



Australian
National
University

SUPPORTING MENTAL HEALTH AND SOCIAL INTERACTION: ASYLUM SEEKERS, REFUGEES AND SETTLEMENT.

A report for the Settlement Council of Australia.

By Rebecca Stark,

Intern with the Australian National Internship Program.

4,374 words

25 October 2017

EXECUTIVE SUMMARY

The successful settlement of new arrivals to Australia is incredibly important, however this success relies upon a number of complex, and often interrelated factors. Both social interaction and mental health have been found to be important aspects of getting settlement right. Despite this, minimal research within Australia has been conducted to investigate these factors for asylum seekers and refugees, and even less on the way that these factors may relate to each other.

The primary purpose of this report is to explore the way that the factors of mental health and social interaction, both critical for successful settlement, amongst asylum seekers and refugees in Australia interact. This analysis is used to craft recommendations for the effective facilitation of both social interaction and mental wellbeing by the settlement sector. Gaps in the literature are also identified to recommend areas for further research.

The secondary purpose of this report is to critically assess the research methodology of studies utilised when investigating mental health and social factors amongst asylum seeker and refugee populations. This critique ensures findings are interpreted with the appropriate weight and is used to recommend methodologies to be used in further research.

An additional purpose of this report is to investigate and assess the preparedness of the Australian settlement sector to identify, and respond to, poor mental health amongst asylum seeker and refugee populations. Assessments are then used to craft recommendations for steps that the sector could take to prioritise mental health further.

This report uses a mixed-method approach incorporating semi-structured consultations, with Australian settlement service member organisations, and analysis of quantitative, qualitative and theoretical research.

A number of significant findings are demonstrated throughout the report, including:

- Contentious findings, due to varied methodologies, regarding mental health and social interaction of asylum seekers and refugees in Australia within the literature.
- A somewhat cyclical relationship between social interaction and mental health for asylum seekers and refugees in Australia.
- Positive, but varied, approaches to mental health training and support frameworks for staff amongst Australian settlement service providers.

The report concludes by recommending a number of areas in which further research must take place, along with directions that the Australian settlement sector could take to better support social interaction and mental health of new arrivals.

ACKNOWLEDGEMENTS

I extend my gratitude to the staff at the Settlement Council of Australia for hosting my placement, making me feel welcome and assisting me with my report every step of the way. I thank Aniela Pepe, Monica Bolodo-Taefi and Jamila Ahmadi for always taking the time to provide their valuable insights and guide me in my research. In particular, I thank Nick Tebbey, my supervisor, for consistently going out of his way to organise consultations with stakeholders and to discuss the developments of my research project. I deeply valued the opportunity to work with such insightful individuals; the knowledge they have imparted on me has not gone unappreciated.

I also thank all the individuals who took time out of their busy schedules to attend consultations conducted by the Settlement Council for the purposes of my report. Thanks to all the representatives of the Settlement Council's member organisations whose first-hand experience and knowledge allowed me to ensure my research was relevant to the current Australian settlement context – Mary Asic-Kobe (ACCESS Community Services), Poly William Kiyaga (AMES Australia), Aurelia Rahman (Community Migrant Recourse Centre), Meg Lamb (Multicultural Communities Council of South Australia) and Denise Goldfinch (South East Community Links). I am also very appreciative of Heather Miller and Hayfa Kaassamani from *beyondblue* for taking the time to discuss their peer-to-peer program with me. Without all of these discussions my report would not be what it is.

I also thank Laurence Brown, Director of the Australian National Internship Program, for providing valuable feedback and supporting me through the research process.

And finally, a big thank you to my nearest and dearest for always pushing me to do my best and for supporting me through this challenge.

ABBREVIATIONS USED

DIAC – Department of Immigration and Citizenship

FGD – Focus Group Discussion

HSCL – Hopkins Symptoms check-list

HTQ – Harvard trauma questionnaire

MDD -Major Depressive Disorder

MHL – mental health literacy

NBMPHN - Nepean Blue Mountains Primary Health Network

PMLD - Post-Migration Living Difficulties

PTSD – Posttraumatic stress disorder

SCOA – The settlement council of Australia

TABLE OF CONTENTS

Executive Summary.....2

Acknowledgements.....3

Abbreviations used4

Introduction6

Social interaction and settlement.....7

Mental health and settlement.....9

Methodology and scope10

Impact of social factors on mental health13

Impact of mental health on social interaction.....16

Identification of, and response to, mental health needs within the Australian settlement sector18

Recommendations19

 1: Recommendations for further research.....19

 2: Recommendations for the Australian settlement sector.....20

Bibliography22

INTRODUCTION

There is a broad consensus amongst the settlement sector, government agencies and migrants themselves that settlement is complex and multifaceted¹. The Settlement Council of Australia (SCOA) thus emphasises the need to take a holistic view of settlement in order to capture its complexity². Due to this complexity, SCOA has developed a framework of indicators for successful settlement (see figure 1). Berry³ theorised that the social process of acculturating as new arrivals interacted with psychological processes, with the degree of difficulty influencing the severity of psychological outcomes. Due to the interaction of social and mental factors theorised by Berry⁴, and the indicators for successful settlement developed by SCOA⁵, this report aims to investigate the relationships between social interaction and mental health for asylum seekers and refugees arriving in Australia.

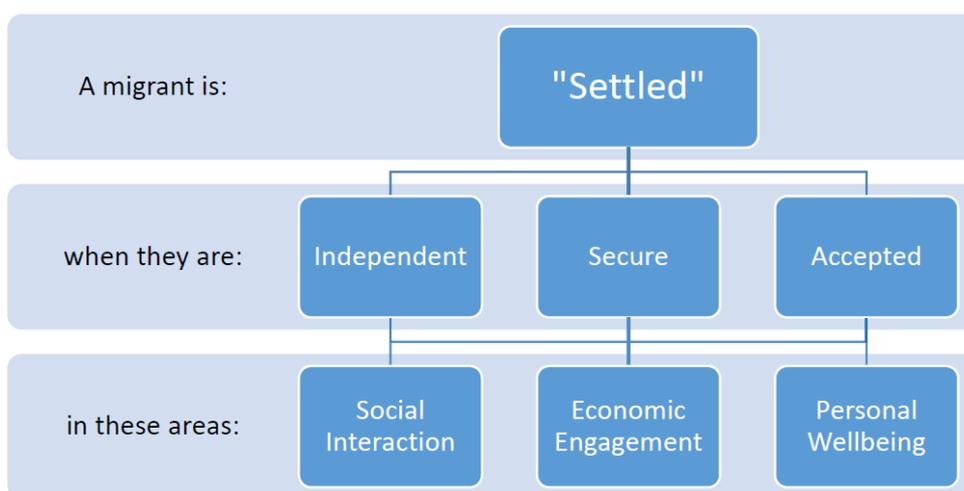


Figure 1: SCOA's framework of settlement outcomes (SCOA 2017)

The UNHCR defines a refugee as someone who is outside their own country and either unwilling or unable to return due to a well-founded fear of being persecuted because of their

¹ Department of Social Services, 'National Settlement Framework', *Australian Government*, 2016, <https://www.dss.gov.au/settlement-and-multicultural-affairs/publications/national-settlement-framework> (accessed 6 October 2017)

² Settlement Council of Australia SCOA, 'Inquiry into Migrant Settlement Outcomes – SCOA Submission', 2017, <http://scoa.org.au/resources/SCOA%20Submission%20to%20Settlement%20Outcomes%20Inquiry%20-%2031%20Jan%202017.pdf> (accessed 1 August 2017)

³ J. W. Berry, 'Immigration, Acculturation, and Adaptation', *Applied Psychology: An International Review*, vol. 46, no. 1, 1997, pp. 5-34.

