Introduction

Mental health issues or traumas are existed and common with people who come from conflict-affected areas such as South Sudan. Unfortunately, mental health or trauma is not often discussed by the South Sudanese or African families because of traditional beliefs and taboos associated with mental health. When discussing mental health or trauma issues with people from South Sudan background, their response can be very different compared to the response of people in western societies like Australia. The cultural beliefs and taboos associated with mental health perspectives sometimes make it more difficult for professionals to offer counselling services to families and individuals.

Evidence indicates that the South Sudanese community are rarely involved in the decision-making processes in Australia that are affecting them, this may be through lack of understanding of the processes, ingrained mistrust in authority or other. Recently, there have been several opportunities for community consultation and input and the community have not participated.

In June 2019, a consortium of 20 individuals representing a cross representation of the South Sudanese Community throughout Victoria, including subject matter experts, youth, women, men, age and gender diverse members attended a workshop designed around the 11 questions being asked by the Royal Commission into the Victorian Mental Health System with the objective of:

  ➢ Ensuring the South Sudanese community makes a submission to the RCMH inquiry and be able to identify the leading causes of the mental illness within the community and their sub-communities.
  ➢ To investigate causes and impacts poor mental health issues play in the community and how intergenerational trauma is affecting members of the community and their mental health.
  ➢ To identify the community accessibility to the available mental health services in their local areas and the support they get especially medicine/drugs and counselling services.
  ➢ Fostering community's resilience to protect mental health; enhancing protective factors for children, youth and their families, including social, cultural, economic, and environmental factors; and to find recommendations to reducing risk factors known to impact mental well-being.

The main topics that are covered in this submission:

  ➢ Access to Victoria's mental health services
  ➢ Suicide prevention
  ➢ Mental illness prevention
  ➢ Pathways and interfaces between Victoria's mental health services and other services and what needs to be done

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

South Sudanese community have very little knowledge of what good and poor mental health actually is; the causes and the impacts on both self and loved ones and community at large.

The consensus during the workshop was that there is a high level of denial that 'mental health' issues even exist. People are frightened by it and only seek help or acknowledge it when things are at the crisis point and are then not provided the right support or assistance as there is limited capacity in

the community to guide people to the right avenues where they can seek treatment. A lot of these barriers are driven by 'culture barriers,' lack of understanding and education and fear.

It is generally understood that many people from migrant and refugee communities often have poorer mental health and are over-represented in statistics in suicide and other impacts due to mental health conditions that often go untreated.

The poor psychological, physical and social wellbeing of migrants that result from the process of negotiating between the original cultures and host culture in relation to cultural norms and values, social customs, and political landscape are mainly psychological factors that may contribute to mental illness. The consequence of acculturative stress on health and wellbeing of migrants to be different according to their pre-migration from origin country and post-migration experiences in the settlement in the host country.

The poorer mental issues are exacerbated by traumas and various degrees of cultural shock suffered by refugees, the language and cultural barriers and the different rates at which children, and their parents learn and adapt to their new environment remain dominant factors and potential barriers to a successful settlement.

Previous studies have shown that acculturation is a leading source of stress for refugee families as they struggle to adjust to their new environment, particularly because their children learn the new language and culture at school faster than do most of their parents, who might still be holding onto their cultures of origin. This can cause tensions in families and inter-generational conflicts, and the children mostly struggle to negotiate a workable synthesis between their original and new cultures.

It is known that experiences of resettlement can be challenging for many refugee parents and families as they are confronted by changes in families such as changing gender roles and by the impact of acculturation. These issues are compounded by a lack of social support, employment and many other challenges. The various orientations towards acculturation - integration, assimilation, separation or segregation, and marginalisation - play a vital role when considering the resettlement process. Among these orientations, integration is the preferred strategy for acculturating new immigrants because those who are involved in the process of cultural maintenance, and intercultural contact strategies are likely to encounter improved possibilities for integrating into their new environment. To enhance integration and mental wellbeing, new settler families need support to improve parenting skills. This can include teaching parents through appropriate parenting programmes about the laws that govern parenting and child discipline.

The workshop participants felt like there are common sentiments in the community that they are still seen and made to feel like they are refugees and don't belong here. They have not been given a chance to unpack the trauma that so many people have experienced. They are having trouble settling and due to issues with gaining employment, family breakdowns, lack of access to services they are having trouble integrating.

There are three levels of community;

1) Those that were born in Africa.
2) Those that migrated to Australia as children or young adult.
3) Those that were born in Australia. (the second generation)

Poor mental health within these three categories are being experienced at different levels and in different ways and are having different impacts. However, coming to a new country and culture can

be quite exciting before arrival and during the first few months or years of settling in, but after a while new settlers find it challenging in terms of adjusting to their new setting due to challenges relate to the realities and difficulties associated with acculturation, which connects to mental wellbeing and parenting issues when different perspectives on childrearing are manifested and experienced by the new migrants. These difficulties may include language barriers, traumatic experiences, different cultural perspectives and a lack of traditional family supports (Barry & Hallett, 1998).

The transitional challenges include cultural shock, anxiety and confusion as the new settlers find many of their traditional beliefs and values unrecognised and sometimes in conflict with the laws of their new country. These challenges are often worsened by the loss of social structure and lack of support around them as they deal with other settlement issues, and this often leads to poorer mental health.

South Sudanese Australians are anxious about these transitional changes: not only about their children's future, which is paramount for all of them, but also about the loss of their status and cultural values as they find most of their parenting and disciplining practices, particularly the use of physical discipline is incompatible with their Australia's laws. Parents find it confronting as they feel deprived of what they knew as cultural norms in the ways to raise their children. These anxieties are compounded by changes in gender roles and role-reversal, particularly for men who were used to being heads of the household and breadwinners for their families but who find themselves no longer able to fulfil those roles and to exercise their powers.

South Sudanese came from a communal culture where collective disciplining of children is considered part of children's upbringing and nurturing for a better future. However, the absence of support in the transitional process in their new environment has made it hard for parents as some became the sole caregivers for their children without much external support. They spoke of being left to figure out for themselves how to adapt to the new laws and settings without any guidance from within the community or from external services (settlement services, local or government services) to help them understand the new environment's requirements and expectations. Some expect the authorities concerned to open more dialogue with them about their challenges and how they may be supported in replacing some of their traditional parenting practices, particularly those relating to child discipline, with other strategies that will still be effective in shaping children's positive behaviours.

These suggestions are significant and worth considering by the authorities: part of helping the new migrants must include promoting positive parenting practices in the new settler communities to enhance the consistency and knowledge about effective non-physical disciplinary practice (Deng & Pienaar, 2011). For instance, parents need help to feel confident about managing their children's behaviour through setting limits and boundaries as an integral part of nurturing parent-child relationships as one way of replacing physical disciplining (Deng and Pienaar, 2011; Deng and Marlowe, 2013). Positive parenting is about positive discipline, and gentle guidance aimed at keeping the children positive. Such support must be culturally appropriate and provides parents with better access to useful information about parenting through coordinated media and promotional campaigns using print and electronic media, parenting sheets and videotapes that demonstrate specific parenting strategies.

The community members strongly spoke of being victimised and unsupported, this at times can be attributed to the experience of discrimination and racism, including systematic racism and the constant racist rhetoric and beat up media profiling. Parents spoke of things their children were telling them about racial remarks toward them such as, 'Go back to where you came from', simply

because they were perceived to be different. Dunn et al. (2004) argued that those who believe in racial hierarchy, and separatism is in the minority and largely the same people who self-identify as being prejudiced, while cultural intolerance, denial of Anglo privilege and narrow constructions of nationhood have a much stronger hold. Such narrow understandings of what constitutes a nation are in conflict with an equally widely-held liberal disposition toward cultural diversity and dynamism (Dunn, Forrest, Burnley, & McDonald, 2004). Many South Sudanese are worried about their children's safety through fear of them being picked on and bullied, a justifiable fear as they are abused daily by other children, and even by adults, because of their skin's colour. As a consequence, parents reported that they were sometimes asked by their children why they were different.

Being told to 'go back to where they come from' prompted some children to search for their identity by asking their parents these questions, and the parents struggle to answer, these experiences can lead to poor mental health resulting from fear and eventual isolations of the ethnic minority groups. Such bullying and racism toward South Sudanese children were not only being perpetrated by average citizens but also by some in authority, such as police, whom they say often target them. There are myriad negative media reports about encounters between African youths and the police, and because of the power of the mass media, this has portrayed African youth, particularly the South Sudanese, negatively. These constant vilifications of South Sudanese community members by some aspects of the wider community have created a real issue of mistrust in the existing systems, government & services and people from outside the community and even suspicion and mistrust to friends of the community and those trying to assist the community with integration and settlement.

Recommendations:

- ➢ Create Educational and community awareness programs on mental health
- ➢ Invest resources in early intervention through schools, work and community centres (Support people to open up in the early stages)
- ➢ Provide community spaces that have South Sudanese professionals, cultural groups, women's' groups, emotional support groups and sporting groups.
- ➢ Start the conversation about mental health, have frequent conversation events to encourage attendance.
- ➢ Have people with lived experience share their stories via different communication platforms. Community relate better to people they identify with or know.
- ➢ Empower youth to have conversations with their elders/parents and to act as a translator on the subject.
- ➢ Short films/educational videos should be developed in multilingual with 'role-playing' of family structures to demonstrate what healthy parenting and open communication look like.
- ➢ Community champions should be trained to actively be advocates in/for good mental health. Acceptance of the issue will become the norm eventually.
- ➢ Cultural Competency training for existing service providers from Maternal Child Health Nurses to Police and everyone in between.
- ➢ Community leaders to undergo Mental Health First Aid training.

Case Study: *Reports are being received that women/mothers are refusing to disclose a true account of their mental health following birthing children. Post Natal Depression is hidden due to fears of child protection being called, fear in authorities, fear of being labelled in the community and fear of judgement. Many mothers are over-burdened but refuse to seek help.*

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

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Consensus among the group during the workshop was that the existing 'Community Support Group (CSG)' is helping some struggling South Sudanese community members, as having people from the community to assist those who are accessing services makes the process more comfortable as they have trust and feel understood by people who share a background with them. This reduces stresses within the families. The CSG is helpful in linking community members to existing initiatives and services as well as developing initiatives specific to the community. Engagement, information sharing, and support are vital. However, CSG does not have much resource including lack of large community space for community members to go to spend time and access other support such as cultural activities that many community members found therapeutic as it reduces the social isolations.

The group feel that participation in traditional practices such as wrestling events (a favourite sporting and the community events for many in the community), occasions where women can come together to discuss their issues with their children and marriages and other community matters have a positive impact. The sharing of positive social media stories and online platforms specific to the community where discussion can happen, and information can be shared. Family reunions and gatherings are important as are friendship circles, this allows the people to express themselves in a trusted environment that is non-judgmental.

Many South Sudanese emphasises the importance of the authorities and support services gaining an understanding of their culture and their challenges in order to better assist families with appropriate social and, parenting support. The support services and providers can achieve a level of appropriate support for South Sudanese through consulting with community members and the families who need support.

As part of coping strategies: many South Sudanese spoke of relying on their spiritual leaders as well as on fellow community members for spiritual, social and emotional support. However, the main concern raised is that these leaders, elected by their community, are neither recognised nor empowered enough to continue to volunteer and provide appropriate support, even though they are the main source of immediate support within the community. This is positive in the sense that they are getting support from one another; however, participants stated that the reason they relied so heavily on their community's leaders and members for such support is that they find it hard because of language and cultural barriers to accessing the mainstream social and mental health services.

South Sudanese members at the workshop stressed the significance of the community programs that are run by young people (artists, leaders and advocates); this may have positive impacts on youth mental wellbeing.

Recommendations:

- ➢ Due to location and accessibility issues for many members of the community services specific to meet the needs of the community need to be centralised around two key areas that the community are settled and access, one in the east and one in the West.
- ➢ Supporting existing programs and services that are already in place by having members of the community engaged in employment.
- ➢ A proactive approach by services
- ➢ Breaking down the stigma by having prominent people within the community spoke about their experiences, challenge, barriers and treatment (e.g. Famous Sports Star)
- ➢ Adopting the recommendations from question one will help with the understanding and prevention of Mental Health

3. What is already working well and what can be done better to prevent suicide?

Suicide remains an overwhelming issue within the community with large increases in young people taking their lives in the past couple of years. This issue is complex and multifaceted. Young people feel that they're not being understood by society, by their families, by people from outside the community. They are searching for a place to belong and for their identity and often seek and only find acceptance in groups of other African teens with whom they can relate, which without support, engagement and guidance they can be led astray and into a pattern of criminal or violent activities.

