

# ***‘Falling through the Cracks’***

## **Community Perspectives on Asylum Seeker and Refugee Mental Health**

### **ECCV HEALTH POLICY ISSUES PAPER**

**The Ethnic Communities’ Council of Victoria (ECCV) consulted with community representatives from refugee and asylum seeker backgrounds to find out what facilitates and hinders mental health and wellbeing for them and their communities.**

**ECCV wanted to better understand *if* and *how* refugees and people seeking asylum in Victoria use mental health services and what the best pathways and support options are to improve their mental health.**

**ECCV found that new and emerging communities have difficulties accessing a complex health system and mental health services and are vulnerable to being left behind.**

*This policy issues paper provides an overview on the challenges of refugee and asylum seeker communities in Victoria to access and use health and mental health services. It also provides community and policy recommendations on how to make a real difference to their health outcomes.*

Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of multicultural Victoria. As the peak policy advocacy body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria. Since 1974 we have been the link between multicultural communities, government and the wider community.

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# *‘Falling through the Cracks’*

## Community Perspectives on Asylum Seeker and Refugee Mental Health

### **Executive Summary**

The Ethnic Communities’ Council of Victoria (ECCV) consulted with people from refugee and asylum seeker backgrounds to find out what facilitates and hinders mental health and wellbeing for them and their communities.

The main overarching aims of this paper are to examine:

- *Predictors of mental health and wellbeing*
- *Barriers and facilitators to access and engage with health and mental health services*
- *Satisfaction with these services; and*
- *Community recommendations*

ECCV wanted to better understand *if* and *how* refugees and people seeking asylum in Victoria use mental health services and what the best pathways and support options are to improve their mental health. ECCV found that these communities have difficulties accessing a complex health system and are vulnerable to being left behind. More needs to be done to make the mental health system work better for these communities and for them to feel they are treated with humanity, dignity and respect.

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*“I was once in that situation as well. I wasn’t sure if I would be deported or could stay in Australia. I can feel what the community feels in terms of isolation.”*

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## Acknowledgements

This initiative would not have been possible without the generous support and assistance of many individuals and organisations. ECCV would like to express its sincere gratitude to its Policy Advisory Committee on Health and Wellbeing (PACHW) for their guidance, providing information and valuable feedback. In particular, ECCV would like to thank the members of the *Mental Health and Wellbeing in New and Emerging Communities* project working group who contributed their time, ideas and resources to this project.

Health and mental providers and community organisations that assisted in clarifying the project's purpose, identifying required outcomes and provided expert advice included:

- \* Victorian Transcultural Mental Health (VTMH)
- \* Centre for Culture, Ethnicity and Health (CEH)
- \* Victorian Foundation for Survivors of Torture (Foundation House)
- \* Asylum Seeker Resource Centre (ASRC)
- \* Northern Health;
- \* and a number of other individuals in a private capacity

## Foreword

ECCV consulted with refugee and asylum seeker communities to examine what facilitates and hinders their mental health and wellbeing. We wanted to better understand *if* and *how* refugees and people seeking asylum in Victoria use mental health services. We also wanted to know what the best pathways and support options are to improve their mental health effectively and appropriately.

ECCV found that these communities have difficulties accessing a complex health and mental system and are vulnerable to being left behind. Many refugees and asylum seekers do not have the mental health knowledge and language skills to understand how to access a complex mental health service system and clearly communicate their needs to health professionals. This is compounded by health services that are often uninformed or unresponsive to the impacts recent migration experiences and varying cultural factors have on these communities and their ability to seek out appropriate supports and assistance.

The consultation findings presented in this paper confirm that the inability to access mental health services in a timely and effective manner leads to increased disadvantage and disengagement for culturally diverse individuals who are already highly vulnerable in many cases. The Victorian health and mental health sectors therefore need to work together more effectively to assist and reduce the number of refugees and people seeking asylum that experience poor mental health and wellbeing outcomes. In doing so, it is of critical importance that refugees and people seeking asylum are at the forefront of developing targeted and culturally appropriate programs, services and supports for their communities.

I would like to commend this issues paper to policy makers, health and mental health providers and anyone working in the transcultural health sector seeking to learn more about the support needs of refugees and people seeking asylum to make a real difference to their health outcomes.

Kris Pavlidis  
Chairperson



## Background

ECCV is the peak advocacy organisation for ethnic and multicultural groups in Victoria and consults with communities to ensure their voices are heard in the policy making process. ECCV's Health Policy Advisory Committee (made up of multicultural advocates and specialised health providers) seeks to undertake advocacy and policy work in the health portfolio on behalf of ethnic and multicultural communities. As part of its work plan, the Committee decided to make the health and wellbeing of refugees and people seeking asylum a priority, particularly in relation to mental health and wellbeing.

## Project Purpose

In response to the issues raised by committee members, ECCV initiated a small project to explore refugee and asylum seekers' views on the challenges and barriers to accessing health services and other community supports. A key purpose of the project is to better understand *if* and *how* the use of mental health services and other community supports facilitate the mental health and wellbeing of refugees and asylum seekers living in Victoria. The project explores specific questions such as:

- *What are the experiences of refugees and people seeking asylum when they arrive in Australia? How do these experiences impact on their mental health and wellbeing?*
- *What enables and facilitates accessing and navigating mental health services and other supports?*
- *What are the challenges and barriers to receiving appropriate mental health services and other community supports and to settle successfully?*
- *Do refugees and asylum seekers know about the full range of relevant mental health services and other community supports in their local communities?*
- *Does the current range and capacity of available mental health services and other community supports adequately reflect community needs?*

## Methodology

To gain a deeper knowledge about the experiences of refugees and people seeking asylum, ECCV conducted a small sample of in-depth community consultations with community representatives with lived refugee experience. Three of the participants are community leaders in their own community and have publicly advocated on issues relevant to refugee and asylum seeker communities on previous occasions. The other two interviewees are working for a refugee support organisation in Melbourne's south-east and have in-depth knowledge through their work about the settlement experience of new and emerging communities. Four of the participants were male while one was female. Three of them were of Afghan Hazara refugee background and one each of Burmese and Rohingya refugee background. One additional Rohingya refugee participated in an initial conversation about the Rohingya community in Melbourne.

