



Information for Culturally and Linguistically Diverse Young People and their Families

Recognising the signs of depression and tips for young people in self-managing and seeking help

Introduction

All young people face challenges in their lives as they deal with school and work, relationships and developing a secure sense of who they are and what their lives will mean. Young people from culturally and linguistically diverse (CALD) backgrounds may face some additional challenges that come from, for example, feeling torn between cultures, communication difficulties and intergenerational conflicts.

This paper was written for the Black Dog Institute website to provide information on some of the key challenges for CALD young people and their families in Australia today, how to identify some of the signs of depression in young people and some tips to assist young people in self-managing and seeking help.

‘CALD young people’ refers to young people aged 15 – 25 years who have been born in a non-English speaking country, or born in Australia and with one or both parents born in a non-English speaking country.

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Some facts and figures

One in five children and adolescents are affected by mental health problems and disorders and those aged between 18 – 24 years have the highest prevalence of mental disorders of any age group (Family Help Kit: NSW Mental Health, 2002). In NSW alone, approximately 62,000 young people aged between 15 and 24 years will experience depression in a 6 – 12 month period (Centre for Mental Health, 2000).

There are no reliable Australian data at the moment on the rates of depression in CALD young people. Surprisingly little research has been conducted into the mental health of CALD young people. However, we know that as a group there are some real and different challenges for this group (see below).

In 1997 suicide was the cause of death in 2,723 Australians (ABS, 1998). This means that an average of 8 Australians die from suicide every day. Data indicates that 25% of these



suicides are from amongst the immigrant community, with 60% being from CALD backgrounds (Draft National Action Plan for Suicide Prevention, 1998). A study of suicides and attempted suicides in NSW reported that CALD young people from Western Europe had higher suicide rates than the Australian-born population whilst CALD young people from South East Asia, Southern Europe, North East Asia and the Middle East had lower suicide rates than the State average (McDonald & Street, 1997).

The general consensus is that suicide in the immigrant community is higher than indicated as suicide-related deaths are often not reported as suicide. Further, CALD communities have a far lower rate of utilisation of community services than the general population (Australian Transcultural Mental Health Network 2002). There are many barriers to CALD young people accessing community mental health services, including communication difficulties and lack of culturally sensitive and linguistically appropriate services. As mental health problems in children, adolescents and young people are increasing in frequency and severity, this is a major concern.

Challenges faced by CALD young people and their families

Young people in industrialised societies such as Australia are faced with many challenges during the course of growing up. They change and grow physically, intellectually, emotionally and psychologically during adolescence. It is inevitable that family relationships will change, especially as the young person becomes more independent. How parents and child communicate and negotiate will change. Some parents find the constant 'letting go' a challenge. Family and peer relationships may be under stress as a result. CALD young people experience the same or similar challenges but may also have some additional ones to contend with.

The experience of resettlement and acculturation (the process of adopting a new culture including absorbing new values and ways of behaving in a new country) are major issues. Adopting a new culture can challenge values, ways of thinking, behaviour and interpersonal skills and self-expression. A CALD young person may completely adopt the new culture; become marginalised; reject the new culture and emphasise the old culture; or attempt to blend the old and new. Children and adolescents tend to acculturate more easily than adults do (Bevan, 2000). This can be a problem in itself as it may encourage the young person to become 'parentified' and take on the role of facilitating their parents' interaction within the new society. First generation immigrants experience more stress as a result of acculturation than do subsequent generations (Shapiro, et al, 1999). As well as age and generation, a host of other factors can influence the relative ease or difficulty of acculturation including family and social support, pre-migration and post-migration experiences, reasons for migration, language barriers and length of time in Australia (Ranieri, 1992). For refugees the change of country is forced and the process of acculturation can be particularly stressful. In addition, some refugees have experienced torture and trauma pre-migration and may suffer post-traumatic syndromes that create



additional difficulties in adjusting to a new culture. Additionally, racism, discrimination and negative stereotypes in the media may be experienced as a daily fact of life by CALD young people and their families.

