



Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Submission No. 086



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**Submission to the Queensland Mental Health Select Committee
Inquiry into Mental Health Outcomes**

February 2022

**Ms Jamila Padhee
CEO**

About QPASTT

We believe that to heal is a human right.

QPASTT is a specialist agency supporting the recovery from torture and trauma of people from refugee backgrounds. We are a not-for-profit agency in receipt of funding from both the Queensland and Commonwealth Governments. We currently employ 87 staff as well as casual bicultural workers with refugee lived experience. We operate throughout Queensland with offices in Brisbane, Logan, Toowoomba, Townsville and Cairns.

Last financial year, QPASTT supported 6207 clients from 82 countries of origin. Almost 30% of our clients are children and youth. Approximately 14% are people seeking asylum. We ran 188 group activities involving 2417 participants. QPASTT also conducted 98 training sessions with practitioners from agencies throughout Queensland to build their understanding of refugee trauma. Jointly with Multicultural Australia, QPASTT facilitates quarterly gatherings for community leaders from Queensland's refugee communities.

As a specialist agency, our primary focus is refugee trauma recovery. This means that all of our passion, energy and focus is invested in delivery responses that support people from refugee backgrounds to heal.

More insight into our work is included in the Appendices.

QPASTT is the Queensland member of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT).



Summary

'If healing is happening, I can imagine my future.' – QPASTT Youth Client

QPASTT has over 25 years of experience supporting humanitarian migrants, former refugees, and asylum seekers to recover from the legacy of torture and trauma. This submission pays tribute to their courage and resilience in journeying towards recovery and healing, while making a new home in Queensland.

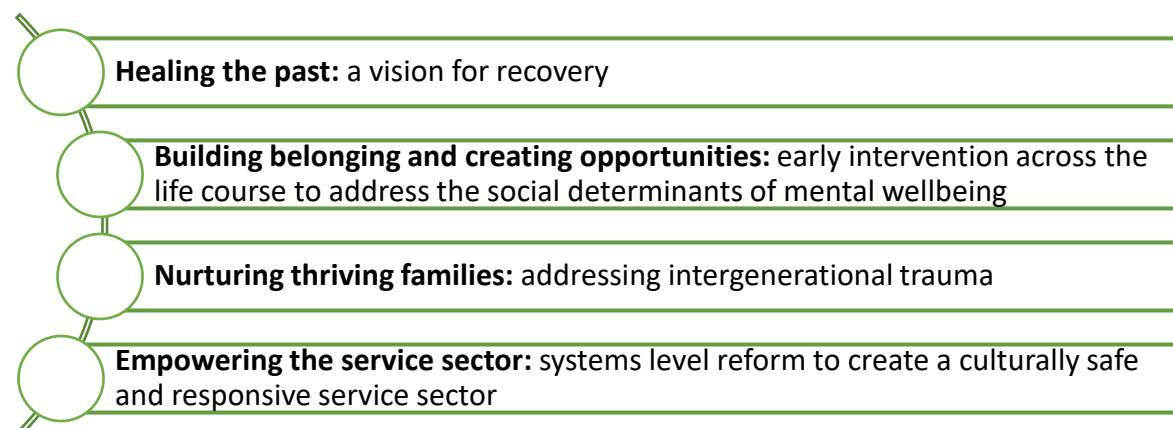
The incidence of psychological distress is much higher among former refugees than people who have not had experiences of displacement and dispossession. Australian statistics suggest between 3 and 4 times higher. On this basis, we estimate that there are many thousands of Queenslanders whose mental health and wellbeing outcomes would be improved with additional support. While expanding mental health service delivery in Queensland is undoubtedly warranted, without a specific action plan that encompasses a specific response to the complexities of refugee trauma, it will not be enough.

The Mental Health Select Committee has an opportunity to address this issue by recommending:

- Increased investment in the expansion of a well-resourced specialist sector. There are three avenues through which the Queensland Government can support the specialist sector:
 - Developing a state-wide, bi-cultural workforce to undertake community-based and culturally appropriate mental health promotion, as well as systems advocacy and navigation to improve access to mainstream mental health services.
 - Enabling holistic support across the full care continuum. This includes for the development and delivery of culturally safe and trauma informed parenting and youth programs to intervene early and arrest the intergenerational transmission of trauma
 - Continue to fund the Asylum Seeker Mental Health Rapid Response program.
- Increased investment to develop a trauma-informed culturally responsive service system which is accessible to all people from culturally diverse backgrounds and reduces current barriers to equitable participation. Two key strategies are required:
 - Co-design with communities from refugee backgrounds on ways the mainstream mental health service system can be improved. This includes the development of a suite of intake, assessment and referral processes to be used in mainstream mental health services, both clinical and community, that are informed by an understanding of complex refugee trauma
 - Delivery of a professional development program for the mental health workforce that builds not only cultural capability but a deeper understanding of the impact of complex refugee trauma.

Structure of this Submission

Following a brief introduction to the refugee journey, the submission is organised around four topics.



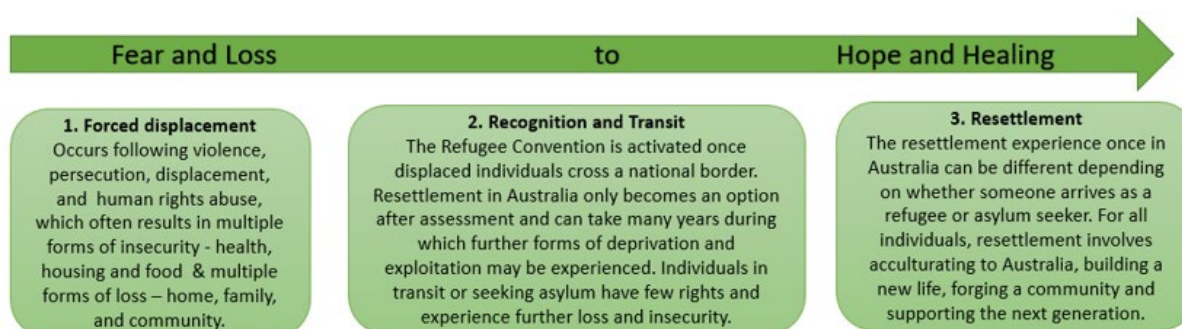
In each topic we will look at the state of the evidence and how QPASTT is addressing the need to improve the mental health outcomes of people from refugee backgrounds. Part of the purpose is to help situate our work while explaining the complexities of refugee trauma.

Next, we present a high-level blueprint for change. This builds the implications of the foregoing analysis and explains the actions the Queensland Government can take improve mental health outcomes for the former refugees who now call Queensland home.

The Refugee Experience: Understanding the Journey and the Exposure to Trauma

Since QPASTT was established in 1996, up until the recent border closures, Australia has accepted at least 13,000 humanitarian migrants each year in addition to people seeking asylum in our country. Australia's formal humanitarian program, however, dates to 1977. And as a nation, we have welcomed over 800,000 refugees to our shores since signing the 1951 Refugee Convention. Queensland is now home to tens of thousands of former refugees who have escaped persecution, violence, and dispossession. For example, it is estimated that there are 70,000 people of African descent who now call Queensland home (Queensland African Communities Council 2021).

Regardless of their visa class, humanitarian migrants are people who have been forcibly displaced from their homelands. Their journeys are varied, and their resilience is great. Nonetheless the evidence both internationally and in Australia is that people with this background experience much higher levels of psychological distress than those who have not (Hynie 2018). Part of the explanation lies in the structure of their journey from fear and loss during forced displacement to realizing the possibility of hope and healing through resettlement.



Across the first three waves of the Building a New Life in Australia Survey (BNLA)—a longitudinal survey which examined the experiences of former refugees who had resettled in Australia—between 36 and 41% of respondents were classified as having moderate to high risk of psychological distress. This is more than three times higher compared to the rates for the broader Australian population: 7% of men and 11% of women at any given time (Maio et al. 2017).

Exposure to multiple adverse events on the migration journey coupled with post-settlement stressors, which are encountered as people adjust to their new lives in Australia, were identified as risk factors contributing to these higher rates of psychological distress. These are in effect the social determinants of refugee trauma. Of our current client group being serviced, 23% have experienced some form of torture including physical, psychological or sexual torture or chemical, sensory or environmental manipulation. Additionally, 76% of clients report experiencing traumatic events including arbitrary imprisonment, kidnapping, witnessing death or harm to a significant other, destruction of home, communal violence, forced involvement in combat (including as a child soldier) and general deprivation and hardship.

In the third wave of the BNLA (2015-2016) nearly 700 children between 5-17 years were surveyed using the Strengths and Difficulties Questionnaire; parents completed the questionnaire for younger children. The findings are revealing about the ongoing impact of psychological distress among the children of former refugees. Most children are well adjusted. Nonetheless, the older age groups reported high levels of peer problems than other Australian children, this difference was statistically highly significant.

Barriers for People of Refugee Background Interacting with the Queensland Mental Health System.

The needs of people from refugee backgrounds arise from the nature of their mental health condition (including the likelihood that this stems from trauma), associated stressors as well as the history of their interaction with health and mental health systems.

From QPASTT experience, there are numerous barriers that people from refugee backgrounds experience when interacting with the mental health system. These barriers relate to both access and participation.

