

SECTION 3.6

CULTURAL DIVERSITY AND CULTURALLY- COMPETENT PRACTICE

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Australia is a country of many cultures. Almost one in four Australian residents were born outside of Australia. Many are first or second generation Australians whose parents and grandparents were migrants or refugees. In the adolescent years, cultural identity and experiences can have a profound impact on health and wellbeing.

Young people from CALD backgrounds face the dual challenge of dealing with the developmental tasks of adolescence and growing up between two cultures. The concept of 'adolescence' - and the expectations, roles and duration of adolescence - may be defined differently in different cultures. Indeed, in some cultures the concept of adolescence does not exist as a developmental stage, and young people are seen as going straight from childhood to adulthood.

Workers need to understand the cultural influences operating in a young person's life and take into account in their practice the range of cultural, ethnic, and social diversity among young people.

CULTURALLY AND LINGUISTICALLY DIVERSE YOUNG PEOPLE

Australia has large and growing numbers of young people from Culturally and Linguistically Diverse Backgrounds (CALD). This includes young people who were born overseas; young people whose parents were born overseas; and young people who have strong affiliations with their family's culture of origin.

In 2011, according to the census, 17% of Australian 12-24 year olds were born overseas.

Of young people born overseas aged 12-24, 157,081 were born in other English-speaking countries, notably New Zealand and the United Kingdom, and around 442,085 were born in non-English speaking countries, including China, India, Philippines, Malaysia, Hong Kong, Vietnam and South Korea.

There continues to be a strong increase in the proportion of young people born in China, India and Nepal and significant increases since 2006 in those born in Zimbabwe, Philippines, Afghanistan, Iraq and Burma.

A young person's experience of belonging to or identifying with a particular culture can be a major protective factor in promoting their overall wellbeing. A sense of belonging, identity and support enables young people and their families not only to survive the hardships, traumas, and losses associated with migration and resettlement, but in fact to be strengthened by these experiences. Strong cultural identification enhances resilience and mitigates such risks as:

- The experience of being a refugee
- Exposure to war
- The impact of their parents' refugee experience (for example, their parents' experience may generate pressure on the young person to succeed in the new country or cause difficulties for parents in providing adequate support because of their own traumatic experiences)
- Separation from family
- Being subjected to torture or trauma
- English language difficulties
- Racism and discrimination
- Post-traumatic stress

ADOLESCENCE AND CULTURAL DIFFERENCE

Many young people from CALD backgrounds face the challenge of dealing with the tasks of adolescence while growing up between two cultures. This involves not only two languages but often very different behavioural and social expectations (Bashir and Bennett 2000).

There may be great variation in cultural values and norms regarding the central tasks of adolescence - such as developing a sense of identity and independence. The achievement of independence and an individual identity are highly valued outcomes of adolescent development in Australia. However, this may conflict with the values of some cultures where "competence" as a young person is primarily defined as someone who meets their obligations to their family (Lau 1990). In some cultures, adolescence is a time of strengthening one's family bonds and taking on increased responsibility and new roles within the family - young people may be more restricted than before and their activities closely monitored. Girls in particular may be subject to stricter controls - especially if parents feel threatened by their exposure to the values of the new and unknown culture.

Young people tend to adapt to the values and ways of the new culture more readily than their parents do, so young people from CALD backgrounds may feel torn between meeting their family's expectations of

them and adopting the norms of the new culture in order to fit in with their peers.

Traditional family roles may also change due to the influence of the new culture. Young people may have to adopt a more adult role in the family because they have greater English literacy and are more familiar with social norms than their parents.

The development of a healthy individual identity is a major task of adolescence. Young people from CALD backgrounds face the additional challenge of deciding about their cultural identity (Bennett et al. 2009).

Some cultures place less emphasis on the importance of the individual – the family and cultural mores are valued above the attainment of an individual identity, and play a central role in shaping the development of the young person's identity (Bennett et al. 2009).

Young people can experience an identity crisis as they attempt to work out their affiliation to their culture of origin and their place within the dominant culture (*Am I Australian? Am I Chinese? Can I be both?*).