All of the interviews undertaken were qualitative in nature. The participants agreed to conduct the consultations in English and didn't require an interpreter or another support person being present. As outlined below, this paper also provides a thematic analysis around key themes. Many of the points outlined are direct quotes as ECCV aims to give voice to direct and unmediated refugee and asylum seeker experiences and perspectives.<sup>1</sup> An ethnic community case study has also been included to provide more detailed insights.

ECCV based its consultations on the following six broad themes:

1. Migration and settlement challenges and their impact on mental health and wellbeing
2. Access barriers and gaps in settlement support
3. Access barriers and gaps in the health and mental health system
4. The role of community leaders and other advocates
5. What works? – Ways to facilitate and improve refugee and asylum seeker mental health and wellbeing
6. Community recommendations: changes required to improve refugee and asylum seeker mental health and wellbeing.

The key community findings along each of these six themes are discussed below.

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<sup>1</sup> The opinions expressed by participants on the issues discussed do not necessarily reflect ECCV's views and good service practice as defined by providers.

### 1. Migration and settlement challenges and their impact on mental health and wellbeing

Respondents raised the following key challenges and issues (prior and after settlement in Australia) which adversely impacted on their own and their communities' mental health and wellbeing:

#### Leaving their home and country

All interviewees talked about the refugee experience and the immediate aftermath creating mental health and wellbeing challenges for those forced to leave:

*“When people flee from their own country and go to the second or third country- it doesn't mean they are settled. Or that they feel settled in that new country. They're leaving everything behind and that produces big trauma for people.”*

One respondent said about the refugee experience:

*“Many of them left one and two countries. They gave their name to UNHCR [the UN Refugee Agency] and waited for ten years [to be resettled]. They already have mental health and physical issues.”*

#### Visa uncertainty and 'a life in limbo'<sup>2</sup>

Many refugees and asylum seekers experience feelings of stress and anxiety when they arrive in Australia and start their new life. Living in uncertainty about whether they will be permitted to permanently settle in Australia was considered as one of the major stress factors:

*“When someone is in limbo for so long... eventually they crack- they have no stability in their own country because of war and persecution, then they risk everything out of desperation, they make it to safety only to go through trauma all over again.”*

In particular, people on temporary and bridging visas were mentioned to be particularly vulnerable as they rely heavily on community legal centres and legal aid organisations whose budgets were recently cut and who are unable to adequately support everyone.<sup>i</sup>

<sup>2</sup> This policy brief does not discuss in detail the negative impacts of long-term detention on asylum seeker mental health. This is due to the report's narrow scope and methodology. The paper will also not discuss in detail required changes to the Government's detention policies to address the well-known detrimental impacts on mental health and wellbeing.

#### Asylum seekers living in the community

Asylum seekers living in the community on temporary visas were considered to be particularly vulnerable to being under high levels of psychological pressure. Asylum seekers living in the community on bridging visas<sup>ii</sup>, for example, have no right to family reunion and are not permitted to re-enter Australia if they travel overseas. They also do not have automatic rights to either work or study. One of the interviewees said:

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*They're just dropping through the cracks. They are in high duress because they are considered outsiders, not citizens. They are in limbo and can't even go to charities. I don't know how they survive.*

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#### Impact of temporary visas

All interviewees considered the process of applying for visas, family sponsorships and citizenship as very stressful for refugees and people seeking asylum. One of the interviewees mentioned the negative impact of his previous experience of being detained in Australia, away from his family - 'excluded with no right to return and no right to family reunion'.<sup>iii</sup>

#### Family separation and right to family reunion

Family separation was also discussed as an issue that has a very negative and long-lasting impact on those affected by it. Several participants mentioned that one of the biggest disadvantages for certain refugee and asylum seeker groups, for example on temporary visas, is the denial of the right to family reunions. One interviewee particularly emphasised the distress extended periods of separation places on these families:

*“If you are not a citizen, you can't sponsor your family and family reunion becomes much harder. Even if you are a citizen, it has become very expensive to bring over your family. To bring your children, it costs extra - additional thousands of dollars for each child.”*

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*Many won't ever be able to bring their family here. This is breaking the back of asylum seekers. It places an unbearable amount of pressure on the people.*

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### Limited access to settlement and other supports

In particular, asylum seekers on temporary protection and bridging visas didn't have and continue not to have adequate access to services such as settlement services, English language classes, higher education, job seeking opportunities and housing support. One participant said:

*"From the mid-2000s, many families from my community came [to Australia]. Depending on their visa, there were no individual case managers and no settlement services available [to them]. ... This created a lot of depression and anxiety amongst these community members."*

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*People that experience financial issues, family violence, housing problems, a new country with a new culture and language- this has negative impacts on many peoples' mental health. Many of our clients have mental health [issues] because of these issues.*

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### Language difficulties

All respondents mentioned language difficulties as one of the major impediments to a positive initial settlement experience. One person said:

*"People struggle the most with language at first. It is hard for them to access any services and to communicate with other people. They are unable to ask about any services and this has a very detrimental impact on people's mental health."*

### Limited access to health services post-migration

Over the last 15 years, people with temporary visas were also reportedly impacted by the initial lack of access to health and mental health services. One participant said:

*"Once they were here, many people suffered because there were no health services for them. Many suffered from anxiety, unable to meet and reunite with their family. If they travelled [overseas] they wouldn't be allowed back. ... And they weren't able to go to specialist, larger specialised hospitals."*

One interviewee mentioned how he and many others felt depressed and isolated (once in Australia) and the lack of accessible mental health support in the past:

*"In terms of mental health support, mental health support there was none. Even now, this puts a lot of pressure on mental health for people on temporary visas."*

### Affordable, safe and suitable housing

Unstable housing was also considered to be a major contributor to high levels of stress and other mental health problems. In the search for adequate housing, many refugees and people seeking asylum are placed in a disadvantaged situation as they often struggle with language issues and a lack of knowledge about the housing market. Several interviewees also mentioned financial issues preventing people to find suitable and safe housing for their families:

*"Many can't afford the rent here any longer, so they're being pushed out of the community. And housing agencies are asking them for references which they don't have and evidence of stable financial income which they don't have. Many can't find safe or suitable rental properties."*