Many young people are engaged in an online world of watching music videos, TV shows about gangs, listening to music about gangs and criminals and are mimicking what they perceive to be a life of excitement, money and fun. The gang culture provides youth with a sense of belonging and acceptance, and they are not developed enough to understand the repercussions and consequences of this pattern of behaviour. This behaviour results in disengagement from family, from cultural activities, from society and can lead to mental health issues. The ripple effect in the community comes at a great cost with racism, targeted profiling and victimisation of other South Sudanese community members.

Suicide is a new phenomenon within South Sudanese community as members are only awakened by the dramatic increase in the number of suicides (mostly youth), which are connected to several issues and challenges outlined above. The issue of suicide in the community started intensifying in 2013 after two South Sudanese mothers in Victoria committed suicide within a short space of times. Community members reported that the suicides were connected, at least in part, to the deceased feeling depressed before or after their children were taken by the Child Protection Service (this was communicated by the community leaders and members affected, 2013-2016). Other factors such as past traumas and settlement challenges are seemed to be significant in driving them to take their lives, but this is an area that requires a proper study to fully understand the factors involved in such tragic incidents. Some South Sudanese feel that the authorities do not understand their culture and the challenges they are facing as they try to adapt to their new setting.

South Sudanese community members were not talking about the issues of suicide until the past few months when it has become evident that there are serious issues that are escalating. The community & family structures are structured in a way that they gain information through their leaders, their elders and other family members. Many of these people fall under the category of the first level of the community as documented in question one; meaning they were born overseas and their understanding or knowledge differs from those that were born here. These members are not able to recognise the signs of mental illness, particularly in young people and many deny that there is even an issue. This is because many South Sudanese are not provided proper education on mental health, and the subject remains taboo.

In addition, the common practice of people reaching out to social media via live videos to express their frustrations, grief, hardships and trauma is having a ripple effect through the community. People often take to public platforms to embarrass others, talk about personal issues and throw insults at one another, which can add to the impacts of trauma, fear, division and poor mental health generally. This, in turn, results in people not seeking treatment/counselling by approaching the expertise from outside the community or opening up to anyone at all about their issues.

Recommendations:

➢ Better information and education in translated material and word of mouth are urgently needed to address these phenomena.

➢ Having services to access like the CSG can have an impact on the community with more outreaches, extra staff and targeted services needed including mental health specialists and counsellors from the community to be employed within South Sudanese community-based services.

➢ South Sudanese are from the collectivist cultural background and having a community centre where support can be facilitated from is very vital in encouraging people to seek mental and other social support.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Some South Sudanese members at the workshop felt that some young people growing up in Australia are well-educated within the community and have a bit of understanding of mental health services. In other words, it depends on the age groups. Younger people might be more aware of services that are out there compared to their parents and older people. However, some believed that it's not that there is a lack of knowledge, the community does not believe in the services that are available as, they or people they know haven't achieved positive outcomes from using those services. Basically, there are no visible outcomes to encourage them to use these services.

There has been little done, either academically or politically, to understand Sudanese experiences after settling in Australia, what may be the barriers to full integration and how to address them appropriately and holistically. It is imperative to assess the efficiency or effectiveness of the services available for new settlers or migrant families in the settlement and integration process. The speed at which they may fully integrate into their new environment depends on many factors. These factors include the services which are designed to boost that integration, and just how welcoming the new environment may be in matters such as the availability of jobs or acceptance into the workforce.

To obtain a better service provision to achieve the desired integration outcomes, it would be preferable to examine and understand these factors rather than to measure the speed at which new settlers should integrate. There seems to be little understanding of their forced migration experiences as well as a failure to assess their dynamic needs. It is generally understood that new settlers may adjust to their new environment at a different pace, depending on their past and present experiences. How conducive or friendly is the new environment for meeting their needs? This may include not only making the new settlers welcome and feel at home but also feel accepted by their host culture. There are three factors that influence changes in new settler families (Bishop, 2011):

➢ Interactions with the host community's social or mental health services;
➢ Transnational ties to kinship; and
➢ Concurrence with original cultures and interactions with the local community.

These influences can affect how the families perceive the environment of the host community and can place them in a unique and often conflicting situation as they have to negotiate these influences, which are at times not recognised by community service providers.

According to 'The Regional Office for Europe of the World Health Organization (2018), there are eight key priority action areas regarding the mental health of refugees and migrants who need to be considered by the policy-makers, these include:

➢ Promoting mental health through social integration;
➢ Clarifying and sharing information on entitlements to care;

➢ Mapping outreach services (or setting up new services if required);
➢ Making interpreting services and/or cultural mediation services available;
➢ Working towards the integration of mental, physical and social care;
➢ Ensuring that the mental health workforce is trained to work with migrants;
➢ Investing in long-term follow-up research and service evaluations for service planning and provision; and
➢ Sharing principles of good practices across countries.

Many people who have accessed existing services report that there is a tick box system with a one size fits all approach. Given what we know about the community's unwillingness to open up to strangers from outside the community about sensitive issues which they often can't communicate effectively, this approach needs to be addressed.

➢ Cultural awareness training is needed for service providers.
➢ Workplace retention of staff needs to be maintained to address the high turnover of staff.
➢ Services need to be linked, and communication needs to happen. e.g. Police find a young person intoxicated, they automatically presume they are an African Gang member, but they don't seek to understand family issues, language barriers, and personal health issues. They don't ask the right questions to get a broader understanding of the situation.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

South Sudanese Australians community is one of the newest-emerging communities. The number of people identifying as South Sudanese living in Australia is much greater than the numbers and statistics that are documented through the ABS and other stats. Many who identify as South Sudanese Australians were born in countries other than their homeland of South Sudan with civil war and internal conflicts dating back to more than five decades. Many were born in refugee camps and neighbouring countries. The continuous civil war, worry, fear, struggle integrating and responsibilities (particularly financial) for members who have families placed throughout the world in other western countries and still in refugee camps throughout predominantly East Africa.

The resettlement phase of the refugee experience refers to the adaptation to the new values and beliefs prevailing in a host country. It is also in this phase that refugees adjust to their new family patterns and roles, particularly refugee children who often struggle to adjust to their old and new cultures in Australia and beyond. A substantial predictor of adolescent refugees' psychological well-being is the post-migration experiences, which cover both difficulties and the extent of social support. The typical items comprising post-migration difficulties include concerns about other family members living outside the host country, difficulties in getting jobs and adjusting to the cultural life of their new country. The psychological effect of pre-migration trauma is coupled with loss, cultural shock and stressors associated with adapting to a new country, which can result in many refugee parents and adolescents becoming more prone to mental-health problems and difficulties in adjusting as they struggle with acculturating.

Despite pre- and post-migration challenges, South Sudanese and other refugees who might have experienced trauma also display resilience and strengths, some of which are specifically grounded in cultural beliefs, practices and identity formations (Grossman, 2013). Research has indicated that not all adversity has negative consequences, and this can strengthen some refugees who have successfully endured inhumane and cruel conditions. This response is called "adversity-activated development" (Papadopoulos, 2007) and is a good example of possible positive effects from trauma

through the emergence of positive characteristics and resources which refugees may not have had before such adversity.

The focus here is on the refugee as an individual who will deal with suffering in unique and varied ways and, as a result, will show various psychological needs and reactions. Each person has a different psychological immune system which establishes their response to traumatising events (Alayarian, 2007; Papadopoulos, 2007), and these individual 'immune systems' are in turn mediated by a range of social, cultural and institutional factors and contexts. While some psychosocial factors in some contexts can increase the vulnerability of an individual affected by trauma and stressors, they can also act as a protective factor (again depending on context), helping develop resilience and defending the victim from the negative mental health consequences of exposure to violence. As a result, victims can emerge relatively intact.

Looking for a smooth transition into a new environment, the pressures of becoming financially independent often exacerbate mental health and parenting issues. South Sudanese and other migrants are not only hard-working: most want to work and earn their daily living, mainly to support themselves and their families, both in Australia and in their countries of origin or those still languishing in refugee and displaced person camps. Unemployment for men has significant implications for them within their families and the new environment. Many South Sudanese men felt they are not fulfilling their obligations as breadwinners for their families, and that they need money and employment to meet their traditional and social responsibilities. They also felt that they are no longer heads of their families, which they were in South Sudan. Thus, many South Sudanese men felt culturally condemned by the authorities and ousted from their traditional roles as heads of their families. There may also be mental health implications arising from the lack of employment for the new settler parents and young people but the impact of unemployment on their mental health and on their parenting, practices have not been adequately researched.

Many South Sudanese pointed to lack of employment as one of the key factors contributing to parenting difficulties, family separations and poorer mental health. Unsurprisingly, most South Sudanese reported that they were being denied job opportunities by potential employers, not on merit but on a racial basis, which is often covertly concealed under a claim that they either did not have Australian work experience or that another, more experienced candidates were chosen. Dumbrill's (2008) study in Canada with refugee participants indicated the employers often tell refugee applicants that they cannot be offered jobs because they do not have Canadian experience. However, most refugees wonder how they can get the experience required in their host country if they are not given work.

Some employers may benefit from cultural training through government agencies and other service providers to help them understand that being refugees or otherwise different should not be a potential barrier to employment. This is because consistent anecdotal reports from South Sudanese community members suggested that potential employers often reject them before short-listing job applicants, although their credentials might otherwise match the criteria in the job descriptions. They simply decide based on the applicants' names, which may sound strange or foreign to them. Such obstacles indicate the existence of discrimination not only against South Sudanese but also against many other new migrants (Forrest, Elias, & Paradies, 2016). These difficulties in finding employment only exacerbate mental health issues, family challenges and create a significant barrier to their integration. Further, South Sudanese are often inaccurately and negatively represented in the news media, and these portrayals are believed to have created a heightened sense of discrimination and may be the reason for denying employment.

The other drivers behind Some South Sudanese members in Victoria experiencing poorer mental health outcomes include lack of parenting support, which has created considerable barriers to their integration into the new environment. There are needs for collaborative social support and effective communication with South Sudanese and other minority communities. Part of providing effective communication and support for parents and families requires comprehensive educational programs on parenting to promote and create general awareness within the resettlement context. It is significant to incorporate programs that will help familiarise parents and families with Australian systems and family laws. Lack of appropriate parenting support and existing service providers' ineffective communication with families and parents on how they can best be supported. Some parents believe that the lack of support and consultation, and exclusion of their community by the relevant service providers often exacerbates their families' challenges. One of the leaders within the South Sudanese community explained the lack of proper consultation with the grassroots or ethnic community as a potential barrier.

> *Sometimes some of these organisations come and consult with a few members of the community on the streets and claim that they have consulted with the wider community. The real suffering people are not only on the streets: they are in their houses. Reaching the grassroots is very crucial in supporting the community members who are in real need. These organisations need to assess and find out how effective they are by reaching out to the grassroots levels (see Deng, 2017).*

These concerns were expressed differently by a female participant who spoke of the lack of support for families and parents as leading to many of the issues with their children. She explained the only support she has been getting has been from their ethnic community members. This sentiment was echoed by many others.

> *We are let down by the authorities, particularly those who teach children unnecessary independence. I came here as a single mother of four children, and I struggled to bring them up by myself. None of my children did well, whether in education or other aspects of their lives. This was because I didn't have much support while bringing them up in my new environment. There was no support from service providers or the South Sudanese community. I was sometimes only supported by a few friends in the community who cared, as they saw I was often depressed. They offered me help, but they didn't have much capacity to support me either as they were also struggling (Deng, 2017).*

The other factors that contribute to stress within new settler communities and families as stated above include social isolation, lack of social support systems, cultural shock, financial problems and intergenerational conflicts. There were needs for more research regarding the role of social support systems and their effect on the prevention of resettlement issues. Some South Sudanese also find it hard to give one another support as they are scattered throughout the cities and suburbs.