This struggle can also give rise to potential conflict with their parents and family members, who may fear losing influence or control over the young person and fear that the young person will abandon their native cultural identity.

Even second and third-generation children of migrants may still have an affiliation with their parents' culture of origin and may therefore face issues related to ethnicity, identity, language and their parents' cultural mores.

The way in which young people resolve these cultural identity conflicts has important implications for their mental health (Bennett et al. 2009). Young people who manage to retain the most important elements of their culture of origin, while developing the skills to adapt to the new culture, appear to cope best in their psychosocial adjustment (Bashir and Bennett 2000).

WORKING WITH YOUNG PEOPLE FROM CALD BACKGROUNDS

It is important to remember that young people from all cultural backgrounds require confidential care and a youth-friendly approach. What is most important is a willingness to engage in a dialogue with the young person about their cultural background and its influence, as well as an awareness of your own cultural biases and perceptions.

Successful engagement with CALD young people may have an extra layer of complexity. However,

the principles of youth-friendly engagement and communication (as outlined in earlier chapters) apply to all young people, regardless of their cultural background.

It can be helpful to have a basic understanding of some of the different customs and cultural beliefs in the populations you work with. Many cultures have specific beliefs and practices for:

- Significant life events or situations (e.g. births, deaths, transitions to adolescence or adulthood, etc.)
- Family relationships and structure (e.g. the role of family authority and decision-making in regard to health care)
- Beliefs about illness and the meanings of symptoms
- Culturally-based health practices and treatments
- Beliefs about food or the use of medications
- Specific cultural or religious practices (e.g. fasting)

While it is useful to have a broad understanding of different cultures, cultural competence is really about the ability to communicate with young people from CALD backgrounds. Cultural competence involves being aware of your own attitudes and beliefs about different cultures and how these influence the way you perceive and communicate with young people from different backgrounds.

No matter their background, the young person you are working with is your most important source of cultural information. Their experience of their cultural background, family history and cultural identity is unique to them, so be open to discussing these things with them (Bennett et al. 2006). Where relevant, ask about beliefs within their culture of origin regarding:

- The cause and management of health issues
- Cultural or traditional health practices
- Cultural differences that might affect treatment (e.g. attitudes to sexuality, mental health issues, eating habits)

CULTURALLY-SENSITIVE COMMUNICATION

Effective communication is the key to addressing many of the cross-cultural issues that arise with CALD young people (Bashir 2000; Bennett et al. 2006, 2009). The skills required to communicate in a culturally appropriate manner are the same skills that apply to working with any young person:

- Adopt an open, non-judgemental approach
- Show positive regard and respect for differing values

- Provide reassurance about confidentiality
- Conduct interviews in an empathetic, sensitive way
- Ask questions in an open-ended style
- Keep language simple and avoid using jargon
- Provide reassurance of normality and allay fears and anxieties
- Be sensitive to gender issues, particularly the needs of young women when asking about sexual health. Many young women, regardless of their background, prefer to see a female nurse or doctor.

On a practical level:

- Ask the young person his or her preferred form of address, and do your best to pronounce their name correctly
- When conducting a psychosocial assessment enquire about acculturation and identity issues. How do they view themselves within the context of their culture?
- Engage them in a dialogue about their family history and relevant cultural background: enquire about various roles and responsibilities that a young person may have in their family and find out how decisions are made in the family/community

Example:

"Thuy, you said that your parents were born in Vietnam and that you grew up here in Australia. How do you mostly think about yourself – as Australian or Vietnamese, or both?"

It is also worth exploring:

- Ways in which they follow/do not follow the norms of their culture?
- How do they feel about their own/their parents' culture/their host culture?
- What has changed since they became an adolescent? Are they treated differently by parents, siblings, relatives, the community?
- Assess whether intergenerational and cultural differences are impacting on their health and development e.g. *What expectations do your parents have for you? How do you see things differently? Who supports you in the family (or outside)? When you feel down, who do you talk to? How do your parents feel about this?*

Be sensitive to signs of misunderstanding. These might include a puzzled expression or unusual response. You can also check their understanding of instructions or information you have provided by asking them to explain it to you.

