



STARTTS

**Consultation with the Sierra Leonean Community
November 2006**

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FOREWORD

STARTTS is pleased to present the first Sierra Leonean community consultation report. It is a culmination of several smaller consultations with a variety of Sierra Leonean community groups in Sydney. Community consultations are an essential tool to enhance STARTTS service delivery and facilitate our relationship with the community. Much sensitivity has to be taken into account when consulting with refugee communities and I am pleased to say that STARTTS staff have risen to the challenge.

Sierra Leoneans, like many others, have survived horrific traumas in the context of organized violence. State terrorism and organised violence target the very essence of a community impacting on the relationships between individuals, families and other social groups. However, seeking help from a service such as STARTTS comes with barriers including stigma associated with psychological health problems and lack of understanding of the Western concepts of trauma and recovery. We feel that these consultations have gone some way towards building the bridges between STARTTS and Sierra Leonean community and have resulted in increase in mutual understanding. The community is changing and we hope that STARTTS will continue to change and grow to ensure our services are relevant and culturally appropriate.

I would like to take this opportunity to thank all Sierra Leonean community groups for supporting this process particularly the Sierra Leone Advisory Committee. Last but not least, a big thank you to STARTTS staff and students who were actively involved in this project – Adama Kamara, Kylie Jones, George Mansaray, Gary Cachia, Jasmina Bajraktarevic-Hayward, Rebecca Hinchey, Mohamed Baaruud, Amal Hormiz and Lachlan Murdoch.

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Executive Summary

Consultation Aims

The New South Wales Service for the Treatment of Torture and Trauma Survivors (STARTTS), established in 1988, provides services for individuals and communities from refugee and refugee like situations who have survived torture and other traumatic experiences (STARTTS 2006a).

Interventions aim at facilitating the healing process through culturally appropriate counseling (individual, family or group), physiotherapy and bodywork, activities targeted at children and young people, community consultation and liaison, community development projects, research and advocacy on issues affecting refugees and training of mainstream services providers of refugee issues (STARTTS, 2006a).

STARTTS is committed to ensuring its work is culturally sensitive and appropriate for the communities with which it works. Community consultations provide a forum where STARTTS staff can discuss the services STARTTS provides to the community being consulted, and receive ideas and suggestions to improve its work with the community. They also provide an opportunity for established and small and emerging refugee communities to voice their views and opinions on health and settlement issues affecting them, so that these can be passed on to relevant bodies.

A community consultation with the Sierra Leone community in Sydney was held in response to a number of issues. As client data indicate, the number of Sierra Leonean clients accessing STARTTS continues to increase. In addition, the Sierra Leone community is a small and emerging community that has previously never been consulted by STARTTS. The aims of the consultation were therefore to:

- Build the relationship between the community and STARTTS
- Raise awareness of STARTTS and other relevant services
- Learn more about the community – its needs, priorities, issues, strengths, resources, culture, structure, understanding of counseling and mental health

- Identify barriers to accessing STARTTS
- Identify future directions for engagement with the Sierra Leone community (further consultations, projects, strategies and development of an action plan)
- Identify STARTTS training and recruitment needs

Sierra Leone Background

Sierra Leone, a small country located on the West Coast of Africa, went through a decade long civil war (1991-2001) which resulted in approximately 1 million refugees, internally displaced people and other war affected victims (Amnesty International, 2001:1).

In recent years, most Sierra Leoneans are resettled in Australia through the Australian Government's Refugee and Humanitarian program, with 460 families from Sierra Leone being granted visas in 2005-06 (BMRC, 2005).

Sierra Leone Community Interaction with STARTTS services

Majority of Sierra Leonean clients have contact with STARTTS' Early Intervention Program (EIP), beginning in 1999 and increasing each year with the highest being 295 family referrals in 2006-2007.

On average, Sierra Leoneans have 4.3 counseling sessions in the Early Intervention Program, whilst in the General Services Program the average is 4.2 sessions.

Age and Gender – The largest number of STARTTS Sierra Leonean clients are in the age groups of 0-17 and 18-30 respectively, both in the Early Intervention Program and General Services. There are similar numbers of clients in both age groups for males and females.

Language – Krio and English are the most common languages spoken by clients. However, STARTTS staff and service providers are encouraged to give clients option of using an interpreter.

Client data indicate that the top five Local Government Areas (LGA's) clients from Sierra Leone live are Parramatta, Canterbury, Auburn, Bankstown, and Blacktown.

Consultation Recommendations

- Use of interpreters
- Initial group sessions then individual counselling offered
- Radio play to promote STARTTS services and increase community awareness of trauma symptoms
- Further training for STARTTS staff on engaging clients in sessions
- Ongoing STARTTS presence in the community through partnerships in community development projects
- Creating a training package on the Sierra Leone Community

Section One

Map of Sierra Leone



<http://www.visitsierraleone.org/location.asp>

Flag of Sierra Leone



(www.flagsonline.net/sierra.htm)

Above is the national flag of the Republic of Sierra Leone. Green represents agriculture, the country's natural wealth and mountains. White represents justice and unity. Blue symbolizes the ocean and natural harbour of Freetown – Sierra Leoneans hope that Freetown will contribute to world peace through international trade (www.flagsonline.net/sierra.htm).