Larger families in some visa categories are also disadvantaged by not being able to access housing support or Centrelink payments for their children. Also, the family member who has established their life already in Australia often struggles to find time off work to search for appropriate housing as they can't easily leave their work:

*"This places a lot of stress on people emotionally; this has a psychological effect on the families."*

Many share accommodation with others and live in overcrowded conditions. Some leave and stay in regional areas where they face difficulties such as cultural and language barriers, lack of community connection and local networks, difficulties to access transport which leads to isolation:

*"When you can't speak the language and you are scared of others around you, it's quite difficult to ask for things."*

### Employment<sup>iv</sup>

Refugee and asylum seeker groups on certain temporary visas were considered to be very vulnerable to poverty, stress and isolation. Access to job seeker assistance was also lacking for these groups, putting them at extreme disadvantage:

*"The option of finding and having a job is far, far away. They won't be able to access assistance. They only have limited rights to work in Australia. Others who have work rights are sometimes not highly educated, and lack certain technical skills."*

One interviewee felt that Australian employers discredit their skills, qualifications and work experience gained overseas:

*"I want to use the expression of 'pulling blood out of a stone' in terms of finding employment."*



### **'A different culture'**

Several interviewees commented on the initial difficulties for refugees and people seeking asylum to adjust to a different culture. One responded:

*"It's hard for women to see a male doctor or to go and access different services. It's hard for them to go to a service that is not culturally responsive."*

### **Racism and discrimination**

One respondent talked about how he increasingly feels targeted and threatened in public places by people who make derogatory and offensive comments. He feels that discrimination and racism toward refugees and people seeking asylum is on the rise again. For example, people on the streets are telling him to go 'back to where he came from':

*"Since about 2011, people in the community approach me differently and are abusive. I had never had to deal with this sort of abuse before."*

People in his community don't feel safe as they are made to feel like outsiders and 'the other'. He believes that metropolitan areas with high levels of culturally diverse populations are safer and that diverse communities in regional areas generally experience much higher rates of discrimination and racism:

*"The media is playing a major part in creating Islamophobia. It's creeping up – this will put a divide into the community."*

## **2. Access barriers and gaps in settlement support**

### **Settlement service eligibility**

All respondents raised concerns over the lack of access to settlement services for those sponsored by refugees on partner visas. This group is not entitled to any settlement support once they arrive if they are family sponsored on a family stream visa. The full responsibility to support these community members is placed on the sponsor, usually the husband, which puts whole families in very stressful and vulnerable situations:

*"If someone sponsored them to come to Australia then the government puts the responsibility on them. Let's say the husband has a disability or has mental health or other issues, then he's not able to support the family if he has all these issues. How can he support the family? If the husband is living here- he also can't just leave all the family behind [overseas]. It's not possible. He has to live with his family but can't support his family if he has all these issues."*

One interviewee also mentioned that despite the financial pressures faced by these families, people on certain visa categories experience disadvantage when trying to access Centrelink support:

*"They are actually not welcoming them to the country. When they go to Centrelink, they refuse them. And when they come to us [settlement support agency] we can't actually do much for them. ... They are not eligible for two years to get access to some services and we cannot help them. And this is really important - during those two years anything could happen, for example, financial issues and family violence and many other issues. I came across women with these visas but they are not eligible for our services and it's hard for them."*

### **Settlement service capacity**

Several interviewees considered recent budget cuts to settlement and community development organisations were putting a huge strain on community services and their ability to adequately support established and recently arrived refugees and asylum seekers communities. One of the community leaders said:

*"They have very limited capacity at the moment to effectively deal with refugee and asylum seeker issues. There's a lack of manpower and capacity to initiate new programs".*

## **3. Access barriers and gaps in the health and mental health system**

Previous research revealed significantly lower utilisation rates of health services, such as specialised mental health services by migrants of non-English speaking backgrounds.<sup>v</sup> This section discusses a number of causes contributing to this outcome.

### **Lack of community knowledge about available services**

One interviewee talked about the lack of knowledge of refugees and people seeking asylum that would enable them to access these health services. In his view, many new and emerging communities struggle to know about available health services. This is even if they are eligible for such services through Medicare. He also gave examples of someone dying 'because they haven't heard they can go to the hospitals':

*"The government doesn't inform [the communities] enough that these services are available. They don't inform the communities equally. ... When the government and NGOs distribute literature, it's still not in community languages. Many people have difficulties to understand."*

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*“The health department and health agencies don’t communicate enough. Refugees don’t know that these services exist.”*

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### **Service accessibility and use of health interpreters**

All respondents mentioned that, based on community feedback they received, many general practitioners don’t engage health interpreters when treating refugees and people seeking asylum. One of the settlement service workers said:

*“With GPs one of the things is that they avoid using interpreters. They think that it takes a lot of time. Most of the ones I ask [about using interpreters for their client], they usually say ‘no interpreter’.”*

Another respondent referred to many community members trying to access the limited number of health services that use interpreters and how this undercapacity and over-demand adds to the distress many refugees and people seeking asylum feel already:

*“There might be one clinic that would regularly call interpreters. Everybody will go there. The wait time is six or seven hours. Flooded with migrants. It’s just saddens me. Because, why can’t others do that? And so this person’s whole day is gone, you see. ... Wouldn’t it play on you as a normal person trying to find out if you have a specific fever, for example? You’re gonna go through those six hours. And you’re gonna think about a lot of things. Believe me. That’s what is happening to the community.”*

Another interviewee mentioned that there were also issues with the quality and capacity of professional, accredited interpreters in certain community languages. In some cases, he said patients are still being provided with substandard translations and interpretations. However, the interviewee recognised that progress has been made over the years, particularly in interpreter qualifications checking, training and testing the students.