⁴ Berry, *Applied Psychology*, pp. 5-34

⁵ Settlement Council of Australia, 'Inquiry into Migrant Settlement Outcomes – SCOA Submission'

religion, race, nationality, membership of a certain social group or political opinion⁶. The term asylum seeker describes those who have fled their own country and have applied for protection as a refugee, but have not been recognised as a refugee by a government⁷. A greater research interest in the mental health of asylum seekers and refugees, as opposed to migrants, is demonstrated within the literature. This is likely due to the trauma experience associated with fleeing, as the impact of such trauma on mental health is well documented^{8,9,10}. However, through the analysis of current studies this report will reveal that there are a number of social post-migration factors that also influence the mental health of refugees and asylum seekers. Understanding the impact that such factors have on the mental health of asylum seekers and refugees in Australia is incredibly important, as the Australian settlement sector may respond by modifying settlement services to either mitigate or adapt to risk factors. Although it is useful to know the impact that pre-migration trauma has on the mental health, the settlement sector can only respond to the resultant needs of individuals rather than mitigate these factors directly. Furthermore, an understanding of the impact that mental illness has on the social interaction of asylum seekers and refugees will further inform the settlement sector on how to best support both social interaction and the mental health of asylum seekers and refugees.

SOCIAL INTERACTION AND SETTLEMENT

The process of social interaction for asylum seekers and refugees who have arrived in Australia is crucial for settlement. For SCOA¹¹, 'social interaction is seen as an essential element of building a sense of belonging for newly arrived migrants and is therefore crucial for successful long-term settlement'. According to SCOA¹², a migrant's social interaction includes not only their ability to interact and participate in local events, activities and networks, but also their acceptance as a member of community and their empowerment to

⁶ United Nations High Commissioner for Refugees, 'Convention and protocol relating to the status of refugees', 1951.

⁷ United Nations High Commissioner for Refugees, 'Convention and protocol relating to the status of refugees', 1951.

⁸ R. F. Mollicca, G. Wyshak and J. Lavelle, 'The Psychosocial Impact of War Trauma and Torture on Southeast Asian Refugees', *The American Journal of Psychiatry*, vol. 144, no. 12, 1987, pp. 1567-1572.

⁹ S. Slewa-Younan et al., 'A Systematic Review of Post-traumatic Stress Disorder and Depression Amongst Iraqi Refugees Located in Western Countries', *Journal of Immigrant and Minority Health*, vol. 17, no. 4, 2015, pp. 1231-1239.

¹⁰ Q. Alemi et al., 'Psychological Distress in Afghan Refugees: A Mixed-Method Systematic Review', *Journal of Immigrant and Minority Health*, vol. 16, no. 6, 2014, pp. 1247-1261.

¹¹ Settlement Council of Australia, 'Inquiry into Migrant Settlement Outcomes – SCOA Submission', p.14.

¹² Settlement Council of Australia.

Supporting Mental Health and Social Interaction

engage with civic institutions. A study conducted for the former Department of Immigration and Citizenship (DIAC), now the Department of Immigration and Border Protection, in 2011 suggests that social interaction is working for refugees¹³. The study investigated the Settlement Outcomes of New Arrivals by inviting 20,000 migrants, 60% of which were humanitarian entrants, to participate. Due to the exclusion of temporary visa holders from the study, findings may only be applied to refugees, and not asylum seekers. The study found that the majority of recent humanitarian arrivals indicated that they felt connected with their community. The top three activities that this group participated in were meeting with family or friends, religious group activities and cultural group activities respectively. These findings are encouraging, however must be interpreted with caution due to methodological limitations of the study, discussed within methodology section.

The Scanlon Foundation's Mapping Social Cohesion national survey¹⁴ has identified views and behaviours that may be impeding the ability and confidence of refugee and asylum seekers in Australia to interact with the wider community (see figure 2). Furthermore, a shift in concern from issues of asylum seekers to issues of national security was also evident (see figure 3). These attitudes towards immigration and asylum seekers, along with rates of racial, ethnic and religious discrimination amongst the Australian people, demonstrate a level of hostility within Australian society towards new arrivals that must impact upon one's ability and confidence to socially engage. Due to the importance of social interaction for successful settlement, it is therefore essential to further investigate factors which could facilitate or impede this interaction.

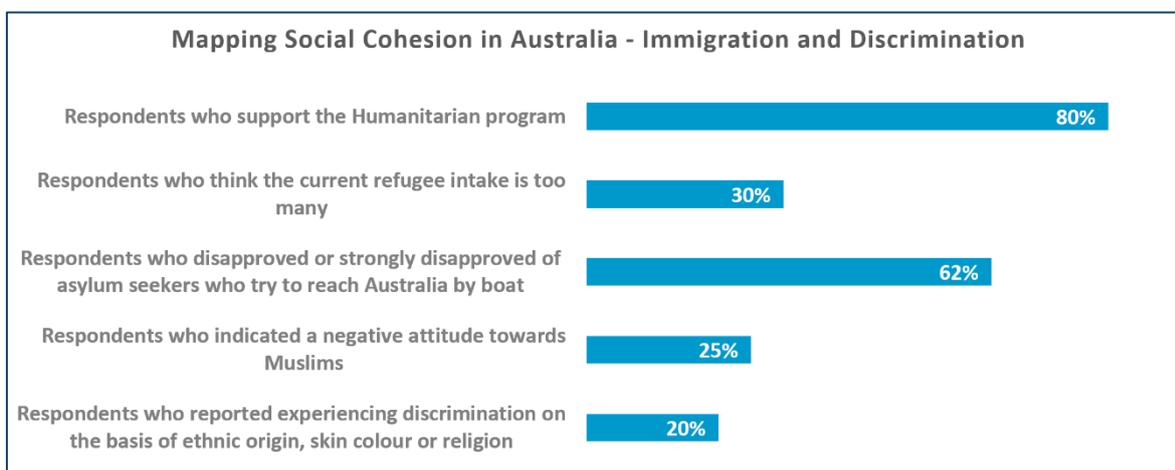


Figure 2: Mapping Social Cohesion in Australia, findings from the Scanlon Foundation's national survey pertaining to immigration and discrimination (Markus 2016)

¹³ Australian Survey Research Group, 'Settlement outcomes of new arrivals: study for Department of Immigration and Citizenship', 2011, https://www.dss.gov.au/sites/default/files/documents/01_2014/settlement-outcomes-new-arrival_access.pdf (accessed 13 August 2017)

¹⁴ Markus, A., 'Mapping Social Cohesion', Scanlon Foundation, 2016, <http://scanlonfoundation.org.au/wp-content/uploads/2016/11/2016-Mapping-Social-Cohesion-Report-FINAL-with-covers.pdf> (accessed 20 August 2017).

