WELCOME TO THE RANZCP WEBINAR SERIES

"Mental health services for people from a refugee background and people seeking asylum"

Wednesday 27 February 2013
MENTAL HEALTH SERVICES FOR PEOPLE FROM A REFUGEE BACKGROUND AND PEOPLE SEEKING ASYLUM

Presenters

Associate Professor Harry Minas
Director, Centre for International Mental Health
Melbourne School of Population Health, University of Melbourne

Associate Professor Ravi Bhat
Divisional Clinical Director
Goulburn Valley Area Mental Health Service

Facilitator

Dr Peter O’ Brien
Chair, Rural Health Continuing Education Working Group
LEARNING OBJECTIVES

At the conclusion of the webinar, participants will have a better understanding of:

- the key principles in providing mental health services to people from a refugee background and people seeking asylum
- the challenges and barriers that people from a refugee background and people seeking asylum face in accessing mental health services
- the obligations of mental health service agencies to provide culturally appropriate and effective mental health services to people from a refugee background and people seeking asylum
- government and other initiatives to support the mental health needs of people from a refugee background and people seeking asylum
WEBINAR OUTLINE

- Facilitator will provide a brief outline of the webinar and orientation

- A/Prof Harry Minas will give a general overview and background of the topic at a system level

- A/Prof Ravi Bhat will provide a more clinical focus with the use of case studies

- Expert panel discussion for questions at end of presentations
Rural Mental Health Services for people from a refugee background and people seeking asylum

Associate Professor Harry Minas

Director, Centre for International Mental Health
Melbourne School of Population Health, University of Melbourne
DEFINITION OF A REFUGEE

A refugee is someone who:

“Owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country”

or

“Who, not having a nationality and being outside the country of his former habitual residence, is unable or owing to such fear is unwilling to return to it”

(UNHCR Convention on Refugees 1951)
REFUGEES 2011

- 43.7 million forcibly displaced people
  - Largest number in 15 years
  - 27.5 million internally displaced
- In 2011 4.3 million newly displaced
- 15.4 million refugees
  - 80% in developing countries (e.g. 1.7m in Pakistan)
  - Decreasing voluntary repatriation rates
  - <100,000 re-settled in 2011
- 15.4 million refugees
  - Children – 46% of refugees
  - Children – 34% of asylum seekers
876,100 asylum seekers
- UNHCR registered only 11% of these claims
- South Africa – 107,000 asylum claims
- USA – 76,000 asylum claims
- France - 52,100 asylum claims
- Australia 2011-12
  - 8,371 boat arrivals
  - 2,014 plane arrivals
Australia’s International Obligations

• Australia
  • One of the 24 countries that drafted and unanimously adopted the Convention Relating to the Status of Refugees in July 1951
  • Re-affirmed its commitment to the Convention and Protocol in Geneva in 2001

• The refugee Convention is
  • the “foundation of the international system of refugee protection”
  • a human rights instrument with “legal, political and ethical significance that goes well beyond its specific terms”
In the past 50 years >700,000 refugees re-settled in Australia

Australia has been
   – A leader in protecting the human rights of refugees
   – Among the most generous refugee resettlement countries in terms of:
     • the number per capita of refugees resettled and
     • in the quality of resettlement programs

Australia’s resettlement programs for refugees with Permanent Protection Visas are still among the best internationally
   – although there is considerable room for improvement in the quality & accessibility of mental health and other services
MIGRATION TO AUSTRALIA 2012-13

Migration Program
190,000

Skilled Stream
129,185 (68%)

Family Stream
60,185 (32%)

Refugee-like background

Humanitarian Program
13,750

Offshore

Refugees

Special Humanitarian Program

Onshore Arrival

Permanent Protection Visa
MAIN SOURCE COUNTRIES: 2011-2012

- Myanmar
- Iraq
- Afghanistan
- Bhutan
- Ethiopia
- Congo (DRC)
- Eritrea
- Iran
- Somalia
- Sri Lanka

- Become minimally familiar with the circumstances in the main countries that have resulted in the refugee flows.
- Some general understanding of cultural issues in the countries from which the refugees you see come.
- Good resources for these purposes are available from the main refugee and torture and trauma agencies in your state/territory.
Pacific ‘Solutions’

- Aborted East Timor solution
- Overturned Malaysia solution
- Flawed Pacific solution 2
  - Nauru
  - Manus Island
- All of the concerns about Pacific solution 1 are now being again realised
- Regional processing agreements - unlikely
The damage inflicted by Coalition opportunism and Labor weakness has yet to run its course.

