ASRC
Asylum Seeker Resource Centre

214-218 Nicholson Street
Footscray, VIC 3011 Australia

T 03 9326 6066
F 03 9689 1063
admin@asrc.org.au
asrc.org.au

4rd July 2019

Mental Health Royal Commission Establishment
Department of Premier and Cabinet
1 Treasury Place
Melbourne Victoria 3002

Dear Madam/ Sir,

Re: ASRC - Submission to the Royal Commission into Victoria's Mental Health System

Please find attached the submission of the Asylum Seeker Resource Centre (ASRC), highlighting the specific mental health considerations, and needs of asylum seekers living in the community in Victoria, and subsequent recommendations.

The Asylum Seeker Resource Centre is an independent, registered charity with no government funding. It is the largest organisation in Australia assisting our most vulnerable and at risk asylum seekers with material aid, health and advocacy, as well as participating in law reform, campaigning and lobbying. The ASRC's Humanitarian Services Stream assists clients facing mental health issues through the provision of casework which includes information, advice, advocacy, referral and support on health, housing, immigration, legal, social, financial, material aid, employment, and education; counselling; generalized health care and assessments; and specialised clinical mental health care including psychology and psychiatry.

If you require further information please feel free to contact us on the details below:

Submitted: 3rd July 2019
Primary contacts for further information: Sherrine Clark, Director of Humanitarian Services & Jane Billings, Client Services Manager

Warm regards,

Sherrine Clark
Director of Humanitarian Services

ASRC
Asylum Seeker Resource Centre

This paper provides a summary of consultation themes received from staff and volunteers of the Asylum Seeker Resource Center (ASRC) in June 2019 for submission to the Royal Commission into Victoria's Mental Health System. The summary is informed by the practice information and knowledge of the ASRC (including consultations with social workers, mental health and health practitioners, and content specific managers) in working with people seeking asylum; internal and external referral data; and, internal client database records and case notes. This paper aims to highlight the specific mental health needs, vulnerabilities and considerations in working with people seeking asylum; and the current gaps and barriers specific to people seeking asylum in accessing Victoria's mental health system, whilst highlighting best practice approaches and proposed recommendations towards advancement.

1. Specific mental health needs, vulnerabilities and considerations in working with people seeking asylum

People seeking asylum face significant challenges and vulnerabilities that are unique to Victorian's in accessing the mental health system. These challenges and vulnerabilities are sometimes experienced independently of one another, but are often cumulative and inter-relational.

1.1. Protracted refugee status determination processes and impact on mental health

For many people seeking asylum the Refugee Status Determination (RSD) is particularly lengthy. For most at the primary stages of this process, waiting times of up to a year for an initial interview with the Department of Home Affairs (DoHA) is typical, with another year to two years being an average duration for those appealing to the Immigration Assessment Authority (IAA) or Administrative Appeals Tribunal (AAT). Waiting times become progressively protracted as a person seeking asylum moves through the various stages of appeal, with current waiting times for a Federal Circuit Court (FCC) hearing (directional only) being approximately 2 years. In practical terms, this influences life planning, employment prospects, housing stability and access to Medicare due to constantly changing Bridging Visa status, and the rights attached to this. However, even more detrimentally, a person experiencing this level of uncertainty for protracted periods, will also often experience an ongoing deterioration in their mental health. Across the client group at ASRC this is a prominent experience of clients which is often expressed as 'helplessness', 'feelings of worthlessness,' 'loss of purpose or future planning' and 'despair'. This is particularly prominent in people who have experienced periods of detention, which extensive research highlights, is vastly detrimental to mental health. Alongside protracted RSD processes are resource poor legal and case management services which would enable persons seeking asylum to access timely legal information, advice and education and case management support in order to ensure they are equipped to clearly understand and navigate their complex legal options. These services, particularly in instances where a person's prospects of protection are limited are integral to ensuring a protracted experience of destitution and mental health does not occur, as this allows persons seeking asylum in this circumstance to understand and respond earlier.