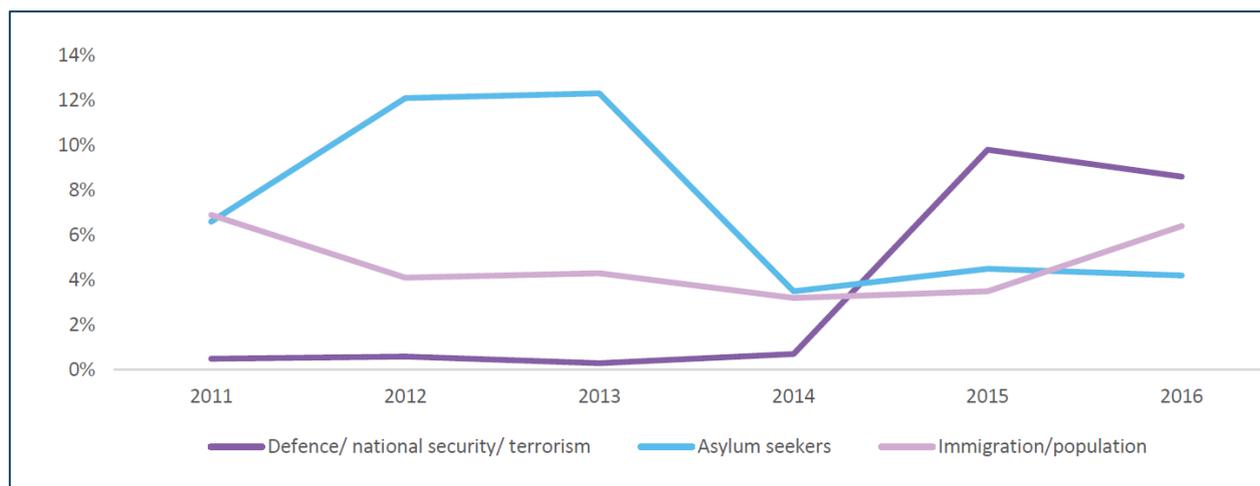


Figure 3: Selected issues - asylum seekers, immigration and defence/national security, 2011-2016 (Markus 2016)

MENTAL HEALTH AND SETTLEMENT

Personal wellbeing, including mental and physical health, is also recognised as a crucial aspect of a migrant’s settlement in Australia¹⁵¹⁶. Poor mental health can affect an individual’s functioning in family, social, vocational and educational roles¹⁷. Mental illnesses are the largest single cause of disability in Australia¹⁸, and such disability amongst new arrivals is of great concern due to the demanding nature of settling in a new country. Furthermore, it was estimated that the annual cost of mental illness in Australia, including cost of loss of labour force participation and productivity, is \$20 billion¹⁹. Being aware of, and responding to, the mental health needs of new arrivals in Australia is particularly pertinent due to the younger than average age of recent immigrants, as adolescence and young adulthood is the peak

¹⁵Settlement Council of Australia, ‘Inquiry into Migrant Settlement Outcomes – SCOA Submission’.

¹⁶ Settlement Council of Australia, ‘National Settlement Outcomes Standards’, 2016, <http://scoa.org.au/research-and-publications/national-settlement-service-outcomes-standards-may-2016> (accessed 1 August 2017)

¹⁷ The Department of Health, ‘Fourth National Mental Health Plan: an Agenda for Collaborative Government Action in Mental Health 2009-2014’, *Australian Government*, 2009, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc> (accessed 23 September 2017)

¹⁸ S. Begg et al., ‘The burden of disease and injury in Australia 2003’, *Australian Institute of Health and Welfare*, 2007, <http://dro.deakin.edu.au/eserv/DU:30046702/stevenson-burdenofdisease-2003.pdf> (accessed 23 September 2017).

¹⁹ Australian Bureau of Statistics, *Gender Indicators, Australia – Mental Health*, cat. No. 4125.0, January 2013, <http://www.abs.gov.au> (accessed 23 September 2017)

Supporting Mental Health and Social Interaction

period of onset for mental disorders²⁰ DIAC's study of settlement outcomes of new arrivals²¹, found that the majority of refugee respondents reported good or excellent mental health in the period 12 months to five years post arrival (see figure 4). Whilst these results are promising, they must, once again, be interpreted with caution due to methodological limitations of the study, discussed in methodology section.

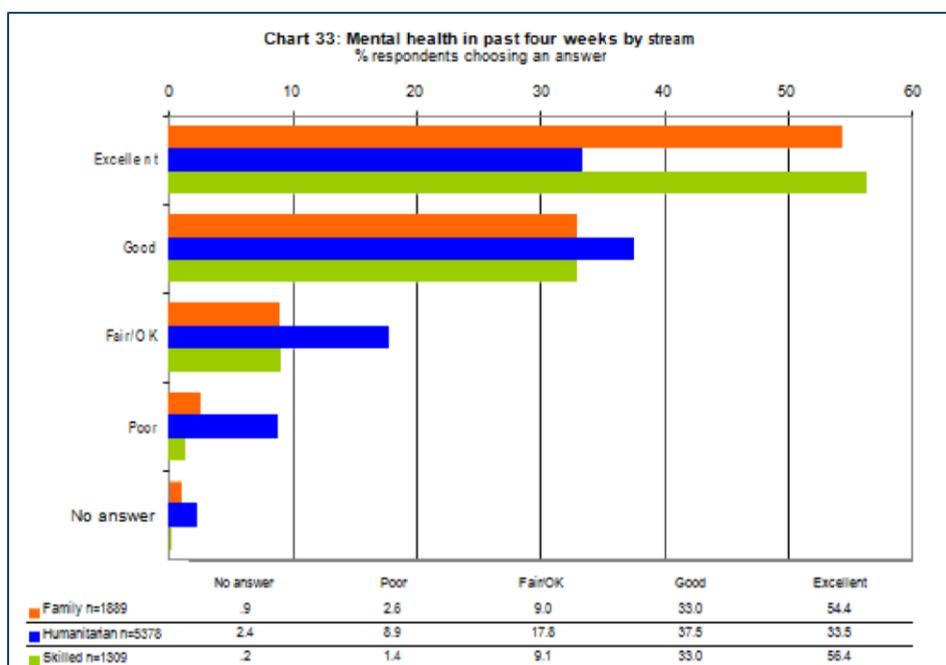


Figure 4: Reported level of mental health by refugees in the period 12 months to five years post arrival (Australian Survey Research Group 2011)

METHODOLOGY AND SCOPE

Due to the importance of both social interaction and positive mental health on effective settlement in Australia, this study assesses the nature of, and relationship between, these two factors through a review of Australian psychological studies of varying scale. Psychological studies were utilised due to the usefulness of quantitative measures and procedures used to assess mental health status and social interaction of participants. Large-

