MULTICULTURAL MENTAL HEALTH–KEY FACTS

POPULATION

Latest national Census (2016) shows **increasing diversity** in terms of country of birth, languages spoken and religious affiliation in Australia.

- Nearly half (49%) of Australians had either been born overseas or one or both parents had been born overseas.
- More than one-fifth (21%) of Australians spoke a language other than English at home. After English, the next most common languages spoken at home were Mandarin, Arabic, Cantonese, and Vietnamese.

[Australian Bureau of Statistics (ABS) – 2016 Census: Multicultural: http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3]

SERVICE USE

Latest ABS analysis (2011) of MBS and PBS subsidised mental health-related services and medications showed rates of use differed amongst people from CALD backgrounds. Rates were complex and varied according to country of birth, language spoken at home and other factors e.g. age.

Generally, there was **reduced MBS subsidised mental health-related service use** for people from CALD backgrounds.

- Accessed an MBS subsidised mental health-related service (2011):
  - 8.0% of people born in Australia who spoke English at home
  - 7.5% of people born overseas who spoke English at home
  - 6.0% of people born in Australia who spoke a language other than English at home
  - 5.6% of people born overseas who spoke a language other than English at home

Generally, there were **differences in PBS subsidised mental health-related medication use** for people from CALD backgrounds.

- Accessed a PBS subsidised mental health-related medication (2011):
  - 11.6% of all people born in Australia who spoke English at home
  - 13.1% of people born overseas who spoke English at home

- 9.8% of people born overseas who spoke a language other than English at home
- 4.6% of people born in Australia who spoke a language other than English at home

[Australian Bureau of Statistics (ABS) – Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications, 2011: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001~2011~Main%20Features~Introduction~1]

THE FRAMEWORK FOR MENTAL HEALTH IN MULTICULTURAL AUSTRALIA

(From the Introductory Guide, p. 7)

What the data says

There are considerable gaps in data and information on the prevalence of mental illness in people from CALD backgrounds and their experiences with the health system. Data collection systems used by mental health services are often not adequately equipped to capture data on cultural and linguistic diversity. In addition, CALD populations are not often included in national mental health research.[1] At a national level, there is limited monitoring or reporting on the status of mental wellbeing in CALD communities, the level of service access or mental health outcomes.

Despite these gaps and limitations, there is some data available indicating that the mental health experiences and outcomes of first and second generation immigrants, refugees, asylum seekers and their families are different to those of other Australians. In particular, the data tells us that:

- Generally immigrants, refugees and asylum seekers have lower rates of mental health service utilisation than the Australian-born population.[2] Barriers to access include greater stigma about mental illness in some CALD communities, language barriers, cultural misunderstandings, and limited knowledge of mental health and available services when compared with the Australian-born population. These barriers make it harder for people from CALD backgrounds to access mental health services when needed, resulting in higher acute and involuntary admissions.
- People from CALD backgrounds are overrepresented in involuntary admissions and acute inpatient units and are more likely to be exposed to quality and safety risks. These risks include misunderstandings and misdiagnosis and they are often a result of language and cultural barriers.[3]
- Other factors contributing to increased risk of mental health problems in CALD populations include low proficiency in English, loss of close family bond, racism and discrimination, stresses of migration and adjustment to a new country, trauma exposure before migration, and limited opportunity to fully utilise occupational skills.

[1] Garrett, Dickson, Whelan, & Whyte, 2010; Stolk, Minas & Klimidis, 2008
[2] Blignault & Eisenbruch, 2008; Correa-Velez, Sundararajan, Brown, & Gifford, 2007; Hassett & George, 2002; Youssef & Deane, 2006
[3] Divi, Koss, Schmaltz, & Loeb, 2007; Johnstone & Kanitsaki, 2005, 2006; Pirkis, Burgess, Meadows, & Dunt, 2001; Stolk et al., 2008; Suurmond, Uiters, de Bruijne, Stronks, & Essink-Bot, 2011

Factors that appear to be protective of mental health include religion, strong social support and better English proficiency.[4]

- Suicide rates for first generation immigrants generally reflect the rates in their country of birth while the rates for subsequent generations of immigrants tend to become more reflective of the rates for the Australian population. Research indicates that strong family bonds, religion and traditional values are associated with lower suicide risk.[5]
- Refugees and asylum seekers are at greater risk of developing mental health problems and suicidal behaviours than the general Australian population. Prolonged detention is associated with poorer mental health in asylum seekers, particularly among children.[6]

[4] Alizadeh-Khoei, Mathews & Hossain, 2011; Chakraborty, McKenzie, Hajat, & Stansfeld, 2010; Reid, 2012; Sawrikar & Hunt, 2005

[5] Burvill, Armstrong & Carlson, 1983; Kliewer, 1991; McDonald & Steel, 1997; Morrell, Taylor, Slaytor, & Ford, 1999

[6] Silove, Austin, & Steel, 2007; Silove & Steel, 1998; Silove, Steel, McGorry, & Mohan, 1998; Ziaian, de Anstiss, Antoniou, Sawyer, & Baghurst, 2012