

WITNESS STATEMENT OF GEORGE YENGI

I, George Yengi, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
- 2 This statement is about my own experiences with mental health issues and also about the challenges faced by others in the South Sudanese community here in Australia.

Background and journey to Australia

- 3 I was born in South Sudan in 1985. My childhood in South Sudan and the refugee camp in Uganda was traumatic. I lost family members and saw friends die. I also suffered physical abuse.
- 4 My sister and I came to Australia in December 1999 when I was 14 years old. My sister and I were lucky enough to be included in our cousin's fourth application attempt to come to Australia – to the best of my knowledge I think we were accepted into Australia under the refugee Humanitarian Program. I was fostered by a family here in Australia who treated me like their own son.
- 5 The way that I dealt with the trauma of my childhood at that time was to pack all of those experiences down tightly in 'a bag' and not discuss them with anyone.

My experience with the mental health system

- 6 In 2015, while I was studying at university, a relative developed some health issues which required treatment in hospital. She was also a migrant and had no other support in Melbourne at the time. I was her key support and so I spent a lot of time at the hospital supporting her as well as working and studying.
- 7 During that time, tears would start running down my face, but I wasn't crying, I wasn't even sad. I asked one of my lecturers why this was happening and they suggested I see some lady about getting an extension on my work.
- 8 I made an appointment with her and it turned out she was a psychologist. She explained to me why I was crying and gave me tricks to manage it, including breathing exercises. She was able to explain – this is how your brain is working, this is why, you can do X and Y.

- 9 I saw her for a couple of months after that for about another three or four sessions. I felt that I could relate to her because she was also a migrant and this was very important to me. It made me feel okay telling her about me. She understood cultural sensitivity and I felt that she could relate to it.
- 10 In 2016, the University I attended awarded me a scholarship to attend the European Innovation Academy (**EIA**) in Nice to undertake a short-course in entrepreneurship. I was in Nice when the attack took place on the Bastille day holiday. Dozens of people were killed including friends that I hung out with at university.
- 11 After the EIA scholarship in Nice in 2016, and the events that transpired there, I immediately recognised that they had had a profound effect on my mental health. I had 'unlocked' many boxes that I had kept tightly shut for over a decade and was very unsure of how to navigate the mess in my head. I experienced flashbacks, and memories of traumatic incidents that occurred when I was in Africa and couldn't sleep. I kept trying to rationalise things away by telling myself I should be strong enough to weather this experience, because of what I had been through before. After returning home to Australia from Nice, I saw the same psychologist I saw previously (at the university) and was able to work through a lot of the triggered trauma with her support.
- 12 About 2 years later (in about 2018), I was preparing to return to Africa with my now wife for a month-long holiday. I'd not been back since I migrated, and it was to be the first time I would see my mother since some time prior to my leaving for Australia. I did not anticipate at all the effect the lead up to this trip would have on my mental state. I experienced guilt – of being an absent son to my mother and forgetting my mother's language – and other concerns relating to whether my mother would even know or remember me, going to the place where my trauma came from, taking my wife to that place and worrying for her safety and worrying about being an outsider there too. Those are just some of the things that weighed very heavily on my mind. I was continuously feeling a range of emotions and I couldn't complete a chain of thought. I couldn't explain to the people around me especially my wife what was going on in my head and she was seeing an unusual version of me – irritable, short, closed off. I refused to acknowledge that anything was wrong – I didn't want help; I wanted people to just leave me alone. I didn't talk to anyone or tell them what was going on. I would sit in front of the television and not be there and not remember anything. I tried to keep myself busy, but it wasn't working. I was struggling, and I couldn't see how much my wife and family members were struggling with what I was going through. Eventually I acknowledged that I needed help, so I went back to the university psychologist because of my previous positive experience with her.
- 13 Unfortunately, however, I couldn't continue seeing her because by then I had finished my degree and the psychologist was only available to help current uni students.

Although it wasn't enough, if not for the tools she originally gave me in 2015, I'm not sure what would have happened; I would have been stuck in a bad place.

- 14 Having said that, another thing that helped me was to play soccer. I found that for those 90 minutes on the soccer field, I could escape all of my problems and then return to my day to day life refreshed and better able to deal with my problems.
- 15 I now work with Reclink Australia as a sports coordinator. Reclink Australia provides sport and art programs to disadvantaged Australians to create socially inclusive, life-changing opportunities.