²⁰ H. Minas et al., 'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion', *Mental Health in Multicultural Australia*, 2013, http://www.mentalhealthcommission.gov.au/media/80646/2093%20MHIMA%20CALD%20REPORT_06.pdf (Accessed 10 October 2017)

²¹ Australian Survey Research Group, 'Settlement outcomes of new arrivals: study for Department of Immigration and Citizenship'.

scale studies on the topic, such as DIAC's Settlement Outcomes of New Arrivals survey²², may not use appropriate methods to obtain accurate and detailed findings on the prevalence and nature of mental health amongst asylum seekers and refugees in Australia. This is largely due to the use of self-report (in isolation) and non-psychological measures that weaken the validity of the findings. The study relied upon postal self-completion surveys, with a single reminder, and whilst a toll-free number was provided for assistance, there was little utilisation of this number²³. The validity of self-report measures, especially when unassisted, is commonly questioned within the psychology community²⁴²⁵. However, this critique is particularly pertinent due to decreased mental health literacy (MHL) and help-seeking behaviour found amongst asylum seeker and refugee populations, compared to the general population²⁶²⁷²⁸²⁹. The concept of MHL was founded by Jorm and colleagues and was defined as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention'³⁰.

A number of recent studies have found that mental health literacy and help-seeking behaviours amongst refugee populations within Australia is lower than that of the general population³¹³²³³³⁴. Consultations were conducted with 115 mental health care providers for 13-25 year old refugees, in Melbourne, Australia³⁵. They revealed that different cultural conceptualisations of mental health, illness and treatment amongst refugees posed a

²² Australian Survey Research Group, 'Settlement outcomes of new arrivals: study for Department of Immigration and Citizenship'.

²³ Australian Survey Research Group

²⁴ J. B. Pryor et al., 'Self-focused attention and self-report validity', *Journal of personality*, vol. 45, no. 4, 1977, pp. 513-527.

²⁵ M. Atkinson, S. Zibin and H. Chuang, 'Characterizing quality of life among patients with chronic mental illness: a critical examination of the self-report methodology', *American Journal of Psychiatry*, vol. 154, no. 1, 1997, pp. 99-105.

²⁶ A. Yaser et al., 'Beliefs and knowledge about post-traumatic stress disorder amongst resettled Afghan refugees in Australia', *International Journal of Mental Health Systems*, vol. 10, no. 1, 2016, p. 31.

²⁷ E. Colucci et al., 'In or out? Barriers and facilitators to refugee-background young people accessing mental health services', *Transcultural Psychiatry*, vol. 52, no. 6, 2015, pp. 766-790.

²⁸ S. May et al., 'Mental health literacy among refugee communities: differences between the Australian lay public and the Iraqi and Sudanese refugee communities', *Social Psychiatry and Psychiatric Epidemiology*, vol. 49, no. 5, 2014, pp. 757-769.

²⁹ S. Slewa-Younan. et al., 'Causes of and risk factors for posttraumatic stress disorder: the beliefs of Iraqi and Afghan refugees resettled in Australia', *International Journal of Mental Health Systems*, vol. 11, no. 1, 2017, pp. 1-11.

³⁰ A. F. Jorm et al., 'Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment', *Medical Journal of Australia*, vol. 166, no. 4, 1997, p. 182.

³¹ Yaser et al., *International Journal of Mental Health Systems*, p.31.

³² Colucci et al., *Transcultural Psychiatry*, pp. 766-790.

³³ May et al., *Social Psychiatry and Psychiatric Epidemiology*, pp. 757-769.

³⁴ Slewa-Younan. et al., *International Journal of Mental Health Systems*, pp. 1-11.

³⁵ Colucci et al., *Transcultural Psychiatry*, pp. 766-790.

Supporting Mental Health and Social Interaction

significant barrier to recognising the presence of mental health problems, whilst also underpinning a culture of not complaining. Such difficulty in recognising the presence of mental health problems was demonstrated by an investigation into the differences in MHL between participants from Sudanese and Iraqi refugee communities, and Australian born individuals³⁶. Participants attended interviews where they were read vignettes of a number of characters describing symptoms of posttraumatic stress disorder (PTSD) and of major depressive disorder (MDD). Participants were then asked to identify the psychological symptoms from the vignettes as disorders and to rate beliefs about the causes and appropriate treatments. The recognition of presented symptoms as specific mental disorders occurred significantly more often by Australian participants, compared to Iraqi and Sudanese participants (see table 1). Another recent study conducted in Adelaide, South Australia, assessed the MHL, specifically for PTSD, of 150 resettled Afghan refugees using a similar vignette interview methodology³⁷. It was found that just 31% of participants identified that the problem depicted by the vignette was PTSD. Furthermore, the use of a self-report scale found that 46% of participants met the threshold for clinically significant PTSD symptomatology. This far lower level of MHL amongst refugee populations in Australia compared to the general population, even for those who are displaying symptoms of mental disorders, indicates that self-report surveys that ask new arrivals to rate their own mental health are inappropriate and inaccurate methodology to use when investigating the nature and prevalence of mental illness amongst this population.

Table 1: Percentage of Australian, Iraqi and Sudanese participants recognising specific mental disorders (May, Rapee, Coello, Momartin and Aroche 2014)

Identification of mental disorder	Australian population	Iraqi refugees	Sudanese refugees
MDD symptomology	100%	53.1%	62.5%
PTSD symptomology	97%	84.4%	67.7%

As a result of such considerations, the majority of studies included within this review had a greater psychological focus, used psychological measures to assess mental health and social factors and involved face-to-face interaction between researchers and participants. Measures such as the Harvard Trauma Questionnaire (HTQ) and Hopkins Symptom Check List (HSCL), to assess exposure to refugee-related trauma and associated PTSD symptoms and record symptoms of depression and anxiety respectively, were frequently used within studies

³⁶ May et al., *Social Psychiatry and Psychiatric Epidemiology*, pp. 757-769.

³⁷ Yaser et. al., *International Journal of Mental Health Systems*, p.31.

referred to. The HTQ has been found to have high internal reliability³⁸ and has been applied across numerous cultural groups^{39,40}. Reviews conducted on the HSCL have verified that the measure is both transculturally robust and appropriate to apply to refugee populations^{41,42}. The HSCL has also been found to have high internal reliability⁴³.

Psychological studies using such measures were thus drawn upon within this review. However, due to a lack of such psychological studies assessing relationships between these factors in Australia, larger scale psychological studies, which tended to use less comprehensive methodology, were also drawn upon to provide a balance of quantitative and qualitative evidence. To ensure applicability to the settlement sector in Australia, and allow depth of analysis, only studies conducted within Australia were reviewed. Due to the long period in which Australian studies on this topic have been conducted, and the dynamic nature of global immigration movements and policy, SCOA conducted a number of consultations this year with representatives of its member organisations to relate research to the current Australian settlement context. The purpose of these consultations was to gather current information on the general nature, prevalence, and relationships between social and mental factors of asylum seeker and refugee from those that encounter, and provide services to, them daily.