Australian Federal Police train in a clearing in the jungle on Christmas Island to handle any possible trouble with refugees being transported to Malaysia. (Herald, Sun 2/8/2011)
BACK TO THE FUTURE

• We are now where we were in 2001, except we now have a toxic bipartisan consensus
• We have re-commenced transportation of asylum seekers
• This policy will be continued and further hardened by the next government
• We will need to help asylum seekers and refugees deal with the mental health consequences
• Prolonged immigration detention damages mental health
  – depression, anxiety, self-harm, suicide attempts and suicides.
  – Particularly vulnerable to such harm
    • people who have been traumatised in their own countries and most in need of our protection.
    • children and adolescents, who suffer developmental distortions and delays, as well as psychological disorders.
  – This harm is likely to be long-term.
MENTAL HEALTH: VILIFICATION

- The harm caused by detention (and in the past – and future - temporary protection visas) exacerbated by systematic and sustained vilification to which asylum seekers are subjected

- Asylum seekers have been systematically portrayed as queue jumpers - and therefore undeserving of our protection - and as representing a risk to national security.
DETENTION CENTRES: JANUARY-JUNE 2011

- 1,507 hospital admissions
- 72 psychiatric inpatient admissions
- 213 episodes of self-harm needing medical attention
- 723 voluntary starvation needing medical attention
- Riots and general disorder
  - 264 criminal incidents reported to police
Foundation House Framework for Recovery

**Violence and Persecution**
- Life Threat
- Violence, Killings
- Threats of harm to family, friends
- Poor nutrition
- Death
- Separation
- Isolation
- Prohibition of traditional practices
- Deprivation of human rights
- Exposure to boundless human brutality
- Value transgressions
- Invasion of personal boundaries
- Impossible choices

**Social & Psychological Effects: Individual and Community**
- Chronic Fear
- Chronic Alarm
- Inescapability
- Unpredictability
- Disruption of connections to family, friends, community, and cultural beliefs

**Mental Health Effects and the Trauma Reaction**
- Anxiety
- Feelings of helplessness
- Loss of control
- Relationships changed
- Grief
- Depression
- Shattering of previously held assumptions:
  - Loss of trust
  - Meaning, identity & future
- Humiliation and Degradation
- Guilt
- Shame

**Recovery Principles**
- Restore safety
- Enhance control
- Reduce fear and anxiety
- Restore attachment and connections to others
- Offer emotional support and care
- Restore meaning and purpose to life
- Restore dignity and value
- Reduce excessive shame and guilt
Rural Mental Health Services for people from a refugee background and people seeking asylum

Associate Professor Ravi Bhat

Associate Professor of Psychiatry
Rural Health Academic Centre, University of Melbourne
Divisional Clinical Director
Goulburn Valley Area Mental Health Service
Shepparton, VIC
Refugees comprise 3-4% of overall migrants to Australia*

An asylum seeker is a person who is seeking protection as a refugee and is still waiting to have his/her claim assessed.

A 2003 Australian Government report recommended that, where appropriate, ‘unlinked’ refugees should be directed to parts of regional Australia.

“A simple equation is sometimes presented, that regional areas need population and workers and that refugees need jobs and therefore the refugees should go to regional areas. Our research suggests the equation is not necessarily so simple”

- Quoted in “Refugees in Regional Victoria: Implications for Regional Health Care Services” Ethnic Communities’ Council of Victoria, 2011

The Refugee Experience

- Trauma of war and torture
- Marginalization
- Socioeconomic disadvantage
- Acculturation difficulties
- Loss of social support
- “Cultural bereavement”
- Post-displacement conditions moderate mental health outcomes (resettlement into permanent, private accommodations; right to work, access to employment, maintenance of socioeconomic status)

• Increase health literacy levels of refugees is essential to the continued success of the policy of regional refugee settlement

• Intensive planning, co-ordination, flexibility and dedication of the individual health care providers themselves

• Government funding and support is vital for settlement success

• Problems with access:

  - to past health information: refugees were not given copies initial health assessment performed in Australian Immigration Detention Centres.

