

Addressing the impacts of anti-Asian racism through culturally safe mental health service provision.



The Australian Human Rights Commission acknowledges all First Nations peoples across the continent and their continuing connection to land, waters, culture, and communities. We recognise the Traditional Custodians of the lands on which these resources are compiled, the Gadigal people of the Eora Nation, and pay our respects to Elders past and present. We recognise the long history and ongoing leadership of Aboriginal and Torres Strait Islander people in anti-racism and anti-colonialism advocacy on this continent.

Throughout the National Anti-Racism Framework project, the Commission heard from negatively racialised communities about the importance of culturally safe support services that can meaningfully respond to people's needs, including the harmful impacts of racism on their health. Communities highlighted that it is crucial that support services do not perpetuate systemic racism.

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Communities advocated for service-providing institutions to embed First Nations cultural safety and anti-racism. They also called for governments to better support community-controlled service provision, actively promote community participation in governance and service delivery processes, and adopt trauma-informed, strength-based, and healing approaches to service delivery, especially across health and settlement services.

This resource presents some examples of racism's impacts on the mental health of Asian and Asian Australian communities, as well as advocacy by communities to improve mental health services and ensure that services adequately address those impacts.



Tackling racism in the support services sector and through improved mental health services

This resource contains descriptions of experiences of racism that could be distressing and traumatic for some people, particularly people with lived experience of racism. If needed, you may want to seek support from formal support services here. Please note that we have occasionally reproduced language from research sources that describe people in derogatory and offensive ways that are recognised as unacceptable today. We included such terms to demonstrate and dissect the language and thinking of the time, and we apologise for any offence or distress that reading such language might cause.

This resource was developed based on the commissioned advisory work of the Griffith University research team consisting of Dr Ubayasiri, Dr Willing, Dr Teo, Dr Anacin, and Ms Chew. Designs by Bree Buttenshaw for Saltwater People (2024). Layout by Bree Buttenshaw for Saltwater People and Miranda Douglas.

Responding to unique mental health needs

Asian and Asian Australian communities are extremely diverse, including in their cultures, languages, faiths, migration journeys, visa statuses, socioeconomic backgrounds, sexuality and gender identity, disability, and age. These different facets of experiences intersect and give rise to unique needs that are often unmet by government mental health and other support services. This is because the designs of many services remain centred around the experiences of white communities, and service providers are often unfamiliar with the specific needs and experiences, cultural or otherwise, of Asian and Asian Australian communities.ⁱⁱ

For instance, members of Asian and Asian Australian communities encounter a unique set of structural barriers when seeking access to mental health services that are appropriate for their needs. Community-led service providers note that these barriers range from stigma within communities, language barriers, economic barriers, to distrust in the appropriateness of care that they will receive.ⁱⁱⁱ At the same time, researchers point out that there is a general lack of attention within the sector on the impacts of migration, racism, and intergenerational trauma on young Asians' mental health, including how racism might have been internalised or influenced notions of identity and belonging.^{iv}

Research shows that support services that are tailored to cultural, generational, and other community-specific considerations tend to be more effective in addressing communities' needs. A study on Chinese disability peer support services reveals that services that respond to both cultural preferences and 'the cultural influences that prevent people from receiving quality emotional and informational support' are better received by participants. Cultural responsiveness can entail using shared languages, considering cultural sensitivities and needs, and factoring in generational considerations. Services will therefore need to be tailored to the needs of specific groups. For example, in the case of Chinese Australians seeking disability peer support, while older Chinese Australians whose primary language is not English tend to find in-language informational and emotional support from peers from similar backgrounds more helpful, some younger Chinese Australians with disability do not necessarily have the same linguistic needs and might instead prefer support outside Chinese Australian communities for topics that are cultural taboos.vi

Beyond responding to cultural-related needs, meaningful access to mental health services will also need to be intersectional, systemic, and trauma-informed in their approach.

Intersectional, systemic, and trauma-informed approaches to mental health services provision

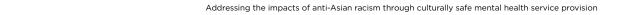
Researchers caution against taking a one-size-fits-all approach to designing and providing mental health and other support services. Rather than treating a person's multifaceted and complex identities as merely additions to conventional needs, service providers need to understand how different identities and systemic forces might intersect and shape people's experiences. Vii Systemic racism pervades all aspects of society and continues to influence the experiences of Asian and Asian Australian communities interacting with different institutions and systems, including health services, Viii the media, educational institutions, and the justice system.