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*“The services – many have to do more and we need to encourage them to use professional interpreting services. It’s ok, it may take you five minutes longer. But these five minutes may mean the world to that person who has gone through to so many layers of trauma. As a civilised society, we should be doing that.”*

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### **Bilingual workers**

Several interviewees also mentioned the importance of settlement, health and other community services and their workers to have appropriate cultural knowledge to engage with refugee and asylum seeker populations.<sup>vi</sup> They want services to employ bilingual workers who can understand the clients’ cultural background and language. One said:

*“I would like to emphasise that for GPs and mental health services it’s really important to have bilingual workers and use interpreters. These clients are different to people who are grew up in a safe country as they experienced war and violence. Health services need to give them enough time [in appointments] to really understand their health issues, backgrounds and culture.”*

In addition, another person emphasised that translated health materials are of limited use where community languages ‘don’t have fonts and scripts’ and that bilingual workers are the best option to make services more accessible.

### **GPs and other health professionals**

One respondent raised the difference in understanding of mental health in many refugee and asylum seeker communities:

*“They often come with a mentality of needing a quick fix. When they go to GPs they ask for tablets to fix them. ... There are other strategies GPs can use but many don’t look at it holistically. A tablet can be good and can give them relief for some time but it’s not a solution in the long term.”*

One interviewee raised that when settlement workers offer their assistance to link clients with mental health services, that they prefer to go on medication most of the time rather than opting for other approaches:<sup>vii</sup>

*“When we give them the option to go to a psychologist or psychiatrist, in 90 per cent they prefer a psychiatrist, not counselling or behavioural change.”*

### **Cultural access barriers and mental health literacy<sup>viii</sup>**

The consultations also revealed that the understanding about mental health [as understood in Western societies] among many refugees and people seeking asylum is either limited or very different. One respondent’s comment highlighted how cultural differences influence mental health help-seeking<sup>ix</sup>:

*“Their understanding about [Western] mental health and services is limited. They can’t quite explain their issues. Even if they go to a mental health service they can’t properly explain what they are going through.”*

The respondent also questioned if health services, like GPs, are able to provide treatment in a culturally responsive manner and spend adequate time to have conversations about a consumer's mental health.<sup>x</sup> The interviewee questioned that health professionals who she worked with and referred people to are sufficiently trained to adequately advise on and treat mental health conditions or refer clients to appropriate services.

*"They are trying to avoid such topics. Maybe they are too busy and just want to see the next client? Maybe they are not well trained? A lot of GPs just see people for a long time for the physical conditions and won't question about emotional issues."*

### **Shame and stigma**

Several interviewees also explained the issue of stigma attached to people experiencing mental health issues or having a disability. One interviewee said:

*"There is huge shame and stigma attached to mental health. Like, 'this person has gone mad' or 'he's not strong enough to cope with his problems'. Rather than encourage them to seek help and medical assistance, they see it as an individual weakness and that this person is just unable to function properly."*

Another issue mentioned that prevents people and their families and carers to seek help is the issue of gossip in the wider community:

*"For example, if they go to a community gathering, they would be victimised for that. Everyone would be talking about it."*

To prevent becoming isolated, and to remain part of the community, many families try to hide issues related to mental health. This attitude was perceived to potentially lead to very dangerous situations:

*"If they don't get help soon, that issue can become much worse which leads to further stigma, shame and isolation these families face."*

### **Holistic health approaches**

At the same time, concerns were also raised about GPs who are 'not always looking at the underlying causes' and how to treat them in a more holistic way. This view is confirmed by research that found an over-willingness by physicians on pharmaceuticals as the preferred treatment option.<sup>xi</sup> One interviewee mentioned that many of his clients have mental health issues, like depression. When these clients access settlement and social support services, they have often seen GPs for a long time. He explained that unless clients directly tell GPs they have a particular mental health issue, nothing is being discussed; the

client wouldn't 'get on a mental health plan' but is rather put on medication:

*"There are other strategies GPs can use to help them [patients] but they don't. ... GPs are not looking at the underlying causes or the whole picture. A tablet can be good and medications can give them relief for some time. But it's not a long-term solution."*

## **4. The role of community leaders and other advocates**

Two respondents felt very strongly that more needed to happen to adequately support leaders and other multicultural advocates that are trusted by their communities. They asked for targeted training that can assist them and others in playing this critical role in linking refugee and asylum seeker communities to the social and health services system and the rest of the community.

One interviewee explained:

*"They might be community leaders by right or by birth. Not because they studied a Master's degree at university. In their clan and in their ethnic group, they are the leaders. They will lead their people and they've done this for hundreds of years. But they do not necessarily have formal education. How do we train those community leaders because they are the points of contact and information for the community?"*

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*"The government needs to recognise that community leaders are not paid. They are working tirelessly after their professional job is done to help their community. And I think they deserve to be treated better."*

## **5. What works? – Ways to facilitate refugee and asylum seeker mental health and wellbeing**

### **Capacity-building for frontline community and health workers**

All interviewees emphasised the critical role health, settlement and other community services workers play to help identify and address mental health issues. One respondent said:

*"We not only deal with housing or financial issues. And we have a duty to assist clients and observe them psychologically to check if they are ok."*

Frontline workers are often the ones in the service system that know the individual family situations best:

*“For us it is important to know all the aspects. And if a family experiences financial issues, distress and trauma then they definitely have mental health issues. We have a responsibility to link them to mental health services.”*

This support by frontline workers is also required when refugees or people seeking asylum access GPs. Without additional support, many GPs seem hesitant or are not culturally competent enough to deal with this population group’s mental health conditions. One person said:

*“When a family comes to the GP; because of time [considerations] – they don’t try to dig out some of the issues these people experience. This is especially so when it comes to mental health. Unless someone goes with the client and explains their issues.”*

### **Small ethnic community organisations and networks**

Several interviewees raised that there are many support gaps left by mainstream organisations that don’t have the reach into many ethnic communities. They agreed that for refugee and asylum seeker groups, it’s often the informal community networks that offer and facilitate emotional and psychological support. However, many of these small groups are underfunded to adequately service all refugees and people seeking asylum. One respondent talked about a community network for refugee women who are trying to acquire their learner’s and driver’s licences.

*“Clients don’t know that these community groups exist –clients only know about them through us [support workers]. These support groups are usually are small self-organised groups of volunteers.”*

## **6. Community recommendations to improve refugee and asylum seeker mental health and wellbeing**

### **Adequately fund settlement and health services**

All interviewees agreed that to adequately address the mental health needs of refugees and asylum seekers, funding needs to be increased. One comment was:

*“It would be really good if the government could increase settlement services and mental health service’s [resources] so that people do not need to wait such a long time to get access these services.”*

### **Acknowledge and strengthen settlement work**

The critical role settlement and other community workers play to address health and in particular mental health issues needs to be acknowledged. Frontline workers need to be equipped with more knowledge about health and mental health issues so

that they can fulfil their role in linking refugees and people seeking asylum to the right services.