- At a population level, QPASTT is not aware of data that is available in relation to mental health service utilisation for people from refugee backgrounds in Queensland.
 - From QPASTT experience, there is significant underutilisation of services (across the care continuum). There are numerous national and international studies that demonstrate lower utilisation rates of mental health services than the general population (Saunders et al, 2018). It is frequently the case that there needs to be a significant deterioration in mental health or a crisis before help is sought by either the individual or their family.
 - Based on parent surveys, a recent study of Australian children with mental health disorders showed that children from non-English speaking backgrounds are the least likely to access mental health services (Hiscock et al, 2019).
- Stigma continues to be a significant barrier to access. Community leaders frequently highlight that the words 'mental health' are a deterrent to accessing support. This is intensified for families with children and youth who do not want their child to access a mental health service for fear that their child or young person will be negatively labelled and that this may have

long-term consequences into their future. For some parents, there is significant shame and a feeling that they are to blame for their child's concerns.

- People's past experience of torture and trauma at the hands of authority figures overseas (including medical personnel) means that there can be significant reluctance to engage with formal services, especially if they are not felt to be culturally safe.
- Practical barriers also exist to prevent access and participation. These include:
 - Previous negative experiences with health care professionals including perceived lack of knowledge and empathy about the refugee experience.
 - Lack of use of interpreters. A recent Evaluation of the QLD Refugee Health and Well Being Policy and Action Plan revealed only 63% of patients who needed an interpreter in a primary care setting were offered one.
 - Lack of a feeling of cultural safety.
 - Fear that information will not be kept confidential and authorities such as the Department of Immigration may be informed (this is a significant fear for people seeking asylum).
 - The costs and complexity of engagement (travel, medications etc).
- The Multicultural Mental Health Coordinator Program of the Queensland Transcultural Mental Health Centre is critical for facilitating culturally responsive mental health care. This program could benefit from expansion as well as the employment of liaison workers from refugee backgrounds who are able to support access and improve navigation of supports.

People Seeking Asylum – A Unique Situation

- QPASTT works with people seeking asylum who are living in the Queensland community or who are in immigration detention within Queensland. Approximately 14% of our total client numbers are people seeking asylum.
- People seeking asylum in Queensland experience a unique set of barriers. Some have spent indefinite time in immigration detention or offshore in Nauru or PNG which has directly led to poor mental health outcomes. Others have lived in the Queensland community with an unresolved visa status or a return pending immigration status for almost a decade. Many do not have access to Medicare or have the right to work.
- There is no doubt that the major stressor for people seeking asylum relates to immigration status resolution and QPASTT acknowledges that this is a Commonwealth Government responsibility.
- Irrespective, some people seeking asylum (including children who may have been born here) have been living in our Queensland community for more than a decade.
- It would be QPASTT's strong opinion that people seeking asylum are residents of Queensland despite their immigration status and therefore they are entitled to the fundamental rights, including the right to protection from inhumane or degrading treatment, that are outlined in the Queensland *Human Rights Act 2019*.
- After a significant period in detention (both in Australia and offshore in either PNG or Nauru) and without immigration status resolution, a significant proportion of clients present with:
 - complete sense of powerlessness, loss of hope and absolute shattering of assumptions about humanity including their welcome in Australia.
 - secondary trauma from extended detention including substantial decline of pre-existing internal emotional coping strategies and emotional regulation;

- heightened and long-lasting states of distress due to difficulties with living conditions (severe financial stress often without the means to change this situation due to visa restrictions such as lack of work rights, deteriorating mental health, transient housing);
- fear regarding immigration uncertainty including risk of re-detention, deportation, transfer back to Nauru or PNG;
- stressors in their family unit (both in Australia and overseas) impacting on mental health;
- generalised lack of trust in systems of helping. This is compounded if medical and allied health staff do not understand the asylum seeker experience. Some asylum seekers report that care professionals doubt their experience stating that 'Australia would not do that'.
- The symptomology of children and youth seeking asylum is significantly worse than other children and youth from refugee backgrounds that QPASTT supports. Statistical information about these differences is provided at Appendix 1.
- There continue to be suicides of people seeking asylum in Queensland.
- Other practical stressors impacting on mental health include:
 - Lack of access to Medicare for some people. Despite Queensland Government policy stating that asylum seekers will not be charged for accessing the public health system, frequently bills are issued which is incredibly stressful.
 - Many asylum seekers living in the community do not have access to work rights or to income support. Some (including children) live in constant risk of destitution.
 - Many clients cannot afford the cost of medication therefore do not take prescribed medication or they self-medicate at lower doses to reduce costs. They also cannot afford transport costs to attend appointments.
 - Many people seeking asylum are unwilling to access government mental health services for fear that the Department of Immigration will find out and that this might lead to a negative character determination resulting in re-detention or return.

Hamid's Story. Hamid (name changed) is a 24 year old young man originally from Iraq. He arrived by boat with his father and brother when he was 12 years old. His brother has a disability. His mother and sisters remain overseas. He spent some time on Christmas Island in immigration detention and then was released into the community. The family have been living in Brisbane for almost 11 years and have been QPASTT clients for much of this time. They have not had Medicare access or work/study rights for many years. Regardless, Hamid was always a charming and resilient young man with many hopes and aspirations. In the past two years, he has tried to enrol in TAFE to pursue an introductory course to become a painter but was refused because he does not have study rights. He tried to enrol in his local SES group to volunteer but was refused because of his immigration status. Despite these disappointments (and the feeling of rejection), he occupied himself by trying to help others. In the past year, however, his mental health has significantly deteriorated. Despite being resilient for many years, he has finally lost hope and become angry, anxious and depressed. He cannot afford medication and regardless is too scared to take it because he is fearful that he will be re-detained if 'the government finds out I am crazy'.

- In partnership with the World Wellness Group, QPASTT receives funding from Queensland Health to provide a Mental Health Rapid Response service to people seeking asylum. **This funding will expire on 30 June 2022.** This service is a critical companion program of the Asylum Seeker and Refugee Assistance (ASRA) program which was funded for four years from 1 July 2021.

Healing the Past: Our Vision for Recovery Across the Care Continuum.

What We Know

Australian policy makers and mental health practitioners increasingly understand that recovery is a multifaceted concept, involving clinical, functional, and personal aspects (Productivity Commission 2020; State of Victoria Royal Commission into Victoria's Mental Health System 2021). This means that recovery involves more than the abatement of disruptive and distressing psychological symptoms (clinical). Recovery can involve acquiring stable housing and returning to work (functional). Moreover, attending to interpersonal relationships and regaining a stable sense of self with compassion and aspiration is important (personal).

Recovering from refugee trauma can involve all these aspects. Additionally, however, it entails building belonging, building community and justice work. This means that healing occurs in tandem with developing a sense of safety, security and connection in a new country (building belonging), establishing relationships in and through cultural groups which are cohesive and connected (community work), while regaining a sense of personal dignity as an individual who is entitled to human rights and protections in Australia, those very rights which were violated in the past (justice work). The significance of these additional layers and levels of recovery from refugee trauma are acknowledged by international bodies (World Health Organisation 2019, 2021), but not well recognized in Australia.

Although there is well established data on the prevalence of distress and trauma in refugee populations, there is more debate about effective interventions (Gopalkrishnan 2018; Di Tomasso 2010). There is an emerging evidence base that suggests culturally adapted forms of modalities such as narrative exposure therapy coupled with multimodal interventions such as group work may be most effective (Hynie 2018; Renner, Bänninger-Huber, and Peltzer 2011; Slobodin and De Jong 2015). QPASTT experience corroborates this; the best interventions adapt traditional modalities through both culture and community-based healing methodologies.

What QPASTT Does

QPASTT has worked closely with communities to develop an ecological model of healing from refugee trauma, which embraces the multiple levels of recovery across the care continuum (including treatment, harm recovery and crisis intervention). Our work is guided by an understanding that recovery is affected by a complex interplay of pre-arrival experiences as well as risk and protective factors encountered by people from refugee backgrounds after their arrival in Queensland.

Our overarching framework emphasises our understanding that trauma recovery is a journey involving healing, belonging, thriving and justice.



Healing

Supporting recovery across mind, body and spirit.



Belonging

Enabling culture and community-based healing and connectedness.



Thriving

Improving the social determinants of health that are critical for recovery and reducing the risks of intergenerational trauma for families.