Sierra Leone Background

Overview

There are over 14 different ethnic groups in Sierra Leone with the two main ones being the southern-based Mende and the Temne who are situated in the north (UNHCR, 1998). Other tribes include Limba, Kono, Susu, Kuranko, Vai, Mandingo, Fullah, Shrebro, Creole, Yalunka, Loko and Kissi. Together they make up one third of the population. English is the official language; however, all groups speak Krio, the lingua franca. The main religious groups include Muslims (45%) and Christians (45%) (CIA Fact Book 2007). Traditional beliefs are paramount in all ethnic groups, with a large portion of the population incorporating aspects of it into their life (ibid). Traditional religions are often associated with secret societies that believe in charms, medicine men, divination and witchcraft (ibid).

Refugees: The Situation in Africa

In 2000, Africa constituted twelve percent of the global population but produced twenty-eight percent of the world's 11.5 million refugees and approximately fifty percent or 9.5 million of the world's 20 million displaced persons (Crisp, 2000). Furthermore, of the top 20 refugee producing countries throughout the world, nine are found in Africa (ibid). In 2001, the UN Secretary General included Sierra Leone "as one of the most serious humanitarian and political crises facing the international community today" (AI, 2001). Sierra Leone is amongst the two-principle refugee and internally displaced source sub regions in Africa identified in the 1990s (Crisp, 2000). In 1998 there were 280,000 refugees in Sierra Leone, which was the third largest refugee plight in Africa at this time (ibid).

Poverty and Disadvantage

Despite wealthy reserves of mineral resources such as precious stones and bauxite, Sierra Leone is one of the poorest countries in the world and has one of the lowest human development indexes, being ranked 176 out of 177 in 2006. Life expectancy is 41 years and literacy rate is 35 per cent (UNHCR, 1998; UNDP Human Development Report 2006). Sierra Leone has the highest infant mortality rate (316 deaths per 1000 live births), the highest child mortality rate with a third of all children dying by the age of 5, the lowest life expectancy (38 years) of all countries and an adult illiteracy rate between sixty four percent and sixty nine percent (UNHCR, 1998; Akinsulure-Smith, Taylor & Iacopino, 2002; Bennett, 2002). Girls have less access to education in comparison to boys as it is assumed that they will become housewives and mothers (Bennett, 2002). Furthermore, non-war related rape and violence against women is extremely high (Bennett, 2002). Finally, only 34% of the country has access to safe drinking water and 11% to adequate sanitation (Akinsulure-Smith et al, 2002).

Economy

From the late 1970s, due to rising costs of imports, especially oil, the country experienced financial debt and became reliant on loans from International Financial Institutions (IFIs) (Riddle, 2005). Debt servicing and Structural Adjustment Programs became major budget items and were expressed locally by poverty and welfare spending cuts, a reduced role of the state, capital flight, unemployment and economic depression (ibid). The consequent rise in the informal economy, initiated by the people, led the Sierra Leonean government, the All Peoples Congress (APC), to introduce a one-party rule to gain a tighter hold over the population (Zack-Williams, 1999).

A Decade of War

Post Colonial Politics

The Revolutionary United Front (RUF), led by Foday Sankoh, were initially strongly influenced by Pan-Africanism, claiming that their objective was to liberate the Sierra Leonean people by organizing an uprising against the personalized rule of the All People's Congress (APC) (Zack-Williams, 1999). It is argued in the literature that for Sierra Leone, independence from British colonialism in 1961 was dominated by APC rule which was characterized by an end to democracy, corruption, one party rule, a patrimonial regime, massive disparities in living conditions, the emergence of the shadow state, and a decline in the national economy (Riddle, 2005). The RUF attracted many who were victims of the crisis of the 'post colonial rule of accumulation' who failed to find employment after their education and who were enraged about the destruction of civil society and democratic accountability (Zack-Williams, 1999). For instance, there are reports that the government would use public funds such as revenues from rural producers and forced savings by the peasantry, not to go towards national development (ibid), but to secure support in its 'shadow state' (ibid). Furthermore, there are also reports of urban bias being built into government policies that not only benefited urban places but an elite government, business, bureaucracy and military (Riddle, 2005). These policies not only caused national poverty but a lack

of social services in the countryside such as adequate education, employment opportunities and health care. As a result, unemployment, poverty and diseases that could have been better managed if adequate health services were available became rampant (ibid). Rural-peasant disquiet emerged in the 1970s and 1980s, but exploded into civil war in the 1990s (ibid).