The young person may feel torn between the expectations of the family and fitting in with friends. Often the lifestyle and culture of family is different to that of friends. Young people may feel that they need to be two different people depending on whom they are with at the time. Some young people adopt secret 'double' lives to minimise family conflict and that enable them to exist in both cultures. This often leads to a reduction in parental awareness of any problems their son/daughter may be having and therefore precludes any offer of support. Intergenerational conflicts can be based on the clash of values between the new and old cultures. This can be particularly so with young women faced with contradictory attitudes towards gender roles. Some CALD young women, for example, may be expected to agree to arranged marriages, in conflict with the cultural values of Australian society. They may experience discord with their parents who impose restrictions on their social activities based on their traditional values. Alternatively, parents may be uncertain about how to respond to adolescent rebelliousness because they have no experience of this behaviour, having different norms of obedience in their country of origin. There may be a high cultural emphasis on academic achievement and filling all available time with lessons, coaching and heavily academic pursuits.

The CALD young person may experience communication and language difficulties in fitting in at school and developing peer relationships. Such difficulties may be intensified in times of crisis. Within CALD families there may not be a common language to express the problems being experienced. Additionally, in some families communication of this nature may not be encouraged. In some cultures there is a general taboo on discussing sex and sexuality, especially with young people. The norm can be that the husband teaches the wife about sex, after marriage. This has obvious implications in terms of risk of pregnancy and sexually transmitted diseases. Discussion of suicide or depression may also be prohibited. In some cultures there is strong shame and stigma associated with mental health problems or illness, and with seeking help outside the family. Further assistance by a health professional or local GP is not always encouraged or initiated. The norm may be to turn to extended family or a priest.

Stress associated with acculturation and intergenerational conflict may result in depression, anxiety, feeling marginalised, low self-esteem, or a poor sense of identity, eating disorders and drug and alcohol problems.

LINK:

Here for Life – provides information to help in understanding depression and suicide. It includes factual information on depression and its causes, treatment options, and where to get help. www.hereforlife.org.au



Mental Health Association NSW – provides many FACT SHEETS covering topics that include the different kinds of depression, why it happens, what help is available and where to go to get it, and what you should know about the factors that can contribute to suicide risk. www.mentalhealth.asn.au

NSW Health – Detailed Information Kits on Depression can be downloaded directly from the web and contain useful information for individuals and families. Contact the Mental Health Association NSW Inc at 62 Victoria Road, Gladesville NSW 2111 Tel: 02 9816 5688 or 1800 674 200 (rural). www.health.nsw.gov.au/health-public-affairs/familyhelpkit/index.html

Helping a Friend in Need:

- Find out who can help you or how you can help a friend. www.reachout.asn.au
- What can I do to help someone who is depressed? www.beyondblue.org.au

Support for Families:

- Bereaved by Suicide – support for families and friends. www.mentalhealth.gov.au
- Suicide Bereavement Resource Manual. www.mentalhealth.gov.au
- Care and Support Pack for Families. www.mentalhealth.gov.au
- After Suicide – support for friends and family. www.hereforlife.org.au
- Grief and Loss (translated resource). www.tmhc.nsw.gov.au

Supporting CALD young people at risk of developing depression

Finding a balance between identification with both the old and new culture is important in supporting the development of a secure identity and self-esteem in the CALD young person. This can be enhanced through building familiarity with and celebrating the old culture as well as valuing the new culture. Positive policies that recognise the impact of migrant experiences and promote multiculturalism in the school environment are important in supporting a balance between the old and new as well.

Overcoming social isolation is a key issue in successfully adapting to the new culture. The CALD young person should be encouraged to identify coping strategies that encourage socialising such as dancing, physical activity, sport and joining clubs. Distraction is a particularly useful skill for a young person. This means learning to focus on other activities rather than dwelling on what is making them feel anxious or unhappy.