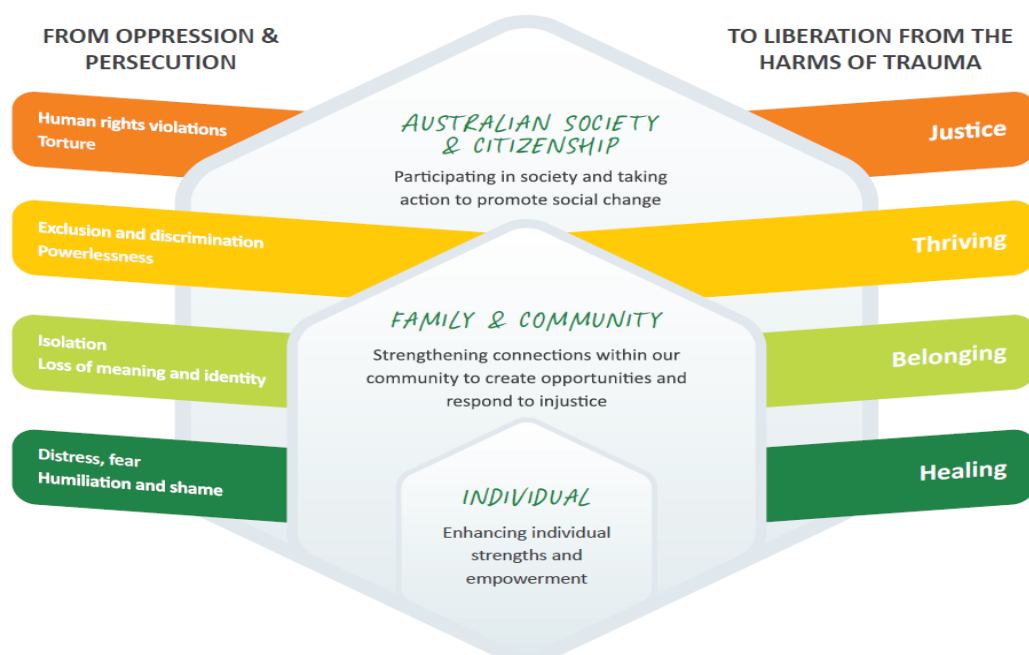


Justice

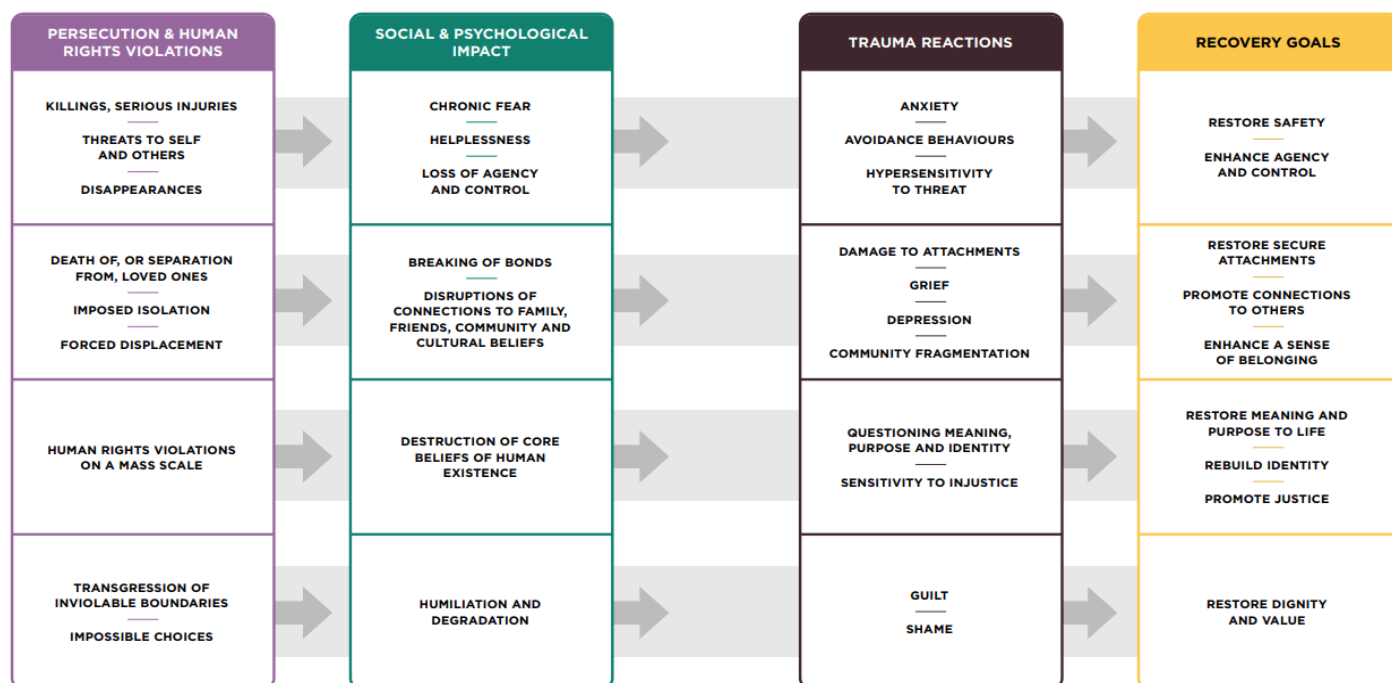
Upholding human rights so that there is equity of outcomes and collaborating for impact to achieve social and economic inclusion.

The two diagrams below summarise our approach¹.

Our Trauma Recovery Framework



Our way of working involves a focus on the trauma recovery goals so that our clients can overcome the legacy of trauma and live meaningful futures in Australia. Trauma focused interventions address the trauma reactions listed below to advance individuals towards recovery goals.



¹ These trauma recovery goals (and the second diagram) were developed by the Victorian Foundation for Survivors of Torture (VFST).

Building Belonging and Creating Opportunities: Early Intervention across the life course to address the social determinants of mental wellbeing

What We Know

In addition to the effects of trauma, post-migration stressors figure among the social determinants of mental illness for humanitarian migrants. Such stressors arise from discrimination, social isolation, unemployment, and housing insecurity. They play a role in precipitating and or deepening psychological distress. This is true of broader Australian society: in Australia 1 in 4 of the poorest 20 per cent of the population have psychological distress at a high to very-high level, compared to approximately 1 in 20 people in the richest 20 percent (Isaacs et al. 2018).

Settlement—making a new home in a new country—however, entails additional challenges, including learning a new language and understanding a new culture. But it does not have to cause undue stress if the right supports are in place to assist individuals navigate systems, create connections, contribute to cohesive communities.

This means

- building belonging and creating community for former refugees is part of healing.
- building belonging and creating community for former refugees is also a form of early intervention, which can help to prevent and mitigate high levels of psychological distress.
- building belonging and creating community means different things for people of different ages, and approaches need to be nuanced accordingly.

In other words, effective and ongoing trauma recovery support (in close collaboration with settlement providers) that is focused on community-based healing is an early intervention strategy for humanitarian migrants.

Many people from refugee communities have limited experience with mental health services on their arrival in Australia. Mental illness maybe somewhat stigmatised in the countries and cultures of origin. Moreover, the knowledge systems used by humanitarian migrants to make sense of emotional distress and behavioural change can involve cultural and spiritual ideas which are not reflected in western, medical models for the treatment of mental illness (Gopalkrishnan 2018). This can pose barriers to early intervention and ongoing engagement when using mainstream models. It suggests the importance of community led strategies that deploy concepts and ideas, like working with local community leaders and deploying cultural wisdom, which mean that information about psychological distress and how to minimise it are more easily assimilated by refugee communities.

What QPASTT Does

QPASTT understands that healing from the legacy of torture and trauma is both an individual and community process. People with similar experiences within ethno-linguistic and cultural groups can work in solidarity, using community resources and cultural practices, to share, process and heal. The healing process can be advanced when there is community recognition and support for the journey.

QPASTT delivers an integrated model of work to build belonging and create opportunities. On the care continuum, this work is focused on prevention through wellbeing promotion and early intervention.

Group Work – Prevention through Wellbeing Promotion

We deliver a range of groups that nurture culture and community-based healing. The types of groups are co-designed with participants include:

- groups that promote healing and wellbeing and build belonging and connection.
- groups that improve understanding about trauma and recovery and reduce stigma.
- therapeutic groups that help people to process their trauma together.
- groups that improve social and economic outcomes.

Reflections from QPASTT'S women's group members:

“ I miss my life (in my home country), but from the moment I started attending these groups, I felt like I'd found a family. ”



“ (The day the group meets) is like a very special day for me. I just breathe and take a break from everything - from home, from family and I take a break for myself. ”



“ Yeah, there is a connection it's a very strong connection and a very beautiful connection between all the women and the proof of that is that we share every like emotion. We share, sadness, we share happiness, we share our occasions, we share. For example, the women are from different backgrounds but we share all our cultural celebrations. ”



“ The women have supported me and they encouraged me to be the better version of myself and they made me do things and have the opportunity of doing things that I was not able to do in my home country... Before I, I used to attend this woman group. I used to feel lonely and I used to not go anywhere at all. I would just be the whole time at home. ”



Youth Work – Early Intervention

Almost 40% of QPASTT clients are children and young people. The focus of our youth work is promotion of early help (from both an early in need and early in life perspective). Many of the young people we work with have spent the majority of their life in Australia or were born here. Our work with them is about reducing the future burden of trauma by reducing risk factors and building protective factors against intergenerational trauma.

In 2019, QPASTT undertook extensive consultation with youth across the state which resulted in the co-design of our youth strategy. Young people requested that the words 'refugee', 'trauma' and 'mental health' not be used because what is most important for them is that young people are able to seek help without the burden of labels.

The urgent need for safe places where young people from refugee backgrounds can gather was a consistent request by young people irrespective of community. This directly led to QPASTT's partnership with the Queensland African Communities Council to develop a youth-led drop-in hub in Redbank Plains in 2021. It is critical that this Hub continue, however insufficient funding may force its closure.



"I personally joined Youth Voice because I always valued my confidence and wanted to use it for being a part of something useful. I have always searched for a platform where my ideas can come to life and be valued. Youth Voice is all about helping all our youth boost their confidence and be a part of it. Youth Voice is important to people because it is a safe place where new ideas can form and create change. If you see things in society that need to happen or improve, Youth Voice is the place where all these ideas can be heard. Importantly, Youth Voice helps improve your social and communication skills. I personally kept my life engaged and fun by joining Youth Voice. I get to do things that I have always wanted to do - like giving a speech regarding an issue in Australia, doing the fitness group on Saturdays and many more activities."

NOORIA AHMADI, YOUTH VOICE MEMBER.



Nurturing Thriving Families: Addressing Intergenerational Trauma.

