are universal services likely engaged with newly arrived families during their initial re-settlement period. The services at the top of the pyramid are offered to children and young people with more complex mental health concerns.



References

Kirmayer, Laurence & Guzder, Jaswant & Rousseau, Cécile. (2014). Cultural Consultation: Encountering the Other in Mental Health Care. Springer, New York.

Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Medicine*, 3(10).

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