### **Adequate provision of interpreters and bilingual workers**

As outlined above, using professional, accredited interpreters is vital for the services system to appropriately understand the needs of refugees or people seeking asylum when accessing support. More community awareness needs to be raised about the importance and role professional interpreters play in addressing community needs. At the same time, interpreters that speak community languages need to be appropriately trained and employed by settlement, health and mental health services.

Also, engaging more bilingual settlement and health workers need to be encouraged where possible, in order to overcome the complex cultural access barriers to the services system.

### **Train mainstream health services in cultural competency**

Several respondents wanted providers to be more aware of how culture impacts health and treatment.<sup>xii</sup> They mentioned the importance of regular cultural competency training for all settlement, community and health workers.

For staff to have appropriate cultural expertise and an adequate understanding of the different community backgrounds, cultures and languages was considered to be vital by one interviewee. The participant particularly commented on her experience when previously attending such training<sup>3</sup>:

*“One of the attendees said: ‘Oh, I didn’t know that this community from this country- that they have this culture and we should be aware about this. Because they are very sensitive about this.’”*

### **Training and education for GPs and medical staff on mental health and cultural competency**

All respondents agreed on the importance of further education and training opportunities for GPs and medical centre staff about mental health and in cultural competency, like using accredited interpreters. One of them said:

*“Pretty much all families are linked to GPs and go to them at some point. So they have a very big role to play. GPs can direct families to more help and other services.”*

<sup>3</sup> The participant’s reflections on cultural competency training do not necessarily reflect ECCV’s and provider views on cultural responsiveness training. Provider advice suggests that the expressed opinion is in conflict with ‘good practice’ regarding culturally responsive training.

### **Community engagement and awareness-raising**

Many refugees and people seeking asylum are living with mental health issues and are not seeking support from appropriate services. More awareness needs to be raised in the community about available health and mental services and that dealing with mental health issues is nothing to be ashamed of. Community engagement, building trust and outreach were considered to be models that could facilitate linking isolated and marginalised refugees and asylum seekers to health providers.<sup>xiii</sup> One respondent said:

*“Many women don’t know that there are services specifically for women. They can’t attend awareness sessions about women’s health as many just don’t know about them. It’s about marketing and advertising the service and promoting the service among different communities. It’s really important.”*

### **Acknowledge and strengthen the role of community leaders in policy and capacity development**

Several respondents recommended community leaders to be better supported in their role to strengthen their role in policy and service development and capacity building. One suggestion was to regularly provide professional development opportunities, training and financial support to community leaders to assist them with their crucial community work. Ideas for training included:

- Communication with government and providers
- Community advocacy
- Public speaking / presentation skills.

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*“We feel that these issues are systemic and we can’t address them – it’s outside the scope of my role as a community worker. That’s very frustrating. There is not much we can do – we see people again and again having the same issues and nothing really changes.”*

### **Support and adequately fund community networks**

The respondents considered the role of settlement organisations and other refugee and asylum seeker community support organisations to be of great importance, although limited in their reach and capacity. In addition to increasing the reach and capacity of those organisations, there was much support for the idea of government providing funding to strengthen the role of refugee and asylum seeker communities in policy and service development. This would assist community leaders to set up and run local support organisations themselves as ‘they are the eyes and ears’ of the communities:

*“They know the issues so much better than any other organisation.”*

### **Increase and improve mental health service capacity and quality**

All respondents agreed that achieving adequate mental health care for refugee and people seeking asylum is a critical issue. They emphasised how important it is for refugees or people seeking asylum with mental health issues to access culturally appropriate support early as possible after their arrival in Australia.

*“So it’s important for a client to have access as soon as possible. We don’t want them to suffer more. Because if they have mental health problems, you know, it’s life threatening. They are in danger.”*

Waiting lists for these services and a lack of capacity to treat patients either by mainstream mental health services or at specialised refugee health providers was seen as a critical issue. In particular, an increase in accessible and culturally competent mental health services was considered vital.

One respondent suggested that more specialist mental health services for refugees and asylum seekers need to be made available.

*“If we see that [a specialised refugee and asylum seeker mental health service] or the local refugee health clinic having long waiting lists and they cannot take clients immediately- then we could refer them to another service. It’d be great to have more refugee health super clinics available to refer people to.”*

In addition, participants said that they wanted mainstream health and mental health services to be more culturally appropriate, use interpreters and be better equipped to deal with their clients. In particular, respondents wanted psychologists, psychiatrists and counsellors to become more available and accessible.

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*“If appropriate mental health providers were more available and accessible, we don’t need to go on long searches for specialised mental health support.”*

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## **7. Ethnic Community Case Study**

*The following case study of a new and emerging community raises issues that are applicable to other groups and discusses universal themes that require strategic policy and service responses. The study explores the situation of the Rohingya in Melbourne<sup>xiv</sup> and the mental health issues many experience while living in Australia on temporary or bridging visas.*

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## Insights from the Rohingya community in Melbourne's South East

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### 1. Background

ECCV's community consultation with two Rohingya community leaders revealed that the local Rohingya community is under many pressures that negatively impact on their general and mental health. The majority of Rohingya people who arrived in Australia fled from Rakhine State, though many Rohingya also came from different states in Myanmar. This is because recent conflicts, violence and persecution has spread from Rakhine State to other areas. Before 2012, a smaller number of Rohingya came to Australia and they were processed quickly and gained refugee and permanent residency status in a more straightforward manner. After 2013, the Australian Immigration Department changed its policies for asylum seekers that arrived by boat (many of which are Rohingya) and introduced Safe Haven Enterprise Visas (SHEV) and other temporary protection visas. Many Rohingya who arrived in Australia after 2012 are still on SHEV, other temporary or bridging visas and being processed. Even if they are found to be refugees, they are placed on temporary visas.