> *South Sudanese are scattered all over different parts of Victoria. We are like 'signposts'. For that reason, it is hard to support one another. It is hard for us as we came from a collectivist to an individualised society where everything is always about 'triple' rather than resolving problems within the family and at the community level (Deng, 2017).*

As stated above, South Sudanese come from a collective culture where support is drawn from family, relatives and community members. They now live within a society where they find it hard to get this support, and because they are geographically scattered it makes it almost impossible to give one another support. This exacerbates their mental health and other settlement challenges. Lack and

separation from immediate and extended family members put extra strains on family members to adjust to their new culture.

Some recognised the existence of some mental health and other support services for families, which many may not be fully aware of, as they too mentioned the failure of those services to reach out to the new settlers. The lack of understanding about service provisions and lack of appropriate engagement by service providers, together with cultural and language barriers, have further limited their access to mainstream support.

> *Unfortunately, there is not much support for families and if there is, many families are not aware of them. Services that are available normally fail to reach out to the new settlers. As a settlement caseworker, I have been an advocate for better services for the new settlers. When families are coping with the resettlement challenges, these are things that can cause problems within the family. Support does not mean (only) putting new settlers into houses, but it goes beyond that to include explaining the support that is available for them in a language they understand: what they are getting and what will be their contribution to their new country.*

Recommendation:

- ➢ Comprehensive educational programs on parenting
- ➢ Appropriate parenting support through existing service providers where effective communication with families and parents on how they can best be supported
- ➢ Opportunities for socially isolated people, particularly for women and elderly
- ➢ Financial support and guidance
- ➢ Locals peer support groups where community members living geographically can together support one another. Sharing responsibilities with other members of the community. Taking turns to picking children up from schools.
- ➢ Education for men on effective parenting practices and sharing parental responsibilities even post-relationship break down.
- ➢ Education around effective masculinity.
- ➢ Education on understanding about service provisions
- ➢ A better provision in settlement programs and follow-up services

6. What are the needs of family members and carers and what can be done better to support them?

Coming to a new country and culture can be associated with many challenges, including acculturation, which contributes to mental and general wellbeing as well as connects to parenting issues when different perspectives on childrearing are manifested and experienced by the new migrants. These difficulties may include language barriers, traumatic experiences, different cultural perspectives and a lack of traditional family supports (Deng, 2017a). Some of these transitional challenges are exacerbated by cultural shock, anxiety and confusion as the new settlers find many of their traditional beliefs and values unrecognised and sometimes in conflict with the laws of their new country. These challenges are often worsened by the loss of social structure and lack of support around the families as they deal with many other settlement issues.

Many South Sudanese parents remained very anxious about these transitional changes: not only about their children's future, which is paramount for all of them, but also about the loss of their status

and cultural values as they find most of their taken-for-granted parenting and disciplining practices, particularly the use of physical discipline, incompatible with their new country's laws. The parents find it confronting as they feel deprived of what they knew as ways to raise their children. These anxieties are compounded by changes in gender roles and role-reversal, particularly for men who were used to being heads of the household and breadwinners for their families but who find themselves no longer able to fulfil those roles and to exercise their powers. The new reality challenges these traditional power structures which often become redundant at some point.

In addition, South Sudanese came from a communal culture where collective disciplining of children is considered part of children's upbringing and nurturing for a better future. However, the absence of support in the transitional process in their new environment has made it hard for parents as some became the sole caregivers for their children without much external support. They spoke of being left to figure out for themselves how to adapt to the new laws and settings without any guidance to help them understand the new environment's requirements and expectations. Some expect the authorities concerned to open more dialogue with them about their challenges, for example, the current youth issues and suicide, particularly on how they can be supported in replacing some of their traditional parenting practices, particularly those relating to child discipline, with other strategies that will still be effective in shaping children's positive behaviours.

These suggestions are significant and worth considering by the authorities concerned as part of helping the new migrants must include promoting positive parenting practices in the new settler communities to enhance the consistency and knowledge about effective non-physical disciplinary practice (Deng & Pienaar, 2011). For instance, parents need help to feel confident about managing their children's behaviour through setting limits and boundaries as an integral part of nurturing parent-child relationships as one way of replacing physical disciplining (Deng and Pienaar, 2011; Deng and Marlowe, 2013). Positive parenting is about positive discipline, and gentle guidance aimed at keeping the children positive. It provides parents with better access to useful information about parenting through coordinated media and promotional campaigns using print and electronic media, parenting sheets and videotapes that demonstrate specific parenting strategies in the language they understand.

As highlighted above, the changes in customary laws, marital practice and gender roles among South Sudanese in the Diaspora are adding to the challenges of settlement. Many South Sudanese spoke of family breakdown due to these challenges and reported a high rate of marital separations. For divorces is rare in South Sudan since marriage involves the clan/community and if any problem arises, they try to resolve it in the interests of the children and family reputation. Parents spoke of their children leaving home and deciding to marry whomever they choose without parental or relative consent as was the tradition.

Furthermore, since South Sudanese come from a collectivist culture, it is understood that indirect or group counselling as part of empowering family and community can be more effective for some South Sudanese parents and young people as it gives them the opportunity to start talking about their challenges and concerns. However, this does not mean that individual counselling may not work, especially for those who do not want their difficulties known by others, mostly because of possible stigma if those issues became known within their community. Hence, the individual's needs must be appropriately assessed to determine who may benefit from group work or from individual counselling. Likewise, it is imperative to understand that refugees are not a homogeneous group and that their needs can sometimes be met using different approaches, according to individual experiences or competence in the language of the host country. For the psychological needs to be met effectively, it may be necessary to integrate practical, social and emotional support. Like many other migrants of similar backgrounds, most South Sudanese families' and parents' priorities are

'here and now', which are often practical in nature, rather than resulting from possible traumatic experiences.

Recommendations:

- ➢ Culturally appropriate parenting support (e.g. positive parenting), particularly for parents who lack proper support as well as with language barrier issues.
- ➢ Parents and carers lack the knowledge to be able to provide their children with effective or helpful advice around the subject of mental health, and this has a flow-effect on their children. Parents are often in denial; many carers are not equipped to handle or address the issues, know whom to turn to or speak openly about it with others.
- ➢ Culturally appropriate and informed mental health support needs to be provided to people who are going through life struggles, intense emotional discomfort and those who are caring for others.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

As highlighted above, a lot can be done to alleviate mental health issues, which are the manifestation of current youth challenges, family breakdown and suicide among other challenges within South Sudanese and African community at large. For instance, policymakers need to revisit the effectiveness of the multicultural society as it seemed to be reflected in written and talk but is not being reflected in most of the services provided by the government and nongovernmental agencies and employers. The latter appear to discriminate against the minority communities. There are needs to redevelop the inclusive policies to include those who are in the margin of the communities, particularly former refugee's communities as some of these challenge's hindrances the newly-emerged communities' transition.

For instance, racism, discrimination and bullying, which a lot of parents commonly spoke of themselves and their children being picked on are contributing to poorer mental health issues as many felt rejected socially. Many South Sudanese spoke about being denied opportunities for employment as well as being picked on, mostly in public places, including schools, just for being different. These issues have been reported in previous studies (Losoncz, 2013, Marlowe, 2010b). Most employers are discriminating against former refugees and other migrants by denying them opportunities solely based on being different.

There are needs for policies on media approaches to multiculturalism. Most often, the media has tended to vilify minorities, and this seems to increase negative perceptions towards refugees and other migrants. This is not a suggestion to regulate the media, but their approach to the minorities is impacting negatively in promoting cohesion, multiculturalism and integration of the newly-arrived refugees who often feel excluded and stigmatised as a result.

There is also a need for ongoing cultural awareness training for employers and service providers who work directly with former refugee and other migrant communities so that they can deliver culturally appropriate support services with less bias and misunderstanding between the providers and recipients. This also means that South Sudanese should be part and parcel of these services as their being part can foster trust. There are a lot of South Sudanese who are highly educated, but they are not employed by the sectors concerned – they should not only be employed at the management level to help perfect changes for the better integration of their fellow South Sudanese to integrate into the Australian society. For instance, services need to be culturally competent, employ people from CALD, in particular, South Sudanese to participate in the decision making the process. Ensure

that it's not done in a tokenistic manner, and the identified existing services such as the CSG should be continued and expanded, and funding is provided for more specialised mental health workers and counsellors to be employed in the program.

Nevertheless, further study is always needed to evaluate the effectiveness and how long the support being given to newly-arrived refugees should be. Additional consideration also needs to have as to what has (or has not) been working well regarding Child Protection Services approaches with CALD and newly-arrived refugees as it has been with indigenous communities? What are the causes of increased former refugee youth antisocial behaviours, juvenile and serious crimes, which parents alleged to be due to the inappropriate involvement of Child Protection and the laws they believed to have given their children more freedom?

Recommendations:

- ➢ There are needs to guide how service providers can develop their inclusive and cultural understanding policies relating to mental health
- ➢ Campaigns to stamp out racism, discrimination and bullying
- ➢ Incentives for employers who employ staff from marginalised communities
- ➢ Better provisions for staff working with those affected by mental health through their Enterprise Agreements. Better conditions mean better retention of staff and a more trusted system and consistency of care.
- ➢ Adult apprenticeships for both skilled and unskilled employees from the community.
- ➢ More provision and capacity for opportunities for volunteering. Encourage community members to gain on the job work skills by offering small incentives such as reimbursement of travel costs. Connect to Centrelink payment provisions.

8. **What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

Looking for a smooth transition into a new environment is often met with the pressures of becoming financially independent and can exacerbate mental health and parenting challenges. South Sudanese and other migrants are not only hard-working: most want to work and earn their daily living, mainly to support themselves and their families, but the unemployment for members, in particular, males, has significant implications for them within their families and the new environment.

Many South Sudanese men felt they are not fulfilling their obligations as breadwinners for their families, and that they need money and employment to meet their traditional and social responsibilities. They also felt that they were no longer heads of their families, which they had been in South Sudan and can lead to domestic violence issues. There may also be mental health implications arising from the lack of employment for the new settler parents and young people, but the impact of unemployment on their mental health and on their parenting, practices have not been adequately researched.

As emphasised above, there is an obvious lack of employment, which is one of the key factors contributing to mental health issues, parenting difficulties and family separations. The challenges stemming from unemployment are compounded by the frequent allegations that in many cases, their children make demands for material resources from their parents and when those demands are not satisfied, the children rebel against their parents or inform their school that they are being abused, whereupon the school notifies the Child Protection Service. As a consequence, parents believe that if

they can meet their children's financial and material needs, that will help reduce and avert family separations and Child Protection Service interventions.

A South Sudanese parent made the below suggestion (Deng, 2017):

> *The way parents can be helped is to employ some of our community members to work in different sectors, particularly with social workers, counsellors, police and other relevant sectors. Having our community members in these sectors will help to address some of the problems that are facing parents/families and community in general since they will have a good understanding of our cultures and greater inside knowledge about the current issues and challenges.*

South Sudanese take pride in their education, and today there are good numbers of them who graduate from universities across Australia and New Zealand, but most have remained virtually unemployed after having spent many hard years in study. Many graduates have managed, despite English being their second or third and even fourth language, to acquire higher education or qualifications that they then cannot apply in practice in the Australian labour market. The experience of being denied employment opportunities because of their race or heritage has a strong negative impact on their families and on their general wellbeing and self-esteem, and it also discourages some young people who have already enrolled or intend to enrol in tertiary education – what is the point of taking student loan and study hard to qualify and continue unemployed (some wondered)?

Many community members argued that successful resettlement and integration are gradual processes and entail social, cultural, political, economic and environmental transformations and orientations. According to Losoncz (2013), South Sudanese hope to integrate into Australian society economically and socially and thus to contribute to their new country either directly or through the indirect participation of their family members, but they have found their pathways to social and economic inclusion blocked. Therefore, policymakers, government agencies and settlement support services individually and collectively need to address the unemployment issues and other barriers to integration outlined above. The settlement agencies working in these communities also need to focus on tackling discrimination as a barrier to better integration.