IMPACT OF SOCIAL FACTORS ON MENTAL HEALTH

A number of studies investigating the mental health trends, and causal factors, of asylum seekers and refugees within Australia have found that social support of the new arrival is predictive of improved mental health. One study investigated such relationships with a sample of 63 Sudanese refugees in south east Queensland during 2003⁴⁴. The HTQ was used to establish level of trauma experienced, the HSCL -37 was used to assess participants overall wellbeing and the Post-Migration Living Difficulties (PMLD) checklist was used to assess the

³⁸ R. Schweitzer et al., 'Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees', *Australian and New Zealand Journal of Psychiatry*, vol. 40, no. 2, 2006, pp. 179-187.

³⁹ B. L. Cardozo et al., 'Mental health, social functioning and attitudes of Kosovar Albanians following the war in Kosovo', *Journal of the American Medical Association*, vol. 284, no. 1, 2000, pp. 569-577.

⁴⁰ M. Sabin et al., 'Factors associated with poor mental health among Guatemalan refugees living in Mexico 20 years after civil conflict', *Journal of the American Medical Association*, vol 290, no. 1, 2003, pp. 635-642.

⁴¹ M. Hollifield et al., 'Measuring trauma and health status in refugees: a critical review', *Journal of the American Medical Association*, vol. 288, no. 5, 2002, pp. 611-621.

⁴² J. D. Kinzie and S. M. Manson, 'The use of self-rating scales in cross-cultural psychiatry', *Hospital and Community Psychiatry*, vol. 38, no. 2, 1987; pp. 190-196.

⁴³ Schweitzer et al., *Australian and New Zealand Journal of Psychiatry*, pp. 179-187.

⁴⁴ Schweitzer et al., *Australian and New Zealand Journal of Psychiatry*, pp. 179-187.

Supporting Mental Health and Social Interaction

level of stress experienced due to typical post-migration stressors. Social support variables were particularly salient in determining psychological wellbeing, particularly for reducing effects of PTSD and anxiety. The study found that only 43% of participants reported receiving social support from the broader community, compared to 62% from their ethnic community. However, it was also found that support from wider community did not seem to effect mental health functioning to the same degree that support from family and the Sudanese community did. This finding was suggested to be due to the centrality of extended family and social groups to Sudanese cultural life.

The relationship between mental wellbeing and social interaction, among a number of other factors was further investigated within a sample of 241 Mandeian asylum seekers and refugees, originating mainly from Iraq and Iran and living in Sydney⁴⁵. This study also used the HTQ, HSCL(-25), PMLD checklist and respondents were visited by the research assistant who administered the measures. This study found that those living in larger families, a signal of increased social interactions and support, were found to have a decreased risk of mental illness.

A study conducted this year by the Nepean Blue Mountains Primary Health Network (NBMPHN) and Western Sydney University assessed the health needs of, and available services to, Syrian and Iraqi refugees in the Nepean Blue Mountains region⁴⁶. The study consisted of focus group discussions (FGDs) with 21 participants of refugee background from Iraq or Syria, and consultations with 12 health, mental health and community service providers in the region. The FGDs found that limited, or no, family or social circles was maladaptive to recovery from trauma. This was reflected by the service providers, who agreed that having social capital contributed greatly to having a positive settlement experience. Despite such benefits of social interaction, it was also found that many Iraqi and Syrian community members preferred to stay within a familiar community as they felt a lack of acceptance amongst the larger Australian population.

This impact of social factors on mental wellbeing was further demonstrated through a study on the association between pre- and post-migration factors and mental health status of humanitarian migrants⁴⁷. Their study utilised first wave data, collected 2013-2014, from the Building a New Life in Australia (BNLA) project. The BNLA is the first nationwide cohort study funded by the Department of Social Services, however fieldwork was undertaken by an

⁴⁵ Z. Steel et al., 'Impact of immigration detention and temporary protection on the mental health of refugees', *The British Journal of Psychiatry*, vol. 188, no. 1, 2006, pp. 58-64.

⁴⁶ A. M. N. Renzaho and N. Dhingra, 'Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region: A Formative Assessment of Health and Community Service Needs', *Wentworth Healthcare Limited*, 2017, http://www.nbmphn.com.au/Resources/About/169_0517-Refugee-Report_F_WEB.aspx (accessed 21 August 2017)

⁴⁷ W. Chen et al., 'Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: findings from the first wave data of the BNLA cohort study', *The Lancet Psychiatry*, vol. 4, no. 3, 2017, pp. 218-229.

Supporting Mental Health and Social Interaction

independent third party. A sample of 2399 (principal and secondary) participants completed the PTSD-8 (derived from the HTQ), the Kessler Screening Scale for Psychological Distress (K6) and a self-report questionnaire developed by the BNLA project team to measure pre-migration traumatic events and post-migration stressors. When participants were asked whether they received support from their own community, 47% responded “no”, 19% responded “sometimes” and only 34% responded “yes”. Furthermore, of all participants who reported experiencing post-migration stressors, 64% reported experiencing poor social integration (most reported stressor) and 18% reported experiencing loneliness (fourth most reported stressor). Positive associations were found between loneliness and PTSD and severe mental illness. Discrimination and family conflicts in Australia were positively related to PTSD and severe mental illness. Furthermore, out of all the post-migration stressors, only loneliness and the number of social integration stressors showed significant moderating effects on the relationship between pre-migration trauma and poor mental health (see figures 5 and 6). Loneliness was found to moderate the associations between prior trauma and PTSD and severe mental illness and the number of social integration stressors moderated associations between prior trauma and PTSD. This indication that social factors have moderating effects on the relationship between trauma and mental health of refugees is incredibly important. However, care must be taken when interpreting these findings as close to 75% of first wave participants completed a self-interview using a computer tablet⁴⁸ and there is evidence to indicate that the K6 may not be appropriate for cross-cultural use⁴⁹.

⁴⁸ Department of Social Services, ‘Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants’, Australian Government, <http://www3.aifs.gov.au/bnla/> (accessed 15 October 2017).

⁴⁹ Andersen, L.S. et al., ‘The psychometric properties of the K10 and K6 scales in screening for mood and anxiety disorders in the South African Stress and Health study’, *International Journal of Methods in Psychiatric Research*, vol. 20, no. 4, 2011, pp. 215-223.