### 2. Migration and settlement challenges and their impact on mental health and wellbeing

Below is a summary of the comments made by Rohingya respondents on the challenges in the early settlement period:

- **Fear and uncertainty about their visa status:** The uncertain visa status of many Rohingya community members creates significant psychological distress, fears and anxiety and is the cause of most of the mental health issues that people experience when living in Australia [apart from the existing mental health problems]. For example, community members who received a temporary SHEV have to meet various requirements to be allowed to stay in Australia. They live in fear and under the uncertainty of not knowing if they can stay in their communities. If they apply for subsequent visas after their initial SHEV expires, they are required to move to regional or rural areas and to study or work there. *"That means, even if they have finally found a permanent job in Melbourne or another urban area, they have to move."* [SHEV: This new temporary visa is similar to the TPV but will be issued for a period of five years. A refugee living on a SHEV will need to indicate an intention to work and/or study in a designated regional or rural area. Source: [Refugee Council of Australia](#)]
  - **A traumatised and isolated community:** Many Rohingya feel isolated and excluded from mainstream community which adds to the trauma people already experience as refugees. One example he referred to was a young Rohingya refugee setting himself on fire in a bank in Springvale and another man who recently killed himself. *"Suicide and desperation, I believe it's generating from there. ... "We are all traumatised. If your background is in psychology then you'll notice that, especially if you are around people for a couple of weeks. But people don't really know what kind of trauma issues they have."*
  - **Trans-generational trauma:** A lot of parents pass on the traumatic experiences they are dealing with to their children and younger generations which can be challenging for community harmony and reconciliation with other Burmese community groups. *"Some of these families are not being very friendly with other children who are from Buddhist families. I've seen that in the community when I play with the children. They say: Buddhists are really bad. That's what my dad said."*
  - **Health care costs and inadequate health interpreting:** Most Rohingya highly value being able to access Medicare and the universal healthcare provided by the public health system. *"This is one of the most privileged things being here in Australia. It's really being appreciated."* However, some extra medical expenses need to be covered privately and it is hard for many community members to be able to afford it. In addition, inadequate interpreting was mentioned as an issue that creates access barriers. *"I think, at least 80 per cent of the Rohingya interpreters are not really sufficiently trained, very skilled or accredited. And if you have to deal with the medical issues... I mean, they can be very sensitive."*
  - **Lack of permanent employment and financial security:** People also stated that the lack of stable employment is putting immense psychological and financial pressures on many families in Australia. The difficulty of securing stable employment is partly due to the uncertain residency and visa status many Rohingya face. *"For example, in Melbourne I believe it's less than 40 per cent of Rohingya male population have got a job. For many of them this is going on now for five years. And most of the jobs are casual jobs, with just a few having gained permanent jobs."*
  - **Fear to be forced to move from areas of initial settlement:** Although a part of the Rohingya population struggles to find employment in Melbourne, they are hesitant to take up the option of moving to a regional area. Particularly, the ones that are on a SHEV and found stable jobs are extremely stressed by the prospect of being forced to move to regional places to be permitted to stay in Australia when applying for a subsequent SHEV (subclass 790). *"If you ask them to leave their jobs and to go to regional areas it's kind of a nightmare for them. ... Melbourne is one of the cities in the world with the most opportunities. And then even here it often took them several years to get a job. And then they are forced to move to rural areas. How long will it take for them to find a job there? At the end of the day they have to live."* [The [Australian Department of Home Affairs website](#) states that people on a SHEV will only be eligible for a subsequent Safe Haven Enterprise visa (subclass 790) if they intend to work and/or study in regional Australia. (Accessed 22 May 2018)]
  - **Lack of community infrastructure:** The Rohingya community has currently no community centre in Melbourne's South East. This adds to the feeling of not being accepted as a distinct community with their own needs and requirements. They lack a space where they can gather, and deliver education and information programs and other community events. *"We don't really have a place for ourselves and are not really capable to do that on our own without support. We need more skilled people and resources"*
  - **Pressures on community leaders and representatives:** Rohingya who are volunteering to be representatives and leaders can face demanding and stressful situations that place great pressure on their physical and psychological health.
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- **Racism and anti-refugee sentiment:** Parts of the wider community are perceived to be hostile and suspicious toward the Rohingya which adds to the sense of isolation and marginalisation experienced by many. *“Because I spend most of my time in refugee and migrant communities, I experienced most issues within those communities. There are some issues with anti-refugee sentiment, particularly toward Muslim refugees who arrived in Australia by boat. Over the last few years, globally but also in Australia, people have become really anti-Muslim and anti-Rohingya. Even amongst migrants, amongst refugees, Rohingya considered as being the worst.”*

### 3. Changes required to improve Rohingya community mental health and wellbeing

Below is a summary on what participants thought needs to happen to facilitate and improve the mental health and wellbeing of the Rohingya community:

