



Policy Paper: Mental Health Within Multicultural Communities Requires a Targeted and Holistic Approach

What's the problem?

The number of migrants, asylum seekers, and refugees living in Australia continues to upsurge. The current projections indicate that around 32% of the Australian population will be overseas born by 2050. This significant increase in new migrants to Australia requires greater planning, especially in the key area of mental health. Disappointingly, while a range of health reforms have occurred for more than two decades at state, territory and federal levels, the mental health challenges and complexities presented by culturally and linguistically diverse (CALD) communities have largely been ignored (Minas et al., 2013).

ECCQ conducts periodic members' meetings, and community leaders have constantly made a point that mental health within migrant communities, especially refugees and asylum seekers, should be given the highest priority in research, policy, planning, and funding, because these are some of the most vulnerable members of the society. For example, compared to migrants from other parts of the world, African refugees and asylum seekers have shown greater vulnerability to mental health challenges such as depression, post-traumatic stress disorder (PTSD), and anxiety. These population groups often experience significant stressors that increase their risk to these mental health problems, including the struggle with changing family structures and dynamics, different cultural expectations, and inadequate support systems, just to name a few (Botchway-Commey et al., 2024).

Refugees and asylum seekers also face gross violation of human rights before they arrive in Australia, further compromising their health and wellbeing. For example, the world has witnessed conflicts in several forms, which has enormously subjected many people to unprecedented levels of suffering throughout the recent decades. One of the major features of many conflicts around the world currently is gender-based violence, which has always been considered as a by-product of war, affecting mainly women and girls, particularly in places where rape has been used as a weapon of war and demonstration of power (Danjibo & Akinkuotu, 2019). From ECCQ's interactions with women from war-torn countries, we know that lives of vulnerable women and girls are essentially destroyed before they come to Australia, and it takes a long time to recover (Slewa-Younan, Krstanoska-Blazeska, Blignault, Reavley & Renzaho, 2022) partially because the struggle does not end upon arrival in Australia.

"The prevalence of mental illness is high for women and girls who are refugees and asylum seekers, and there is an associated underutilisation of mental health services"

Queensland Women and Girls' Health Strategy 2032 (2024)



Racism and discrimination have a great impact on the mental health of CALD communities, as demonstrated by Ferdinand et al., (2015), whose survey on racism within CALD communities proved a positive relationship between racial discrimination and worsening mental health within that cohort; that is, the chance of experiencing “high or very high psychological distress” was greater for people with medium and high levels of experiences of racism, in comparison to those who reported no experience of racism. On a more alarming note, the Australian migration policies have also been a part of the worsening trends and complexities in mental health within asylum seekers and refugees currently living in Australia (Winters, Owens & Winters 2023).

Australia has adopted indefinite offshore detention for asylum seekers arriving by boat as part of a deterrence strategy, that relies on making detainment conditions harsh, with deleterious mental health effects even in the aftermath of their release into the mainstream communities (Winters et al. 2023). Indeed, for many attempting to make Australia home, the prolonged uncertainty and ever-changing requirements of visas have clear and significant mental health implications, as proven through Byrow et al.’s (2022) study concluding that refugees and asylum seekers with insecure visa status had more severe symptoms of post-traumatic stress disorder (PTSD) and depression compared to those on permanent visas.

But even skilled migration visa holders and their families are not spared from the trauma linked to the migration process and integration into the new land, culture, and society.

They are sometimes set to fail mainly because their overseas qualifications and experiences are not recognised in Australia. Consequently, an increasing number of skilled migrants experience barriers to securing employment, which creates an array of social and economic insecurities and vulnerabilities, including skill wastage, atrophy, compromised self-esteem, hopelessness, and exploitation, leading to a range of mental health and domestic violence implications (Cameron, Farivar, & Dantas 2019). This literature was confirmed by several multicultural community leaders during a training recently held by ECCQ at Mt Isa (May 2025), particularly in the Sri Lankan, Indian, African, Pakistani, and Ukrainian communities.

Paradoxically, a lower uptake of mental health services is registered in communities that need them the most. According to Slewa-Younan, Krstanoska-Blazeska, Blignault, Reavley and Renzaho (2022), help-seeking behaviours in culturally and linguistically diverse communities are directly affected by stigma towards mental illness and a range of adverse cultural practices. For example, in communities with collectivist values, there is a sense of self that is interconnected with family wellbeing, and consequently, there is a general perception that mental health issues will affect an individual’s close circle and the community. That’s why the so-called ‘bringing shame to family/community’ is a strong deterrent to disclosing mental health problems (p.12), making some initiatives to tackle the critical issue within multicultural communities redundant.



What’s the ask?

- There is an urgent need for investment in prevention and support services within multicultural communities through ongoing funding to community-based organisations, such as ECCQ, that are well connected and trusted in the communities. We have the experience and workforce necessary to deliver culturally sensitive and targeted education in mental health for multicultural communities. We are also best placed to support community leaders, as they provide care and advice to community members struggling with mental health in urban and regional Queensland. This aligns with the request by community leaders who participated in the ECCQ-Griffith University focus groups (January 2023), that communities be provided with spaces free of racism and discrimination where they can understand mental health better, process trauma, and receive support.



- We recommend the availability of long-term funding that can be accessed by smaller grassroots community organisations who are already responding to this need on a volunteer basis.
- We ask the Government to review some its migration policies and make them more humane. Through our ongoing engagements with the cohorts of people seeking asylum, we know that many of these have been blocked from gaining permanency indefinitely, which puts the applicants and their families, including children who potentially have never been to any other country than Australia, in limbo. Besides, prolonged process in other visa categories of temporary nature, creates additional reliance upon sponsoring partners, resulting in vulnerability to domestic and family violence, including coercive control, as clearly expressed by several women from the Filipino communities during our recent multicultural communities grant application and management training at Mt Isa (11 May 2024). Prolonged temporary visas also create a heavy reliance on sponsoring employers, resulting in vulnerability to exploitation in the workplace such as wage theft and sexual harassment.

Case Studies

As part of their community outreach, the Mental Health Taskforce (MHT), a grassroots organisation, met Mr. Joe*, from the Democratic Republic of Congo (DRC), who had a GP referral for severe depression and anxiety. He reported that, due to a language barrier, he did not know who he should ask for counselling. When asked if he had a friend to reach out to for help, he said that he was afraid that his friends would see him as weak and would not understand. The MHT team told him they could help him access urgent counselling services confidentially. They contacted World Wellness Group on his behalf, and he is currently being reviewed. Mr. Joe has contacted the MHT to express his gratitude.

As part of his research in collaboration with ECCQ [on racism within Australian schools](#), Dr. John Bosco Ngendakurio (2024) conducted interviews with former students of colour and their parents. Some of these conversations revealed the impact that racism has on young people's mental health, as one of the mothers puts it below:



“He [my son] would come [back home] in very bad mental state, and I would just ask him to calm down, talk to me, be expressive, don't keep it inside, I would engage him in after school activities so that his mind would be off that negative environment. So, yes, it was tough, but he has passed that (moved on), but he still remembers, unfortunately, he still remembers... He was only five years when he started school”. *Kate, November 2023.

“Mentally, I was very distraught as to why I didn't have any friends; like why doesn't anyone want to be my friend? Why doesn't anyone want to play with me? Mentally, I was feeling lonely... just because of the way I looked”. *Noella, November 2023.

*Names have been altered for privacy reasons.



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