What We Know

There is clear evidence of the intergenerational transmission of trauma, with higher levels of psychological distress and mental illness found in children whose parents have suffered adverse events. But less consensus on which are the relevant mechanisms—biological and psycho-social—that facilitate the transmission of trauma across the generations (Uddin and Sipahi 2013; Warner and Weissman 2013). Nonetheless there is suggestive evidence that parental practices which enable secure attachments are a protective factor. Reducing the level of psychological distress in parents, alongside building parenting skills in the Australian context, can moderate the intergenerational transmission of trauma.

What QPASTT Does

We bring this evidence to bear in the development and delivery of culturally appropriate parenting programs that are not only trauma-informed but help build resilience against the sequelae of trauma as it can become manifest in parenting practice. Situating such interventions in non-stigmatising community contexts is essential. So too with the programs we deliver to support children and youth through all key school transitions: at commencement, through the middle years and school completion.

Our parenting programs have been developed taking into consideration multiple lenses:

The Trauma Lens: Evidence highlights that people from a refugee background are enormously resilient. Indeed, surviving the refugee journey demands a capacity to adapt and improvise in adverse circumstances, which is at the core of resilience. However, the cumulative impact of trauma, including significant loss and insecurity, can manifest in multiple challenges to family wellbeing. It can affect attachment, behaviour and relationships and transcend generations.

The Culture Lens: Culture encompasses the knowledge systems and life practices with which we create identities, sustain relationships across generations and think about our contribution to the world. It has noted effects on the way that people parent, and how they interpret and cope with the acculturation process. Culture affects how people understand suffering and psychological distress: what causes it and how to heal. Resettled refugees develop new bicultural identities in Australia. Sometimes in families this occurs at a differing pace between adults and their children which can lead to intergenerational conflict. When working with families from refugee background – a culture lens encompassing both cultural worldviews and the complexities of acculturation is critical.

Life-stage and Gender Lenses: While shaped by similar factors, refugee journeys are also affected by gender and stage of life. For many children and young people, schooling has been disrupted. Some may have lived in situations of extreme deprivation or poverty during critical stages of development thus impacting on physical growth. For some women and girls, they have arrived as women at risk and may have been subject to gender-based violence.

The Re-Settlement Lens: The process of resettlement can be challenging, learning new languages and understanding new systems including barriers to accessibility. Encountering discrimination, cultural misapprehension and misunderstanding can produce social isolation and withdrawal compounding trauma.

Despite the co-design and development of successful parenting programs, current reach is very limited. Due to resource restrictions, we are currently able to run only six parenting programs each year involving approximately 100 participants. Reach could be improved through the development, nurturing and employment of a pool of bicultural workers with refugee lived experience who are trained to deliver parenting programs widely within communities. This would be an important step for reducing stigma. There is a specific need for targeted parenting programs for new parents as well as fathers (for whom uptake is low).

Magdalena's Story

Magdalena Kuyang has worked for QPASTT since 2006 as a Counsellor/Advocate and community development practitioner.

"As a counsellor working within a bicultural framework, you need to be culturally sensitive and patient. You need to build a strong rapport and have a very strong sense of compassion and acceptance for your clients. You must be non-judgmental and respectful – taking the time to really get to know your client and understand how they are presenting.

I do this work because I want to help people find hope. Without hope, life is very difficult.

I've been working in this field for 15 years in Australia. Before that I was a counsellor in Uganda for about four years, working in a refugee camp. I'm originally from South Sudan but we moved to Uganda when I was a teenager because of the war. I started my counselling training when I was living in a refugee camp, working with refugees from South Sudan, Somalia and Congo. Clients often want to be supported by counsellors with a lived experience of being a refugee or a counsellor who speaks their language and comes from a similar cultural background.

One of my personal motivations for doing this work is helping people to understand the importance of counselling – everybody can benefit from someone to talk to and it doesn't mean you are sick or unwell. Many cultures, particularly from Africa and Southeast Asia, don't talk very openly about emotional problems or are not familiar with the Western approach of counselling. In many cultures, people seek support or guidance from family members and elders, but here in Australia they might not have that support network. Every person in life needs someone that they can talk to, someone that can listen to them without judgement.

I do a lot of family counselling. If nothing is done to address trauma, it can keep on impacting future generations. If children haven't received enough emotional support because



"I do this work because I want to help people find hope. Without hope, life is very difficult."

their parents are struggling with trauma, it can create issues of children self-harming, dropping out of school, becoming involved in crime. Helping parents understand how important counselling is, especially in preventing intergenerational trauma, is something I'm personally passionate about."

Empowering the Service Sector: Systems Level Reform to Create a Culturally Safe and Responsive Service Sector.

What We Know

Queensland has legislation and a suite of policies in place to support its culturally and linguistically diverse communities. Nonetheless our client experience indicates that mainstream health and mental health services lack cultural safety, with inconsistent engagement with interpreters and an unwillingness to understand cultural norms that may impact on service engagement and client understanding and comfort. Our clients face barriers in accessing the National Disability Insurance Scheme, including through the early childhood approach.

Research indicates that developing health and mental health services that are culturally responsive, appropriate, and safe, involves working at multiple levels. The strategies required are well documented (Harrison et al. 2020; Hudelson 2005)

- **Promotion and prevention:** using culturally relevant concepts and frameworks; sending messages through multiple channels using community leaders and networks to ensure access and address stigma and anxiety
- **Outreach, intake, and assessment:** again, mobilizing community networks to create relationships with providers, reviewing processes to ensure that intake and assessment questions are culturally relevant/accessible (that is don't require local knowledge) and ascertain the level of language services required to facilitate engagement—this needs to happen early or else individuals can get part way through a consultation of procedure before practitioners realise that language discordance is a barrier to effective communication
- **Practice and Procedures:** effective use of language services to facilitate understanding and reduce anxiety during consultations and procedures which will also promote greater compliance with treatment protocols
- **Training and other administrative supports:** building the workforce capability having systems in place to that make it possible to implement and evaluate the foregoing strategies
- **Data collection and evaluation:** to ascertain patterns of health care use and need and plan accordingly

What QPASTT Does

We take an ecological approach to mental health and wellbeing. And this means that we work at multiple levels. It is hard to overstate the point: we can't achieve impact for individuals and communities, without also working closely with the service system, and the policy environment to enable other providers to institute trauma informed care and to ensure that policy settings also work to support healing.

We do this by:

- Delivering training to agencies and groups to improve their understanding of refugee trauma.
- Collaborating to co-design and implement activities which ensure that trauma is not a barrier to economic and social participation.
- Engaging in systemic advocacy to equity of outcomes for people from refugee backgrounds.

What it means to QPASTT being a specialist agency

Across all funding streams, QPASTT is predominantly funded to deliver trauma recovery treatment. To a lesser extent we receive funding to do limited prevention and early intervention work. However, we do not receive any funding to support our broader functions as a specialist service. For us being a specialist means that we have a responsibility to have good connection, reach and impact with and for communities from refugee backgrounds. Equally, if systems improvement is to be achieved, it is critical is for us to be successful in our influence so that there can be genuine progress towards achieving equity of outcomes across the mental health system for people from refugee backgrounds.

Thus, as a specialist agency, we view it as our responsibility to have connections and wide reach which facilitates our impact and influence.

Connection. The nature of our connection with clients and communities is built on trust and safety. Trauma recovery goals which build dignity and respect, are at the centre of our work.

Reach. Our reach is with refugee communities across Queensland. We work across both lifespan and wellbeing continuums. We work with anyone from a refugee background irrespective of culture, age, gender sexuality, number of sessions required or length of settlement).

Impact. Our work alleviates barriers to accessing wellbeing and mental health support. We achieve outcomes in healing from trauma. Where necessary, we work in close collaboration with acute services to meet individual and community need.

Influence. We have the understanding, evidence, and relationships to be influential about refugee trauma recovery for the benefit of people from refugee backgrounds in Queensland.

Currently, our work to create communities, systems and policies that will enhance outcomes for our client group is not funded. We invest ourselves and try to be creative in how we are influential; however, this does not enable effective sector development and is not financially sustainable. As a specialist agency we can and must do more to ensure access to culturally safe and responsive services in the mainstream, alongside the delivery of specialist support to individuals and families.

What Needs to Happen Now.