Recommendations:

- ➢ Incentives for employers who employ staff from marginalised communities
- ➢ Adult apprenticeships for both skilled and unskilled employees from the community.
- ➢ More provision and capacity for opportunities for volunteering. Encourage community members to gain on the job work skills by offering small incentives such as reimbursement of travel costs. Connect to Centrelink payment provisions.
- ➢ Educating the community of sectors where their skills may be engaged
- ➢ Starting with Government departments employing people with mental health issues or from disadvantaged or CALD backgrounds as it is significant in addressing economic inequality. It is also significant in providing people with work, which means that they will be active members of the Australian economy; have a sense of purpose, and intend, reduce their stress/disengagement and general mental health issues.

9. **Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

South Sudanese identified the importance of having community centres where community members, including parents and young people, can go to and share their experiences and give one another support. There was also an emphasis on not only empowering the community but also working to create a better understanding of South Sudanese culture through having their most educated members employed in the relevant support sectors. Below summarised some suggestions from the workshop about mental health issues within the South Sudanese community:

Areas the community would like the Royal Commission to focus on are:

- ➢ Investing in social groups and programs for communities that need it the most and specific community spaces for migrant communities.
- ➢ Provide community-based or community-centred positive parenting support to help struggling parents/families who are struggle to reconcile their traditional and new parenting styles
- ➢ Investigate and incorporate traditional/cultural ways of rehabilitation/counselling into mainstream ways of services. One size doesn't fit all.
- ➢ Employment pathways for people who are job ready and training/upskilling for those who are not. Lack of access to employment as mentioned above is a major issue within the South Sudanese community and this often leads to emotional distress, depression and poorer mental health.
- ➢ Creating business opportunities by training people with mental
- ➢ Focus on reducing stigma and taboos.
- ➢ Making opportunities for people to participate in positive health programs, mediation, sporting, and healthy eating that are affordable, etc.

Addressing most of the challenges highlighted above can be one of the major ways of creating opportunities for people living with mental illness. This is because some environmental factors such as substance abuse can be avoided, and that will help ameliorate the living standards of the victims of mental health; the criminal records are deterrents to many especially for those with mental health issues; however, because they committed minor offences, they find it hard to find jobs or at times rejected at workplaces, this impedes their readiness to contribute to the socio-economic development.

South Sudanese consistently stated their belief that if their community is empowered, the community leaders and members can help to resolve some family issues, such as domestic violence, through acting as mediators, this is a traditional effective cultural practice and if the leaders are trained, empowered and educated they can filter the information throughout the community. The community identified the need to share their parenting challenges and suggested support from the community elders for young parents and positive parenting training as possible solutions to the challenges faced.

The significance of having community centres has been reiterated time and again by all the community members, particularly youth as one substantial step in offering them support. The next comment provides some suggestions regarding issues faced by South Sudanese youth: enforced idleness or unemployment; lack of engagement in meaningful activities; lack of male role models in the family, an issue which was also highlighted by parents as one of the leading challenges, particularly for single mothers (see Deng, 2017):

> *As a new community, we need help. Our community is not very organised like other ethnic communities to advocate for itself. Some ethnic communities are doing very well and have their own community centres, which help their youth since they run programs or activities*

that engage youth constructively. The reason many youths are causing problems or getting into trouble is that they are doing nothing… when you feel bored, you may end up doing stupid things that you didn't intend to do in the first place. If youths' free times are filled up with some activities, then it will prevent them from committing crimes or falling out of schools and the system. The Australian government needs to support the community, particularly young people so that they do not fall into trouble.

Some of these concerns and solutions echo a previous study, which indicated that when young people are properly engaged and supported, it helps them succeed educationally. Scales et al. (2006) stated that learning support had a great potential in the lives of marginalised youth who do not engage in the community and who are often described as vulnerable, disadvantaged or at-risk-youth. The research highlighted the significance of school and community collaboration and family engagement as well as literacy development and support services. South Sudanese reported lack of collaborations and engagement between school and their community, which has led to some youth being left in limbo or in the middle of a dispute without proper support. Community centres can be a vital place where those who are struggling academically could receive some support.

Young people struggle to negotiate the gap between their parents' expectations and the demands of the new environment. This has helped to identify a need to support them on how to integrate into both cultures. Young people connected this lack of support to the lack of a strong South Sudanese community, which they believed would have helped them in education and would have engaged with them as they struggle to make sense of these changes. The young people also made the connection between the lack of educational support and their parents' illiteracy in English, as many had been deprived of education because of their forced migration, while others were educated in Arabic and had not acquired sufficient English proficiency to help their children with homework or assignments. As a result, young people consistently referred to the importance of having a strong community leadership and community centres where those who are struggling can get some help and support with homework and assignments.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Some of the things that need to be done include empowering families and community as a conduit for addressing the identified parenting challenges. Participants suggested an open and honest dialogue and discussion between their community and service providers in order to devise suitable and sustainable support, such as education about the laws relating to child protection and a positive parenting program.

Moreover, a command of the local language plays a central role within the resettlement context for new settlers who are trying to transition and integrate into their new culture and environment. Much South Sudanese and other new setters find it hard to integrate quickly because of the language barrier on top of the other challenges. Deng and Marlowe (2013) found that the language barrier is not only an obstacle to 'positive parenting' and to obtaining access to parenting services, but it is also a barrier to finding employment, gaining further education and obtaining health care. The language barrier also contributes to isolation and discrimination, which may lead to mental and other health issues. Some parents reported that the language barrier posed an immediate challenge as they found it hard to express themselves or communicate with the authorities who are working with their children, particularly in regard to countering some of the allegations of abuse and neglect. To some, there is a growing barrier between parents and their children as the latter replace their original tongue with the new language, and this has created obstacles in understanding.

The following were suggested by South Sudanese members at the workshop:

- ➢ South Sudanese community spaces are important as people at the moment don't feel like they have a safe space they can always go to. A community is a place of the home where they will feel a sense of belonging.
- ➢ Examine Social Media platforms that are now hotbeds of hate speech, fearmongering and impediment of social fabric such as Facebook live stream where members of this community bully and embarrass themselves and others.
- ➢ Media ramification: the ongoing negative over-representation in the media has impacted people within the community in negative ways. They face racism in schools, in public spaces and at work. Increasingly, people are sharing that they have been the subject of racial abuse, were rejected from jobs or even denied, and they have been ostracised from the wider society. This has been intensified by the language the media uses to generalise South Sudanese people. This has really broken down the social fabric and needs stakeholders to change these narratives and instead promote positive stories than taking the lead on negative mobilisation.
- ➢ A review of the role Victorian Schools play in mental health awareness, including the need for parents and guardians from marginalised communities to have greater collaboration and partnership and involvement in their children's education. Better partnerships with the school will also play a vital role in assisting mothers with their understanding of the systems, help with their social isolation, etc.
- ➢ The more we as a society talk about mental health the quicker it will break down the barriers and destigmatise it.
- ➢ Youth and parents need to learn effective communication strategies, and both be to play a part in developing their child's plans for their future. There are often unrealistic expectations being placed on young people and youth feel that parents don't offer any room for negotiation.
- ➢ The focus needs to be on youth and providing them with opportunities to create a sense of identity. They often don't fit in at home; they don't fit in at schools, and they don't fit in the Australian society. Youth voices need to be heard and more importantly listened to.
- ➢ Provide ongoing funding and more service to the service providers that are having an impact already. The Community Support Groups are making huge progress in the community and need to be provided with greater capacity for further outreach. They also need to have full-time members from the community employed as mental health counsellors and specialists.

A South Sudanese parent made the following statement:

> *We want the authorities to listen to parents' concerns and have some dialogue with them. Such dialogue will help to find solutions to these challenges facing our community. Parenting training, about the laws on children, is very important. All we need for our children is for them to have a good future. The reason why we are quite strict in not allowing our children to go out as they wish is that there are a lot of bad influences out there.*

11. Is there anything else you would like to share with the Royal Commission?

Despite all the challenges outlined above, many South Sudanese have successfully acquired the education which they were denied in their country of origin. Some are employed; others are self-employed or running businesses. In particular, many expressed gratitude for the opportunities relating to security and education in Australia, something they lost in Sudan and during their forced migration (Deng, 2017). However, as highlighted earlier, refugees are not a homogenous population. Each individual refugee and family group experiences pre- and post-resettlement differently, which is based partly on the level of their needs and partly on the support that they were given on their arrivals, such as the welcome they might have received from their host and their local communities.

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The community members at the workshop made the following additional recommendations:

➢ The Royal Commission should recommend investigation and hold the media outlets accountable for the negative impact they have caused.
➢ The Royal Commission should recommend to holding politicians who campaigned on fearmongering and division to account, which has had a great negative impact on the community social cohesion.
➢ The Royal Commission should recommend investigating advertisement companies who are using images for commercialised purposes, the recent being security camera company using a picture of a young South Sudanese man to attract customers; this depicts the South Sudanese as the most criminals or likely to commit a crime.
➢ The Royal Commission to recommend an investigation and review of the justice system example of young people reporting being targeted by the police where they may have committed a minor crime and become the target of harassment by police. This constant bullying, stalking and profiling have major impacts on their mental health and impeded their social and economic progress. A focus should be on engagement activities for these youth and rehabilitation services in our juvenile justice system.
➢ Provide appropriate English classes and parenting skills for refugee parents and training on Australian systems and services.

Language is an important means of communication, which is why it is necessary to provide appropriate English classes for refugee parents as a significant way to help them alleviate their stresses and enhances their integration. Irrespective of their traumatic experiences and the varying degrees of cultural shock, changes in families and parenting challenges, which are influenced by the language barrier and lack of employment, remain dominant factors and potential barriers to the successful integration of South Sudanese and other migrants. This means that addressing parenting challenges include and is included in addressing mental health issues and most of the other barriers to integration (see Deng, 2017).

The challenges facing South Sudanese and other migrants who have come to Australia as refugees suggest an urgent effort from the government agencies and other support services to work in consultation with newly-arriving and recently-settled migrant communities. It might also be appropriate to revisit the question as to how long such new migrants, who come with complex challenges resulting from forced migration and settlement, need integration support. Most resettlement or settlement support services seem to end their support after a short period with refugee groups, hoping that such a period is enough to allow them to go about their new lives as Australians (see Deng, 2017).

Many studies, whether a settlement has been successful cannot be determined within the first few months or even the first few years of support. A short period may only be a honeymoon period for those who might have not yet comprehended or felt fully the reality and challenges of their new environment (Deng, 2012, 2013B, 2016, 2017a, 2017b; Deng & Marlowe, 2013; Deng & Pienaar, 2011; Lorenzo-Blanco, Bares, & Delva, 2013; Losoncz, 2011, 2012, 2013; Marlowe, 2010). Therefore, there are urgent needs for the agencies working with refugee communities to collaborate more closely with them to understand their actual needs, particularly when (as with the South Sudanese and parenting skills) there is a conflict between Australian law and cultural traditions.

This can be achieved through appropriate consultation and collaboration with service providers and CALD communities as part of holistic and good practice, consistency and clarity or understanding of the service being provided. This includes having adequate consultations regarding policies and program activities, particularly on how the services being provided can make an impact. Although

South Sudanese and other former refugee families and communities need to organise and advocate for themselves as part of tackling their settlement's challenges, such as family violence and youth issues. Government agencies and other settlement support services also need to focus on how to empower the communities, not only to take the ownership of resolving most of their challenges but also providing a platform to let them have more input into the decision-making that affects them directly.

CALD communities can also benefit from the family and parent-centred approach through providing positive parenting training and support, particularly around the options to disciplining children through non-physical methods. Otherwise, a national framework for Child Protection, particularly regarding strategies for meeting the needs of the families from CALD and the wider community, is significant. For instance, a revisit of the current policies, legislation and practice guidelines with an understanding and incorporation of CALD traditional parenting practices and settlement challenges may help inform the best approaches and effective service delivery when working with them. This can be achieved through developing a clear and straightforward communication strategy and providing education to the families from CALD and newly-arrived refugee communities about the statutory role of the Child Protection Service, family laws, and children, women's and men's rights: this is where misunderstanding often occurs.

There are also needed for ongoing cultural awareness training for employers and service providers who work directly with former refugee and other migrant communities so that they can deliver culturally appropriate support services with less bias and misunderstanding between the providers and recipients.