Protective factors include:



- Developing a positive self-concept and self-understanding
- Family cohesiveness and support
- Finding a balance between the old and new cultures and having an integrated cultural identity
- Having religious beliefs
- Low alcohol use.

Key risk factors include:

- Cultural and language gaps within families, especially between parents and children
- Isolation and lack of support
- Academic pressures
- Problem drinking and drug abuse
- Domestic violence
- Experience of racial discrimination.

Getting the Balance Right

What do sportsmen and women do to train for their best performance in a competition? They think about nutrition, sleep, exercise, rest, relationships with family and friends, work and religious or cultural activities.

Unbalanced lifestyles can lead to stress and overload, and from there to depression and conflict.

Learn to take care of yourself and enjoy a healthy mind and body. Some tips for doing this are:

- Think about how you spend your time and find a balance between sleep, homework/work, leisure and friends, family time, self-care, exercise, religious or cultural activities, etc.
- Make sure to include in your day activities that soothe you, especially if you are feeling down. Suggestions include: listening to music, playing a musical instrument, writing in a diary or writing poetry, talking to a friend, having a bath, going for a long walk, yoga, joining an internet chat site, going to the movies.
- Think about what makes you feel better when you are in a particular mood. For instance, if you are angry, does going for a long walk help?
- Get some regular exercise and make sure that you get enough sleep. Don't drink too much alcohol, coffee or coca-cola as they will interfere with your sleep.



- Drugs and alcohol can have a major bad effect on your health and mood. Downsides from drug and alcohol abuse can persist for quite some time afterwards, too.

Self-help strategies like these can be helpful if you have a less severe depression. More severe depressions generally require more specific help such as counselling, a talking therapy or, sometimes, medication.

LINK:

Reach Out! ISSUES – Explores ways to get through your tough times.
www.reachout.asn.au

Mental Health Association NSW – Provides a range of FACT SHEETS on mental health, treatment, help available and many other topics including – Looking after your inner self; Stigma; Schoolyard and Workplace Bullying. You can also ask any question about mental health, or services in your area and get a response.
www.mentalhealth.asn.au

Warning Signs of Depression in Young People

It is important that if someone notices behavioural changes in a close family member or friend that they consider the possibility that the person may be depressed. It is not unusual for these changes to be noticed but ignored or misinterpreted by family and/or close friends. This results in opportunities to offer and provide much-needed help being missed.

When someone is depressed they may experience a range of feelings and act in ways that they don't understand themselves.

The following can be warning signs of depression in young people:

- Feeling anxious, irritable or angry most of the time. Of course you expect to feel anxious when you are doing exams. Sometimes feeling cranky is just life. But if you are anxious, irritable or angry for no real reason, or small things make you angry when they wouldn't usually bother you, then you may be depressed.
- Feeling hopeless about life and the future. It's normal for young people to worry about themselves, their futures and their relationships. But when they feel hopeless about it all and this feeling lasts then they may be depressed.
- Sometimes young people with depression complain that they can't concentrate and as a result they can't make decisions and their schoolwork suffers.



- Not enjoying life or the usual hobbies or activities that give pleasure. The young person who is depressed may not enjoy speaking to friends on the phone or going out as much. They feel sometimes like they are just going through the motions and nothing feels good anymore.
- Eating too much and gaining weight or not eating enough and losing weight can both be signs of depression.
- Feeling tired, having headaches or stomach aches or general aches and pains can be symptoms of depression.
- Young people who are depressed can start behaving in ways that they usually wouldn't, such as experimenting with sex or drugs, smoking or drinking more alcohol. Young men, especially, can get involved in risk-taking behaviour, like driving too fast.
- Thinking about suicide and death. If you are feeling like this or know someone who is, it's important to take steps to keep yourself or the person you know safe, and to get help.