Attacks on Civilians

The villages and rural areas were the main areas in which the attacks took place. In addition, the rebels gained direct access to resources such as diamonds, land and labor, securing their stronghold in these areas (Mkandawire, 2002). As the war escalated, the ability of the nations' military to protect civilians reduced significantly. At times, civilians became targets of both the army and the RUF (Zack-Williams, 1999). Because of this, local chiefs, men's secret societies and traditional hunters initiated their own protection for civilian populations (ibid). The Kamajors (Mende for professional hunter/fighter) were one of several pro-Kabbah 'brotherhoods' in Sierra Leone who numbered approximately 17,000 and were formed as local self-defense militia in the early 1990s to counter the threat posed by the RUF (ibid). However, throughout the chaos of the war, the Kamajors are said to have also contributed to the general chaos through looting, rape, arson, reprisal killings and terrorization of civilians (ibid).

Human Rights Abuses

Though all parties to the conflict committed abuses, systematic abuses were been attributed primarily to the RUF, including rape, murder and mutilation of civilians (Akinsulure-Smith, 2002). Humphries and Weinstein (2006) found that fighting groups motivated by private goals, with high levels of ethnic diversity, and weak mechanisms to maintain control and discipline were responsible for committing the highest level of abuse. Civilians were increasingly targeted in war as human shields to reduce military casualties and to facilitate guerilla warfare. In all, civilians were abducted or enslaved, tortured, raped and executed in a campaign to

undermine morale and to eradicate the cultural links and self-esteem of the population (de Jong et al, 2000).

Abuses against Women and Children

Weaker members of society, such as women and children, experienced a disproportionate share of violence (Zack-Williams, 1999). The RUF/AFRC frequently used rape for both control and punishment (ibid). Indeed, torture is increasingly used for political purposes as a systematic means of political control (Van Arsdale & Kennedy, 1999). Other victims included recruited female and male child combatants by all fighting factions since it was assumed that they were easier to manipulate and were more compliant. Furthermore, their age and size made them better for gathering intelligence, as messengers and as spies on government (Bennett, 2002). At any time during the conflict it is estimated that 5,000 children were involved in armed groups (ibid).

Consequences of War

In summary, the civil war in Sierra Leone claimed thousands of lives with more than 400,000 refugees (de Jong et al, 2000) and the extent of psychosocial problems that result from mass exposure to traumatic events may ultimately threaten the prospects for long term stability in this society (ibid).

War and Trauma

For example, a survey conducted with 55 Sierra Leonean refugees residing at a UNHCR camp in Gambia found that over 90 per cent had experienced traumatic events such as forced separation from family members, being close to their own death, the murder of someone close to them, lack of food or water or lack of shelter (Fox & Tang, 2000). Furthermore, more than half had experienced an unnatural death of a loved one, ill health without access to medical care, being lost or kidnapped, serious injury, and/or torture. Others, 21.8 per cent to 45.5 per cent, had been subject to imprisonment, rape or sexual abuse and or brainwashing. Using the Cambodian Refugee Traumatic experience under the Khmer Rouge regime (1975-79) as a

standard, Fox and Tang (2000) discovered that nearly 50 percent scored above the cut-off point for PTSD and nearly percent scored above that for depression and anxiety. It was suggested that no *“numerical based system comprised of group data could ever effectively communicate the horror to which so many Sierra Leonean refugees have been exposed”* and that the psychiatric symptoms generally experienced by the refugees in this sample are severe enough *“to be considered as manifesting a diagnosable psychiatric condition”* (no page numbers in article).

Refugees

Approximately 450,000 Sierra Leonean refugees were in exile of which 155,000 fled after renewed fighting in February 1998 between the RUF/AFRC and Economic Community of West African States Monitoring Group (ECOMOG), where the former have engaged in a war of terror against civilians and thousands have died (UNHCR, 1998). The majority of refugees were in Guinea (350,000) and the remainder in Liberia (90,000) and other West African countries (10,000) (ibid). In total, there were more than one million refugees, IDPs (Internally Displaced Persons) and other war affected victims in the region (Amnesty International, 2001).

Insecurity in Refugee Camps

Thousands of people experienced human rights abuses particularly since September 2000 when there was a breakdown of security along the borders of the three countries, as RUF combatants reportedly attacked a village on the Guinean side of the border (ibid). Following this attack, Guinean forces reportedly retaliated, aiming at protecting their border and citizens. This forced Sierra Leonean refugees out of both these regions back into RUF held areas of Sierra Leone who once again became the victims of human rights abuses from which they initially fled (Amnesty International, 2001). Moreover, the Guinean government accused the refugees of assisting the rebels and led to them being rounded up and detained, attacked and repeatedly harassed by Guinean public and security forces (ibid). In all, hundreds of Sierra Leonean refugees, since September 2000, have been killed, beaten, raped, abducted in attacks on refugee camps, in rural areas, cities and towns throughout Guinea (ibid). The UNHCR

were increasingly concerned at the insecurity of refugee camps (Crisp, 2000). They argued that the insecurity threatened the lives of local populations; it added more weight to the stereotype that refugees are a source of insecurity and that it is acceptable to repatriate or exclude them.