Further information about South Sudanese challenges and recommendation can be found from Dr Santino Atem Deng (atemdeng@gmail.com) research and other:

https://afpss.com.au/resources/

http://vuir.vu.edu.au/33260/

http://afsaap.org.au/assets/19-Santino-Atem-Deng.pdf

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2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Dr Santino Atem Deng

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"Introduction Mental health issues or traumas are existed and common with people who come from conflict-affected areas such as South Sudan. Unfortunately, mental health or trauma is not often discussed by the South Sudanese or African families because of traditional beliefs and taboos associated with mental health. When discussing mental health or trauma issues with people from South Sudan background, their response can be very different compared to the response of people in western societies like Australia. The cultural beliefs and taboos associated with mental health perspectives sometimes make it more difficult for professionals to offer counselling services to families and individuals. Evidence indicates that the South Sudanese community are rarely involved in the decision-making processes in Australia that are affecting them, this may be through lack of understanding of the processes, ingrained mistrust in authority or other. Recently, there have been several opportunities for community consultation and input and the community have not participated. In June 2019, a consortium of 20 individuals representing a cross representation of the South Sudanese Community throughout Victoria, including subject matter experts, youth, women, men, age and gender diverse members attended a workshop designed around the 11 questions being asked by the Royal Commission into the Victorian Mental Health System with the objective of: ?Ensuring the South Sudanese community makes a submission to the RCMH inquiry and be able to identify the leading causes of the mental illness within the community and their sub-communities. ?To investigate causes and impacts poor mental health issues play in the community and how intergenerational trauma is affecting members of the community and their mental health. ?To identify the community accessibility to the available mental health services in their local areas and the support they get especially medicine/drugs and counselling services. ?Fostering community's resilience to protect mental health; enhancing protective factors for children, youth and their families, including social, cultural, economic, and environmental factors; and to find recommendations to reducing risk factors known to impact mental well-being. The main topics that are covered in this submission: ?Access to Victoria's mental health services ?Suicide prevention ?Mental illness prevention ?Pathways and interfaces between Victoria's mental health services and other services and what needs to be done 1.What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination? South Sudanese community have very little knowledge of what good and poor mental health actually is; the causes and the impacts on both self and loved ones and community at large. The consensus during the workshop was that there is a high level of denial that mental health' issues even exist. People are frightened by it and only seek help or acknowledge it when things are at the crisis point and are then not provided the right support or assistance as there is limited capacity in the community to guide people to the right avenues where they can seek treatment. A lot of these barriers are driven by culture barriers,' lack of understanding and education and fear. It is generally understood that many people from migrant and refugee communities often have poorer mental health and are over-represented in statistics in

suicide and other impacts due to mental health conditions that often go untreated. The poor psychological, physical and social wellbeing of migrants that result from the process of negotiating between the original cultures and host culture in relation to cultural norms and values, social customs, and political landscape are mainly psychological factors that may contribute to mental illness. The consequence of acculturative stress on health and wellbeing of migrants to be different according to their pre-migration from origin country and post-migration experiences in the settlement in the host country. The poorer mental issues are exacerbated by traumas and various degrees of cultural shock suffered by refugees, the language and cultural barriers and the different rates at which children, and their parents learn and adapt to their new environment remain dominant factors and potential barriers to a successful settlement. Previous studies have shown that acculturation is a leading source of stress for refugee families as they struggle to adjust to their new environment, particularly because their children learn the new language and culture at school faster than do most of their parents, who might still be holding onto their cultures of origin. This can cause tensions in families and inter-generational conflicts, and the children mostly struggle to negotiate a workable synthesis between their original and new cultures.   It is known that experiences of resettlement can be challenging for many refugee parents and families as they are confronted by changes in families such as changing gender roles and by the impact of acculturation. These issues are compounded by a lack of social support, employment and many other challenges. The various orientations towards acculturation - integration, assimilation, separation or segregation, and marginalisation - play a vital role when considering the resettlement process. Among these orientations, integration is the preferred strategy for acculturating new immigrants because those who are involved in the process of cultural maintenance, and intercultural contact strategies are likely to encounter improved possibilities for integrating into their new environment. To enhance integration and mental wellbeing, new settler families need support to improve parenting skills. This can include teaching parents through appropriate parenting programmes about the laws that govern parenting and child discipline. The workshop participants felt like there are common sentiments in the community that they are still seen and made to feel like they are refugees and don't belong here. They have not been given a chance to unpack the trauma that so many people have experienced. They are having trouble settling and due to issues with gaining employment, family breakdowns, lack of access to services they are having trouble integrating. There are three levels of community; 1)Those that were born in Africa. 2)Those that migrated to Australia as children or young adult. 3)Those that were born in Australia. (the second generation) Poor mental health within these three categories are being experienced at different levels and in different ways and are having different impacts. However, coming to a new country and culture can be quite exciting before arrival and during the first few months or years of settling in, but after a while new settlers find it challenging in terms of adjusting to their new setting due to challenges relate to the realities and difficulties associated with acculturation, which connects to mental wellbeing and parenting issues when different perspectives on childrearing are manifested and experienced by the new migrants. These difficulties may include language barriers, traumatic experiences, different cultural perspectives and a lack of traditional family supports (Barry & Hallett, 1998).   The transitional challenges include cultural shock, anxiety and confusion as the new settlers find many of their traditional beliefs and values unrecognised and sometimes in conflict with the laws of their new country. These challenges are often worsened by the loss of social structure and lack of support around them as they deal with other settlement issues, and this often leads to poorer mental health. South Sudanese Australians are anxious about these transitional changes: not only about their children's future, which is paramount for all of them, but also about the loss of their status and cultural values as they find most of their parenting and disciplining practices, particularly the use of

physical discipline is incompatible with their Australia's laws. Parents find it confronting as they feel deprived of what they knew as cultural norms in the ways to raise their children. These anxieties are compounded by changes in gender roles and role-reversal, particularly for men who were used to being heads of the household and breadwinners for their families but who find themselves no longer able to fulfil those roles and to exercise their powers. South Sudanese came from a communal culture where collective disciplining of children is considered part of children's upbringing and nurturing for a better future. However, the absence of support in the transitional process in their new environment has made it hard for parents as some became the sole caregivers for their children without much external support. They spoke of being left to figure out for themselves how to adapt to the new laws and settings without any guidance from within the community or from external services (settlement services, local or government services) to help them understand the new environment's requirements and expectations. Some expect the authorities concerned to open more dialogue with them about their challenges and how they may be supported in replacing some of their traditional parenting practices, particularly those relating to child discipline, with other strategies that will still be effective in shaping children's positive behaviours. These suggestions are significant and worth considering by the authorities: part of helping the new migrants must include promoting positive parenting practices in the new settler communities to enhance the consistency and knowledge about effective non-physical disciplinary practice (Deng & Pienaar, 2011). For instance, parents need help to feel confident about managing their children's behaviour through setting limits and boundaries as an integral part of nurturing parent-child relationships as one way of replacing physical disciplining (Deng and Pienaar, 2011; Deng and Marlowe, 2013). Positive parenting is about positive discipline, and gentle guidance aimed at keeping the children positive. Such support must be culturally appropriate and provides parents with better access to useful information about parenting through coordinated media and promotional campaigns using print and electronic media, parenting sheets and videotapes that demonstrate specific parenting strategies. The community members strongly spoke of being victimised and unsupported, this at times can be attributed to the experience of discrimination and racism, including systematic racism and the constant racist rhetoric and beat up media profiling. Parents spoke of things their children were telling them about racial remarks toward them such as, Go back to where you came from', simply because they were perceived to be different. Dunn et al. (2004) argued that those who believe in racial hierarchy, and separatism is in the minority and largely the same people who self-identify as being prejudiced, while cultural intolerance, denial of Anglo privilege and narrow constructions of nationhood have a much stronger hold. Such narrow understandings of what constitutes a nation are in conflict with an equally widely-held liberal disposition toward cultural diversity and dynamism (Dunn, Forrest, Burnley, & McDonald, 2004). Many South Sudanese are worried about their children's safety through fear of them being picked on and bullied, a justifiable fear as they are abused daily by other children, and even by adults, because of their skin's colour. As a consequence, parents reported that they were sometimes asked by their children why they were different. Being told to 'go back to where they come from' prompted some children to search for their identity by asking their parents these questions, and the parents struggle to answer, these experiences can lead to poor mental health resulting from fear and eventual isolations of the ethnic minority groups. Such bullying and racism toward South Sudanese children were not only being perpetrated by average citizens but also by some in authority, such as police, whom they say often target them. There are myriad negative media reports about encounters between African youths and the police, and because of the power of the mass media, this has portrayed African youth, particularly the South Sudanese, negatively. These constant vilifications of South Sudanese community members by some aspects of the wider community have created a real issue of mistrust in the existing

systems, government & services and people from outside the community and even suspicion and mistrust to friends of the community and those trying to assist the community with integration and settlement. Recommendations: ?Create Educational and community awareness programs on mental health ? Invest resources in early intervention through schools, work and community centres (Support people to open up in the early stages) ?Provide community spaces that have South Sudanese professionals, cultural groups, women's' groups, emotional support groups and sporting groups. ?Start the conversation about mental health, have frequent conversation events to encourage attendance.   ?Have people with lived experience share their stories via different communication platforms. Community relate better to people they identify with or know. ?Empower youth to have conversations with their elders/parents and to act as a translator on the subject. ?Short films/educational videos should be developed in multilingual with role-playing' of family structures to demonstrate what healthy parenting and open communication look like. ?Community champions should be trained to actively be advocates in/for good mental health. Acceptance of the issue will become the norm eventually. ?Cultural Competency training for existing service providers from Maternal Child Health Nurses to Police and everyone in between. ?Community leaders to undergo Mental Health First Aid training. Case Study: Reports are being received that women/mothers are refusing to disclose a true account of their mental health following birthing children. Post Natal Depression is hidden due to fears of child protection being called, fear in authorities, fear of being labelled in the community and fear of judgement. Many mothers are over-burdened but refuse to seek help."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"Consensus among the group during the workshop was that the existing Community Support Group (CSG)' is helping some struggling South Sudanese community members, as having people from the community to assist those who are accessing services makes the process more comfortable as they have trust and feel understood by people who share a background with them. This reduces stresses within the families. The CSG is helpful in linking community members to existing initiatives and services as well as developing initiatives specific to the community. Engagement, information sharing, and support are vital. However, CSG does not have much resource including lack of large community space for community members to go to spend time and access other support such as cultural activities that many community members found therapeutic as it reduces the social isolations. The group feel that participation in traditional practices such as wrestling events (a favourite sporting and the community events for many in the community), occasions where women can come together to discuss their issues with their children and marriages and other community matters have a positive impact. The sharing of positive social media stories and online platforms specific to the community where discussion can happen, and information can be shared. Family reunions and gatherings are important as are friendship circles, this allows the people to express themselves in a trusted environment that is non-judgmental. Many South Sudanese emphasises the importance of the authorities and support services gaining an understanding of their culture and their challenges in order to better assist families with appropriate social and, parenting support. The support services and providers can achieve a level of appropriate support for South Sudanese through consulting with community members and the families who need support.   As part of coping strategies: many South Sudanese spoke of relying on their spiritual leaders as well as on fellow community members for spiritual, social and emotional support. However, the main concern raised is that these leaders, elected by their community, are neither recognised nor empowered enough to continue to volunteer and provide appropriate support, even though they are the main source of immediate support within the

community. This is positive in the sense that they are getting support from one another; however, participants stated that the reason they relied so heavily on their community's leaders and members for such support is that they find it hard because of language and cultural barriers to accessing the mainstream social and mental health services.   South Sudanese members at the workshop stressed the significance of the community programs that are run by young people (artists, leaders and advocates); this may have positive impacts on youth mental wellbeing. Recommendations: ?Due to location and accessibility issues for many members of the community services specific to meet the needs of the community need to be centralised around two key areas that the community are settled and access, one in the east and one in the West. ?Supporting existing programs and services that are already in place by having members of the community engaged in employment. ?A proactive approach by services ?Breaking down the stigma by having prominent people within the community spoke about their experiences, challenge, barriers and treatment (e.g. Famous Sports Star) ?Adopting the recommendations from question one will help with the understanding and prevention of Mental Health"