Mental health in the South Sudanese community

- 16 Although I did get help from a psychologist, mental health is stigmatised in our community. Mental health is a white people / Australian thing which they make a fuss about. For our community, it doesn't exist. You're either strong or weak, sane or insane, and if you are insane it's because you are possessed by a demon and need to pray more.
- 17 In my community, I have observed that if people are mentally unwell they are usually shunned by family, friends and the community because they're misunderstood.
- 18 Aside from my own mental health issues, I have seen that many other migrants in my community also suffer from mental health issues.
- (a) Like myself, many migrants come to Australia with 'baggage' – ie, they have experienced trauma of some kind in their country of origin. In many cases, it is only when those people settle in Australia and begin to feel some level of safety, or when a trigger causes their 'bag' to 'overflow' that they sometimes begin to slowly deal with the 'baggage' that they brought over with them.
- (b) The way people live in Australia is also very different to South Sudan. In South Sudan, people are used to living in houses with lots of people (eg 5 to 7 people in one room) and spending lots of time outside on the streets rather than in their houses. Socialising is also a key part of our culture. The upshot of that is that we always have someone to talk to you, and the community is intimately involved in each other's lives. If we have a problem, that will often be evident to the elders, and they will help us work out how to resolve the problem.
- (c) In comparison, in Australia, one family tends to occupy one house, people often have their own bedrooms, and people tend to stay in their houses more than socialise outside on the streets. That is a big adjustment for African migrants (including me) when they come to Australia, especially when they arrive without family or friends. It can lead to feeling isolated.

- (d) Racism and discrimination also play a big part in contributing to mental health issues in my community. For example, these experiences are common in day to day life: someone sees a black African walking down the street and crosses the road; people act fearful if they see a group of young Africans walking together; and someone calls the police because Africans are at the local park. Those types of things take away that person's sense of belonging in Australia.
- (e) Many migrants in my community are constantly aware of themselves and their surroundings – for example, we are aware of how close we are standing to other people; what people might be thinking when we enter a shop and whether they think we are stealing; we make sure we look approachable and not dangerous. We are constantly on our toes. It is exhausting mentally. When we get home after being outside, we can relax and be ourselves – we often change the language that we speak, the way we speak and the way we hold ourselves.

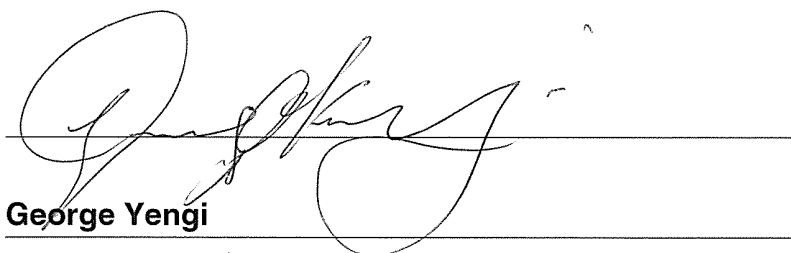
Recommendations for change

- 19 My recommendations about how to improve the mental health system for migrants within the South Sudanese community are as follows:
- (a) Ensure that members of the community are aware of mental health services and that they are accessible for people – eg they are not located too far away and are available in after school or work hours. A booklet on mental health for the community could be published which is a 'go to guide' on how to recognise signs of mental health issues and how to have conversations (especially with young people) about their mental health and getting help. This would help people work out what to do and where to go if they or someone they know are experiencing mental health issues.
 - (b) Ensure that there are more mental health workers of colour. The mental health worker does not need to necessarily be from the same community or country – they just need to be able to relate to the person they're seeing, be able to empathise with them and ensure that the approach taken is more culturally sensitive.
 - (c) A more holistic approach should be taken to mental health services provided to South Sudanese migrants that includes the family and takes into account the person's specific cultural background. Some providers do this well – for example, Foundation house
 - (d) Educate the next generation of South Sudanese migrants about mental health issues and that these issues can be managed.
 - (e) Educate parents about the mental health issues faced by children and the warning signs to look out for. This will help to calm parents and take away

confusion about what is happening to their child, especially in the case where the parents do not speak English (and their children do). Migrant parents should also be educated about their own mental health.

- (f) Tailor the approach to care to be more culturally sensitive: for example, rather than seek to unpack the baggage that migrants may have carried over with them, or label someone with a specific illness, in appropriate cases, take a more gentle approach and focus on culturally appropriate strategies to help the person with their problems including for example sports (soccer/basketball), socialising and dancing.
- (g) One key way to reduce stigma would be to facilitate people within the South Sudanese community in Australia who have suffered mental health issues to tell their stories to others in their community (for example, a support group).

sign here ►



print name

George Yengi

date

4/7/2019