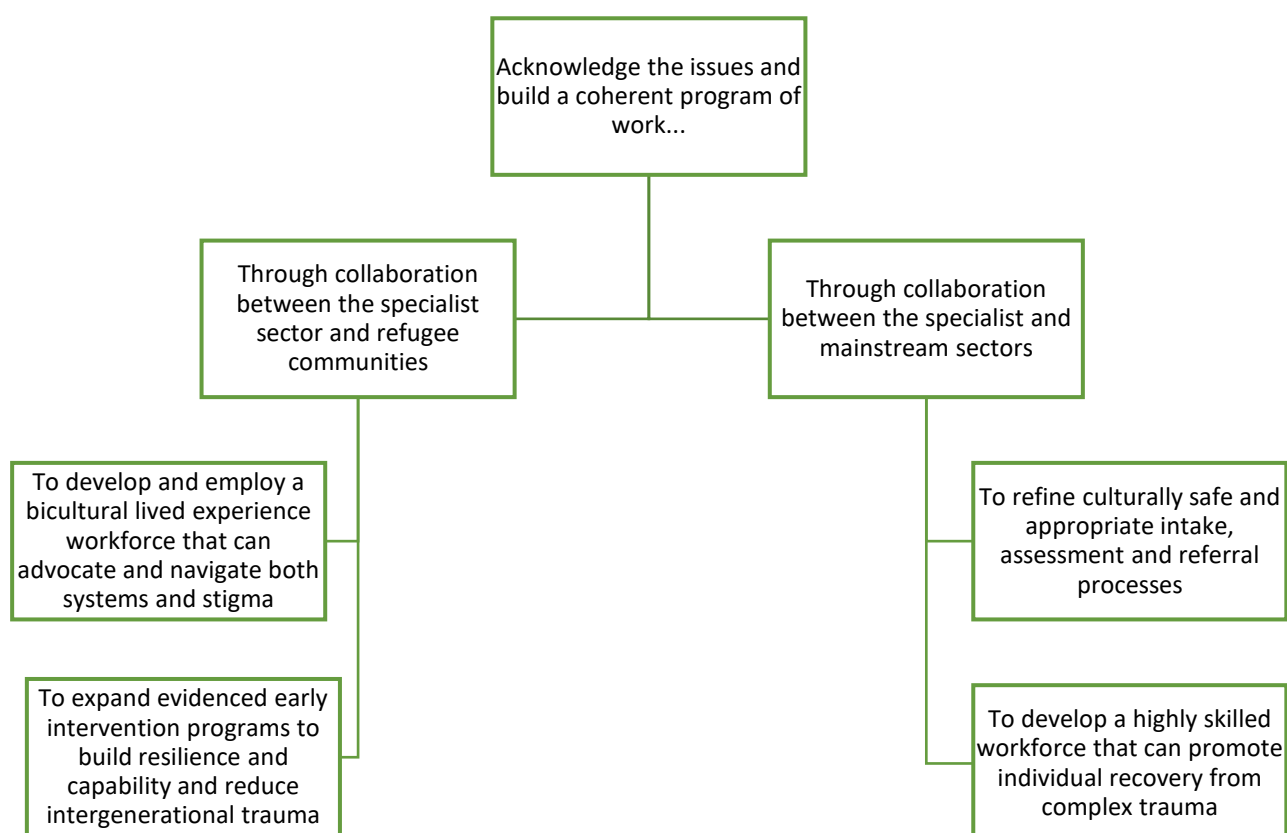
QPASTT has created a blueprint for change, with each step explained in the next section. The key principles governing this blueprint are:

- Support for a well-resourced specialist sector: QPASTT is an example of what has been termed the “missing middle” in mental health care, providing specialized but sub-acute forms of care. The foregoing analysis demonstrates the centrality of this approach in promoting recovery from complex refugee trauma. It also reveals that this work is much more than the provision of individualized care, working with and through community is also integral.

- Support for codesign with community. There is increasing evidence that accessible codesign processes can yield better service design and increase community engagement with healthcare (O'Brien, Fossey, and Palmer 2021; Palmer et al. 2019). But this cannot happen unless the codesign processes themselves are appropriately resourced and the sector has the capacity and capability to implement the outcomes of design processes.
- Support for sectoral collaboration. The work of collaboration is rarely funded directly. But if it is to succeed, transforming the mainstream mental health sector will require careful attention to governance for collaboration. The program of work for which we are advocating would benefit from support for the emergence of collaborative governance involving both the specialist refugee and multicultural services with mainstream providers to create respectful relationships that can facilitate change.
- Support for developing the evidence-base. This submission has been based on both academic research and QPASTT's own experience of service delivery. Nonetheless there are gaps in our knowledge and insufficient evidence about the degree of change we can achieve. This is often the case when working with complexity. Complexity demands a nuanced approach to developmental evaluations that monitor a program of work as it happens, triangulating multiple forms of evidence to deepen our understanding of how to promote healing and recovery

What Can the Queensland Government Do?

QPASTT's blueprint for change



Step 1: Acknowledge the Issues

- We appreciate that humanitarian migrants are not the only group requiring additional specialized support. We acknowledge that there is significant pressure across the entirety of the Queensland mental health system.
- Nevertheless, QPASTT is facing significant demand pressures (more information about our service demand pressures is provided in Appendix 2). QPASTT is funded by Queensland Health to support 500 clients per year across all programs. We also receive funding from Commonwealth Health to support approximately 2000 individuals. Due to Covid as well as the impact of international crisis situations in Afghanistan, Ethiopia and Burma, our referrals have increased by over 200%. At present we have almost 500 people on our waiting list and it is growing each month. Approximately 30% of our waitlist is for people in Townsville, Cairns and Toowoomba. As a service we are moving into crisis point because we are unable to meet demand. We may be forced to close our waitlist which would impact our clients, other services and the mainstream mental health system.
- Prior to Covid, 50% of humanitarian settlement was occurring in Toowoomba, Townsville and Cairns. There is critical need to ensure that recovery supports across the care continuum are available in regional settlement locations especially child and youth counsellors.
- If the data is correct however, tens of thousands of Queenslanders have experienced complex forms of refugee trauma and at least a third will experience moderate to severe levels of psychological distress. This mismatch between service provision and the level of need explains why our clients are often in significant distress when they start to receive support.
- The absence of support is undoubtedly implicated in disrupted settlement patterns, family breakdown and violence as well as the intergenerational transmission of trauma, meaning that the next generation of Queenslanders whose parents have experienced forms of complex refugee trauma are at greater risk of mental health conditions.
- While these numbers are staggering, QPASTT is aware that not all affected individuals require individualized counseling support. Many would benefit from having access to prevention and early intervention programs that promote wellbeing and facilitate early help. Access to early intervention and prevention programs would be a significant step in reducing the future burden of trauma for refugee communities in Queensland.
- We believe that with a concerted, collaborative effort and a coordinated program between specialist and mainstream systems that we could make significant impact on mental health outcomes for people who have experienced complex refugee trauma.
- In relation to people seeking asylum in Queensland, there is critical need that the unique stressors contributing to their mental health be acknowledged and responded to. QPASTT highly recommends that the *Asylum Seeker Mental Health Rapid Response Program* being delivered in partnership with the World Wellness Group be extended beyond 30 June 2022. Without this service, this highly vulnerable group will be completely dependent upon the mainstream mental health system.

Step 2: Support greater collaboration between the specialist sector and affected communities to promote healing and early intervention

As already indicated QPASTT has reach into and connections with communities built on trust and respect. Nonetheless, the Queensland government can support greater collaboration by funding the development of a state-wide network of bicultural peer workers and by funding the sector to undertake more early intervention and prevention work within communities.

Developing a bicultural workforce to improve access and engagement and reduce stigma

- QPASTT is a culturally diverse workforce. We employ numerous qualified people from refugee backgrounds into professional positions including as counsellors, youth workers, group workers and community workers. However, their roles are different to the peer worker role.
- It is already will established that peer workers can assist mental health service provision, bringing lived experience to bear to reduce stigma and promote access to effective services (Productivity Commission 2020).
- From QPASTT experience, skilled bicultural peer workers with refugee lived experience are weavers and connectors at their heart. They break down stigma through nurturing and by weaving people together in safe and meaningful ways. They are courageous and skilled at connecting people to the care they need.
- While sometimes providing language support, bicultural workers may not be qualified interpreters. Instead they have a specific set of skills with which to assist recent migrants navigate the often-complicated service systems in their new home. Additionally, bicultural workers use their insights about culture to build the capability of the agencies with which they work to have more effective relationships with the culturally and linguistically diverse people and communities that they serve (Federation of Ethnic Communities' Council of Australia 2016).
- QPASTT wholeheartedly endorses the Queensland Mental Health Commission *Framework for the Development of a Mental Health Lived Experience Workforce*. As an agency we have done the groundwork to build our organisational capacity across the focus areas. We simply do not have the resources to employ workers to build the workforce.
- The development of such a workforce in Queensland would be a tremendous step forward in breaking down barriers within communities, building community knowledge and capacity to seek help early as well as independently navigate services systems (including the Queensland Mental Health System and NDIS). A bicultural workforce would play an important role in enabling proactive engagement in wellbeing promotion and prevention activities that improve social and economic outcomes. Additionally, the workforce we envisage will have further responsibilities in the codesign of culturally safe mental health promotional messages that capitalise on community strengths and cultural knowledge.
- QPASTT's proposal is to develop a casual pool of bicultural peer workers with refugee lived experience who are trained, supported and skilled to directly engage with refugee communities around promotion, prevention and early intervention mental health engagement. Our vision is for this pool to directly support QPASTT's work (including group and youth work). Equally, it is our vision that other agencies including the mainstream mental

health system could access this pool to improve their own engagement with refugee communities directly.

- Building a skilled bicultural workforce in Queensland would be a tremendous lever of change for enabling the mental health system to become more cultural safe and responsive to people from refugee backgrounds (and indeed for CALD people generally).

