

HEALTH AND WELLBEING OF PEOPLE FROM MULTICULTURAL COMMUNITIES

2025-2027 Needs Assessment

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Overview

The population of the Central and Eastern Sydney region is diverse and continually evolving with new migrants from different countries adding to the cultural mix.

The 2021 Census data showed that 40.7% of CESP HN residents were born overseas compared to the NSW average of 29.3%. Overall, 46.8% of the population speak a language other than English at home and 6.3% do not speak English well or at all (1). This shows the need for health services specifically tailored to meet the needs of culturally and linguistically diverse (CALD) residents, such as culturally safe spaces, more interpreters and translated health information to help make living in the CESP HN region easier for these residents.

Key issues

- People from CALD backgrounds don't access CESP HN commissioned mental health services at the same rate as non-CALD community.
- People from CALD backgrounds attend services later, resulting in more involuntary admissions
- Less likely to access preventable screening for breast cancer
- International students in the CESP HN region needing support in health and wellbeing issues
- Impact of global events on local communities (War in Gaza).

Key gaps

- There is a need to understand better the experiences shaping health outcomes for multicultural communities
- Health navigation assistance can assist people to understand and access the complex health and social support system
- Need for culturally responsive care.

In-language focus group feedback

For primary health care to be responsive to the needs of this large proportion of the population, there is a need to understand better the experiences shaping health outcomes for multicultural communities. To gain a deeper insight into the health experiences of recently arrived communities (past five years) CESP HN engaged a specialist multicultural consulting organisation to conduct 11 in-language focus groups in person in June and July 2024. The focus groups engaged 125 participants across 7 languages: in Arabic (2x), Bengali (2x), Mandarin (2x), Nepali (2x), Urdu (1x) Mongolian women (1x), and a group held in English for people from an Indian background (2).

Although this sample is not representative, the quotations from the individuals involved have been integrated into this chapter and provide a lived-experience perspective to multicultural needs in the CESP HN region. They also provide a glimpse into the strengths of these communities, their understanding of the health care system and how their experience has been.

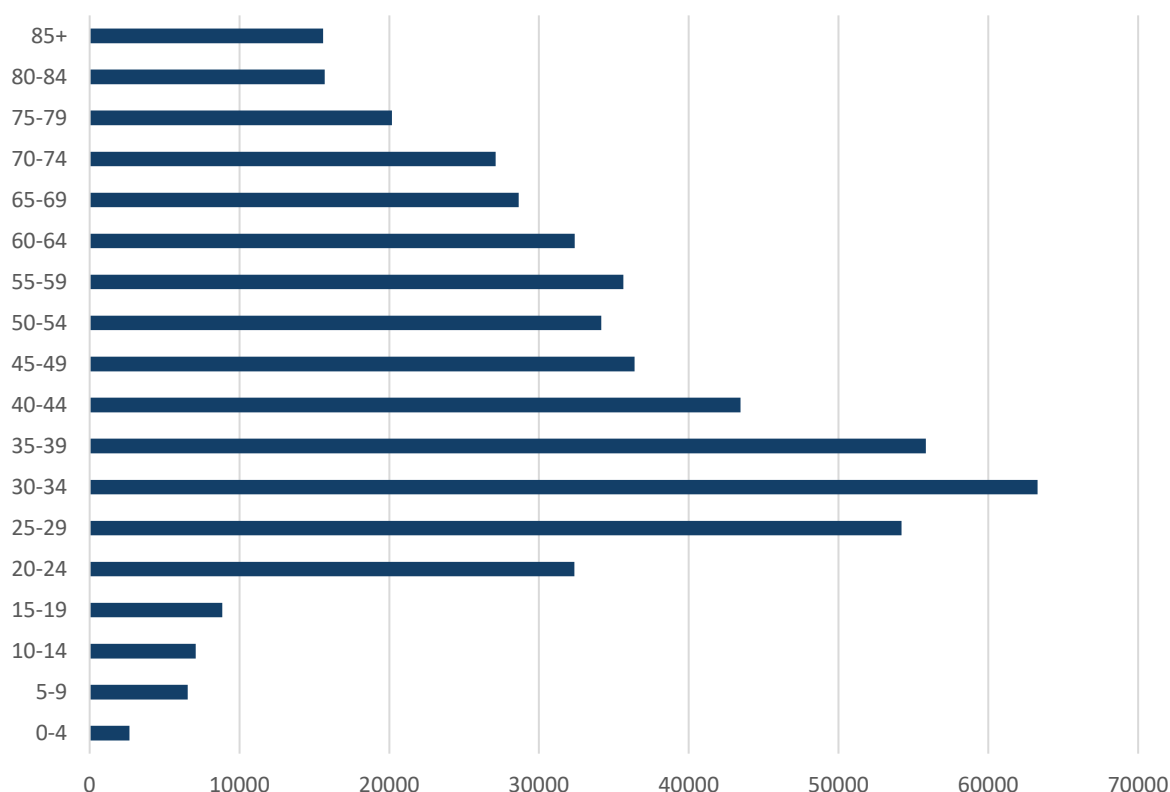
"We are spiritually connected, and our community is very helpful and has strong family ties. It is remarkable that the connection we maintain is very strong, even from thousands and thousands mile across."