FAMILY AND CULTURE

In many cultures, participation in health care is a family rather than individual responsibility, and it is common for family members to be involved in decision-making (Bennett et al. 2006). Engaging the family and gaining the trust of parents is critical to working effectively with young people from other cultures.

Respect parental authority with regard to decision-making while helping them to recognise the young person's growing need for independence appropriate to their age and stage of development (Lau 1990).

You may need to explain to both the family and the young person that your role is not to separate the child from his/her family, but work with them to ensure the young person's health and wellbeing. Try to spend some time alone with the young person, and explain to the parents your reasons for wanting to do this. Understand, however, that this may not be possible as it may be culturally inappropriate and disrespectful of the parental role.

FINDING OUT MORE...

The Transcultural Mental Health Centre (TMHC) is a statewide service that provides clinical consultation services and training and information for professionals working with people of CALD background including children, young people and families. These services include clinical assessment and short-term intervention provided in the language of the client by qualified bilingual health professionals who are registered by appropriate professional bodies in NSW. TMHC also provides over the phone advice and consultation on cultural/religious issues, mental health issues and other general health issues.

TMHC welcomes referrals and provides reports on the referred case as well as recommendations regarding care plans. All TMHC services are free of charge both to the referring agency and the young person. TMHC Clinical Services can be contacted on (02) 9912 3851 or Toll Free on 1800 648 911 (rural areas) or visit the Diversity Health Institute's website: www.dhi.health.nsw.gov.au/tmhc

The NSW Multicultural Health Communication Service provides information and services to assist health professionals to communicate with non-English speaking communities throughout NSW. Visit www.mhcs.health.nsw.gov.au

WORKING WITH YOUNG REFUGEES

The Refugee Council of Australia describes a refugee as *"an individual who has fled his or her home country due to a genuine fear of persecution based on race, religion, nationality, membership of a particular social group or political opinion."*

- Between 1991 and 2012, 77,883 young refugees aged 12-24 arrived in Australia. This represents 13% of the total migrant intake for this age group.
- 14% of these young refugees were from Iraq, 12% from Afghanistan, 11% from Sudan and a further 22% from other African countries.
- Most refugees in this age group settled in NSW and Victoria.
- The most commonly spoken languages for newly arrived young refugees were Arabic, Dari, Persian, Serbian and African languages.
- Most recently arrived refugees are aged under 30.

Young people who arrive in Australia as refugees may have experienced persecution or prolonged periods in refugee camps, often in transition countries, and many will have experienced some or all of the following:

- Forced departure from their country of origin
- Conflict, organised violence and human rights abuses
- A dangerous escape from their country of origin
- Torture and trauma

Consequently, the refugee experience is characterised by persecution, displacement, loss and grief, and forced separation from family, home and belongings. For refugee young people, the developmental tasks of adolescence are compounded by the traumatic nature of the refugee experience, cultural dislocation, loss of established social networks and the practical demands of resettlement. Sometimes young refugees may be harmed by the impact on their parents of traumatic experiences.

Refugee young people who do not have family in Australia may be at even greater risk because of their lack of support (Centre for Multicultural Youth 2006).

THE HEALTH OF YOUNG PEOPLE WHO ARE REFUGEES

Young people of refugee background will experience many typical adolescent health problems. However, they may also have health issues stemming specifically from their refugee experience. Common health issues for refugee young people include:

- Nutritional deficiencies and poor overall physical health as a result of living in unsanitary conditions in refugee camps
- Parasitic and infectious diseases (e.g. intestinal parasites; hepatitis B)
- Poor oral health due to poor diet and disruption to oral hygiene
- Limited past availability of preventative health programs (e.g. immunisation; vision and hearing screening)
- Mental health concerns arising from the deprivation and loss of extended family, friends and home, and the trauma of the refugee experience
- Physical and psychological effects of torture, trauma or witnessing violence or warfare
- Psychological symptoms – such as depression, anxiety, grief, anger, stress – that are often expressed as physical ailments

Whatever the presentation, refugee young people (especially new arrivals), should have a thorough physical and psychosocial assessment. A collaborative approach is essential

– especially in working with the mental health concerns of refugee young people. It is important to involve the family where possible

(Victorian Foundation for Survivors of Torture 2007)

FINDING OUT MORE...

