

**Submission
No 28**

**INQUIRY INTO SUPPORT FOR OLDER VICTORIANS FROM MIGRANT
AND REFUGEE BACKGROUNDS**

Organisation: Royal Australian and New Zealand College of Psychiatrists

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The Royal
Australian &
New Zealand
College of
Psychiatrists



Victorian Branch

Committee Manager
Legislative Assembly, Legal and Social Issues Committee
Parliament House
Victoria

By email to: oldervictoriansinquiry@parliament.vic.gov.au

Re: Inquiry into support for older Victorians from migrant and refugee backgrounds

Dear Legal and Social Issues Committee

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch (the Branch) welcomes the opportunity to provide a response to the Legislative Assembly Legal and Social Issues Committee. The Branch support the inquiry in addressing the services, challenges and ideas to advance the mental health and wellbeing of Victoria's seniors from a migrant and refugee background.

Adequacy of services for older Victorians from migrant and refugee backgrounds

The Branch wishes to extend its support to all migrant and refugee Victorians having access to high-quality, evidence-based mental health services. Additionally, the Branch recognise that older Victorians from a migrant and refugee background require targeted services and specific attention.

The negative impacts of prolonged uncertainty, experiences of discrimination, marginalisation and policies which prevent families reuniting, are felt heavily by those from a migrant and refugee background. Therefore, surrounding services and supports are essential, and it is as essential that those services and supports address individual cultural needs. In considering the high prevalence of mental ill health amongst this cohort, migrants and refugees should have access to the care they need at a level comparable to what is accessible by the general population of Australia.

To be considered adequate, the mental health services must be easily accessible and responsive to individual cultural needs. For example, understanding that there are differences in expressing loss, understanding the impacts of community and culture loss, as well as appreciating that the meaning one gives to violence and trauma can vary depending on culture. Currently, the mental health system is not easily accessible nor responsive to the individual cultural needs of older Victorians.

Attention should be paid towards the specialist services of neuropsychiatrists. The Branch note that migrants and refugees have a high risk of experiencing trauma throughout their lives, and this trauma is a risk factor in developing conversion disorder. Additionally, an aging population also signifies an increase in the demand for neuropsychiatry services with an increase in neurological disorders. Neuropsychiatry services are needed for specialist treatment and should be addressed when reviewing mental health services for older

Victorians from a migrant or refugee background. For further information please see [Appendix 4](#) of the RANZCP Victorian Branch submission to the Royal Commission into Victorian Mental Health Systems.

For positive mental health outcomes, appropriate treatment and services must be supported and delivered with a recognition of and sensitivity to, people's journeys, many of which involve trauma and torture. Services should have the expertise and knowledge to safely support migrant and refugee communities with adequate resourcing of services ensured so that treatment is culturally informed, effective and can be provided to anyone who needs it. For more information on the RANZCP position on future adult mental health services, please see the [RANZCP Victorian Branch Submission on Local Adult and Older Adult Services](#).

Unique challenges faced by this cohort

Those from migrant and refugee backgrounds are among the most disadvantaged and marginalised people in our community. Many have experience of catastrophic events leading up to displacement and then settlement in Australia. Because of such events, those from migrant and refugee backgrounds are at particular risk of developing a range of comorbid psychological disorders including post-traumatic stress disorder (PTSD), anxiety, depression and psychosomatic disorders.

It is a complex process to navigate public mental health services for many Victorians and this is more challenging for those older adults who are from migrant and refugee backgrounds. Therefore, delayed assessment, substandard assessment with misdiagnosis, inadequate investigations, treatment and follow-up may be more the norm. Thus, these older adults present late to services and more advanced/severe in their presentations.

Of all migrant groups, asylum seekers and refugees are the most vulnerable to mental and physical ill health. Common mental health disorders within refugee populations are twice as high as those experienced by economic migrants. Cultural bereavement, culture shock, discrepancies between expectations and achievements, and non-acceptance by a new nation are also common experiences which contribute to mental ill health and which must be better understood and addressed by services. For more information, please see the RANZCP position statement on [mental health services for asylum seekers and refugees](#).

Significantly, the cohort of older Victorians is increasing with the number of Victorians aged over 65 predicted to treble by 2058. This means an increased demand on services for older people, as the growing population is met with those who first develop mental ill health later in life. For Victoria especially, the increase in population is projected to be the largest and fastest increase throughout Australia, and importantly this increase will include people from migrant and refugee backgrounds. We need a larger workforce to meet this demand, and an increase in age-appropriate services which have the capacity to manage physical and mental health needs of not only older people, but older people from migrant and refugee backgrounds with culturally and linguistically diverse needs.

Language creates a unique challenge when many migrants and refugees coming to Australia, speak a language other than English and a large proportion report to have limited English-speaking abilities. Dual language health professionals should be employed within

geriatric services and local mental health community clinics to support this barrier. Older people may especially be dependent on others to access services due to cultural and language barriers and may face stigma from clinicians due to the complexities of their presentations, which are often accompanied by challenging psychosocial family issues. There is also greater risk of elder abuse occurring within this cohort as parents who arrive on sponsored visas are almost entirely dependent on their adult children. This situation makes them more vulnerable to coercive demands for money, control over their pension and coercive transfer of property titles to name a few. This can also influence cultural alienation from grandchildren and reinforce isolation loneliness and depression. Domestic violence through physical and emotional abuse by adult children, as well as cultural and social isolation need to be highlighted as significant challenges to address.

Mental health services need to be prepared to assess and care for forms of domestic violence and must be able to respond sensitively to accessibility barriers alongside histories of trauma, as this will aim to ensure that those of this cohort are not being systematically disadvantaged. For more information on population increase, language and future mental health services, please see the RANZCP Victorian Branch [2020-21 Pre-Budget Submission](#).

Ideas to advance the physical and mental health and wellbeing of Victoria's multicultural seniors including global best practices

Further independent research into the mental health of older people from a migrant and refugee background should be undertaken. This is essential to inform the appropriate pathway for design of standards, service delivery and treatment.

Age-appropriate services need to be increased, with assurance of capacity to manage both the physical and mental health needs of older people from a migrant and refugee background. A project could be developed to establish mental health plans which account for future demand and resources necessary to address the needs of older people from migrant and refugee backgrounds. This would need to include consumers themselves to provide guidance in this regard, as well as the relevant aged mental health services clinicians. As well, such a project could also identify service delivery priorities and guide evaluation and review of outcomes.

Older Victorians from a migrant or refugee background, and especially those from culturally and linguistically diverse backgrounds, should be able to access age and culturally appropriate services in a language they can understand. The needs of these communities must be considered when services are established. Cultural and age-appropriate services, treatment and care, needs to be as accessible and supportive to Victoria's older migrant and refugee community, especially with projected growth into the future and a need for adequate services and support now.

Yours sincerely



Dr Astha Tomar
Chair, RANZCP Victorian Branch Committee