Bengali-speaking resident of the CESP HN region

Demographics

There is significant cultural diversity across the CESP HN region, with the 2021 Census data showing that 40.7% of CESP HN residents were born overseas. The SA3 areas of Canterbury, Sydney Inner City, Strathfield-Burwood-Ashfield, Botany Kogarah-Rockdale and Hurstville have more than 40% of their population born overseas compared to the NSW average of 29.3% (3). This population represents a mix of well-established generations of migrants in the region as well as newly arrived asylum seekers and international students.

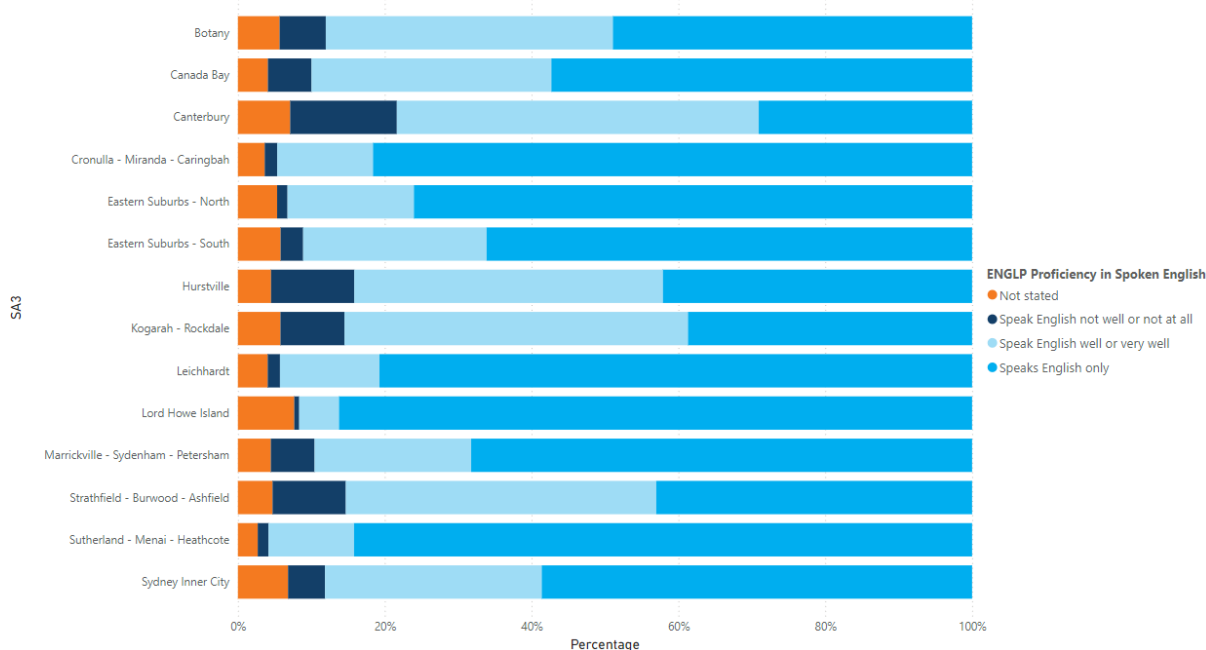
Figure 1: Total people born overseas by age-groups, CESP HN region, 2021



Source: ABS, 2022

Overall, 46.8% of the population speak a language other than English at home and 6.3% do not speak English well or at all. The areas with the highest proportions of people who do not speak English well or at all are Canterbury (14.5%), Hurstville (11.3%), Strathfield-Burwood-Ashfield (10.0%), Kogarah-Rockdale (8.7%) and Botany (6.3%), compared to the NSW average of 4.5%. The top four languages other than English spoken at home are Mandarin (17.2%), Cantonese (9.4%), Greek (8.7%) and Arabic (8.2%) (4).