Learn more about the health of refugee young people. There is a range of resources available online that can help you better understand the health needs and issues of refugees.

- Promoting Refugee Health: A guide for doctors and other health care providers has been produced by the Victorian Foundation for Survivors of Torture website. Visit www.foundationhouse.org.au
- The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provides a comprehensive range of information and services for assisting refugees in their recovery and resettlement. Visit www.startts.org.au

It is helpful to know about specialised services for refugees that are available in your area. Ongoing support and advice may be available from specialised refugee health clinics. In NSW, for example, the Refugee Health Service provides health services directly to refugees and support and assistance to doctors and health professionals working with refugees. GPs can also use specific Medicare item

numbers for comprehensive assessment of newly arrived refugees. For more information, visit www.refugeehealth.org.au

Language and communication difficulties should be addressed quickly. Do not use a family member as an interpreter: not only is confidentiality not assured but you can't be confident that what is said is being accurately interpreted. Contact the Telephone Interpreter Service on 131 450 for assistance.

It is important to take time to build trust and rapport with the young person and his or her parents or carers. Remember that many may have come from a background with little or no health care, or their experience may lead them to distrust people in positions of perceived authority.

You may need to explain concepts such as:

- The family doctor and ongoing/preventative care
- Appointments and the referral process
- Confidentiality and consent

Be sensitive to specific health issues relating to the experience of grief, violence, torture and trauma. Explore these issues with sensitivity, as there is a risk of re-traumatising a young person.

CHAPTER SUMMARY - WHAT TO REMEMBER

All young people, regardless of cultural background, require confidential care and a youth-friendly approach. Where possible, check health risk behaviours and protective factors

Young people from Culturally and Linguistically Diverse backgrounds (CALD) face the challenge of dealing with the tasks of adolescence while growing up between two cultures. The most important source of cultural information is the young person himself or herself: be sensitive to how the young person sees their cultural background, family history, and how they define their cultural identity. How a young person looks does not reveal their cultural identity.

Young people who have a refugee background may have specific health issues relating to their experience as a refugee. You may need to seek specialist support from a Refugee Health Service to meet the health needs of these young people.

REFLECTION QUESTIONS

What is the cultural profile of the community you serve?

What are some of the specific challenges young people you work with face in terms of culture?

How well does your service address the needs of young people from CALD backgrounds?

Do you have staff members with CALD backgrounds? Why or why not?

Are staff trained in skills in working with young people from CALD backgrounds?

Do you know the cross cultural resources available to your service and our clientele? Are these resources on display in your service?

Does your service use culturally appropriate assessment tools?

REFERENCES

- Bashir M. (2000). Immigrant and refugee young people: Challenges in mental health. In M Bashir and D Bennett. (eds.) *Deeper Dimensions – Culture, Youth and Mental Health*. Transcultural Mental Health Centre: Sydney.
- Bennett D, Kang M & Chown P. (2006). Cultural Diversity in Adolescent Health Care, In D Greydanus, D Patel and H Pratt (eds.). *Essential Adolescent Medicine*. McGraw-Hill: New York.
- Bennett D, Kang M & Chown P. (2009). Promoting cultural competence in adolescent health care. In D Bennett, S Towns, E Elliott and J Merrick (eds.) *Challenges in Adolescent Health: An Australian Perspective*. Nova Science: New York.
- Centre for Multicultural Youth. (2006). *Refugee Young People and Resettlement*. Information Sheet, No. 14. September. Available http://www.scoa.org.au/resources/460984_72752_RefugeeYouthResettlement_Sept06.pdf Viewed 20 May 2014.
- Cox L. (2001). Young Indigenous people in Australia: Issues for the GP, in *The Missing Link – Adolescent mental health in general practice*. Alpha Biomedical Communications: Sydney.
- Lau A. (1990). Psychological problems in adolescents from ethnic minorities. *British Journal of Hospital Medicine*. 44, 201-205.