Sierra Leone refugees returning to Sierra Leone (BBC News, 2002)

Official End of Hostilities

The conflict in Sierra Leone eventually ended through a cease-fire in May 2001 with the civil war officially declared over on 18th January 2002 by President Ahmed Tejan Kabbah (Shaw, 2005). Accompanying the declaration in the summer of 2002, the Sierra Leonean government, with assistance from the UN, set up a Truth and Reconciliation Commission, a forum for victims and perpetrators, and a Special Court for Sierra Leone to try those that committed serious violations against humanity and other laws since 1996 (ibid). By 2002, tens of thousands had been killed, thousands had been mutilated or raped and many had been abducted as child soldiers (Amnesty International, 2006). Furthermore, up to 70 per cent of the population had been displaced and another 600,000 had fled the country (ibid). The UK Home Office Country of Origin Information Report on Sierra Leone (2006) reported that nearly all IDPs had relocated and resettled in their original communities and that between 2001 and 2004, a total of 271, 749 Sierra Leonean refugees have also returned.

UNAMSIL photos of the symbolic disarmament exercise in Segbwema on 10 April 2000.
(<http://www.sierra-leone.org/photos.html>)



Rebuilding

Reporting on the conditions within the country, a survey on ex-combatants found that most believe that basic human needs are being provided for with better access to education and medical care and importantly, most reject violence as a means for change and welcome measures offered by a democratic government (ibid). However, information in 2006 indicates that deprivation and youth unemployment remain paramount, including widespread corruption with reported mismanagement of public funds and international aid, weakness in the judiciary and in the army and police, leading the people of Sierra Leone to be underconfident that the present state of peace will be maintained (www.hrw.org; Blacktown MRC, 2005). Finally, unlike in western societies where many of the family support roles have been institutionalized, the Sierra Leonean community members are left to heal from the long-term effects of

war, particularly posttraumatic stress symptoms with some taking on the responsibility of re-integrating male and female child soldiers. This segment of Sierra Leonean population will need appropriate professional and financial assistance to cope with long lasting effects of the atrocities that have been discussed above and which have the potential to cause 'cultural breakdown' across all communities within the country (Roberts, 2005).



Rebels hand in their weapons (BBC News, 2002)

Section Two

Sierra Leone Community in NSW

Migrating to Australia

Sierra Leoneans began migrating to Australia in the 1980s; however, 84.5% have arrived since 2000 with a significant proportion arriving in 2004 (BMRC, 2005).

The Australian Government's Refugee and Humanitarian program responds to international circumstances by applying 'regional priorities' (DIAC, 2006b). In 1995-96, the Balkan countries were the major focus with only one in ten African countries included in the top 10 birthplaces for Humanitarian entrants (ibid). By 2004-05, the regional focus changed with 7 African countries in Australia's top ten birthplace entries for the Humanitarian program.

Offshore Visa Grants by Top Ten Countries of Birth	
Country of Birth	2005-06
Sudan	3726
Iraq	2150
Afghanistan	1799
Burma/Myanmar	1118
Liberia	888
Burundi	740
Sierra Leone	460
Congo (DRC)	363
Eritrea	274
Iran	232
Others	1008

(DIAC, 2006d)

The table above illustrates that Africa was amongst this grouping, and constituted 60 per cent of the total Australian offshore program and by 2006-2007, Sierra Leone represented one of the small and emerging communities (ibid).

Migration Stream	Number of arrivals
Humanitarian Programme	
Refugee	881
Special Humanitarian Program (SHP)	812
Woman at Risk	208
Sub-total	1901
Onshore Protection	23
Family stream	42
Skill stream	13
TOTAL	1979

'Migration stream of Sierra Leonean arrivals 2002-06' from DIAC Sierra Leonean Community Profile: (DIAC, 2007)'

For those that arrived from 2002-06, 96 per cent of the community entered Australia through the Refugee and Humanitarian Program.

Areas people Live

Most Humanitarian program entrants settle in New South Wales, then Western Australia and Queensland (DIAC, 2007). Between 2001 and 2005, of those that arrived in New South Wales, 90 per cent settled in Sydney (DIAC, 2006c).

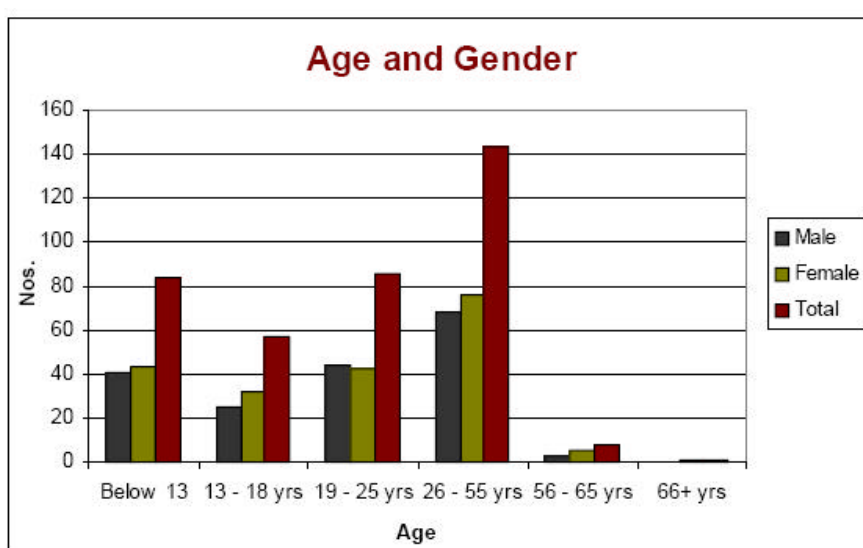
Location	NSW	WA	QLD	TAS	SA
Arrivals	939	257	235	215	115