To view general symptoms associated with depression refer to:

LINK:

Here for Life – provides information on understanding depression and suicide. It includes factual information on depression and its causes, treatment options, and where to get help. www.hereforlife.org.au

NSW Health – Detailed Information Kits on Depression can now be downloaded directly from the web and contain useful information for individuals and families. www.health.nsw.gov.au/health-public-affairs/familyhelpkit/index.html

Transcultural Mental Health Centre – provides a range of translated resources for individuals and their families on depression, child and adolescent mental health problems, suicide prevention, and much more. www.tmhc.nsw.gov.au

Translated Resources

The following resources are available through the Transcultural Mental Health Centre web site www.tmhc.nsw.gov.au

Let's Talk Mental Health. This material was developed to promote community awareness of mental health issues such as stigma, and to provide basic information on psychosis, schizophrenia, depression and anxiety. Information is available in 16



languages. Brochures are available to download from the website or can be photocopied from the original by contacting TMHC. Topics include:

- What is Mental Health?
- Stigma and Anxiety
- Depression
- Schizophrenia

Available Languages:

- Arabic
- Bosnian
- Cantonese
- Croatian
- English
- Filipino

Family Help Kit – developed in order to help families better understand and recognise mental health problems in children, adolescents, and young people. The English version has been modified to meet the needs of diverse populations and it has been translated into 16 community language groups. The following topics are available to download from the website:

- Child and Adolescent Mental Health Problems: Challenging Behaviours
- Grief and Loss
- Fears and Anxiety
- Post Traumatic Stress
- Depression
- Suicide Prevention
- Psychosis
- Body Image and Eating Disorders

Available Languages:

- Arabic
- Chinese
- Croatian
- English
- Farsi
- Filipino
- Greek

Barriers to accessing appropriate services and programs



Young people in general (not just CALD young people) are often reluctant to seek help from health services. CALD young people have particularly low rates of seeking help from mental health services (Solomon, 2000). A range of factors may contribute, including factors in the services (non-youth friendly, lack of availability of services that are culturally and linguistically appropriate) and issues for the CALD young person and their families, (such as level of education, and mistrust of Government agencies based on experiences in country of origin).

LINK:

Reach Out! HELP KIT – This service provides an anonymous and confidential way for young people to access information and support that can help them or a friend, get through a tough time. The selection of topics includes *Making Sure you Get the Best Help*. This covers: Confidentiality; Family counselling or therapy; Group therapy; Individual counselling or therapy; Talking to family or friends; and Talking to someone outside the situation. There are fact sheets about a range of issues including managing Christmas with the family, exam pressures, relationship hassles and dealing with drugs and alcohol. www.reachout.asn.au

Mental Health Association NSW – Provides a range of FACT SHEETS about mental health including stigma, depression and why it happens, what help is available and much more. www.mentalhealth.asn.au

Overcoming Myths

Mental Health issues are often overlooked because people don't see them, or misunderstand them.

They are not well recognised or understood in most sectors of the community. In many cultures there are popular and prevailing myths that surround mental health issues that may lead to inappropriate, or lack of, professional help and support being provided to the young person and/or family in need.

Do any of the following beliefs sound familiar?

'Mental illness and suicide is a punishment for the wrong- doing of an individual or family.'

Wrong: This is a myth. Depression and other forms of mental illness are not a punishment. The reasons for depression are complex and can include medical illness and stressful life events.



‘Mental illness is a result of a curse or hex.’

Wrong: Most depression is the result of biological or medical causes, adverse life experiences or some ways of thinking. There is nothing magical or evil about depression. A therapist, counsellor or general practitioner can help you understand why you or someone you know might be depressed.

‘Mental illness is due to a mental deficiency. Speaking to someone about how you are feeling is a sign of weakness.’

Wrong: Depression doesn't mean you are weak, or 'soft in the head'.

‘Mental illness is incurable.’

Wrong: Effective treatments are available. It is important to first understand what is going wrong and then work out which are the best methods of help.