1.2. Destitution and the hierarchy of needs

Protracted RSD processes, and the visa insecurities which come with this, greatly impact on the financial independence of a person seeking asylum. Commonly bridging visas are granted short term, and there are often gaps in the renewal of bridging visas, leaving those who have secured employment having to put work on hold whilst they await their visa grant. For others, who are too unwell to work; are not granted work rights on their bridging visa; or whom are not yet work ready due to language and skill development barriers, ongoing destitution is prominent. This has been exacerbated by the recent federal government cuts of the Status Resolution Support Service (SRSS) program. For persons seeking asylum facing destitution, engagement with mental health services presents challenges given their higher presenting and immediate needs are engaged with sourcing food and housing resources, generally through charitable organisations and/ or community and religious groups.

1.3. Bridging Visa's and Access to Medicare

Alongside the issues outlined above, when bridging visas are granted short term, and there are gaps in the renewal of bridging visas, those with Medicare rights attached will experience delays in accessing health and mental health services. Further, for those without the grant of a bridging visa with Medicare rights, access to health and mental health services will be limited to specialist asylum seeker specific services, and emergency services whom allow access for persons seeking asylum not provided with Medicare.

1.4. History of Torture and Trauma

Persons seeking asylum, by their very definition, have fled their country of origin following fears for their life and safety or have suffered sustained persecution. Whilst this takes many forms, a large portion of persons seeking asylum have been subject to, or have witnessed acts of violence, or traumatic events which will impact their lives significantly. Traumatic events are also not limited to the country of origin but can include the journey to Australia, countries of transit, and in some instances traumatic events which occur in Australia. Further, persons seeking asylum often express that the protracted RSD processes are a form of personal trauma experienced by them. Recovery following such experiences is often long and complex and impacts different cultural groups in varying ways. Impacting on this is a sense of safety and stability which is seldom felt whilst persons seeking asylum remain in limbo and within permanent status in Australia.

1.5 Impact of Australian community perspectives and the political landscape

Persons seeking asylum have expressed they experience both systemic and direct racism across all areas of society including from community members, and within a range of public and private services that they are entitled to access in Victoria. This experience is coupled with the broader political landscape in which persons seeking asylum are at the frontline of public dialogue which profiles discriminatory views and values, racism; and, in its worst form extremist views and values. This is particularly prevalent for people seeking asylum arriving by boat given the intensified media focus, and the change to the RSD process to 'Fast Track' for this group.

As a small mixed racial minority group in Australia, already stigmatized in day to day life, the overarching landscape and public dialogue around the 'asylum' debate, aids in 'feelings of othering', 'being an outsider', 'being unwanted', 'being unwelcome' and exposes vulnerability to surrounding 'feelings of shame' and 'deteriorating self-worth'. At the turn of each election, policy change, or cut to programs for those seeking asylum, this impact is heightened and its presence felt across the community of people seeking asylum and their mental health.

1.6 Cultural and language considerations

The community of persons seeking asylum is made up of a huge range of ethnic, cultural and language groups. Within those groups there are further broad differences in how culture and language will be expressed based on education, prior employment and life experiences. However, prominent features across the cohort include an often long term need for access to interpreters across services; and, high levels of stigma and low vocabulary and literacy in relation to mental health (including mental health diagnosis; recovery and treatment options; and services available). Mental health vocabulary and literacy is often coupled with stigma towards mental health and

is formed from societal and cultural values and norms within a person's country of origin. For example, in numerous parts of Asia and Africa, mental health is seen as a 'curse' imposed on a person by religious or other entities for wrong deeds, only to be cleansed by violent acts, exorcism or exclusion from society. In other cultures the vocabulary of emotion and mental health is limited to very few words, for example in Liberian English, 'bad', 'sad' and 'mad' are commonly expressed as the only words available as descriptions for mental health or emotional experiences. These factors impact on persons seeking asylum and their ability to articulate their needs, and presents barriers for themselves in accessing mental health services.