'Top Five settlement locations of Sierra Leonean offshore humanitarian arrivals, 2002-06'; (source DIAC Sierra Leonean Community Profile (page 6). Source: (DIAC, 2007).

The greater part of the Sierra Leonean community in Sydney lives in the middle and inner western suburbs of Sydney (BMRC, 2005).

Age and Gender

The age and gender graph below illustrates that the NSW Sierra Leonean population is quite young with the majority less than 26 years of age (BMRC, 2005). In fact, the Sierra Leone Household Survey estimated that there is nearly the same amount of people less than 18 years (144) as there are between the ages of 26 and 55 years. Furthermore, 22 per cent of the Sierra Leonean population under 18 years of age is less than 13 years old (ibid).



“Sierra Leone Household Survey”, Blacktown Migrant Resource Centre 2005

Education and Employment

Data from the Sierra Leone household survey indicates that 71% of the community has received some sort of English tuition but 53% report that they need more (BMRC, 2005). Furthermore, respondents at a community consultation held in November 2006 recommend for service providers to use interpreters when seeing clients from Sierra Leone due to the apparent similarity of Krio to English and the probability that many are either not aware of interpreters being available or are too embarrassed to ask for one. Regarding education, half have completed secondary schooling; however, 8% of the community surveyed had no education, with women representing 68% of this

group (ibid). In contrast, 80% of respondents with post-graduate qualifications were male.

Consequently, the survey reported a higher proportion of females than males as being unemployed or in part-time employment. There was also a disproportionately high level of unemployment amongst young people especially over the age of 18 years. Overall, 29% of the Sierra Leonean NSW and ACT community reported they were students, 28% indicated they were in full-time employment and 17% stated they were unemployed (ibid). It should be noted that for the group that arrived before 2000, unemployment rates are lower than those arriving after this time (ibid).

Section Three

Cultural Approaches to Health

War and Trauma

Sierra Leonean refugees have suffered extremely harsh traumatic experiences throughout the recent period of civil war (Fox & Tang, 2000). Providing services to those who are internally displaced or to refugees abroad has led to identification of a need to address Post Traumatic Stress Disorder (PTSD) and other associated traumatic reactions (ibid). Providing services purely based on a “Western” definition of health, however, is increasingly viewed upon as ethnocentrically inappropriate and unlikely to be effective, largely due to lack of client engagement. Consequently, traditional healers have been provided with more credibility (Bell, 1992). At the same time, it is widely acknowledged, even by traditional healers, that Western notions of disease and Western approaches to treatment can contribute to achieving desired health and mental health outcomes. This is evidenced in the treatment gap for epilepsy (Coleman et al, 2002) as well as in the willingness to incorporate modern medicine with traditional beliefs and values in remote and rural Australian Aboriginal communities (Maher, 1999). Exploring innovative, practical ways to integrate Western and traditional approaches, therefore, may provide new avenues to overcome access barriers and address the health needs of refugee communities more effectively.

Mental illnesses are the most common conditions affecting the health of individuals in developed and developing nations (Hugo et al, 2003). Refugees though, are exposed to considerable trauma in their countries of origin, which may result in debilitating physical and psychiatric sequelae requiring treatment (Fox & Tang, 2000). A survey conducted by the World Health Organisation in Sierra Leone found that 2 percent of the population was afflicted by psychotic disorders, 4 percent had severe depression, 4 percent experienced substance misuse, 1 percent exhibited mental retardation and 1 percent had epilepsy (Asare & Jones, 2005). Fox & Tang (2000) conducted a survey of 55 Sierra Leonean refugees residing at a United Nations High Commission for

Refugees (UNHCR) sponsored camp in the Gambia to establish the type of traumatic events experienced and the psychiatric sequelae associated with such exposure. The most commonly experienced traumatic events included: forced separation from family members, being close to their own death, the murder of a family member or friend, and lack of sustenance. Moreover, between 21.8 percent and 45.5 percent of respondents reported having been subject to imprisonment, rape or sexual abuse and/or brainwashing. These experiences increased the rate of psychological conditions with over 87.3 per cent of Sierra Leoneans in the study, scoring above the cut-off point for both anxiety and depression.