Supporting Mental Health and Social Interaction

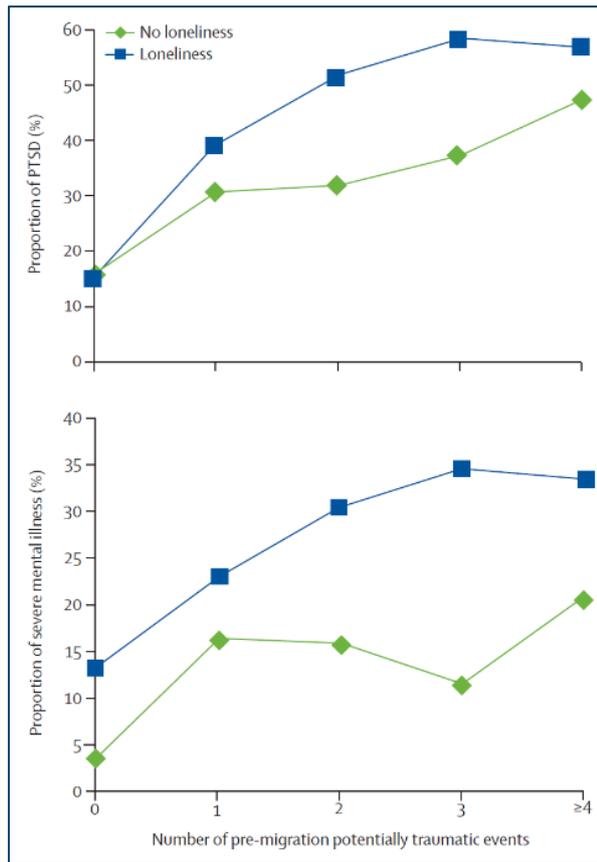


Figure 5: Moderation effect of loneliness on the association between pre-migration potentially traumatic events and mental health of humanitarian migrants in Building a New Life in Australia project, 2013-2014 (Chen et al. 2017).

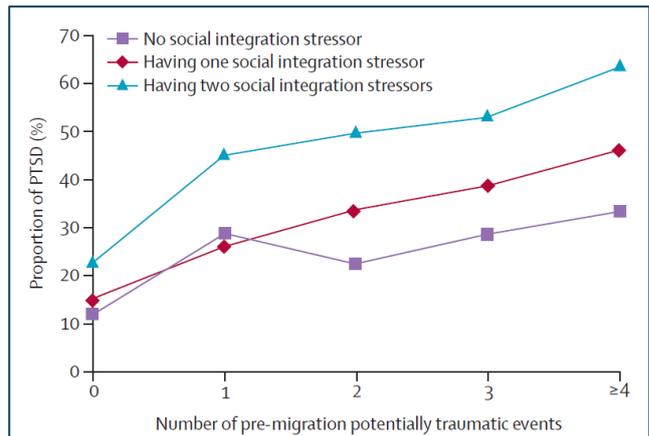


Figure 6: Moderation effect of social integration stressor on the association between pre-migration potentially traumatic events and PTSD of humanitarian migrants in Building a New Life in Australia project, 2013-2014 (Chen et al. 2017).

IMPACT OF MENTAL HEALTH ON SOCIAL INTERACTION

The literature review of the impact of social factors on the mental health of asylum seekers and refugees also indicated that poor mental health may have just as significant effect on social factors, specifically one’s ability and confidence to socially interact. In an effort to explain the moderating effect of loneliness and social integration difficulties on mental health, Chen and colleagues proposed that poor mental health may negatively impact upon social interaction⁵⁰. They suggested that PTSD symptoms could cause people to withdraw, which in turn lowers their chance of receiving social support and settlement services. Furthermore, they suggested that a “loneliness cycle” exacerbates existing mental health problems. An investigation of such impacts of poor mental health on ability to socially interact proved to be difficult, due to the lack of research into this direction of the relationship for asylum seekers and refugees. As a result, this relationship is examined through empirical studies with non-

⁵⁰ Chen et al., *The Lancet Psychiatry*, pp. 218-229.

migrant samples in conjunction with information gathered from consultations within the Australian settlement sector.

Research has found that clinically depressed people tend to view ambiguous social interactions as negative and act in alignment with expectations that negative social interactions are both costly and likely^{51,52}. Due to these negative views and expectations, those experiencing depression avoid social interaction. Furthermore, a recent cross-sectional analysis found a significant association between PTSD and high levels of social inhibition - a tendency to inhibit ones expression of behaviour and emotions in social interaction to avoid a negative social evaluations⁵³. The researchers proposed that social inhibition is a response to PTSD, a protective form of coping, rather than simply a risk-factor to the development of it⁵⁴. Experiencing anxiety also has an impact on social interaction; higher levels of anxiety lead to a coping strategy that involves avoidance of others⁵⁵ and predicts avoidance of communication with strangers⁵⁶.

In order to investigate if these impacts, of mental health upon social interaction were occurring amongst refugees and asylum seekers in Australia, Australian settlement service providers were asked about the impact of poor mental health within the consultations conducted by SCOA this year. The consultations found a consensus that the poor mental health of refugees and asylum seekers impeded their ability to socially interact. One representative explained that some individuals suffering poor mental health completely withdraw from the community, settlement services, support systems and social circles. Another representative explained that past trauma may cause individuals to want to have nothing to do with their own ethnic group, particularly by those traumatised by a member of this group. The representative went on to explain that integrating with a new group, after separation from one's ethnic group, can cause greater trauma for those with PTSD. Another representative explained that for those with poor mental health, the lack of acknowledgement by the wider community when in public spaces can also take a toll. Although this lack of overt warmth from strangers is often just a cultural difference, for those that already have poor mental health, this may be received negatively and thus prevent social interaction and exacerbate existing problems.

⁵¹ A. T. Beck (ed.), *Cognitive therapy of depression*, New York, Wiley, 1979.

⁵² T. E. Joiner, Jr., and J. C. Coyne, *The interactional nature of depression: Advances in interpersonal approaches*, Washington DC, American Psychological Association, 1999.

⁵³ K. Lukaschek et al., 'The Association of Social Inhibition and Posttraumatic Stress Disorder: A Vicious Circle?', *The Journal of Nervous and Mental Disease*, vol. 204, no. 4, 2016, pp. 261-266.

⁵⁴ Lukaschek et al., *The Journal of Nervous and Mental Disease*, pp. 261-266.

⁵⁵ B. D. Raffety, R. E. Smith and J. T. Ptacek, 'Facilitating and debilitating trait anxiety, situational anxiety, and coping with an anticipated stressor: A process analysis', *Journal of Personality and Social Psychology*, vol. 72, no. 4, 1997, pp. 892-906.

⁵⁶ P. M. Duronto, T. Nishida and S. Nakayama, 'Uncertainty, anxiety, and avoidance in communication with strangers', *International Journal of Intercultural Relations*, vol. 29, no. 5, pp. 549-560.

IDENTIFICATION OF, AND RESPONSE TO, MENTAL HEALTH NEEDS WITHIN THE AUSTRALIAN SETTLEMENT SECTOR

The consultations conducted by SCOA this year with a number of representatives of its member organisations involved discussing the way in which poor mental health is identified and responded to within the settlement sector. When discussing the identification of mental health challenges, the approaches and confidence in them were varied among the member organisations. Whilst some organisations had employed a number of psychologists to do case work, one representative noted that good assessments can be hard to come by due to a reliance upon volunteers within her organisation.

Amongst all consulted, representing five member organisations across Australia, all but one representative confirmed that once an individual was identified as having poor mental health they were referred onto the appropriate services (usually an appointment with a GP to establish a mental health care plan). There appeared to be varying levels of collaboration between health providers and settlement providers – some member organisations assist clients to access required services whilst others describe co-case management between themselves and health providers. One representative expressed the view that the sector has made a number of improvements regarding the identification of, and response to, mental health challenges of clients.