Expanding early intervention programs to build resilience capacity and reduce the intergenerational transmission of trauma

- At the heart of QPASTT's work is a focus on recovery for those who have directly experienced trauma. For our clients who are parents, however, their strongest fears and aspirations relate to their children. Their greatest aspiration is that their trauma does not transmit to their children. As a society as a whole, investment now will not only positively impact lives for many generations, it will significantly reduce the costs associated with intergenerational transmission and the future burden of trauma.
- We believe that it is possible to reduce the future burden of trauma. As already discussed, alongside trauma informed interventions that assist individuals to heal from the legacy of trauma, the QPASTT model has extended to the development of parenting, child and youth programs. On the care continuum, these activities are about prevention and early intervention to reduce current and future burdens of trauma for individuals, families and communities.
- QPASTT endorses the *Royal Commission into Victoria's Mental Health System* (the Royal Commission) realignment to focus on the establishment of 'Mental Health and Wellbeing Services'. This is already the QPASTT approach. What is needed, however, is a much greater investment in programs that are infant, child and young people focused that include supporting the mental health and wellbeing of parents and families.
- Additionally, programs such as the Queensland African Communities Council Youth Hub at Redbank Plains are important community led initiatives for reducing intergenerational trauma.
- QPASTT also endorses the Royal Commission recommendation for investment in supporting social and emotional wellbeing in schools. There is so much potential for schools to be positive environments. Innovative programs such as [HEAL](#), which use expressive therapies (art, music, dance, drama) are an example of the potential for embedding recovery into school environments.
- The development of an evidence base for these interventions involves triangulating evidence from specific refugee focused research such as the BNLA, with the emergent theories of intergenerational transmission and more established theories of family formation and child development—accounts of the significance of attachment, parenting style and bio-ecological factors for child wellbeing.
- Further research is required to better understand the experience of all young people from a refugee background: the BNLA did not survey children of asylum seekers and most of the child respondents were from two parent families. As well as the processes of family formation among people who are grappling with the legacy of complex refugee trauma.

- The best way to obtain this is through action research, co-designing interventions with community to articulate aspirations for parenting, child development and youth transitions in the Australian context, identify challenges and develop strategies to support the realisation of change. Codesign activities and subsequent interventions which are then subject to developmental evaluation to help build the evidence base.
- The Select Committee has an opportunity to recommend investing in this work and thereby early intervention to arrest the transmission of trauma and the mental health sequelae this suggests which can impact the developmental outcomes for children which in turn has implications for successful school and youth transitions.

Step 3: Supporting greater collaboration between the specialist and mainstream sectors to ensure that mental health service provision is not only culturally safe but equipped to respond to complex refugee trauma

As already indicated, there is a large literature which has established the key features of culturally safe mental health practice. The issue is not knowing what to do but developing the tools and relationships which will allow us to implement changes resulting in accessible practices.

Based on the insights of clients and practitioners there are two action areas that require immediate attention.

Refining culturally safe intake, assessment and referral services to facilitate access and system navigation for humanitarian migrants.

Individuals, families and communities repeatedly tell QPASTT that they do not feel culturally safe accessing and participating in the Queensland mental health system.

Over a decade ago, QPASTT in collaboration with the settlement sector in Queensland realised that humanitarian migrants were having difficulty accessing primary healthcare and formed a working collaboration with clinicians and practitioners in primary health and the hospital sector to workshop and address the issues. This led to the formation and funding of the Queensland Refugee Health Network of which QPASTT is a member. A similar strategy is now required across the mental health sector, in conjunction with primary care to address issues of access and participation for people from refugee backgrounds. It is QPASTT's view that funding to the Queensland Refugee Health Network should be expanded to enable a greater focus on building a culturally safe mental health for people from refugee backgrounds in Queensland.

Additionally, it is QPASTT's view that there should be an investment in developing a body of research evidence that can inform development and change that is specific to the engagement of people from refugee backgrounds within the mental health system.

Developing a highly capable mental health workforce that can identify and work with complex refugee trauma in ways that promote healing

QPASTT currently delivers training about complex refugee trauma. This includes a specific focus on the impact of trauma in children, youth and families. In 2020-21, QPASTT delivered 98 trainings about complex trauma to 1214 participants. This included 14 sessions with schools. QPASTT receives a greater number of requests for training than it currently has the capacity to deliver.

It is our view, however, that training is another lever which will enable the system to transform through empowering practitioners to become more culturally safe and aware.



From QPASTT practice, the vast majority of mental health practitioners are compassionate and empathetic to the refugee experience. However, for many there continues to be a fear that they are not skilled or qualified to appropriately intervene when it comes to refugee trauma.

QPASTT recommends that mental health practitioners have access to free training to improve their knowledge and skills in relation to complex refugee trauma. This is additional and different to cultural awareness and responsiveness training (which is also critical). For practitioners to be effective, they need to be aware of and able to apply the multiple lenses, as described earlier in the submission.

Further, QPASTT recommends that Queensland implement a whole of government strategy to enable key personnel to have access to complex refugee trauma training (this includes teachers, child safety and youth justice workers and workers in a range of frontline services including domestic violence, drug and alcohol and justice systems).

Conclusion



As the primary specialist service working with complex refugee trauma, QPASTT is in a unique position to not only advise the Queensland Government on how best to address complex refugee trauma, but also to activate community networks and linkages to facilitate mental health promotion and early intervention. Thousands of Queenslanders, who have experienced displacement and dispossession and who are now living and working, building homes and families in Queensland, will benefit from the investments we have recommended. We are proud to make this submission in recognition of the resilience and capacity of the people with whom we work and would be more than pleased to discuss it with the Select Committee further.

This submission was co-authored by Dr Julie Connolly. It includes the thoughts and reflections of numerous QPASTT staff including previous Co-CEO Dr Ignacio Correa-Velez. Of significance, over many years the clients and communities who QPASTT supports have guided us in their needs, hopes and aspirations. Community and youth leaders, especially, have been strong advocates for impactful trauma recovery and mental health care. This submission has been formed from decades of learnings and advocacy.

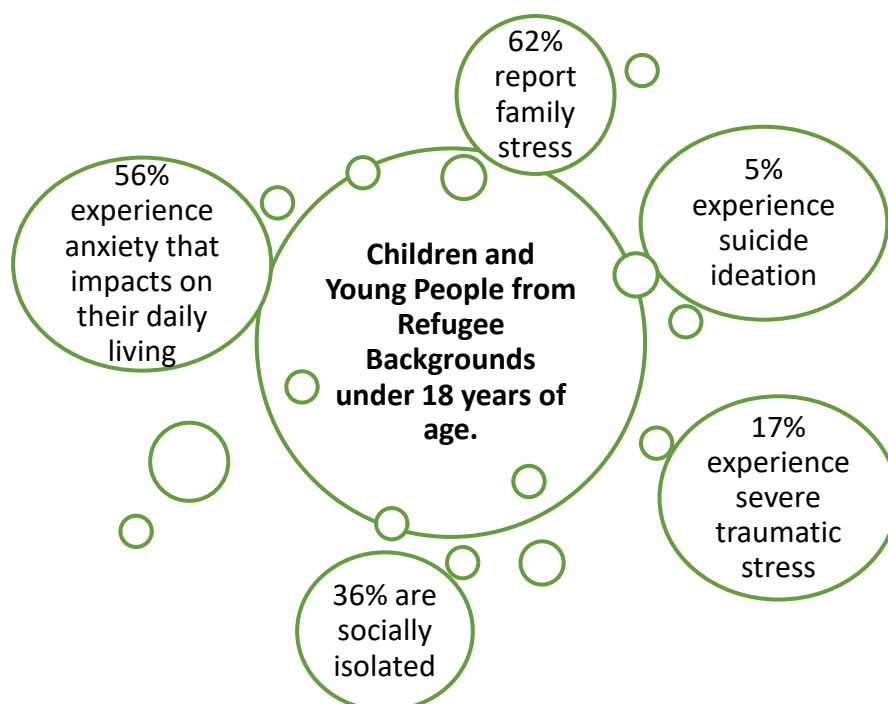
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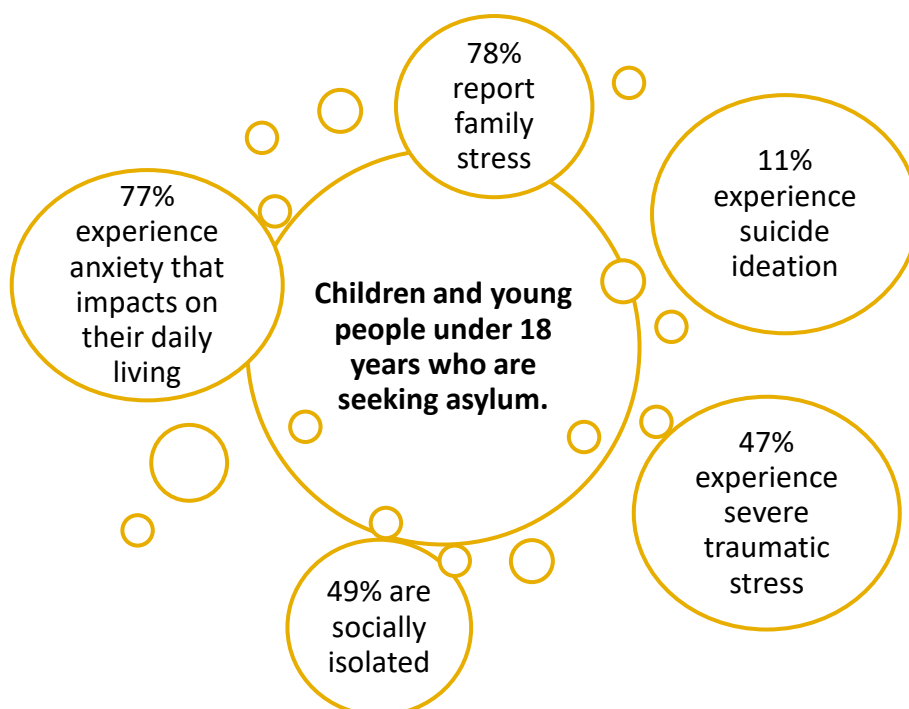
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Appendix 1 – Statistic Snapshot