Cultural Approaches to Mental Health

Notwithstanding this, community and cultural attitudes and beliefs about counseling and mental illness influence the kind of help seeking behavior carried out by sufferers (Hugo et al, 2003). Recent research has shown that South African commonly held beliefs about the causes of mental illness relate it to stress or weak character (ibid). In addition, brief surveys throughout Sierra Leone have shown that most people think that those affected by mental illness are evil, violent, lazy, stupid, unable to marry, and are unfit to vote (Asare & Jones, 2005). This misinformation, it was argued, contributes to the widespread stigmatization of mental illness and to its under-diagnosis and under-treatment (Hugo et al, 2003). Moreover, insight into the traditional beliefs of societies from Africa shows that there remain strong beliefs in witches, ancestral spirits, sorcerers, diviners and the like, regardless of the level of education or influences from Islamism and Christianity or westernization (Aina, 2004).

Psychological Interventions: Traditional and Western

Dr Edward Nahim, the Director of Kissy Mental Hospital, the sole psychiatrist in Sierra Leone, indicated that for psychological or psychiatric services to succeed in Sierra Leone, they must acknowledge the prevalence and role of traditional healers in treating illnesses. Traditional healers, he argued are in many cases the first point of contact for people with a psychological issue – due to the cultural understanding of mental illness. If traditional methods are not successful, health professionals are then seen. At times

they are used simultaneously. Traditional healers are often chosen for treatment throughout the continent of Africa because strong beliefs are held that there is no cure and that Western treatment is largely ineffective (ibid). Illness, especially mental illness, is still widely attributable to the activities of supernatural forces and treatment is readily sought from traditional healers and spiritualists (ibid). For instance, the Mende ethnic group in Sierra Leone traditionally acknowledges possession as *“simple madness. Here, the victim is violent and defies any attempts to restrain him. It is held that the patient is able to say the name of the invading spirit and, when he does so, he may be cured by one of the healing ‘medicine men’.* It is significant to note that a crime committed by one acknowledged to be possessed is never a cause for a court action. Hofstra tells of an interesting case in which a young boy killed his father and blamed it on certain voices which had called him to do so.” (Harris & Sawyer, 1968:123).

Some of the traditional remedies for treating mental illness include healing through spiritual intervention and prayer, fasting and ‘deliverance sessions’ to cast out demons, incantations, herbal concoctions, and sacrifices to satisfy the enemies or offended gods and deities (Aina, 2004). Biomedicines’ criticism of traditional treatment though is that by the time cases are presented to hospital they are often in a chronic state (ibid). Traditional treatment for epilepsy has also come under the spotlight with more than 80 per cent of people with epilepsy in the developing world not receiving modern medical care, and less than 10 percent of sufferers in Sierra Leone receiving continuous treatment (Coleman et al, 2002). Epilepsy is understood by traditional healers to originate from a spiritual agent so sufferers seek traditional treatment including such remedies as wearing readings from the Qur’an, which are sometimes written down and sewn into cloth or leather (fetish/jujus) (ibid). Also, certain behaviors, such as bathing late at night or pregnant women collecting water after dark, is said to increase an individual’s susceptibility to epilepsy (ibid). Overall, it was commonly considered that whether or not treatment would be effective, was dependent on God’s will. The implications of not receiving effective treatment were revealed: sufferers of epilepsy were integrated into the family but remained a burden on carers. Other important

consequences of not receiving modern treatment include an increased risk of premature death, psychosocial problems, and never being capable of reaching one's full potential (ibid).

Treatment Barriers

Despite this, findings from a questionnaire in Gambia (by Coleman et al, 2002) demonstrate that 70 per cent of individuals with active epilepsy, who never sought medical treatment, were unaware that treatment was offered by clinics for seizures and that 61 per cent of the whole study answered they would receive preventative treatment if it were available from a local community health worker (Coleman et al, 2002). Similarly, a survey conducted by an international mental health advocacy group, Global Alliance of Mental Health & Advocacy Networks (GAMIAN), an organisation to reduce stigma and increase public awareness about mental health, found that treatment was delayed by 8 years because of 'not knowing where to go' (33.2%), wanting to 'handle the problem on one's own' (30.9%), embarrassment (22.2%) or not finding an understanding professional (29.5%) (Seedat et al, 2002). Furthermore, 25% of respondents believed it a sign of personal failure to seek treatment (ibid)

It was concluded that when patients lack specific knowledge about an illness they would turn to general belief systems and natural remedies. Broadly speaking, in countries with less developed mental care facilities; there is a greater tendency of the community towards relying on traditional methods more frequently (Angermyer et al, 2005).

Western Interventions: Culturally Compatible?

Every culture has its own beliefs and traditions, which determine psychological norms and provide frameworks for mental health (Summerfield, 2000). As this paradigm becomes increasingly more accepted, the role of culture and traditional approaches to health and mental health are being seriously re-examined. WHO, for example, has recently officially recognized the role of traditional health workers. At the same time,

the diagnosis of Post Traumatic Stress Disorder (PTSD) and related symptoms using the DSM-IV standard has come under scrutiny in the literature, with some authors arguing that the criteria used to establish its presence largely reflect western concepts and should not be generalised cross-culturally (Renner et al, 2006). Summerfield (2000) argues that for *“the vast majority ‘post traumatic’ stress is a pseudocondition. The reframing of normal distress as psychological disturbance is a serious distortion which may increase people’s sense of themselves as passive victims rather than active survivors and ignores their own strengths and priorities”* (234).