Those consulted were also asked about the resources and training available to staff within their organisation to assist in their understanding of mental health difficulties and how to respond to them. As with the identification of poor mental health, a variability of trainings and resources across different settlement providers was found. In most organisations, mental health first aid training was compulsory for all staff. Another external training provided to staff of one settlement provider was working with complex trauma training. Aside from such external trainings, most settlement providers included in the consultations had developed their own internal trainings and mechanisms for support for their staff. For many this involved development of specialised training modules, and for some this involved a group of specialised staff available to support and advise all client facing staff on matters of mental health or closely collaborating with mental health providers

RECOMMENDATIONS

Through a review of the literature, along with consultations of settlement service providers in Australia, a number of recommendations for future research and service provision may be made.

1: RECOMMENDATIONS FOR FURTHER RESEARCH

Recommendation 1.1. Further research into the impact of post-migration factors, such as social support, on the mental health of asylum seeker and refugee populations should also include migrant populations.

This analysis has identified that post-migration factors, particularly of the social nature, are very much implicated in the mental health of asylum seekers and refugees. At this stage it is unclear whether such factors impact mental health independently, or as a moderator between pre-migration trauma and mental illness. Migrants are exposed to similar post-migration factors, through the settlement process, and therefore must be included in further research to determine if these factors impact their mental health to the same extent.

Recommendation 1.2. Further research into the impact of new arrival's mental health upon social factors should be conducted.

Some avenues of research and consultations conducted with representative of SCOA's member organisations indicated that, just as social factors impact upon mental health, mental health status impacts upon the ability of new arrivals to socially interact in Australia. However, there is currently a lack of research on this direction of the relationship between mental and social factors for this group.

Recommendation 1.3. Comprehensive research to determine a more accurate indication of prevalence, and other characteristics, of mental health and illness amongst new arrivals should take place.

This is due to the questionable accuracy and limited depth of governmental studies into the mental health characteristics of new arrivals, along with the limited representativeness of psychological studies on the topic. An accurate indication of mental illness prevalence is important as it may be used to inform mental health and settlement service design delivery and policy.

Recommendation 1.4. Further research into these topics should consider the use of a longitudinal research method.

This is recommended as it will assist in the identification of causal interactions, as opposed to associations, between factors. This will benefit understandings of how mental and social factors are related, and thus better inform the settlement sector of areas to target.

2: RECOMMENDATIONS FOR THE AUSTRALIAN SETTLEMENT SECTOR

Recommendation 2.1. Standardised mental health training and staff support mechanisms should be implemented across the settlement sector.

Consultations conducted by SCOA with representatives of the settlement sector revealed that many settlement providers are going to great lengths to design and implement training modules and internal mechanisms to ensure that staff were adequately informed of how to identify, and respond to, mental health challenges, as well as being supported to respond to someone who is mentally unwell. Whilst this shows great initiative by a number of staff within the sector, it raises the question of why a single team or organisation could not be tasked with creating standardised trainings and mechanisms which could then be implemented across the sector. This would not only be more efficient, saving precious time, money and resources for settlement providers, but would also ensure that all staff and clients receive the same level of support

Recommendation 2.2. Mental health programmes or interventions should also set social stressors, particularly social integration and loneliness, as intervention targets.

A number of diverse studies found that social factors, such as social support, had a positive impact on mental health whilst isolation had a negative impact on mental health. Particularly noteworthy was the potential moderating effects of loneliness and social integration stressors on the relationship between pre-migration trauma and mental health⁵⁷. Rather than being responded to separately within the sector, social interaction and mental health could be simultaneously targeted by programmes or interventions.

An example of such a program is *beyondblue*Connect, a peer mentoring program available to adults with emerging signs of mental illness that is being trialled in the Greater Dandenong region, home to almost 30% of Victoria's asylum seekers⁵⁸⁵⁹. Due to the applicability of

⁵⁷ Chen et al., *The Lancet Psychiatry*, pp. 218-229.

⁵⁸ Beyond Blue, 'beyondblue targets mental health in Greater Dandenong', 2017, <https://www.beyondblue.org.au/connect-with-others/news/news/2017/06/02/beyondblue-targets-mental-health-in-greater-dandenong> (accessed 5 October 2017).

⁵⁹ Beyond Blue, 'beyondblue Connect: Connecting you to personal support', 2017, <https://www.beyondblue.org.au/get-support/beyondblue-connect> (accessed 5 October 2017).

Supporting Mental Health and Social Interaction

*beyondblue*Connect to this report, SCOA conducted a consultation with two staff members working on the program to find out more. Clients attend one-on-one and group sessions with peer mentors, trained staff from a refugee or migrant background who have experienced anxiety or depression themselves, to discuss worries and concerns. The trial has been a success so far— more referrals to the program have occurred than was expected and the clients are very happy to speak to mentors who speak the same language and share a similar lived experience. Those consulted explained that, due to cultural differences, many new arrivals find it difficult to talk about their mental health to strangers, and this program allows for rapport building and peer support to bridge this gap. Furthermore, they have been receiving a lot of positive feedback from clients about their experience receiving assistance from a peer mentor rather than a formal counsellor.

Recommendation 2.3. Culturally appropriate and sensitive health and mental awareness programs are should prioritised within the settlement sector.

Recommendation 2.4. Mental health service providers for this population should consider cultural difference in mental health literacy when delivering services.

A number of recent studies found that levels of MHL amongst refugee populations were significantly lower than that of Australian born populations. This is concerning, as MHL is important for the identification of, response to and treatment of mental health challenges of the self and others. It is, therefore, incredibly important that this area is prioritised. Programs, such as *beyondblue*Connect program, that allow new arrivals to engage with mental health topics in a less threatening environment, led by those who share language and lived experience, may also be used to increase MHL amongst new arrivals.

BIBLIOGRAPHY

Alemi, Q. et al., 'Psychological Distress in Afghan Refugees: A Mixed-Method Systematic Review', *Journal of Immigrant and Minority Health*, vol. 16, no. 6, 2014, pp. 1247-1261.

Andersen, L.S. et al., 'The psychometric properties of the K10 and K6 scales in screening for mood and anxiety disorders in the South African Stress and Health study', *International Journal of Methods in Psychiatric Research*, vol. 20, no. 4, 2011, pp. 215-223.

Atkinson, M., Zibin, S. and H. Chuang, 'Characterizing quality of life among patients with chronic mental illness: a critical examination of the self-report methodology', *American Journal of Psychiatry*, vol. 154, no. 1, 1997. Pp. 99-105.

Australian Bureau of Statistics, *Gender Indicators, Australia – Mental Health*, cat. No. 4125.0, January 2013, <http://www.abs.gov.au> (accessed 23 September 2017).

Australian Survey Research Group, 'Settlement outcomes of new arrivals: study for Department of Immigration and Citizenship', 2011, https://www.dss.gov.au/sites/default/files/documents/01_2014/settlement-outcomes-new-arrival_access.pdf (accessed 13 August 2017).

Beck, A.T. (ed.), *Cognitive therapy of depression*, New York, Wiley, 1979.