1.7 Family systems

A large portion of persons seeking asylum in Victoria are made up of family units of varying sizes. Within the context of asylum seeking, it is important to note the inter-relational and inter-generational aspects of a family's experience, and the dynamics and manifestations that may be experienced when multiple family members are unwell at the same time, and in some instances are caregivers for one another. For families who have collectively or independently experiences torture or trauma, vicarious trauma and cycles of violence may also be or become apparent and in particular have an ongoing impact on children. In other cases, individuals or parts of families have separated during their flight to Australia, or have lost family members (missing or deceased) whilst fleeing persecution. Alongside grief and loss, are prominent expressions of shame, blame, survivor guilt, lack of closure for those with missing family, and longing.

2. Gaps and Barriers for people seeking asylum in accessing Victoria's Mental Health System

People seeking asylum currently access a range of community mental health and clinical psychiatric services across Victoria. These include 'asylum and refugee' specific services including Foundation House, Cabrini, Monash Health and ASRC Health and Counselling; mainstream community based mental health services (including public and private counsellors, psychologists and psychiatrists largely through the provision of mental health care plan's), and clinical teams within the hospital system, mental health triage services and partnering community mental health follow up and outreach teams. In addition, specific services for counselling and mental health supports are sometimes accessed by those in need of 'circumstantially or content specific' support, for example persons experiencing family violence, sexual assault, youth specific mental health issues or family and relational needs. Specific groups within the broader community of people seeking asylum have also been initiated, often grouped by cultural background, ethnicity or religion (e.g. Hazara women's group), which provide informal mental health support structures.

In addition to the factors outlined above including: *1.2. Destitution and the hierarchy of needs* and *1.3. Bridging Visa's and Access to Medicare* and *1.6 Cultural and language considerations* the following gaps and barriers for people seeking asylum in accessing Victoria's mental health system include that mainstream services often lack knowledge of the specific needs and vulnerabilities and skills to holistically engage with persons seeking asylum to provide adequate mental health care. This includes a lack of practical considerations such as access and skill in working with interpreters; emergency departments and hospitals continuing to invoice persons seeking asylum who do not have Medicare or means, even though the directive of the past 20 years has stated that 'required or necessary' healthcare is free to those seeking asylum and should be bulk billed; a lack of flexibility in the provision of treatment and care planning where the ongoing needs of persons seeking asylum extend far beyond the provision of the 10 sessions within a mental health care plan; and importantly - given the high prevalence of suicidal ideation amongst persons seeking asylum - a lack of suicide prevention and support services specialized in understanding the specific needs and vulnerabilities of persons seeking asylum with an emphasis on the dimension of protracted uncertainty and the hopelessness this brings to those affected.

Further factors, not unique to persons seeking asylum, but experienced across the sector, include poorly resourced mental health triage services and partnering community mental health follow up and outreach services which puts highly vulnerable clients, and their generalist support workers or case managers - not equipped to provide mental health support - at risk. In most instances of contacting the Crisis Assessment and Treatment Team (CATT) services,

ASRC staff and volunteers are met with 1 – 3 hour wait times and very limited follow up in circumstances of high and immediate presenting need (i.e. suicidal ideation; psychotic or delusional episodes, etc.). Whilst the police welfare check-in system, enabled in coordination with CATT, is quick and responsive, the presentation of police at a person seeking asylum's home can further escalate mental health issues and episodes due to cultural understandings of police and military that stem from their country of origin including impressions that police may be corrupt, perpetrators of violence, and/ or commonly involved in systematic persecution.

Alongside resourcing issues within crisis mental health services, is the prominent gap that has emerged due to a lack of community based mental health services including outreach, preventative and psychosocial support models, day programs, and Psychiatric Disability Rehab Support Services (PDRS). Where these services do exist waitlists are long or are only available to those with serious needs who cannot independently access mental health services.

In addition, knowledge of, and access to, state funded welfare and preventative services which could better support people seeking asylum holistically is hindered by lack of understanding within these services, including policy directives and staff knowledge of asylum seeker issues.