Figure 2: English proficiency by SA3, CESP HN region, 2021



Source: ABS, 2022

Areas with a high concentration of speakers of these languages are:

- Greek: 22% of Greek speakers live in Canterbury, 21.6% live in Kogarah-Rockdale and 11.5% live in Hurstville.
- Arabic: 39.5% of Arabic speakers live in Canterbury, 21% live in Kogarah-Rockdale and 11.2% live in Hurstville.
- Nepali: 31.8% of Nepali speakers live in Strathfield-Burwood-Ashfield, 26.2% live in Hurstville and 23.9% live in Kogarah-Rockdale.
- Cantonese: 25% of Cantonese speakers live in Hurstville, 16.1% live in Strathfield-Burwood-Ashfield and 12.6% live in Kogarah-Rockdale
- Mandarin: 18.6% of Mandarin speakers live in Hurstville, 18.5% live in Sydney Inner City and 18.3% live in Strathfield-Burwood-Ashfield. (5)

The 2021 census showed that other commonly spoken languages spoken across the CESP HN region include Spanish, Italian, Vietnamese, Indonesian, Portuguese, Korean, Bengali, Thai, Macedonian, Hindi, Russian, French, Tagalog, Urdu and Japanese (6).

International students

Between January and April 2023, there were more than 900,000 international students studying in Australia split evenly between universities and other educational institutions (7). As there are many major universities based in the Central and Eastern Sydney region, we host many international students. According to the most recently available data, there were 258,766 international students enrolled across NSW with 76.2% studying in the CESP HN region (8). The top five countries international students came from were China, Nepal, India, Indonesia and Thailand. International students at the time of this data might still have been impacted by COVID restrictions in commencing their studies (9).

Table 1: Enrolments and commencements of international students, CESP HN region, 2021

Nationality	Enrolments	Commencements
China	71,364	26,531
Nepal	22,241	6,497
India	14,168	4,052
Indonesia	8,231	3,171
Thailand	8,037	3,337
Korea, Republic of (South)	909	412
Hong Kong	818	283
Brazil	741	320
Philippines	200	62

Source: Department of Education, Skills and Employment, 2021

The in-language focus groups contained international students of all ages. Responses showed that whilst health insurance is mandatory for all students studying in Australia, there is a lack of understanding of how to access primary health care and a lack of understanding in navigating the health system.

“For the first 2 years as a student, I did not go to any healthcare/medical facility as I was concerned about cost of accessing healthcare.”

Indian background participant

“I had a good experience at my university medical centre when I was suffering from fever. However, the prescription they provided was very expensive. So instead, I used similar medicines I was carrying from India.”

Indian background resident

A 2024 International Students Roundtable held at the University of Sydney highlighted the challenges faced by students which are often more pronounced or serious for international students, including:

- Social isolation, loneliness, homesickness
- Cultural adaptation and language proficiency challenges
- Personal finances
- Precarious housing
- Discrimination, racism and exploitation
- Dealing with authority figures and ‘systems’
- Wage-theft, underpayment in part-time/causal employment
- Health and mental health issues.

The 2020 Productivity Commission inquiry report into mental health recommended strengthening the accountability of tertiary education providers to include expanded mental health support to their students, including international students, such as ensuring that counselling services are able to meet the language and cultural diversity needs of their international students (10).

International students fall under the headspace priority group of young people from a refugee or migrant background and as such in recent years headspace National has developed resources for headspace services to improve access to health care for international students. In the CESP HN region, our headspace centres are equipping themselves with the resources they need to support students with Overseas Student Health Cover (OSHC) access the support they need. Other CESP HN commissioned services including the Psychological Support Services program and The Way Back Support Service, have seen an increase in the number of international students accessing care.

Refugees and asylum seekers

A refugee is someone who has a well-founded fear of persecution because of their race, religion, nationality, membership of a particular group, or political opinion and is outside of their country of origin. An asylum seeker is someone who has left their country of origin, has applied for recognition as a refugee in another country and is awaiting a decision on their application (11).

Between 2014 and 2023 2,329 people settled in the region on a humanitarian visa (12). Approximately 46% of humanitarian arrivals to the CESP HN region resided in Canterbury (13).

As at March 2022, 451 people who came seeking asylum by boat, and were granted a Bridging Visa E, resided in the CESP HN region (14). Approximately 70.2% resided in Canterbury SA3, 14.9% in Strathfield-Burwood-Ashfield SA3 and 14.9% in Botany SA3. Asylum seekers could be on a range of visa types and might not always have access to Medicare which has implications for access to health services and the health status of this population group.