What is already working well and what can be done better to prevent suicide?
"Suicide remains an overwhelming issue within the community with large increases in young people taking their lives in the past couple of years. This issue is complex and multifaceted. Young people feel that they're not being understood by society, by their families, by people from outside the community. They are searching for a place to belong and for their identity and often seek and only find acceptance in groups of other African teens with whom they can relate, which without support, engagement and guidance they can be led astray and into a pattern of criminal or violent activities. Many young people are engaged in an online world of watching music videos, TV shows about gangs, listening to music about gangs and criminals and are mimicking what they perceive to be a life of excitement, money and fun. The gang culture provides youth with a sense of belonging and acceptance, and they are not developed enough to understand the repercussions and consequences of this pattern of behaviour. This behaviour results in disengagement from family, from cultural activities, from society and can lead to mental health issues. The ripple effect in the community comes at a great cost with racism, targeted profiling and victimisation of other South Sudanese community members. Suicide is a new phenomenon within South Sudanese community as members are only awakened by the dramatic increase in the number of suicides (mostly youth), which are connected to several issues and challenges outlined above. The issue of suicide in the community started intensifying in 2013 after two South Sudanese mothers in Victoria committed suicide within a short space of times. Community members reported that the suicides were connected, at least in part, to the deceased feeling depressed before or after their children were taken by the Child Protection Service (this was communicated by the community leaders and members affected, 2013-2016). Other factors such as past traumas and settlement challenges are seemed to be significant in driving them to take their lives, but this is an area that requires a proper study to fully understand the factors involved in such tragic incidents. Some South Sudanese feel that the authorities do not understand their culture and the challenges they are facing as they try to adapt to their new setting. South Sudanese community members were not talking about the issues of suicide until the past few months when it has become evident that there are serious issues that are escalating. The community & family structures are structured in a way that they gain information through their leaders, their elders and other family members. Many of these people fall under the category of the first level of the community as documented in question one; meaning they were born overseas and their understanding or knowledge differs from those that were born here. These members are not able to recognise the signs of mental illness, particularly in young people and many deny that there is even an issue. This is because many

South Sudanese are not provided proper education on mental health, and the subject remains taboo. In addition, the common practice of people reaching out to social media via live videos to express their frustrations, grief, hardships and trauma is having a ripple effect through the community. People often take to public platforms to embarrass others, talk about personal issues and throw insults at one another, which can add to the impacts of trauma, fear, division and poor mental health generally. This, in turn, results in people not seeking treatment/counselling by approaching the expertise from outside the community or opening up to anyone at all about their issues. Recommendations: ?Better information and education in translated material and word of mouth are urgently needed to address these phenomena. ?Having services to access like the CSG can have an impact on the community with more outreaches, extra staff and targeted services needed including mental health specialists and counsellors from the community to be employed within South Sudanese community-based services. ?South Sudanese are from the collectivist cultural background and having a community centre where support can be facilitated from is very vital in encouraging people to seek mental and other social support. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Some South Sudanese members at the workshop felt that some young people growing up in Australia are well-educated within the community and have a bit of understanding of mental health services. In other words, it depends on the age groups. Younger people might be more aware of services that are out there compared to their parents and older people. However, some believed that it's not that there is a lack of knowledge, the community does not believe in the services that are available as, they or people they know haven't achieved positive outcomes from using those services. Basically, there are no visible outcomes to encourage them to use these services. There has been little done, either academically or politically, to understand Sudanese experiences after settling in Australia, what may be the barriers to full integration and how to address them appropriately and holistically. It is imperative to assess the efficiency or effectiveness of the services available for new settlers or migrant families in the settlement and integration process. The speed at which they may fully integrate into their new environment depends on many factors. These factors include the services which are designed to boost that integration, and just how welcoming the new environment may be in matters such as the availability of jobs or acceptance into the workforce. To obtain a better service provision to achieve the desired integration outcomes, it would be preferable to examine and understand these factors rather than to measure the speed at which new settlers should integrate. There seems to be little understanding of their forced migration experiences as well as a failure to assess their dynamic needs. It is generally understood that new settlers may adjust to their new environment at a different pace, depending on their past and present experiences. How conducive or friendly is the new environment for meeting their needs? This may include not only making the new settlers welcome and feel at home but also feel accepted by their host culture. There are three factors that influence changes in new settler families (Bishop, 2011): ?Interactions with the host community's social or mental health services; ?Transnational ties to kinship; and ?Concurrence with original cultures and interactions with the local community. These influences can affect how the families perceive the environment of the host community and can place them in a unique and often conflicting situation as they have to negotiate these influences, which are at times not recognised by community service providers. According to The Regional Office for Europe of the World Health Organization (2018), there are eight key priority action areas regarding the mental health of refugees and migrants who need to be considered by the policy-makers, these include: ?Promoting mental health through social

integration; ?Clarifying and sharing information on entitlements to care; ?Mapping outreach services (or setting up new services if required); ?Making interpreting services and/or cultural mediation services available; ?Working towards the integration of mental, physical and social care; ?Ensuring that the mental health workforce is trained to work with migrants; ?Investing in long-term follow-up research and service evaluations for service planning and provision; and ?Sharing principles of good practices across countries. Many people who have accessed existing services report that there is a tick box system with a one size fits all approach. Given what we know about the community's unwillingness to open up to strangers from outside the community about sensitive issues which they often can't communicate effectively, this approach needs to be addressed. ?Cultural awareness training is needed for service providers. ?Workplace retention of staff needs to be maintained to address the high turnover of staff. ?Services need to be linked, and communication needs to happen. e.g. Police find a young person intoxicated, they automatically presume they are an African Gang member, but they don't seek to understand family issues, language barriers, and personal health issues. They don't ask the right questions to get a broader understanding of the situation."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"South Sudanese Australians community is one of the newest-emerging communities. The number of people identifying as South Sudanese living in Australia is much greater than the numbers and statistics that are documented through the ABS and other stats. Many who identify as South Sudanese Australians were born in countries other than their homeland of South Sudan with civil war and internal conflicts dating back to more than five decades. Many were born in refugee camps and neighbouring countries. The continuous civil war, worry, fear, struggle integrating and responsibilities (particularly financial) for members who have families placed throughout the world in other western countries and still in refugee camps throughout predominantly East Africa.   The resettlement phase of the refugee experience refers to the adaptation to the new values and beliefs prevailing in a host country. It is also in this phase that refugees adjust to their new family patterns and roles, particularly refugee children who often struggle to adjust to their old and new cultures in Australia and beyond. A substantial predictor of adolescent refugees' psychological well-being is the post-migration experiences, which cover both difficulties and the extent of social support. The typical items comprising post-migration difficulties include concerns about other family members living outside the host country, difficulties in getting jobs and adjusting to the cultural life of their new country. The psychological effect of pre-migration trauma is coupled with loss, cultural shock and stressors associated with adapting to a new country, which can result in many refugee parents and adolescents becoming more prone to mental-health problems and difficulties in adjusting as they struggle with acculturating. Despite pre- and post-migration challenges, South Sudanese and other refugees who might have experienced trauma also display resilience and strengths, some of which are specifically grounded in cultural beliefs, practices and identity formations (Grossman, 2013). Research has indicated that not all adversity has negative consequences, and this can strengthen some refugees who have successfully endured inhumane and cruel conditions. This response is called ""adversity-activated development"" (Papadopoulos, 2007) and is a good example of possible positive effects from trauma through the emergence of positive characteristics and resources which refugees may not have had before such adversity. The focus here is on the refugee as an individual who will deal with suffering in unique and varied ways and, as a result, will show various psychological needs and reactions. Each person has a different psychological immune system which establishes their response to traumatising events (Alayarian, 2007; Papadopoulos, 2007), and these individual

immune systems' are in turn mediated by a range of social, cultural and institutional factors and contexts. While some psychosocial factors in some contexts can increase the vulnerability of an individual affected by trauma and stressors, they can also act as a protective factor (again depending on context), helping develop resilience and defending the victim from the negative mental health consequences of exposure to violence. As a result, victims can emerge relatively intact. Looking for a smooth transition into a new environment, the pressures of becoming financially independent often exacerbate mental health and parenting issues. South Sudanese and other migrants are not only hard-working: most want to work and earn their daily living, mainly to support themselves and their families, both in Australia and in their countries of origin or those still languishing in refugee and displaced person camps. Unemployment for men has significant implications for them within their families and the new environment. Many South Sudanese men felt they are not fulfilling their obligations as breadwinners for their families, and that they need money and employment to meet their traditional and social responsibilities. They also felt that they are no longer heads of their families, which they were in South Sudan. Thus, many South Sudanese men felt culturally condemned by the authorities and ousted from their traditional roles as heads of their families. There may also be mental health implications arising from the lack of employment for the new settler parents and young people but the impact of unemployment on their mental health and on their parenting, practices have not been adequately researched. Many South Sudanese pointed to lack of employment as one of the key factors contributing to parenting difficulties, family separations and poorer mental health. Unsurprisingly, most South Sudanese reported that they were being denied job opportunities by potential employers, not on merit but on a racial basis, which is often covertly concealed under a claim that they either did not have Australian work experience or that another, more experienced candidates were chosen. Dumbrill's (2008) study in Canada with refugee participants indicated the employers often tell refugee applicants that they cannot be offered jobs because they do not have Canadian experience. However, most refugees wonder how they can get the experience required in their host country if they are not given work. Some employers may benefit from cultural training through government agencies and other service providers to help them understand that being refugees or otherwise different should not be a potential barrier to employment. This is because consistent anecdotal reports from South Sudanese community members suggested that potential employers often reject them before short-listing job applicants, although their credentials might otherwise match the criteria in the job descriptions. They simply decide based on the applicants' names, which may sound strange or foreign to them. Such obstacles indicate the existence of discrimination not only against South Sudanese but also against many other new migrants (Forrest, Elias, & Paradies, 2016). These difficulties in finding employment only exacerbate mental health issues, family challenges and create a significant barrier to their integration. Further, South Sudanese are often inaccurately and negatively represented in the news media, and these portrayals are believed to have created a heightened sense of discrimination and may be the reason for denying employment. The other drivers behind Some South Sudanese members in Victoria experiencing poorer mental health outcomes include lack of parenting support, which has created considerable barriers to their integration into the new environment. There are needs for collaborative social support and effective communication with South Sudanese and other minority communities. Part of providing effective communication and support for parents and families requires comprehensive educational programs on parenting to promote and create general awareness within the resettlement context. It is significant to incorporate programs that will help familiarise parents and families with Australian systems and family laws. Lack of appropriate parenting support and existing service providers' ineffective communication with families and parents on how they can best be supported. Some parents believe that the lack of support and

consultation, and exclusion of their community by the relevant service providers often exacerbates their families' challenges. One of the leaders within the South Sudanese community explained the lack of proper consultation with the grassroots or ethnic community as a potential barrier. Sometimes some of these organisations come and consult with a few members of the community on the streets and claim that they have consulted with the wider community. The real suffering people are not only on the streets: they are in their houses. Reaching the grassroots is very crucial in supporting the community members who are in real need. These organisations need to assess and find out how effective they are by reaching out to the grassroots levels (see Deng, 2017). These concerns were expressed differently by a female participant who spoke of the lack of support for families and parents as leading to many of the issues with their children. She explained the only support she has been getting has been from their ethnic community members. This sentiment was echoed by many others. We are let down by the authorities, particularly those who teach children unnecessary independence. I came here as a single mother of four children, and I struggled to bring them up by myself. None of my children did well, whether in education or other aspects of their lives. This was because I didn't have much support while bringing them up in my new environment. There was no support from service providers or the South Sudanese community. I was sometimes only supported by a few friends in the community who cared, as they saw I was often depressed. They offered me help, but they didn't have much capacity to support me either as they were also struggling (Deng, 2017). The other factors that contribute to stress within new settler communities and families as stated above include social isolation, lack of social support systems, cultural shock, financial problems and intergenerational conflicts. There were needs for more research regarding the role of social support systems and their effect on the prevention of resettlement issues. Some South Sudanese also find it hard to give one another support as they are scattered throughout the cities and suburbs. South Sudanese are scattered all over different parts of Victoria. We are like signposts'. For that reason, it is hard to support one another. It is hard for us as we came from a collectivist to an individualised society where everything is always about triple' rather than resolving problems within the family and at the community level (Deng, 2017). As stated above, South Sudanese come from a collective culture where support is drawn from family, relatives and community members. They now live within a society where they find it hard to get this support, and because they are geographically scattered it makes it almost impossible to give one another support. This exacerbates their mental health and other settlement challenges. Lack and separation from immediate and extended family members put extra strains on family members to adjust to their new culture. Some recognised the existence of some mental health and other support services for families, which many may not be fully aware of, as they too mentioned the failure of those services to reach out to the new settlers. The lack of understanding about service provisions and lack of appropriate engagement by service providers, together with cultural and language barriers, have further limited their access to mainstream support. Unfortunately, there is not much support for families and if there is, many families are not aware of them. Services that are available normally fail to reach out to the new settlers. As a settlement caseworker, I have been an advocate for better services for the new settlers. When families are coping with the resettlement challenges, these are things that can cause problems within the family. Support does not mean (only) putting new settlers into houses, but it goes beyond that to include explaining the support that is available for them in a language they understand: what they are getting and what will be their contribution to their new country. Recommendation: ?Comprehensive educational programs on parenting ?Appropriate parenting support through existing service providers where effective communication with families and parents on how they can best be supported ?Opportunities for socially isolated people, particularly for women and elderly ?Financial support and guidance ?Locals peer support groups where

community members living geographically can together support one another. Sharing responsibilities with other members of the community. Taking turns to picking children up from schools. ?Education for men on effective parenting practices and sharing parental responsibilities even post-relationship break down. ?Education around effective masculinity. ?Education on understanding about service provisions ?A better provision in settlement programs and follow-up services"

What are the needs of family members and carers and what can be done better to support them?