Renner et al, 2006 reject the use of a western notion for a culturally dissimilar community in an extraordinary situation. With reference to newly arrived refugees, he argues that their priorities may include basic survival issues such as finding employment and attempting to create a secure environment in their new host country (Kamara, 2007; Tribe, 1999).

However, this needs to be reconciled with the fact that clinical data associated with the use of culturally sensitive instruments such as the Hopkins symptom Checklist-25, the Harvard Trauma Questionnaire and the Clinically Administered PTSD scale, as well as a wealth of clinical presentation data suggest that traumatized refugees are affected by their experiences, often to a level that seriously interferes with their daily activities and their ability to enjoy life fully. It follows that successful cross cultural approaches must take into account such strengths and priorities, and selectively incorporate evidence based western therapeutic elements into a framework of intervention that is compatible with the client’s worldview and “makes sense” in terms of their immediate priorities (Aroche & Coello, 2005).

Communities in Cultural Transition

One of the maxims of cross cultural work is that refugee communities in resettlement countries do not remain cultural islands, but gradually undergo a process of cultural transition, where they become increasingly more familiar and comfortable with the values and practices common in their adoptive country. This process does not happen

uniformly across communities or even within individuals, and is subject to the influence of countless internal and external factors. Nevertheless, it means that overtime, individuals and communities may become more open to interventions based on Western cultural premises, and in some cases also less amenable to interventions based on traditional values and beliefs. It is essential to consider the implications of this process in planning any therapeutic intervention (Aroche & Coello, 2005)

Section Four

STARTTS Services

- **Early Intervention Program (EIP) provided through Integrated Humanitarian Settlement Strategy (IHSS):** EIP allows clients to access appropriate services by assessing the needs of individuals who arrive in NSW under the Refugee and Special Humanitarian Programs, and people released from Immigration Detention Centres with Protection Visas. After an assessment of various, psychological, emotional and resettlement needs the client will be referred to suitable services within or in partnership with STARTTS. The Program will also provide short to medium-term counselling intervention. The Program is offered during the first year after arrival into Australia because *“all current research indicates that the earlier problems associated with torture or trauma are identified, the more likely successful recovery”* (STARTTS EIP leaflet).
- **General Services Counseling:** longer-term trauma counselling is offered to those who need it through this program. Depending on the clients' needs, the length of counselling and the time it takes varies. The services are particularly sensitive to refugee and humanitarian issues as well as individual and cultural expressions of psychological distress. Furthermore, the counselling is confidential and can be conducted by either a bi-cultural or generalist therapist with many having a refugee background themselves.
- **Families in Cultural Transition (FICT)** - The FICT is a group program that supports participants to anticipate and manage their psychosocial settlement needs and changing family dynamics during their period of cultural transition into Australia. FICT is based on a prevention and early intervention framework and it aims to reduce family conflict, social isolation and associated mental and social health difficulties.

The FICT Program centres around a Resource Kit that provides group facilitators with a comprehensive package of materials to run the 10 x 3 hour sessions in the complete program, as well as information on running groups in general. Each module in the program covers a topic area of particular relevance to families trying to settle in Australia.

The FICT program aims to equip participants to be able to undertake the following:

1. Contribute to overcoming isolation in new arrivals by the development of support network
2. Detect difficulties, avert crisis situations and solve problems that may arise in the family as a result of cultural and intergenerational differences
3. Recognise the differing perspectives men, women, children and adolescents may develop in Australia in response to the new culture; and
4. Understand the ideas behind Australian society and institutions in order to know their right and ensure that these rights are upheld
5. Promote mental health of newly arrived refugees and people from refugee-like situations

Group Facilitators are recruited from a number of refugee communities including Sierra Leonean community. In 2006, one Sierra Leonean FICT group was conducted and another one is planned for 2007.

- **Youth Program** – Sierra Leonean young people continue to access STARTTS Youth Program including residential programs. These are designed to enhance coping of refugee children and young people in a residential context, reduce social isolation and provide a respite from family if needed. Residential programs also enable STARTTS staff to interact with children and young people in a non-

threatening environment and ensure appropriate follow-up is conducted post-program. There are at least 4 residential programs per year.

Community Development and Health Promotion – STARTTS subscribes to a systemic approach to recovery from torture and trauma. This includes recognition of the impact of trauma on various levels of social system and corresponding interventions. STARTTS commenced its community development and health promotion work with Sierra Leonean community in 2005. This included talkback shows on Sierra Leonean community radio, information sessions for various Sierra Leonean community groups, and resourcing Sierra Leonean organizations with assistance to the projects they have identified and are carrying out. The assistance took form of consultancy with event organizing, seeking funding, access to community bus, training of volunteer bus drivers, assistance to the Sierra Leonean soccer team and involvement of Sierra Leoneans in various STARTTS multi-cultural projects.