- **Pathways to permanent residency and citizenship:** To address the ongoing psychological distress and anxiety many Rohingya experience, it is vital to be able to have a pathway to gain permanent residency and eventually Australian citizenship. *“This is really what should change: we should be given a real chance [to settle in Australia permanently] as we deserve it. At the same time, we feel privileged about what has been given to us by the Australian government and society. Complaining too much is really not good. This is what the majority feels.”*
- **Community driven projects:** Initiating targeted pathways and initiatives that help people to understand how they can settle successfully and access required supports and services more effectively was considered to be of high relevance. Importantly, these initiatives need to be community-driven to reach people. *“There are also cultural things [that need to be considered]. The women prefer not to do these things outside [their community]. They have cultural fears. It’ll take a few years, I think. They need support from the extended family and the community. If some people can provide an example to the others of what to do and how to do it then it will slowly be adopted by everyone.”*
- **Local community centre to facilitate integration and cohesion:** There is an urgent need for a community centre for the local Rohingya community with the benefits being considered particularly great for the second and third generation of Rohingya living in Melbourne’s south-east. *“If the community would have a local centre then we could do so much more than just putting on language classes. We could offer classes in things that are close to people’s personal and professional interest and slowly build up their education in that way. We could better support people getting into jobs, offer support for women, run language and computer classes and other training. ... This centre could also be used by other refugee communities, by other Burmese, like the local Karen and Chin communities.”*
- **Supporting community leaders and other representatives:** Community leaders play a vital role in supporting and informing their communities and to be their spokesperson outside ‘community boundaries’. They need to be better supported in this role, including better resourcing and additional opportunities for education and training. *“This would enable people like me to better deal with the mental and physical pressures to be in this volunteer role. I think we could better assist our communities. ... For example, I’m helping the community to contact migration agents and to get some advice on their situation. I can also help the community with providing other information, for example on employment issues.”*
- **Integrated refugee health and mental health care:** Initiatives such as the Monash Health Refugee Health Service that offer integrated services, including access to culturally appropriate counselling and mental health services are considered to be very successful in addressing the local communities’ mental health and wellbeing needs. With this model, refugee mental health services are integrated into the broader Refugee Health and Wellbeing service offered in Dandenong and consumers can access a broad multi-disciplinary team, including psychological support. Monash Health previously offered volunteering positions to Rohingya and employed community members which has also been considered beneficial.
- **Community leadership programs:** Health services that participate in community outreach and actively engage with and educate refugee population are seen as particularly valuable. In addition, community leadership programs such as Link Health and Community’s *Opening Doors – A Community Leadership Program For Social Inclusion* were also considered beneficial to empower communities and address the lack of health and mental health literacy. *“They are actively engaging and are getting people from our community trained up. They are even going to primary schools and other local organisations and talks to the mums and children there. They are doing community leadership training and trying to find Rohingya people to volunteer and to receive education on general health and women’s health, for example. They are trying to find out what the current worries and issues are. And to get people from the community to go out to talk to their own community about important health issues.”*

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*“It’s my duty and responsibility to try and address the existing issues. We are not victims. We are struggling, we are fighting.”*

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## 8. Summary of ECCV's recommendations

The findings discussed in this health policy issues paper above also have a number of policy implications. Based on the community recommendations above, ECCV provides the following policy recommendations to address identified issues and challenges and deliver better mental health outcomes:

1. That the Federal and Victorian Governments provide adequate resources and support to:
  - settlement, community and health services to adequately address the mental health needs of refugees and people seeking asylum.
  - increase and improve mental health service capacity and cultural responsiveness of mainstream health and mental health services and integrated specialised refugee health providers.
  - equip frontline staff with adequate knowledge about refugee and asylum seeker health and mental health issues to assist them in their role in linking people to appropriate and culturally responsive services.
  - health providers to engage adequate levels of bilingual staff and professional language services.
  - develop and deliver a refugee health provider and consumer awareness-raising campaign to promote the role and engagement of professional interpreters.
  - offer cultural responsiveness and mental health training and education to all health, settlement and community workers that work with refugees and people seeking asylum and promote more understanding of cultural safety.
2. That the Federal and Victorian Governments and service providers actively engage in community outreach and promote available health and mental services to culturally diverse communities, particularly to humanitarian entrants and people seeking asylum.
3. That the Federal and Victorian Governments encourage collaborations between local ethnic community networks, community based agencies, settlement services and health and mental health providers to design and deliver culturally appropriate and good practice mental health interventions informed by social justice.
4. That the Federal and Victorian Governments and service providers acknowledge the vital role of ethnic and multicultural community leaders and provide professional development opportunities, training and financial support to assist them in their community work.
5. That the Federal and Victorian Governments provide assistance to set up and sustain small refugee and asylum seeker community networks, centres and organisations that offer and facilitate culturally appropriate emotional, psychological and social support.
6. That the Federal Government provides a timely pathway to permanent residency and citizenship for humanitarian entrants and people seeking asylum currently on temporary or bridging visas.
7. That the Federal Government reverses its proposal to cut the status resolution support services (SRSS) payment from up to 7,000 asylum seekers living on a bridging visa in Australia as this measure potentially leaves people without income support, housing and at increased risk of mental illness.<sup>xv</sup>



## Conclusion – ‘Nothing about us without us’

ECCV’s consultations confirmed that for many refugees and people seeking asylum, the inability to access health and mental health services in an adequate, culturally appropriate and effective manner leads in many instances to increased distress, disadvantage and further marginalisation.

Improving the mental health outcomes for this vulnerable population group needs to be a key priority for the Victorian government, settlement and community support organisations and health and mental health services. In particular, those areas need to be prioritised that have the highest numbers of refugees and people seeking asylum that can’t access certain community support and health services (based on their visa category).

To provide a culturally appropriate and safe service, services need to understand the varying cultural contexts and beliefs.<sup>xvi</sup>

More specialised, community-based and integrated refugee and asylum seeker mental health services are needed to fill the gap between mainstream mental health and services that treat specific mental health conditions, such as torture and trauma.

Importantly, refugee and asylum seeker communities need to be involved and at the forefront of developing programs, services and community supports they use.<sup>xvii</sup>

The mainstream health and mental health services system will continue to play a critical role in providing care for these vulnerable groups. Further training and education in cultural responsiveness and safety, the employment of trained bilingual staff and on-site professional, accredited interpreters will assist to provide appropriate care for this marginalised group.

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*“As a well-developed country, we can do so much better in terms of assisting them and treating them more humanely. We as Australians.”*

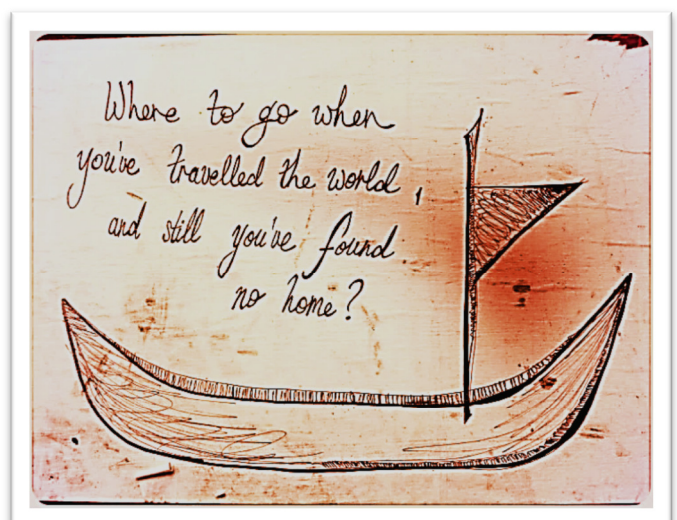
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## About ECCV’s Health Policy Issues Papers