"Coming to a new country and culture can be associated with many challenges, including acculturation, which contributes to mental and general wellbeing as well as connects to parenting issues when different perspectives on childrearing are manifested and experienced by the new migrants. These difficulties may include language barriers, traumatic experiences, different cultural perspectives and a lack of traditional family supports (Deng, 2017a). Some of these transitional challenges are exacerbated by cultural shock, anxiety and confusion as the new settlers find many of their traditional beliefs and values unrecognised and sometimes in conflict with the laws of their new country. These challenges are often worsened by the loss of social structure and lack of support around the families as they deal with many other settlement issues. Many South Sudanese parents remained very anxious about these transitional changes: not only about their children's future, which is paramount for all of them, but also about the loss of their status and cultural values as they find most of their taken-for-granted parenting and disciplining practices, particularly the use of physical discipline, incompatible with their new country's laws. The parents find it confronting as they feel deprived of what they knew as ways to raise their children. These anxieties are compounded by changes in gender roles and role-reversal, particularly for men who were used to being heads of the household and breadwinners for their families but who find themselves no longer able to fulfil those roles and to exercise their powers. The new reality challenges these traditional power structures which often become redundant at some point. In addition, South Sudanese came from a communal culture where collective disciplining of children is considered part of children's upbringing and nurturing for a better future. However, the absence of support in the transitional process in their new environment has made it hard for parents as some became the sole caregivers for their children without much external support. They spoke of being left to figure out for themselves how to adapt to the new laws and settings without any guidance to help them understand the new environment's requirements and expectations. Some expect the authorities concerned to open more dialogue with them about their challenges, for example, the current youth issues and suicide, particularly on how they can be supported in replacing some of their traditional parenting practices, particularly those relating to child discipline, with other strategies that will still be effective in shaping children's positive behaviours. These suggestions are significant and worth considering by the authorities concerned as part of helping the new migrants must include promoting positive parenting practices in the new settler communities to enhance the consistency and knowledge about effective non-physical disciplinary practice (Deng & Pienaar, 2011). For instance, parents need help to feel confident about managing their children's behaviour through setting limits and boundaries as an integral part of nurturing parent-child relationships as one way of replacing physical disciplining (Deng and Pienaar, 2011; Deng and Marlowe, 2013). Positive parenting is about positive discipline, and gentle guidance aimed at keeping the children positive. It provides parents with better access to useful information about parenting through coordinated media and promotional campaigns using print and electronic media, parenting sheets and videotapes that demonstrate specific parenting strategies in the language they understand. As highlighted above, the changes in customary laws,

marital practice and gender roles among South Sudanese in the Diaspora are adding to the challenges of settlement. Many South Sudanese spoke of family breakdown due to these challenges and reported a high rate of marital separations. For divorces is rare in South Sudan since marriage involves the clan/community and if any problem arises, they try to resolve it in the interests of the children and family reputation. Parents spoke of their children leaving home and deciding to marry whomever they choose without parental or relative consent as was the tradition. Furthermore, since South Sudanese come from a collectivist culture, it is understood that indirect or group counselling as part of empowering family and community can be more effective for some South Sudanese parents and young people as it gives them the opportunity to start talking about their challenges and concerns. However, this does not mean that individual counselling may not work, especially for those who do not want their difficulties known by others, mostly because of possible stigma if those issues became known within their community. Hence, the individual's needs must be appropriately assessed to determine who may benefit from group work or from individual counselling. Likewise, it is imperative to understand that refugees are not a homogeneous group and that their needs can sometimes be met using different approaches, according to individual experiences or competence in the language of the host country. For the psychological needs to be met effectively, it may be necessary to integrate practical, social and emotional support. Like many other migrants of similar backgrounds, most South Sudanese families' and parents' priorities are here and now', which are often practical in nature, rather than resulting from possible traumatic experiences. Recommendations: ?Culturally appropriate parenting support (e.g. positive parenting), particularly for parents who lack proper support as well as with language barrier issues. ?Parents and carers lack the knowledge to be able to provide their children with effective or helpful advice around the subject of mental health, and this has a flow-effect on their children. Parents are often in denial; many carers are not equipped to handle or address the issues, know whom to turn to or speak openly about it with others. ?Culturally appropriate and informed mental health support needs to be provided to people who are going through life struggles, intense emotional discomfort and those who are caring for others."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
"As highlighted above, a lot can be done to alleviate mental health issues, which are the manifestation of current youth challenges, family breakdown and suicide among other challenges within South Sudanese and African community at large. For instance, policymakers need to revisit the effectiveness of the multicultural society as it seemed to be reflected in written and talk but is not being reflected in most of the services provided by the government and nongovernmental agencies and employers. The latter appear to discriminate against the minority communities. There are needs to redevelop the inclusive policies to include those who are in the margin of the communities, particularly former refugee's communities as some of these challenge's hindrances the newly-emerged communities' transition. For instance, racism, discrimination and bullying, which a lot of parents commonly spoke of themselves and their children being picked on are contributing to poorer mental health issues as many felt rejected socially. Many South Sudanese spoke about being denied opportunities for employment as well as being picked on, mostly in public places, including schools, just for being different. These issues have been reported in previous studies (Losoncz, 2013, Marlowe, 2010b). Most employers are discriminating against former refugees and other migrants by denying them opportunities solely based on being different. There are needs for policies on media approaches to multiculturalism. Most often, the media has tended to vilify minorities, and this seems to increase negative perceptions towards refugees and other migrants. This is not a suggestion to regulate the media, but their approach to the minorities

is impacting negatively in promoting cohesion, multiculturalism and integration of the newly-arrived refugees who often feel excluded and stigmatised as a result.   There is also a need for ongoing cultural awareness training for employers and service providers who work directly with former refugee and other migrant communities so that they can deliver culturally appropriate support services with less bias and misunderstanding between the providers and recipients. This also means that South Sudanese should be part and parcel of these services as their being part can foster trust. There are a lot of South Sudanese who are highly educated, but they are not employed by the sectors concerned ? they should not only be employed at the management level to help perfect changes for the better integration of their fellow South Sudanese to integrate into the Australian society. For instance, services need to be culturally competent, employ people from CALD, in particular, South Sudanese to participate in the decision making the process. Ensure that it's not done in a tokenistic manner, and the identified existing services such as the CSG should be continued and expanded, and funding is provided for more specialised mental health workers and counsellors to be employed in the program. Nevertheless, further study is always needed to evaluate the effectiveness and how long the support being given to newly-arrived refugees should be. Additional consideration also needs to have as to what has (or has not) been working well regarding Child Protection Services approaches with CALD and newly-arrived refugees as it has been with indigenous communities? What are the causes of increased former refugee youth antisocial behaviours, juvenile and serious crimes, which parents alleged to be due to the inappropriate involvement of Child Protection and the laws they believed to have given their children more freedom? Recommendations: ?There are needs to guide how service providers can develop their inclusive and cultural understanding policies relating to mental health ?Campaigns to stamp out racism, discrimination and bullying ?Incentives for employers who employ staff from marginalised communities ?Better provisions for staff working with those affected by mental health through their Enterprise Agreements. Better conditions mean better retention of staff and a more trusted system and consistency of care. ?Adult apprenticeships for both skilled and unskilled employees from the community. ?More provision and capacity for opportunities for volunteering. Encourage community members to gain on the job work skills by offering small incentives such as reimbursement of travel costs. Connect to Centrelink payment provisions."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"Looking for a smooth transition into a new environment is often met with the pressures of becoming financially independent and can exacerbate mental health and parenting challenges. South Sudanese and other migrants are not only hard-working: most want to work and earn their daily living, mainly to support themselves and their families, but the unemployment for members, in particular, males, has significant implications for them within their families and the new environment. Many South Sudanese men felt they are not fulfilling their obligations as breadwinners for their families, and that they need money and employment to meet their traditional and social responsibilities. They also felt that they were no longer heads of their families, which they had been in South Sudan and can lead to domestic violence issues. There may also be mental health implications arising from the lack of employment for the new settler parents and young people, but the impact of unemployment on their mental health and on their parenting, practices have not been adequately researched.   As emphasised above, there is an obvious lack of employment, which is one of the key factors contributing to mental health issues, parenting difficulties and family separations. The challenges stemming from unemployment are compounded by the frequent allegations that in many cases, their children make demands for material

resources from their parents and when those demands are not satisfied, the children rebel against their parents or inform their school that they are being abused, whereupon the school notifies the Child Protection Service. As a consequence, parents believe that if they can meet their children's financial and material needs, that will help reduce and avert family separations and Child Protection Service interventions. A South Sudanese parent made the below suggestion (Deng, 2017): The way parents can be helped is to employ some of our community members to work in different sectors, particularly with social workers, counsellors, police and other relevant sectors. Having our community members in these sectors will help to address some of the problems that are facing parents/families and community in general since they will have a good understanding of our cultures and greater inside knowledge about the current issues and challenges. South Sudanese take pride in their education, and today there are good numbers of them who graduate from universities across Australia and New Zealand, but most have remained virtually unemployed after having spent many hard years in study. Many graduates have managed, despite English being their second or third and even fourth language, to acquire higher education or qualifications that they then cannot apply in practice in the Australian labour market. The experience of being denied employment opportunities because of their race or heritage has a strong negative impact on their families and on their general wellbeing and self-esteem, and it also discourages some young people who have already enrolled or intend to enrol in tertiary education ? what is the point of taking student loan and study hard to qualify and continue unemployed (some wondered)? Many community members argued that successful resettlement and integration are gradual processes and entail social, cultural, political, economic and environmental transformations and orientations. According to Losoncz (2013), South Sudanese hope to integrate into Australian society economically and socially and thus to contribute to their new country either directly or through the indirect participation of their family members, but they have found their pathways to social and economic inclusion blocked. Therefore, policymakers, government agencies and settlement support services individually and collectively need to address the unemployment issues and other barriers to integration outlined above. The settlement agencies working in these communities also need to focus on tackling discrimination as a barrier to better integration. Recommendations: ?Incentives for employers who employ staff from marginalised communities ?Adult apprenticeships for both skilled and unskilled employees from the community. ?More provision and capacity for opportunities for volunteering. Encourage community members to gain on the job work skills by offering small incentives such as reimbursement of travel costs. Connect to Centrelink payment provisions. ?Educating the community of sectors where their skills may be engaged ?Starting with Government departments employing people with mental health issues or from disadvantaged or CALD backgrounds as it is significant in addressing economic inequality. It is also significant in providing people with work, which means that they will be active members of the Australian economy; have a sense of purpose, and intend, reduce their stress/disengagement and general mental health issues. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"South Sudanese identified the importance of having community centres where community members, including parents and young people, can go to and share their experiences and give one another support. There was also an emphasis on not only empowering the community but also working to create a better understanding of South Sudanese culture through having their most educated members employed in the relevant support sectors. Below summarised some suggestions from the workshop about mental health issues within the South Sudanese community: Areas the community would like the Royal Commission to focus on are: ?Investing in social