  - to bulk-billing GPs and financial burden for those who do bulk-bill (prolonged consultations and coordination of care).

  - To mental health services (trauma counselling etc.)

REFUGEES IN RURAL AREAS

- Problems of communication:
  - Privacy and confidentiality: fear of being sent back; fear of the community becoming aware of mental health problems
  - Mismatch in expectations of health service delivery
  - Language difficulties: finding one who either spoke the same language or would use an interpreter

- Effect of uncertain immigration status (short-term visa category)

Low rates of depression and PTSD in men

The low levels of use of mental health services

- This may be a reflection of their low prevalence of mental health disorders or an indication of the under-utilisation of these services commonly found among culturally and linguistically diverse communities

A PRIVATE PSYCHIATRIST’S PERSPECTIVE

- Difficulty in explaining mental health problems as mental illness
- Problems associated with community treatment of people with mental illness
- Loss of identity and ongoing links with country of origin through television – bringing trauma home:
  - Wives may be second generation; may not relate to husband; younger and hence learnt English and find work
  - Children not relating to trauma scenes on TV or to fathers
- Language: Long distances to attend English classes; requests for seeking exemption

The Stepping Out of the Shadows Reducing Stigma in Multicultural Communities (SOS) project was an Australia-wide project aimed at understanding and improving stigma to mental health in CALD communities.

- Recruited 315 of 538 participants nationally.

Devoti et al Responding to Cultural and Linguistically Diverse Communities in Rural Australia – life, mental illness and stigma. Unpublished paper.
• Differences in understanding of mental illness:
  
  – people talked of emotional and related states in experiential terms rather than in possessive terms, i.e., they felt sad or experienced poor sleep rather than them having depression.
  
  – Such experiences seen to be part of the human condition rather than seen as a disease or illness imposed from without.

• The relevance of shedding the expert stance
‘No family here...back in Iraq. Last visit 12-15 months ago and [I] don’t drive. Busy with day, integrating into life here, start experiencing symptoms due isolation. Lack understanding [of people] don’t know what to do or access services. Here a heaven without people.’

‘Suicide [is a] sign of losing [your] religion [and that you are] moving away from [your] faith, Qur’an [is our] holy book, used during difficult times.’
• ‘Cultural conflict for the youth…hard to find balance between the three cultures: Sudanese, Australian, TV [cultures]. All these young people have experience refugee life personally, through parents [and this has had] impact on lives,’ going on to suggest that to effectively manage these conflicts one had “to keep the Sudanese culture under the pillow, Australian on top cupboard, TV beside the bed.’
‘Discussing these issues is difficult for the Iraqi community, people will visit the GP, only for physical issues, they don’t want anyone to know if they are having mental health issues.’

The project resulted in greater involvement of community to attend to their mental health needs

Some increase in referrals to Cultural Liaison Worker and to mental health service for evaluation and treatment of mental illness
• 32 people aged 16-21 years from the Middle-East and Sudan
• Themes in response to a vignette included: normalising; seeing the state as a “depression” and; ambivalence regarding family involvement:
  – Family will handle the situation (not seen as illness) but may avoid the matter.
• Avoidance due to both their understanding of psychosis and fear of losing control:
  – Fears expressed by older community members that mental illness is incurable and costly to treat were seen as major hurdles for young people who want to seek help outside the family circle.
  – Community awareness of “craziness” in a relative brings personal shame on family members and is to be avoided for the sake of other family members’ social standing.
  – Losing one’s son or daughter to either a dominant medical system, where parental control would be forfeited, or, in the worst case, suicide.

Wright S et al “It’s no big deal, just call”: Why don’t younger people from refugee backgrounds call a rural early psychosis service? Poster presentation at the 8th International Conference on Early Psychosis, San Francisco 2012.
A CASE REPORT:  
COULD IT BE MADNESS, THIS?