Knowledge of these experiences and systemic factors is crucial for developing services that adequately respond to the needs, harms, and traumas resulting from exposure to racism and intersecting forms of discrimination, as well as tackling barriers to accessing services more generally. For instance, exposure to a media environment that is increasingly transphobic, homophobic, and racist against refugees and migrants can create additional barriers and stigma for LGBTQIA+ Asian and Asian Australian communities in accessing mental health or other support services, as shown by research on the experiences of Indian students and Malaysian transgender refugees.^x

Considering that racism impacts all Asian and Asian Australian communities, it is paramount that mental health services are trauma-informed. This is particularly important for communities that face more structural barriers to accessing supports of all kinds and tend to have more sophisticated mental health needs, such as refugees, people seeking asylum, and intercountry adoptees, many of which are from South Korea, Taiwan, Vietnam, Thailand, India, Sri Lanka, and the Philippines.

Research across the fields of psychology^{xi} and population studies^{xii} shows that these needs, as 'a complex interplay of vulnerability and resilience, internal, historical and systemic factors,' arise from issues such as post-traumatic stress disorder caused by experiences of displacement, forced migration, war, and social marginalisation and racism post-arrival in Australia.^{xiii}

Trauma-informed mental health support would therefore require service providers to take into account these contributing factors and lifelong impacts on health, and consider ways to provide more long term support, even after the initial media and public attention on the relevant humanitarian crises and these forced migrants dies down.xiv Noting the existing limitations of government support services, researchers have also highlighted the pioneering work that community groups and organisations have done and called for greater and more sustainable support for community-led efforts.

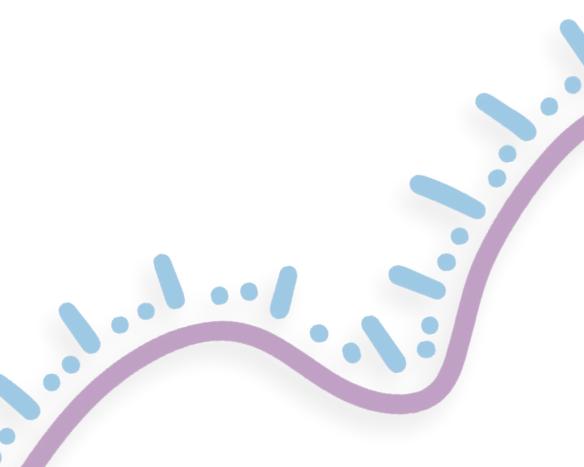


Pathways forward – committing to a National Anti-Racism Framework

Communities and researchers stressed the importance of service providers' knowledge about how trauma from migration can complicate mental health needs and issues, as well as how communities living at the intersection of identities face different barriers to accessing services.

Besides advocating for greater support for community-controlled service provision, as well as public education and non-traditional research initiatives that centre lived experiences, communities have also emphasised the fundamental need to embed First Nations cultural safety and anti-racism in service delivery as a best practice and systemic solution. This would entail actively promoting community participation in governance and service delivery processes, adopting trauma-informed, strengths-based, and healing approaches to service delivery, and providing staff with appropriate cultural safety and anti-racism training.

Read more about what's next for the National Anti-Racism Framework here.



References

- For the purpose of this project, the scope of 'Asia' discussed is limited to the regions of East, Southeast, and South Asia, and did not substantively cover other regions of Asia that are conventionally studied in fields including Middle Eastern Studies and Central Asian Studies.
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- vi Derrick Silove and Sarah Mares, 'The mental health of asylum seekers in Australia and the role of psychiatrists' (2018) 15(3) *BJPsych International* 65.
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- xiv Indigo Willing, 'Post-Hollywood Narratives of 'Nam': Meet Dominic Golding Vietnamese Refugee, Adoptee, Theatre and Film Creative and Disability Rights Advocate', *Asian Australian Film Forum* and Network (Article, 19 September 2023) https://asianaustralianfilmforum.wordpress.com/2023/09/19/dominic-golding-vietnamese-refugee-adoptee-theatre-and-film-creative-and-disability-rights-advocate/>.