‘Hospitalisation is necessary to treat depression and other mental illness.’

Wrong: There is a whole range of effective treatments including talking therapies, relaxation and stress management, anxiety management and, sometimes, medication. Only rarely does the young person with depression need to go to hospital. Most young people don't have to have any contact with a hospital, but rather have their treatment in the community.

‘Seeking help outside of the family is a poor reflection on the family.’

Wrong: Families can't be expected to solve everything, especially when sometimes everyone in the family is stressed with their own problems. Sometimes it's best to find someone to talk with outside that family, who isn't so involved in what is going on. Sometimes it is helpful to have a relative or family friend who you trust and who is respected by your family who can help or negotiate if there is conflict between you and your family.

‘Speaking to your GP or other health professional about the problems you may be having means that other people will also find out.’

Wrong: When you go to see a counsellor or your GP always talk about this issue. What they will generally say is that whatever you discuss with them is confidential except if they are concerned about you hurting yourself, and then they would need to discuss with you who else would be involved to make sure that you are safe.

‘Ignoring the problems means that they will go away.’



Wrong: This might work for a while but if the problem persists it is best not to struggle on alone. Help is out there!!! This site has some ideas and suggestions to get you started.

LINK

Here for Life – provides information to help your understanding of depression and suicide. It includes factual information on depression and its causes, treatment options, and where to get help. www.hereforlife.org.au

Headroom - this is a South Australian website that looks at issues of mental health and young people. www.headroom.net.au

Overcoming Barriers and Finding Inspiration

There are many inspiring resources available that are of interest to young people. Many available sites also encourage youth to share their experiences with others through pictures, stories, and poetry.

LINK

Here for Life – Inspiration is everywhere. Be inspired by the poems and stories sent into Here for Life. www.hereforlife.org.au

Reach Out! Stories – Put your feet up and enjoy a quiet time reading through Reach Out!'s selection of stories. The Chill Café section contains features about clued-up people and spotlight interviews with musicians, bands, sports people, politicians and other high-profile people talking about how they've coped with tough times. It also has feature stories written by young people (like 'Growing Up a Wog Boy') and there is an interactive 'Scream it Dream it' for young people to clear their head by writing their thoughts down and shooting them off into cyber space. www.reachout.asn.au

KEY CONTACTS

Counselling and Support

Counselling services are available to you if you are in a crisis, or for you to share your thoughts and receive some help in overcoming any problems you may be experiencing. These services are provided by people who are experienced in dealing with all sorts of problems, and your discussions are strictly confidential.

- Kids Help Line (24 hours, free call) - counselling and support provided for kids who are feeling depressed, sad, or lonely – 1800 551 800



- Lifeline (24 hours) - 7 day telephone counselling service – 131 114
- Youth Line, Sydney – 02 9951 5522
- Youth Counselling Service (Parramatta) – 02 9633 3666
- Telefriend, Telephone Counselling Service – 02 9419 8622
- Care Ring (formerly Crisis Line) 24 hr telephone counselling service – 136 169
- Salvo Crisis Line – 02 9331 2000

Online Support

If you or a friend are in a desperate situation and want to communicate with someone via email or talk with a counsellor, the Kids Help Line (www.kidshelp.com.au) and The Samaritans (www.samaritans.org.au) web sites offer confidential, non-judgmental support 24 hours a day, 7 days a week.

Sexual Assault/Domestic Violence

- Rape Crisis Centre (freecall) – 1800 424 017
- Child Abuse Line (freecall) – 1800 066 777
- Domestic Violence Counselling Service (freecall) – 1800 656 463

Multi-Cultural Services

- Telephone Interpreter Service (24 hours) – 131 450

Department of Health website – To enable you to contact a health service near you:
www.health.nsw.gov.au

EMERGENCY NUMBER: 000

If ringing from a mobile: 112

In an emergency contact your GP

or local hospital Emergency Department