There are limited data on the health of refugees or humanitarian entrants, but they may experience additional or more pronounced physical and mental health challenges due to past experiences of war, persecution or human rights abuses in their country of origin, or trauma associated with their journey to Australia and awaiting the granting of refugee status which can often take years.

Gaza conflict

More recently, there have been people arriving to the region from Gaza, Lebanon and Israel, but it is difficult to get localised data on resettlement numbers. These people are generally on tourist visas which do not give them access to Medicare and public health services. The ongoing conflict in the Gaza region has led to trauma, distress, and a range of mental health needs, with many experiencing a shared sense of anxiety, helplessness, and hopelessness.

In 2024, CESP HN consulted with community leaders, NGO's, mental health services and government services to understand the key supports required by the Palestinian, Muslim and Arabic communities and the Jewish community and found there was a genuine need to vocalise distress in safe non-clinical environments and a difficulty in providing mental health support when basic needs aren't covered (food, housing, healthcare). They expressed a need for service navigation support, mental health literacy and proactive help-seeking skills, and access to services designed and offered by organisations who understand and have experience supporting communities affected by conflict.

CESP HN has worked with Northern Sydney PHN, Western Sydney PHN and South Western Sydney PHN to distribute funds to community organisations which work directly with these communities. Some of the activities commissioned were healing circles, tailored health education for new arrivals to the region, or training religious leaders in mental health to better support their congregations.

Common health issues for multicultural communities

People born in Australia had the highest prevalence of at least one long-term health condition (36%) compared with people living in Australia born overseas. For asthma, cancer, mental health and lung conditions as well, the Australian-born population had a similar or higher age-standardised prevalence than that of the overseas born population. The year of arrival in Australia and level of English proficiency are interacting factors that relate to the prevalence of many long-term health conditions for people born overseas.

A higher age-standardised prevalence of arthritis, asthma, mental health and lung condition was observed among people who first arrived in Australia more than 10 years ago, particularly for those with low English proficiency. This points to the need for interpreter use and information in other languages to be made available for these communities.

The prevalence of chronic health conditions increased with time since migration across all conditions for most countries of birth. However, Iraq had a higher prevalence among more recent arrivals for multiple conditions, including dementia, heart disease and kidney disease.

There were many countries of birth with a higher prevalence than for the Australian-born population for dementia, heart disease, stroke, diabetes and kidney disease, particularly for people born in countries from regions such as Polynesia, South Asia and the Middle East. Bangladesh-born Australians had the highest prevalence of both diabetes and heart disease (12% and 4.6%, respectively). Kidney disease was highest in people born in Polynesian countries such as Tonga (1.9%) and Samoa (1.5%) (15).

People born in Pakistan had the highest prevalence of heart disease (4.6%), those born in Iraq (4.0%) and Sri Lanka (3.9%), compared to Australian born prevalence of 3.6%. Those born in Italy had the highest prevalence of dementia (0.9%), those born in Iraq (0.8%) and Vietnam (0.8%) compared to people born in Australia had a prevalence of (0.6%)

People born in Australia, English-speaking and European countries generally had a higher prevalence of arthritis, asthma, cancer, lung conditions and mental health conditions. People born in Asian countries generally had a higher prevalence of diabetes, heart disease and kidney disease than for other conditions.

Just over one percent (1.22%) of residents in the CESPHE region are living with chronic Hepatitis B (CHB). This prevalence is higher than the national average (0.78%). Overseas born residents account for 70% of all cases of CHB (16). In the CESPHE region, people born in China, Vietnam and Greece are most commonly represented in overseas born people affected by CHB.

There are also low participation rates in screening for breast cancer by women from CALD backgrounds aged 50-74, at 34.7% in 2021-2023 (17).

These findings may reflect the diverse cultures, languages, migration trajectories, social and economic circumstances among culturally and linguistically diverse people in Australia.

Alcohol and other drugs

It is difficult to identify rates of alcohol and other drug use in multicultural communities as national surveys tend to be administered in English and there are limitations in the way data is collected.

While data tends to indicate that drug and alcohol use in culturally and linguistically diverse (CALD) respondents is lower than non-CALD communities, people from these communities are underrepresented in treatment and when in treatment are less likely to be connected to appropriate support services. Further information about alcohol and other drug use in multicultural communities is available in the chapter titled, [Alcohol and other drugs](#).