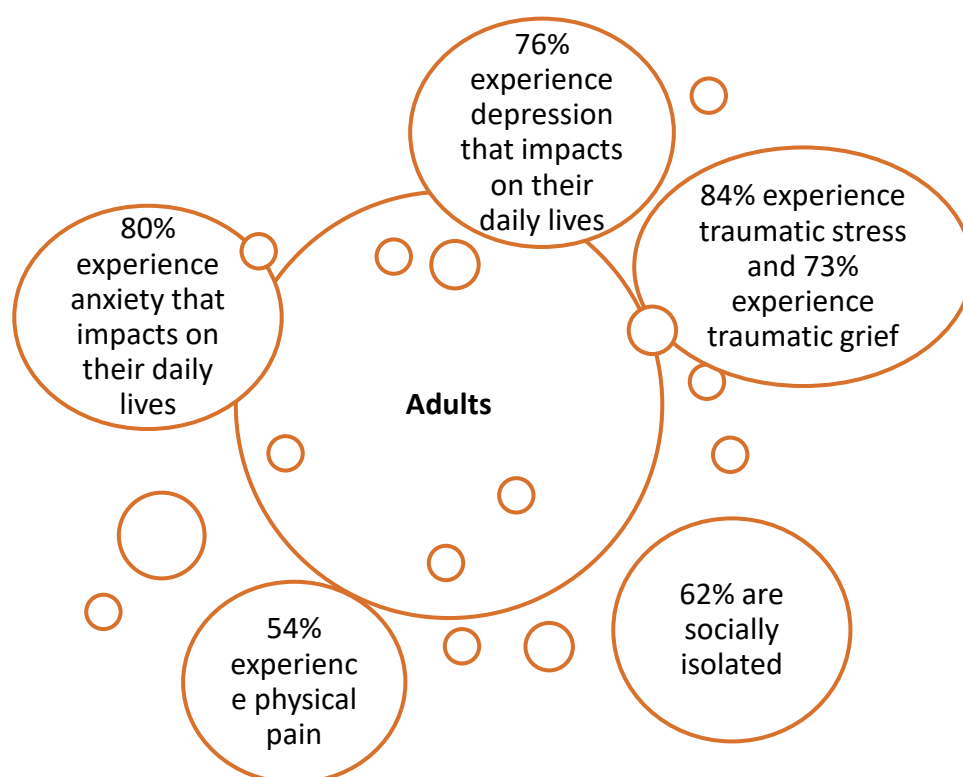
The following statistics are indicative of the experiences of children and young people from refugee backgrounds under the age of 18 years who are our clients.



The situation for asylum seeker children and young people under the age of 18 years is of significant concern. Their psychological situation is exacerbated by prolonged visa uncertainty.






The adults we support experience significant psychosocial and physical health symptoms (including pain) as a result of their trauma.



In a recent snapshot survey by our counsellors of clients supported on a single day in August 2021, 32% of individuals and families were experiencing 3 or more types of vulnerability in addition to trauma symptomology (including domestic and family violence, child safety, risk of homelessness and/or destitution, major concern for family members overseas and/or other crisis presentations).

📍 QPASTT client numbers and countries of origin

1996	2010	2021
 110 counselling clients from 18+ countries of origin 🌐	 2675* clients from 59 countries of origin 🌐	 6207* clients from 82+ countries of origin 🌐
Top 10 countries of origin: <ul style="list-style-type: none"> • Bosnia/Herzegovina • Iraq • Iran • El Salvador • Somalia • Ethiopia • Croatia • Serbia • Laos • Cambodia 	Top 10 countries of origin: <ul style="list-style-type: none"> • Burma (Myanmar) • Sudan • Afghanistan • Somalia • Iraq • Burundi • Sri Lanka • Congo (DRC) • Liberia • Ethiopia 	Top 10 countries of origin: <ul style="list-style-type: none"> • Iraq • Iran • Congo (DRC) • Afghanistan • Eritrea • Sri Lanka • Syria • Burma (Myanmar) • Somalia • Ethiopia

Appendix 2 – Service Demand Snapshot

Demand Pressures

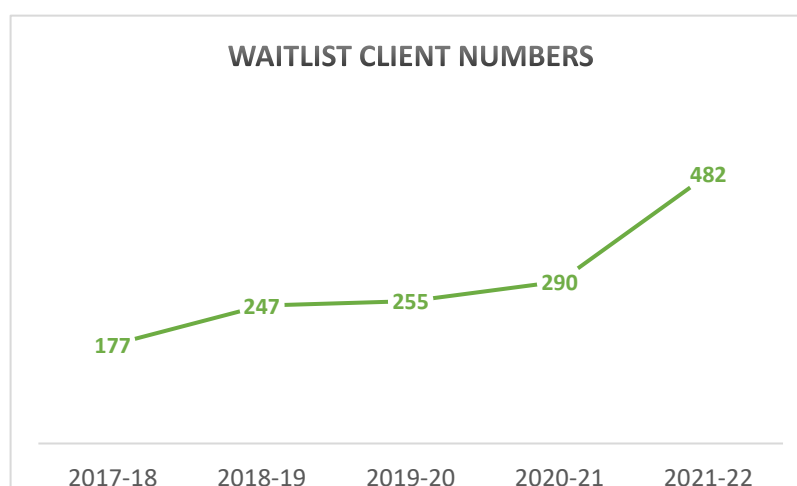
QPASTT acknowledges that there are demand pressures across the entirety of the mental health system in Queensland. The following is a snapshot of our own demand pressures.

Referrals

- In 2018-19, prior to the Covid pandemic, QPASTT received on average 43 client referrals per month. Approximately 30% of new referrals were for new humanitarian arrivals to Queensland who had arrived within the past 12 months (approximately 13 referrals were for new arrivals each month).
- In 2019-20, average referrals increased to 51 clients per month (19% increase in referrals across the year). Of note, this was during a time where there were no international humanitarian arrivals due to our closed borders. For clients who were not new arrivals, this was a 70% increase in referral numbers.
- In 2020-21, average referrals increased to 69 referrals per month (a 35% increase on the previous year). Again, there were no humanitarian arrivals due to closed international borders.
- In 2021-22, in addition to monthly referrals continuing to trend upwards, QPASTT received referrals for almost 400 Afghan evacuees across a three month period.
- Since 2019-20, there has been a 230% increase in referrals for clients who are not new arrivals (from an average of 30 per month to 69 per month). Our assessment is that this is directly related to the impact of the Covid pandemic.

Waitlist

Our waitlist has increased by 60% between 1 July and 31 December 2021. We currently have over 480 clients on our waitlist, with over one-third from regional Queensland (Cairns, Townsville and Toowoomba). There is a risk that we may be forced to 'close our books' due to the potential that people with high clinical risk will significantly deteriorate while waiting for support.



Appendix 3 – Insight into QPASTT's Work

Expanding our expertise across therapeutic modalities

QPASTT is committed to expanding our expertise and practice across a range of therapeutic modalities that encompass narrative, cognitive, expressive and sensory paradigms.

Advanced Practitioners Erica Fernandez and Kathleen McBride share how sensory/somatic interventions and Narrative Exposure Therapy are supporting the healing journey of QPASTT clients.

Erica Fernandez (pictured right) is an Advanced Practitioner who has worked at QPASTT for over a decade. She is exploring approaches informed by Sensorimotor Psychotherapy which prioritises bottom-up somatic approaches to offer a holistic approach to healing trauma that recognises the connection between mind, body and spirit.

"With trauma, people get stuck in patterns of protection and defence. We can disconnect, dissociate and compartmentalise as a way of coping and surviving. When that is taking place in the body, it can be hard to process the impacts of trauma through top-down talk therapy alone. A goal of somatic therapies is improved self-regulation - the ability to organise one's own experience, to understand what we're thinking, feeling and sensing, and to respond in ways that benefit us. Therapy sessions aim to bring awareness to the patterns of what's happening both in the environment and internally, making room for a client to learn ways to self-regulate and co-regulate with others.

I was working with a young woman from a Sri Lankan background. We did a few processes and asked questions about how she felt about her body. At the end of the session she exclaimed "I have a body!" It was a big realisation for her. Very gently and slowly, we started to befriend her nervous system, befriend her triggers at that somatic level, and understand her patterns of procedural response.

She realised that when she had panic attacks, while before she would sit feeling immobilised and overwhelmed, now she follows her impulse to move. She recalls an instance when she was pacing in her backyard while having a panic attack and telephoned her



mother. Together they experimented with what her body was experiencing – 'what happens if I walk faster,' 'what happens if I walk slower', noticing from the inside out what the body needed. Recently she said she has started to experience joy in her body.

As a therapist, I don't have the answers. The client, and often the body, has the answer - we just have to learn how to listen and pay attention to the story as it is expressed in the body. If we are in a disassociated or disconnected state, the story might be that 'I am alone, nobody cares, the world is cruel.' If we are in fight or flight mode, the narrative might be that 'the world is dangerous and we have to fight really hard.' If we are in a regulated state, feeling safe, calm and connected, the story could be that the world is actually okay, or even wonderful and beautiful. What I love about body and sensory work is that it helps us to understand that the physical/feeling state comes before the story - that we are creating the story to justify the nervous system response we are experiencing. When people realise that, a lot of shame falls away. When we start to pay attention from the inside out, we can see more clearly the stories that we have internalised. There's now room to ask ourselves if we want to hold on to those stories and get unstuck from unhelpful patterns of responding to our environment and stress.