3. Best practice approaches and proposed areas towards advancement

Best practice approaches can be seen across the Network of Asylum Seeker Agencies Victoria (NasaVic) through the provision of specialist mental health services (both clinical and community based responses) of people seeking asylum. These responses have common successful themes which include a sound knowledge of the specific mental health needs, vulnerabilities and considerations in working with people seeking asylum (*as outlined at 1*); highly skilled and specialized staff; intake, assessment and ongoing support methods and approaches (including the spaces in which persons meet), apply a cultural lens, are trauma informed and work holistically to navigate the persons complex circumstances whilst aiding to create a vocabulary and de-stigmatisation of their presenting mental health concerns; practices flexibility in the provision of care and offers longer durations of access to support services; engage a variety of culturally diverse practitioners (including those with lived experience of seeking asylum or fleeing persecution); consider the family and the inter-relationships as a whole; and, respond not only to clients presenting needs through direct support and practice, but through systemic advocacy and policy reform which aids in feelings of empowerment. Examples of where these common successful themes are particularly apparent in existing community mental health services include Foundation House, Cabrini, Monash Health, and ASRC Health and counselling services. Whilst these services are well equipped in triage and prioritization, these services however remain vastly under-resourced and have limited capacity for emergency response or outreach.

It is recommended that these services are better resourced to meet the specific needs of persons seeking asylum, alongside research into these best practice models to better define and upscale them. It is however noted that enhancing mainstream services to better support persons seeking asylum has advantages; those being that it allows mainstream services to upskill and further develop and apply their services broadly in an increasingly multicultural community; and, it allows persons seeking asylum to become better equipped at navigating mainstream services and understanding both what is available and their rights within those services. In attempting to equip mainstream services to capacity build towards the needs of persons seeking asylum, the risk is that any education and training will be spread too thin. In considering this, it is recommended that integrated capacity building with mainstream services in partnership with the NasaVic agencies would be advantageous. This may include 'secondments' or 'hot desks' for NasaVic staff members within mainstream services who could aid in the provision of capacity building, secondary consultations, tool development and direct practice. Enhanced case management within existing NasaVic agencies can also aid in increasing the capacity of mainstream mental health

providers given the often daily efforts case managers engage in towards the advocacy and education of mainstream services to understand, and better respond to, the needs of persons seeking asylum.

More broadly, within the community, General Practitioners with lived experience or refined cultural competencies; self-led cultural support groups; and, school counsellors and wellbeing coordinators, were cited amongst factors integral in supporting persons seeking asylum to be better supported in their mental health and better engaged with referrals to mental health services and their follow up treatment and care. Clear directives from state government regarding access and eligibility to services, where in place, also aid in supporting people seeking asylum and enhance access to these services (e.g. State Government Directive for health).

Also of note is the integrated service model of the ASRC which provides holistic responses to persons seeking asylum within a culturally attuned and community orientated model. Within this persons seeking asylum can do their shopping at the foodbank, have a meal with 250 staff, volunteers and members every day, and access supportive services to ensure their wellbeing and personal development including education and employment, healthcare, legal, and intensive case management. Within this context, services work more collaboratively and holistically, and persons seeking asylum not only feel comfortable in accessing mental health services, but the very experience of being involved in accessing the ASRC which allows them to feel 'welcomed', 'supported', and 'integrated' with the broader services. It is therefore recommended that mental health services in culturally appropriate community settings in which access to integrated services can be obtained is advantageous with opportunities presenting across Victoria within community health centers, neighborhood houses, or other integrated or co-located centers.

4. Conclusion

As outlined, this paper presents an opportunity to respond better to the mental health needs of the community broadly and to persons seeking asylum in Australia. Whilst large resourcing issues and gaps currently exist, this paper presents tangible recommendations and opportunities for the Royal Commission to consider, toward better outcomes for Victorians.

5. Acronyms

Administrative Appeals Tribunal (AAT)

Asylum Seeker Resource Center (ASRC)

Crisis Assessment and Treatment Team (CATT)

Department of Home Affairs (DoHA)

Immigration Assessment Authority (IAA)

Federal Circuit Court (FCC)

Psychiatric Disability Rehab Support Services (PDRS)

Refugee Status Determination (RSD)

Status Resolution Support Service (SRSS)