Begg, S. et al., 'The burden of disease and injury in Australia 2003', *Australian Institute of Health and Welfare*, 2007, <http://dro.deakin.edu.au/eserv/DU:30046702/stevenson-burdenofdisease-2003.pdf> (accessed 23 September 2017).

Berry, J.W., 'Immigration, Acculturation, and Adaptation', *Applied Psychology: An International Review*, vol. 46, no. 1, 1997, pp. 5-34.

Beyond Blue, 'beyondblue Connect: Connecting you to personal support', 2017, <https://www.beyondblue.org.au/get-support/beyondblue-connect> (accessed 5 October 2017).

Beyond Blue, 'beyondblue targets mental health in Greater Dandenong', 2017, <https://www.beyondblue.org.au/connect-with-others/news/news/2017/06/02/beyondblue-targets-mental-health-in-greater-dandenong> (accessed 5 October 2017).

Cardozo, B. L. et al., 'Mental health, social functioning and attitudes of Kosovar Albanians following the war in Kosovo', *Journal of the American Medical Association*, vol. 284, no. 1, 2000, pp. 569-577.

Chen, W. et al., 'Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors:

Supporting Mental Health and Social Interaction

findings from the first wave data of the BNLA cohort study', *The Lancet Psychiatry*, vol. 4, no. 3, 2017, pp. 218-229.

Colucci, E. et al., 'In or out? Barriers and facilitators to refugee-background young people accessing mental health services', *Transcultural Psychiatry*, vol. 52, no. 6, 2015, pp. 766-790.

Department of Social Services, 'Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants', *Australian Government*, <http://www3.aifs.gov.au/bnla/> (accessed 15 October 2017).

Department of Social Services, 'National Settlement Framework', *Australian Government*, 2016, <https://www.dss.gov.au/settlement-and-multicultural-affairs/publications/national-settlement-framework> (accessed 6 October 2017).

Duronto, P. M., Nishida, T. and S. Nakayama, 'Uncertainty, anxiety, and avoidance in communication with strangers', *International Journal of Intercultural Relations*, vol. 29, no. 5, pp. 549-560.

Hollifield, M. et al., 'Measuring trauma and health status in refugees: a critical review', *Journal of the American Medical Association*, vol. 288, no. 5, 2002, pp. 611-621.

Joiner, T. E., Jr., and J. C. Coyne, *The interactional nature of depression: Advances in interpersonal approaches*, Washington DC, American Psychological Association, 1999.

Jorm, A. F. et al., 'Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment', *Medical Journal of Australia*, vol. 166, no. 4, 1997, pp. 182-186.

Kinzie, J. D. and S. M. Manson, 'The use of self-rating scales in cross-cultural psychiatry', *Hospital and Community Psychiatry*, vol. 38, no. 2, 1987; pp. 190-196.

Lukaschek, K. et al., 'The Association of Social Inhibition and Posttraumatic Stress Disorder: A Vicious Circle?', *The Journal of Nervous and Mental Disease*, vol. 204, no. 4, 2016, pp. 261-266.

Markus, A., 'Mapping Social Cohesion', Scanlon Foundation, 2016, <http://scanlonfoundation.org.au/wp-content/uploads/2016/11/2016-Mapping-Social-Cohesion-Report-FINAL-with-covers.pdf> (accessed 20 August 2017).

May, S. et al., 'Mental health literacy among refugee communities: differences between the Australian lay public and the Iraqi and Sudanese refugee communities', *Social Psychiatry and Psychiatric Epidemiology*, vol. 49, no. 5, 2014, pp. 757-769.

Minas, H. et al., 'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion', *Mental Health in Multicultural Australia*, 2013, http://www.mentalhealthcommission.gov.au/media/80646/2093%20MHIMA%20CALD%20REPORT_06.pdf (Accessed 10 October 2017).

Supporting Mental Health and Social Interaction

Mollicca, R.F, Wyshak, G. and J. Lavelle, 'The Psychosocial Impact of War Trauma and Torture on Southeast Asian Refugees', *The American Journal of Psychiatry*, vol. 144, no. 12, 1987, pp. 1567-1572.

Pryor, J.B. et al., 'Self-focused attention and self-report validity', *Journal of personality*, vol. 45, no. 4, 1977, pp. 513-527.

Raffety, B. D., Smith, R. E. and J. T. Ptacek, 'Facilitating and debilitating trait anxiety, situational anxiety, and coping with an anticipated stressor: A process analysis', *Journal of Personality and Social Psychology*, vol. 72, no. 4, 1997, pp. 892-906.

Renzaho, A. M. N. and N. Dhingra, 'Addressing the Needs of Syrian and Iraqi Refugees in the Nepean Blue Mountains Region: A Formative Assessment of Health and Community Service Needs', Wentworth Healthcare Limited, 2017,
http://www.nbmphn.com.au/Resources/About/169_0517-Refugee-Report_F_WEB.aspx
(accessed 21 August 2017).

Sabin, M. et al., 'Factors associated with poor mental health among Guatemalan refugees living in Mexico 20 years after civil conflict', *Journal of the American Medical Association*, vol. 290, no. 1, 2003, pp. 635-642.

Schweitzer, R. et al., 'Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees', *Australian and New Zealand Journal of Psychiatry*, vol. 40, no. 2, 2006, pp. 179-187.

Settlement Council of Australia SCOA, 'Inquiry into Migrant Settlement Outcomes – SCOA Submission', 2017,
<http://scoa.org.au/resources/SCOA%20Submission%20to%20Settlement%20Outcomes%20Inquiry%20-%2031%20Jan%202017.pdf> (accessed 1 August 2017).

Settlement Council of Australia, 'National Settlement Outcomes Standards', 2016,
<http://scoa.org.au/research-and-publications/national-settlement-service-outcomes-standards-may-2016> (accessed 1 August 2017).

Slewa-Younan, S. et al., 'A Systematic Review of Post-traumatic Stress Disorder and Depression Amongst Iraqi Refugees Located in Western Countries', *Journal of Immigrant and Minority Health*, vol. 17, no. 4, 2015, pp. 1231-1239.

Slewa-Younan, S. et al., 'Causes of and risk factors for posttraumatic stress disorder: the beliefs of Iraqi and Afghan refugees resettled in Australia', *International Journal of Mental Health Systems*, vol. 11, no. 1, 2017, pp. 1-11.

Steel, Z. et al., 'Impact of immigration detention and temporary protection on the mental health of refugees', *The British Journal of Psychiatry*, vol. 188, no. 1, 2006, pp. 58-64.

Supporting Mental Health and Social Interaction

The Department of Health, 'Fourth National Mental Health Plan: an Agenda for Collaborative Government Action in Mental Health 2009-2014', *Australian Government*, 2009, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc> (accessed 23 September 2017).

United Nations High Commissioner for Refugees, 'Convention and protocol relating to the status of refugees', 1951.

Yaser, A. et al., 'Beliefs and knowledge about post-traumatic stress disorder amongst resettled Afghan refugees in Australia', *International Journal of Mental Health Systems*, vol. 10, no. 1, 2016, p. 31.