Most Western psychotherapies are 'top-down' interventions that start with cognitive and emotional processing. Many other cultures recognise the connection to the body, and body therapy plays a much more substantial role in traditional culture-based healing modalities. Communal cultural traditions like dancing and movement let emotions move through the body. Rituals for mourning allow people to collectively grieve, cry and show their pain. Recognising their wisdom and efficacy, supporting opportunities for community and culture-based healing is a key focus for QPASTT.



Kathleen (pictured above) is an Advanced Practitioner who has been working with QPASTT for 10 years. In 2016 Kathleen trained in Narrative Exposure Therapy (NET) with VIVO International in Italy. Since then she has led the development of NET in the QPASTT context, training, supervising and supporting other staff. She is a member of VIVO International, an alliance of professionals experienced in the fields of psychotraumatology.

“Life is not what you lived but what you remember and how you remember to tell your story.” GABRIEL GARCIA MARQUEZ

“When survivors of torture and trauma, reach the relative safety of Australia, some can experience even more strongly the terror of the past as if it is happening all over again in the present. It may be a smell, a sound, a feeling of vulnerability that brings fragmented frightening images flooding back, painful body sensations and overwhelming feelings of fear, helplessness and shame.

NET offers a safe process of remembering, retelling and reclaiming fragmented traumatic memories to form a coherent life story that promotes recovery from complex trauma. This evidence based, culturally sensitive approach was specifically developed to promote healing from traumatic stress in populations who had survived multiple traumas across the lifespan including abuse, war, torture and persecution. By the end of therapy, a written testimony of the person's life story is produced and presented in recognition of the abuse of their fundamental human rights and their survival, courage and resilience.

The NET process involves plotting a Lifeline, a symbolic representation of significant life events in chronological order. Rocks represent very frightening, traumatic events and flowers represent times of happiness, connection and achievements. Candles are for times of grief and loss and sticks represent if the client was involved in combat or violence - such as child soldiers.

NET enables people to deeply explore and share their life story within a safe and structured process. They are supported by a therapist to connect the strong emotions, visual images and sensory experiences to specific times, places and events, allowing a cohesive biography to be developed. This promotes integration and healing by assisting clients to make clearer distinctions between the past, present and future

Clients report that symptoms of traumatic stress - nightmares, flashbacks, hypervigilance, somatic pain, overwhelming emotions, shame and hopelessness - have been significantly reduced after completing the NET process. Likewise, clients remember and enjoy more positive experiences, a greater sense of safety and trust in others.

NET recognises and validates that the client is a survivor of human rights abuses and that any human being who had experienced these multiple traumas, no matter where they are from, would have a highly increased chance of developing mental health issues. This recognition that the cumulative impact of traumatic stress would impact the wellbeing of any human being helps to break that stigma and taboo of trauma and mental health.

Clients have often said to me that they have never told anyone what they have experienced and have carried a deep sense of shame and guilt. They've often never had the chance to fully share their stories and share the burden of that experience with someone they trust.

Trauma can cast a dark shadow over all aspects of people's lives. When people are supported to emotionally process that trauma and share their stories, they're often able to more fully recognise their own strengths, resilience, and wisdom – they are able to grow and flourish.”

**NET was developed by M. Schauer, F. Neuner and T. Elbert, founding members of VIVO International, a not-for-profit alliance of professionals experienced in the fields of psychotraumatology, international health, humanitarian aid, scientific laboratory and field research, sustainable development and human rights advocacy. The development of NET at QPASTT has been significantly supported by Dr Elisabeth Kaiser from VIVO International.*

Rima's Story

"In Syria, I was a human rights activist and feminist, screenwriter and author. I started my activism from an early age. We lived under a dictatorship, with no freedom of speech or political freedom. In particular, life in Syria was very difficult for women.

When the peaceful uprising began in March 2011, I was part of it. We sought democracy, freedom, and human rights. I had to flee the country in less than a year with my children because I became wanted by the regime. I spent 3 years in Jordan, working with refugees and international human rights organisations documenting what was happening in Syria. I was a spokesperson for the media about what was happening in Syria, giving a voice to those who were voiceless. Soon it didn't feel safe to stay, even in Jordan, and I sought to come to Australia with my two children.

In Australia, I studied counselling. I worked with refugees for five years in a settlement agency as a case worker, then as a community engagement and development officer, and then I started working at QPASTT. I want to support refugees, to give back to society and to continue to advocate for human rights.

My motivation for being a human rights activist has always been the pursuit of justice."



"Justice means freedom, equality and dignity. Without justice, humanity would disappear."

"Without justice and human rights, we can't feel safe. Justice gives us the freedom to feel safe and to dream.

If people don't experience justice, they will never be able to belong. You can't belong to any place or any society if you feel like you don't have the same rights as others and if you are not treated as a human being.

Without justice, people are scared and unsafe and they need to spend all their time and energy trying to protect themselves and their families.

Justice means dignity; people feel like they have the same rights and opportunities as anyone else. We have the same rights under the law and in society.

Without justice, we can't fly, we can't dream, we can't think.

Australia is considered a first world country, but there is more to be done so that everyone has the same rights, freedoms, dignity and opportunity, particularly for First Nations people and people seeking asylum.

When a person is subject to torture, they lose their feeling of dignity. They lose the feeling of being valid. QPASTT's work supporting the recovery journey of people who have been subject to torture and trauma is very important because it gives someone back the feeling of safety and respect."



Saba Abraham

Saba is the President of the Eritrean Australian Women & Family Support Network Inc and has been involved with QPASTT from the beginning. Saba was named Queensland's Local Hero as part of the 2022 Queensland Australian of the Year Awards in recognition of her dedication to supporting other refugees, uplifting her community, and building multiculturalism more broadly in Australia.

“Healing and belonging are basic needs for any human being. If you can't find healing and belonging, you feel lost and it's hard to build your future.”



Photo by Estefania Arteta.

As a refugee, you have been through very traumatic experiences including torture. You have lost so much – the people you love, your home, everything. Then you come to a new place where everything is different – the people, the culture, the language, the system. You feel like an adult child. You are an adult but you're starting from zero and struggling to learn everything. If you can't find connection and belonging, and a sense that you have a positive future, then it is hard to heal the past. Without healing and belonging, you cannot answer the question “who am I.” You are lost.

The reality of life in the home countries of many refugees is that when you see a soldier, you think they will kill you. When you see a police officer, you worry they will torture or intimidate you. When you come to a new country, you still have those fears. It takes time to feel comfortable, to know that you have rights and can stand up for them. It takes time to feel safe and find belonging in this new country and to come to terms with everything you have been through. That's why the role of QPASTT is so important. Sometimes people find it hard to talk about what they've been through. You convince yourself it's normal and then don't make a big deal about it. That's not healthy. I think it can be hard for people to understand what a refugee goes through and the impact of that experience on their lives, especially if you have grown up with the opportunities of freedom, freedom of thought, understanding your rights and the system. For a refugee who hasn't grown up with that, they can have a lot of fear of trying new things. There is a big gap and only time and ongoing education can fill that.

One way to facilitate belonging is to embrace the positive culture of refugee communities, to help them feel their identity, value their culture, and connect it here to their new country. As a community leader, I try to be a role model and highlight the positive things Australia can offer to refugees and their children. The experience of each refugee is so different, even when they have come from the same country. I try to support each individual in their particular situation. I build relationships and trust with each person and share my own experience as a refugee.

I'm a human rights activist, a freedom fighter and advocate for democracy. Even if I have political differences with someone, I don't treat them differently. We are all equal. We are all human beings. That approach gives me confidence and positivity and I think that can give people a sense of hope. As a community leader, I try to do as much as I can whether it is for individuals or communities. It's not easy work. It can be tiring and it does cost you some of your personal life. But it is rewarding - making change and helping people to have hope is worth it.”



Amin's Story

Amin joined QPASTT in 2011.

"In schools, we work with young people who have been referred to us because they might be struggling in school - with understanding the school system, managing their mental health and wellbeing or feeling disengaged. We can support them with 1:1 work, supporting them with different coping strategies, advocacy, referrals to counselling, figuring out education pathways, and supporting their social connections through recreation and sporting groups.

A great thing about QPASTT is that many of its staff are people with lived experience of being a refugee. We have been through the same processes as our clients so we can understand their struggles and experiences. People can feel confident talking to someone who they know has been in their shoes.

One of the biggest needs I see is that people need support understanding and adjusting to Australian culture. Acceptance and belonging is so important for young people and it can be hard making that cultural transition, especially when people have very real experiences of being looked down on or people making assumptions or stereotypes about refugees.

As someone from a refugee background, I've seen a lot of people who are struggling with the system, people feeling shy to speak up or not being able to speak up because of the language barrier."

"I am a person who is more inclined to speak up and say something. I want to help people raise their voices and be heard."



Supporting the Êzidi community

Over 1500 refugees have been settled in Toowoomba since 2017, with over 1000 of those being from the Êzidi community. The Êzidi community has experienced persecution and genocide and, as the only specialist torture and trauma and culturally appropriate mental health agency in Toowoomba, supporting the healing and recovery of the Êzidi community has been a strong focus for QPASTT.

QPASTT has a specialised bicultural worker and certified interpreter on staff to support QPASTT's engagement with the Êzidi community and advocacy with the local service sector. With the community having moved past their early stage of settlement, QPASTT is now focused on supporting the longer term recovery goals that the community has identified, particularly around creating opportunities for connection through group work and reducing social isolation for women.