*ECCV’s policy issues briefs are short snapshots from our consultations with culturally diverse Victorian communities. Culturally diverse community members, leaders and service providers are invited to attend forums, focus groups or to participate in in-depth interviews in either open and closed discussions on what are topical, evolving and complex issues that concern multicultural individuals, communities and organisations ECCV represents.*

*ECCV gives a voice to multicultural Victoria on issues that matter. The information is a combination of direct quotes and information gathered from consultation participants, policy analysis and human observation grounded in ECCV’s consultations with multicultural Victorians for over 40 years*

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Images by Robert Gruhn (1<sup>st</sup> image: 'Falling through the Cracks'; 2<sup>nd</sup> image: street art poster, artist unknown)

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## Endnotes

- <sup>i</sup> A few years ago, the Government cut funding for legal assistance for the majority of people seeking asylum who arrived by boat. Asylum Seeker Resource Centre, [Fair Process: Policy Statement](#) (Accessed 21 May 2018).
- <sup>ii</sup> As of 30 April 2017, there were 23,573 people living in the Australian community on a Bridging Visa E. Source: Refugee Council of Australia (RCOA), 8 June 2017, [Recent changes in Australian refugee policy](#) (Accessed 22 May 2018).
- <sup>iii</sup> For example, refugees who arrived in Australia by boat and are not yet Australian citizens 'have virtually no opportunities for family reunion'. RCOA, 2015, [Submission to the Universal Periodic Review of Australia](#) (Accessed 28 May 2018).
- <sup>iv</sup> Unemployment has previously been discussed as being one of the main causes leading to emotional difficulties and mental health problems within refugee populations. E.g., see: Omar, Y. S.; Kuay, J. & Tuncer, C. "'Putting your feet in gloves designed for hands': Horn of Africa Muslim men perspectives in emotional wellbeing and access to mental health services in Australia." *International Journal of Culture and Mental Health*. 2017, 10(4):376-388.
- <sup>v</sup> See, for example, Kirmayer, L.J., Galbaud du Fort, G., Young, A., Weinfeld, M., and Lasry, J.C. (1996) *Pathways and Barriers to Mental Health Care in an Urban Multicultural Milieu: An Epidemiological and Ethnographic Study*. Culture and Mental Health Research Unit Report No. 6, Montreal.
- <sup>vi</sup> More recent research suggests that while it is important for health professionals to have a broad understanding of a refugee service users' cultural background, it is also critical to avoiding assumptions and to learn from the client as an individual with unique 'interpersonal and sociocultural' life experiences. For example, Valibhoy, M. C., Kaplan, I. and Szwarc, J. "It comes down to just how human someone can be": A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services. *Transcultural Psychiatry* 2017, 54(1) 23–45
- <sup>vii</sup> Feedback by one mental health provider suggests that consumers would probably be very supportive of using culturally appropriate psychosocial support, if offered to them in accessible and affordable ways.
- <sup>viii</sup> Cultural barriers that provide challenges to successful refugee mental health assessment, treatment and referrals have been previously discussed in numerous research articles and reports, including: Shannon, P. J., Vinson, G., Cook, T., Lennon, E.: Characteristics of successful and unsuccessful mental health referrals of refugees. *Adm and Policy in Ment Health*. 2016 July, 43(4):555-568.
- <sup>ix</sup> For further information on cultural differences influencing mental health help-seeking, see e.g.: Hernandez M., Nesman T., Mowery D., Acevedo-Polakovich I.D., Callejas L.M., Cultural Competence: A Literature Review and Conceptual Model for Mental Health Services, *Psychiatr Serv*. 2009 August, 60(8):1046-50.
- <sup>x</sup> Previous research findings suggest that people with refugee backgrounds are interested to talk about mental health issues but expect that health professionals should initiate these types of conversations. For example, see: Shannon P.J., Refugees' advice to physicians: how to ask about mental health. *Fam Pract*. 2014 Aug; 31(4):462-6.
- <sup>xi</sup> For example, Whitley R., Kirmayer L.J., Groleau D., Understanding immigrants' reluctance to use mental health services: a qualitative study from Montreal. *Can J Psychiatry*. 2006 Mar, 51(4):205-9.
- <sup>xii</sup> For further recommendations on the need for linguistically and culturally sensitive services, see e.g. : Thomson, M. S., Chaze, F., George, U., Guruge, S., Improving Immigrant Populations' Access to Mental Health Services in Canada: A Review of Barriers and Recommendations, *J Immigrant Minority Health* (2015) 17:1895–1905.
- <sup>xiii</sup> Research literature on reducing barriers to mental health services points to the 'pressing need' for further qualitative studies to explore how culturally diverse communities want to be engaged to improve their mental ill-health. E.g., see: Baker AE., Procter NG., Ferguson MS., Engaging with culturally and linguistically diverse communities to reduce the impact of depression and anxiety: a narrative review. *Health Soc Care Community*. 2016 July; 24(4): 386-98.
- <sup>xiv</sup> There are an estimated 500 Rohingya living in Melbourne with most of them living in Springvale and about 3,000 in Australia. Source: SBS, Interviews by Michael Green, [Faces of the Rohingya](#) (Accessed: 29 May 2018).
- <sup>xv</sup> The SRSS payment is provided to asylum seekers living in the Australian community on a Bridging Visa while the government decides upon their claim for protection. It provides a very basic living allowance, casework support, assistance in finding housing, and access to mental health counselling. For further information see: RCOA, Changes to support services for people seeking asylum (SRSS): What does it mean for me? (Accessed 21 May 2018).
- <sup>xvi</sup> Varying religious contexts and beliefs and their impacts are not discussed as these issues were not explicitly raised during the consultations.
- <sup>xvii</sup> The practice of mental health professionals engaging with ethnic communities to build trust and understanding is considered to be one of the main facilitators to improving mental health and engagement with services within culturally diverse communities. E.g., see: Colucci, E., Minas, H., Szwarc, J., Paxton, G., & Guerra, C. (January 2012). *Barriers to and facilitators of utilisation of mental health services by young people of refugee background*.



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