Health of Refugees and Humanitarian Entrants

The Australian Institute of Health and Welfare 'Health of Refugees and Humanitarian Entrants Report 2023' shows that humanitarian entrants had different long-term health conditions compared with other migrants (18). These were:

- 40% decrease in cancers
- 50% increase in mental health conditions
- 130% increase in kidney disease
- 70% increase in diabetes.

People from the above communities are also at higher risk of hospitalisation for certain diabetes-related conditions when compared to people born in Australia. In 2021, 7.6% of humanitarian entrants reported having diabetes compared with 4.3% of the rest of the population (19). CESPHN commissioned the Community Diabetes Education Program to educate and promote early intervention for people at high risk of Type 2 diabetes targeting high risk people from Asian, Middle Eastern and Southern European countries.

Almost 9 in 10 humanitarian entrants had a GP attendance in 2021, highlighting the opportunity in primary care to promote prevention and early intervention. In addition, accidental drowning deaths of humanitarian entrants were 2.4 times as high as the rest of the population, in 2007-2020 this is significant for CESPHN given the Central and Eastern Sydney region is fringed by a coastline (20).

"Back in Nepal mental health is not considered a big thing. But when I came to Australia, it was a huge thing. If you talk about it [in Nepal], you are considered 'crazy'. Here [in Australia] we have help but we don't use it."

Nepali speaking resident

"If anyone hears someone is facing mental health problems the first thing they say is perform prayers [and] everything will be solved. There is nothing called mental health issues, those are foul talk."

Bengali speaking resident

"Mental health is a luxury, only rich people talk about it but we as people who are working hard to just be able to pay rent and food, there is no time to think about mental health, we just need to keep going."

Arabic speaking resident

Access issues

Multicultural communities are underrepresented in the use of CESPHN commissioned mental health services relative to the general population. This data is discoverable because country of birth, self-identified cultural background and language spoken at home is data that is routinely collected.

People who have migrated to Australia tend to:

- Have lower rates of mental health service usage
- Have lower rates of screening for breast and bowel cancers (17)
- Be overrepresented in involuntary acute inpatient admissions
- Seek help much later than the general population.

CESPHN's 2024 in-language focus groups also revealed the barriers that can prevent CALD residents from seeking medical care when necessary. This delay in help seeking and prevention can lead to more acute presentations and may be due to a range of factors. Feedback from the in-language focus groups also highlighted that many communities are used to visiting a pharmacist as a first port of call rather than a local doctor (GP). CESPHN resources both GPs and pharmacists to play this role in the community by keeping them informed of relevant services in the area.

Participants in the focus groups in 2024 provided a lived experience perspective confirming barriers such as:

- Language
- Lack of use of interpreters*
- Difficulty navigating the health system
- Risk of re-traumatisation
- Fear of not being granted resident status if they are unwell
- Not having access to Medicare funded health care
- Financial hardship
- Limited trust of health service providers
- Not knowing the costs involved
- Believing that health care was better in their home country
- Stigma associated with certain conditions

*The Translating and Interpreting Services provides free interpreting services to medical practitioners, pharmacies and PHN commissioned mental health providers, but it is not available to all allied health professionals. To address this gap, CESP HN funds the Access to Interpreting Service for Allied Health Professionals Program. Private allied health professionals that register in the program are provided access to interpreting services from TIS National at no cost.

Consultations with CESP HN's stakeholders in 2024 reaffirmed the need for increased support with system navigation and health literacy for multicultural communities, especially recently arrived residents. In 2024 CESP HN commissioned a multicultural navigator service which will support patients in Mandarin, Cantonese, Arabic, Korean and Nepali to engage more easily with health and community services.

"I came to Australia over five months pregnant, and there were cases where my appointments were cancelled at the hospital because there were no available Mongolian interpreters. It's not easy for a pregnant person to come and go again and again."

Mongolian speaking resident

Opportunities

- Implementation of PHN Multicultural Health Framework
- Ensure multicultural community members are involved in co-design for new services
- Ongoing cultural competency training for GPs, allied health and commissioned service providers
- Support the role of pharmacists, which was identified often as the first point of call for some communities
- Develop culturally sensitive health outcome measures.
- Trauma informed care training offered to GPs
- Initiatives to increase rate of cancer screening and immunisation
- Data collection and research:
 - Investigate health disparities and inequities
 - Assess cultural competency in healthcare settings
 - Evaluate effectiveness of multicultural health programs
 - Identify best practices in multicultural healthcare

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