groups and programs for communities that need it the most and specific community spaces for migrant communities. ?Provide community-based or community-centred positive parenting support to help struggling parents/families as well as struggling to reconcile their traditional and new parenting styles ?Investigate and incorporate traditional/cultural ways of rehabilitation/counselling into mainstream ways of services. One size doesn't fit all. ?Employment pathways for people who are job ready and training/upskilling for those who are not. Lack of access to employment as mentioned above is a major issue within the South Sudanese community and this often leads to emotional distress, depression and poorer mental health. ?Creating business opportunities by training people with mental ?Focus on reducing stigma and taboos. ?Making opportunities for people to participate in positive health programs, mediation, sporting, and healthy eating that are affordable, etc. Addressing most of the challenges highlighted above can be one of the major ways of creating opportunities for people living with mental illness. This is because some environmental factors such as substance abuse can be avoided, and that will help ameliorate the living standards of the victims of mental health; the criminal records are deterrents to many especially for those with mental health issues; however, because they committed minor offences, they find it hard to find jobs or at times rejected at workplaces, this impedes their readiness to contribute to the socio-economic development. South Sudanese consistently stated their belief that if their community is empowered, the community leaders and members can help to resolve some family issues, such as domestic violence, through acting as mediators, this is a traditional effective cultural practice and if the leaders are trained, empowered and educated they can filter the information throughout the community. The community identified the need to share their parenting challenges and suggested support from the community elders for young parents and positive parenting training as possible solutions to the challenges faced. The significance of having community centres has been reiterated time and again by all the community members, particularly youth as one substantial step in offering them support. The next comment provides some suggestions regarding issues faced by South Sudanese youth: enforced idleness or unemployment; lack of engagement in meaningful activities; lack of male role models in the family, an issue which was also highlighted by parents as one of the leading challenges, particularly for single mothers (see Deng, 2017): As a new community, we need help. Our community is not very organised like other ethnic communities to advocate for itself. Some ethnic communities are doing very well and have their own community centres, which help their youth since they run programs or activities that engage youth constructively. The reason many youths are causing problems or getting into trouble is that they are doing nothing when you feel bored, you may end up doing stupid things that you didn't intend to do in the first place. If youths' free times are filled up with some activities, then it will prevent them from committing crimes or falling out of schools and the system. The Australian government needs to support the community, particularly young people so that they do not fall into trouble.   Some of these concerns and solutions echo a previous study, which indicated that when young people are properly engaged and supported, it helps them succeed educationally. Scales et al. (2006) stated that learning support had a great potential in the lives of marginalised youth who do not engage in the community and who are often described as vulnerable, disadvantaged or at-risk-youth. The research highlighted the significance of school and community collaboration and family engagement as well as literacy development and support services. South Sudanese reported lack of collaborations and engagement between school and their community, which has led to some youth being left in limbo or in the middle of a dispute without proper support. Community centres can be a vital place where those who are struggling academically could receive some support. Young people struggle to negotiate the gap between their parents' expectations and the demands of the new environment. This has helped to identify a need to support them on how to integrate

into both cultures. Young people connected this lack of support to the lack of a strong South Sudanese community, which they believed would have helped them in education and would have engaged with them as they struggle to make sense of these changes. The young people also made the connection between the lack of educational support and their parents' illiteracy in English, as many had been deprived of education because of their forced migration, while others were educated in Arabic and had not acquired sufficient English proficiency to help their children with homework or assignments. As a result, young people consistently referred to the importance of having a strong community leadership and community centres where those who are struggling can get some help and support with homework and assignments. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Some of the things that need to be done include empowering families and community as a conduit for addressing the identified parenting challenges. Participants suggested an open and honest dialogue and discussion between their community and service providers in order to devise suitable and sustainable support, such as education about the laws relating to child protection and a positive parenting program. Moreover, a command of the local language plays a central role within the resettlement context for new settlers who are trying to transition and integrate into their new culture and environment. Much South Sudanese and other new setters find it hard to integrate quickly because of the language barrier on top of the other challenges. Deng and Marlowe (2013) found that the language barrier is not only an obstacle to positive parenting' and to obtaining access to parenting services, but it is also a barrier to finding employment, gaining further education and obtaining health care. The language barrier also contributes to isolation and discrimination, which may lead to mental and other health issues. Some parents reported that the language barrier posed an immediate challenge as they found it hard to express themselves or communicate with the authorities who are working with their children, particularly in regard to countering some of the allegations of abuse and neglect. To some, there is a growing barrier between parents and their children as the latter replace their original tongue with the new language, and this has created obstacles in understanding. The following were suggested by South Sudanese members at the workshop: ?South Sudanese community spaces are important as people at the moment don't feel like they have a safe space they can always go to. A community is a place of the home where they will feel a sense of belonging.   ?Examine Social Media platforms that are now hotbeds of hate speech, fearmongering and impediment of social fabric such as ███████████████ where members of this community bully and embarrass themselves and others. ?Media ramification: the ongoing negative over-representation in the media has impacted people within the community in negative ways. They face racism in schools, in public spaces and at work. Increasingly, people are sharing that they have been the subject of racial abuse, were rejected from jobs or even denied, and they have been ostracised from the wider society. This has been intensified by the language the media uses to generalise South Sudanese people. This has really broken down the social fabric and needs stakeholders to change these narratives and instead promote positive stories than taking the lead on negative mobilisation. ?A review of the role Victorian Schools play in mental health awareness, including the need for parents and guardians from marginalised communities to have greater collaboration and partnership and involvement in their children's education. Better partnerships with the school will also play a vital role in assisting mothers with their understanding of the systems, help with their social isolation, etc. ?The more we as a society talk about mental health the quicker it will break down the barriers and destigmatise it. ?Youth and parents need to learn effective communication strategies, and both be to play a part in developing their child's plans for their

future. There are often unrealistic expectations being placed on young people and youth feel that parents don't offer any room for negotiation. ?The focus needs to be on youth and providing them with opportunities to create a sense of identity. They often don't fit in at home; they don't fit in at schools, and they don't fit into Australian society. Youth voices need to be heard and more importantly listened to. ?Provide ongoing funding and more service to the service providers that are having an impact already. The Community Support Groups are making huge progress in the community and need to be provided with greater capacity for further outreach. They also need to have full-time members from the community employed as mental health counsellors and specialists. A South Sudanese parent made the following statement: We want the authorities to listen to parents' concerns and have some dialogue with them. Such dialogue will help to find solutions to these challenges facing our community. Parenting training, about the laws on children, is very important. All we need for our children is for them to have a good future. The reason why we are quite strict in not allowing our children to go out as they wish is that there are a lot of bad influences out there. "

Is there anything else you would like to share with the Royal Commission?
"Despite all the challenges outlined above, many South Sudanese have successfully acquired the education which they were denied in their country of origin. Some are employed; others are self-employed or running businesses. In particular, many expressed gratitude for the opportunities relating to security and education in Australia, something they lost in Sudan and during their forced migration (Deng, 2017). However, as highlighted earlier, refugees are not a homogenous population. Each individual refugee and family group experiences pre- and post-resettlement differently, which is based partly on the level of their needs and partly on the support that they were given on their arrivals, such as the welcome they might have received from their host and their local communities. The community members at the workshop made the following additional recommendations: ?The Royal Commission should recommend investigation and hold the media outlets accountable for the negative impact they have caused. ?The Royal Commission should recommend to holding politicians who campaigned on fearmongering and division to account, which has had a great negative impact on the community social cohesion. ?The Royal Commission should recommend investigating advertisement companies who are using images for commercialised purposes, the recent being security camera company using a picture of a young South Sudanese man to attract customers; this depicts the South Sudanese as the most criminals or likely to commit a crime. ?The Royal Commission to recommend an investigation and review of the justice system example of young people reporting being targeted by the police where they may have committed a minor crime and become the target of harassment by police. This constant bullying, stalking and profiling have major impacts on their mental health and impeded their social and economic progress. A focus should be on engagement activities for these youth and rehabilitation services in our juvenile justice system. ?Provide appropriate English classes and parenting skills for refugee parents and training on Australian systems and services. Language is an important means of communication, which is why it is necessary to provide appropriate English classes for refugee parents as a significant way to help them alleviate their stresses and enhances their integration. Irrespective of their traumatic experiences and the varying degrees of cultural shock, changes in families and parenting challenges, which are influenced by the language barrier and lack of employment, remain dominant factors and potential barriers to the successful integration of South Sudanese and other migrants. This means that addressing parenting challenges include and is included in addressing mental health issues and most of the other barriers to integration (see Deng, 2017). The challenges facing South Sudanese and other migrants who have come to Australia as refugees suggest an urgent effort from the government

agencies and other support services to work in consultation with newly-arriving and recently-settled migrant communities. It might also be appropriate to revisit the question as to how long such new migrants, who come with complex challenges resulting from forced migration and settlement, need integration support. Most resettlement or settlement support services seem to end their support after a short period with refugee groups, hoping that such a period is enough to allow them to go about their new lives as Australians (see Deng, 2017).   Many studies, whether a settlement has been successful cannot be determined within the first few months or even the first few years of support. A short period may only be a honeymoon period for those who might have not yet comprehended or felt fully the reality and challenges of their new environment (Deng, 2012, 2013B, 2016, 2017a, 2017b; Deng & Marlowe, 2013; Deng & Pienaar, 2011; Lorenzo?Blanco, Bares, & Delva, 2013; Losoncz, 2011, 2012, 2013; Marlowe, 2010). Therefore, there are urgent needs for the agencies working with refugee communities to collaborate more closely with them to understand their actual needs, particularly when (as with the South Sudanese and parenting skills) there is a conflict between Australian law and cultural traditions. This can be achieved through appropriate consultation and collaboration with service providers and CALD communities as part of holistic and good practice, consistency and clarity or understanding of the service being provided. This includes having adequate consultations regarding policies and program activities, particularly on how the services being provided can make an impact. Although South Sudanese and other former refugee families and communities need to organise and advocate for themselves as part of tackling their settlement's challenges, such as family violence and youth issues. Government agencies and other settlement support services also need to focus on how to empower the communities, not only to take the ownership of resolving most of their challenges but also providing a platform to let them have more input into the decision-making that affects them directly.   CALD communities can also benefit from the family and parent-centred approach through providing positive parenting training and support, particularly around the options to disciplining children through non-physical methods. Otherwise, a national framework for Child Protection, particularly regarding strategies for meeting the needs of the families from CALD and the wider community, is significant. For instance, a revisit of the current policies, legislation and practice guidelines with an understanding and incorporation of CALD traditional parenting practices and settlement challenges may help inform the best approaches and effective service delivery when working with them. This can be achieved through developing a clear and straightforward communication strategy and providing education to the families from CALD and newly-arrived refugee communities about the statutory role of the Child Protection Service, family laws, and children, women's and men's rights: this is where misunderstanding often occurs. There are also needed for ongoing cultural awareness training for employers and service providers who work directly with former refugee and other migrant communities so that they can deliver culturally appropriate support services with less bias and misunderstanding between the providers and recipients.   Further information about South Sudanese challenges and recommendation can be found from Dr Santino Atem Deng ████████████████ research and other: https://afpss.com.au/resources/ http://vuir.vu.edu.au/33260/ http://afsaap.org.au/assets/19-Santino-Atem-Deng.pdf References: Alayarian, A. (2007). Trauma, resilience and creativity: Examining our therapeutic approach in working with refugees. European Journal of Psychotherapy and Counselling, 9(3), 313-324. Barry, M., & Hallett, C. (1998). Social exclusion and social work: Issues of theory, policy and practice: Russell House Pub Ltd. Bishop, J. R. (2011). To be a Family: Changes experienced within south Sudanese families in Australia: University of Melbourne, Department of Social Work. Deng, S. A. (2012). Sudanese Family Dynamics: Parenting in Different Contexts The University of Auckland, Faculty of Education.   Deng, S. A. (2013B). New Settlers' Family Resilience ? Positive Parenting Programme. Training Booklet. Auckland South

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