• 30-something male who arrived by boat from Afghanistan presents with intense suicidality
• Held in a detention centre for a year and released an year previously
• He had held a job in security while in Afghanistan and that he had been persecuted in Afghanistan
• He reported persecution in Afghanistan and trauma of seeing his relatives being killed in front of him
• Family still in Afghanistan and living alone in Australia
• Casual work in farms; apparently poorly engaged with local Afghan community and seemingly unaware of a local mosque. Prayers not bringing him succour
A CASE REPORT:
**COULD IT BE MADNESS, THIS?**

- He says he feels very lonely
- Described depressive symptoms – stating that these are related to not knowing about his family
- Has no support or a regular job
- Feels persecuted here
- Wants to know why his family can’t be brought over here. Feels nobody is helping
- Doesn’t understand why he is involuntarily admitted when found to be intensely suicidal
A CASE REPORT:
COULD IT BE MADNESS, THIS?

- Says that the local Afghan elder must not be involved in interpreting
- He is convinced that this elder is “bad-mouthing” him locally and had told his family back in Afghanistan that he has “gone mad.”
- Goes on “hunger strike” in the psychiatry acute inpatient unit demanding his “release.”
SUMMARY

- Mental health literacy helps
- Mental health literacy is an ongoing work
- Intense local collaborative networks between health care providers is important for success
- Problems remain in accessing appropriate service in regional areas
- Distinguishing distress from mental illness not easy,
- However, it is worth remembering that human distress and attempts at restitution can be similar across cultures
### NATIONAL SUPPORT SERVICES

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<tr>
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<tbody>
<tr>
<td><strong>FASSTT</strong>&lt;br&gt;The Forum of Australian Services for Survivors of Torture and Trauma</td>
<td>The Forum of Australian Services for Survivors of Torture and Trauma is a Network of Australia’s eight specialist rehabilitation agencies that work with survivors of torture and trauma who have come to Australia from overseas. There is one FASSTT member agency in each state and territory of Australia. <a href="http://www.fasstt.org.au/home/index.php">http://www.fasstt.org.au/home/index.php</a></td>
</tr>
<tr>
<td><strong>Australian Red Cross Immigration Detention Program</strong></td>
<td>Provide support to refugees, asylum seekers, immigration detainees and other people who are vulnerable as a result of migration. [<a href="http://www.redcross.org.au/ourservices_aroundtheworld_tracingrefugeeservices_immideten.htmgee">http://www.redcross.org.au/ourservices_aroundtheworld_tracingrefugeeservices_immideten.htmgee</a> health](<a href="http://www.redcross.org.au/ourservices_aroundtheworld_tracingrefugeeservices_immideten.htmgee">http://www.redcross.org.au/ourservices_aroundtheworld_tracingrefugeeservices_immideten.htmgee</a> health)</td>
</tr>
<tr>
<td><strong>Refugee Services Aotearoa New Zealand</strong></td>
<td>A vibrant and diverse society which welcomes and values refugees and fosters social and economic participation. <a href="http://www.refugeeservices.org.nz/home">http://www.refugeeservices.org.nz/home</a></td>
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Information last accessed: 26/02/2013
Links to local refugee health network websites

- NSW - Refugee Health Service: [www.refugeehealth.org.au](http://www.refugeehealth.org.au)

Information last accessed: 26/02/2013
RESOURCES

- Promoting Refugee Health: A guide for doctors, nurses and other health care providers caring for people from refugee backgrounds (380pp; 3rd edition)
  

- In addition to the full Guide there are desktop guides for each state and territory. These are called Caring for refugee patients in general practice: A desk–top guide (24pp; 4th edition) and can be found on the Foundation House website as above.
A concise guide that provides important summary information for GPs working with clients from refugee backgrounds in Australia:

<table>
<thead>
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<th>State</th>
<th>Link</th>
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12. Referral and further information

### ASYLUM SEEKERS

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<thead>
<tr>
<th>Centre/Network</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Asylum Seekers Centre</td>
<td>02 9361 5606</td>
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<tr>
<td>NSW Branch, Australian Red Cross Asylum Seekers Assistance Scheme (ASAS) and Community Assistance Support (CAS)</td>
<td>02 9229 4111</td>
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<td>House of Welcome</td>
<td>02 9727 9290</td>
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<tr>
<td>Jesuit Refugee Service (JRS) Australia</td>
<td>02 9356 3888</td>
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<tr>
<td>Amnesty International Australia Refugee Network</td>
<td>02 8396 7629</td>
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<thead>
<tr>
<th>Foundation</th>
<th>Phone</th>
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<tr>
<td>Bridge for Asylum Seekers Foundation (BSAF) Sydney</td>
<td>0418 261 160</td>
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<tr>
<td>The Sisters of Mercy - Community Links Project</td>
<td>02 9564 1911</td>
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<tr>
<td>Marist Youth Care</td>
<td>02 9672 9200</td>
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### COMMUNITY DETENTION

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Uniting Care Burnside Central Office</td>
<td>02 9768 6866</td>
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<tr>
<td>St Vincent De Paul Migrant and Refugee Team</td>
<td>02 9560 8666</td>
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### CHILD PROTECTION SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>DOCS Help Line</td>
<td>132 111 or TTY 1800 212 936</td>
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<tr>
<td>Kids Help Line</td>
<td>1800 55 1800</td>
</tr>
<tr>
<td>Child Abuse Prevention Service</td>
<td>02 9716 8000 or 1800 688 009</td>
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### COMMUNITY HEALTH SERVICES

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<th>Service</th>
<th>URL</th>
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### DENTAL SERVICES

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<th>Location</th>
<th>Phone</th>
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<tr>
<td>Northern Sydney and Central Coast</td>
<td>1300 789 404</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>1300 134 226</td>
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<tr>
<td>Illawarra Shoalhaven</td>
<td>1300 369 651</td>
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<tr>
<td>Sydney and South Western Sydney</td>
<td>02 9293 3333</td>
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<tr>
<td>Western Sydney</td>
<td>02 9845 6766</td>
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<tr>
<td>Nepean Blue Mountains</td>
<td>1300 739 949</td>
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<tr>
<td>Murrumbidgee and Southern NSW</td>
<td>1800 450 046</td>
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<tr>
<td>Far West and Western NSW</td>
<td>1800 552 626</td>
</tr>
<tr>
<td>Hunter New England, Northern NSW and Mid North Coast</td>
<td>1300 651 625</td>
</tr>
<tr>
<td>Westmead Refugee Dental Clinic (Sydney West area only)</td>
<td>02 8778 0770</td>
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### DISABILITY SERVICES

<table>
<thead>
<tr>
<th>Association</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Multicultural Disability Advocacy Association (MDAA)</td>
<td>1800 629 072</td>
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### EMERGENCY ACCOMMODATION

<table>
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<tr>
<th>Location</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Youth Emergency Accommodation Line (for those over 18 years)</td>
<td>02 9318 1531</td>
</tr>
<tr>
<td>Sydney</td>
<td>1800 424 830</td>
</tr>
<tr>
<td>Outside Sydney</td>
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<tr>
<td>Non-English Speaking Housing (NESH)</td>
<td>02 9726 7969</td>
</tr>
<tr>
<td>Women’s Scheme (women and children)</td>
<td>1800 234 566</td>
</tr>
<tr>
<td>Homeless Persons Information Centre (men, women, families)</td>
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### FAMILY VIOLENCE

<table>
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<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>DOCS Domestic Violence Line (24 hours)</td>
<td>1800 656 463</td>
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<tr>
<td>National Domestic Violence and Sexual Assault Line (24 hours)</td>
<td>1800 200 526</td>
</tr>
<tr>
<td>Parent Line (24 hours)</td>
<td>1300 1300 52</td>
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<tr>
<td>Relationships Australia</td>
<td>1300 364 277</td>
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### FEMALE GENITAL MUTILATION

<table>
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<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>NSW Education Program on FGM</td>
<td>02 9840 3800</td>
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<tr>
<td>Family Planning NSW Multicultural Service</td>
<td>02 9754 1322</td>
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### HEARING

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<tr>
<th>Service</th>
<th>URL</th>
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<tr>
<td>New South Wales Deaf Society Parramatta Office</td>
<td>02 8833 3600 or TTY 02 8833 3691</td>
</tr>
<tr>
<td>The Shepherd Centre</td>
<td>1800 020 030</td>
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### IMMUNISATION

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<tr>
<th>Service</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Immunise Australia Information Line</td>
<td>1800 671 811</td>
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QUESTIONS?

Source: www.fluentstream.com
THANK YOU!

- Thank you for participating in this webinar. We hope to see you at future RANZCP webinars!

- Please complete the exit survey questions at the conclusion of the webinar to guide the delivery of future webinars.

- For any further enquiries relating to the RANZCP Rural Projects of future webinars please contact Stephanie Bull on 03 9601 4947 or by email at stephanie.bull@ranzp.org.

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