Sierra Leone Youth Group at Gunnedah International Cup Dinner, 2004.



Sierra Leone Youth Group Perform at Gunnedah International Cup Dinner, 2004.

STARTTS Activities with the Sierra Leonean Community

In relation to individual services, Sierra Leoneans started using STARTTS services in 1999 and since then the rate of referrals has grown steadily with a significant increase in 2005 and 2006. Below are the tables indicating the referral sources of Sierra Leonean clients, and the year that Sierra Leonean clients were referred to STARTTS.

Referral Sources of Sierra Leonean Clients

Referral source	Number of clients
AMEP Services	12
Centrelink	13
Charity Services	59
Department of Community Services	5
Family	37
Hospital	9
Integrated Humanitarian Settlement Strategy (IHSS)	287
MRC's	30
Other	29
School	14
Self	34
STARTTS General Services	11
Total	541

Please note these figures are accurate up to November 2006

The Table above outlines the referral sources of Sierra Leonean clients. As it might be expected, the highest rate of referrals comes from various IHSS (Integrated Humanitarian Settlement Strategy) providers. This is congruent with high numbers of Sierra Leonean clients having been seen by the STARTTS Early Intervention Program (EIP) – a psychosocial assessment and short to medium term trauma counseling program funded through IHSS for humanitarian entrants.

Year of Referral

The following tables are a summary of the clients referred to STARTTS with Sierra Leone stated as their country of birth. As reflected in the Sierra Leone Community Profile (Blacktown MRC, 2005), the number of referrals to the Early Intervention Program continues to increase as the number of arrivals through the humanitarian and refugee program increase. Similarly, referrals to General Services increase with small increase from 2001-2002.

Year that Sierra Leonean Client was referred to STARTTS

Year Referred	EIP Clients	Gen Service Clients	Total Clients
1 st July 1998 – 30 th June 1999	0	1	
1st July 1999 - 30th June 2000	3	0	3
1st July 2000- 30th June 2001	9	5	14
1st July 2001- 30th June 2002	97	6	103
1st July 2002 - 30th June 2003	30	22	52
1st July 2003- 30th June 2004	50	36	86
1st July 2004 - 30th June 2005	91	21	112
1st July 2005 - 30th June 2006	178	36	214
1st July 2006- 30th June 2007	295	26	321
Unknown	0	2	2
TOTAL	753	155	908

Note: No referrals to General services in the year 1st July 1999-30th June 2000

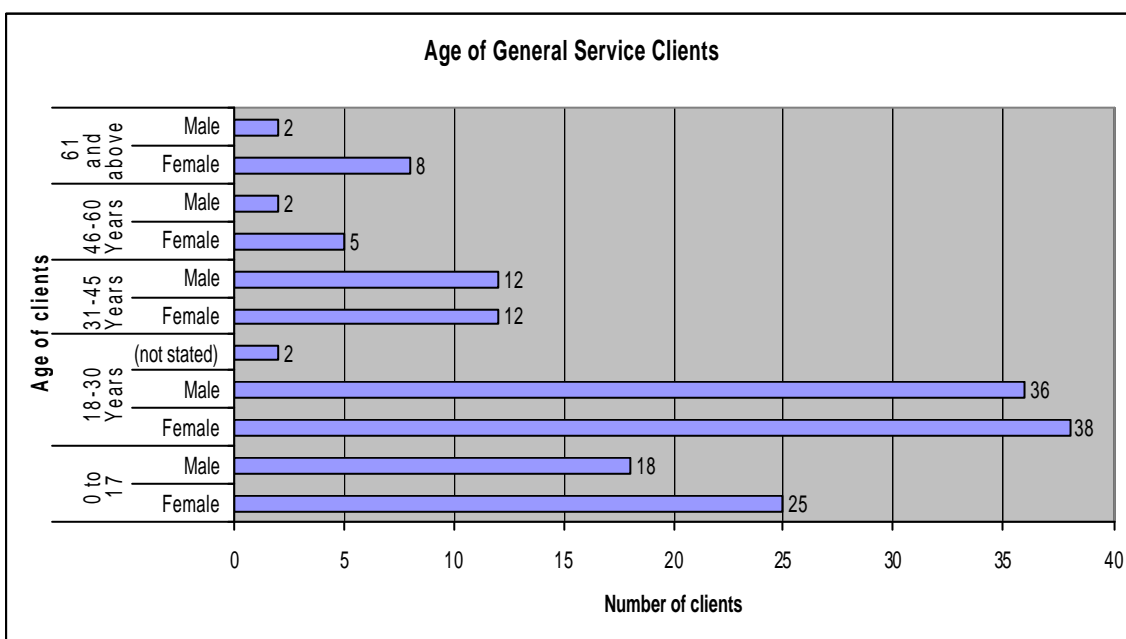
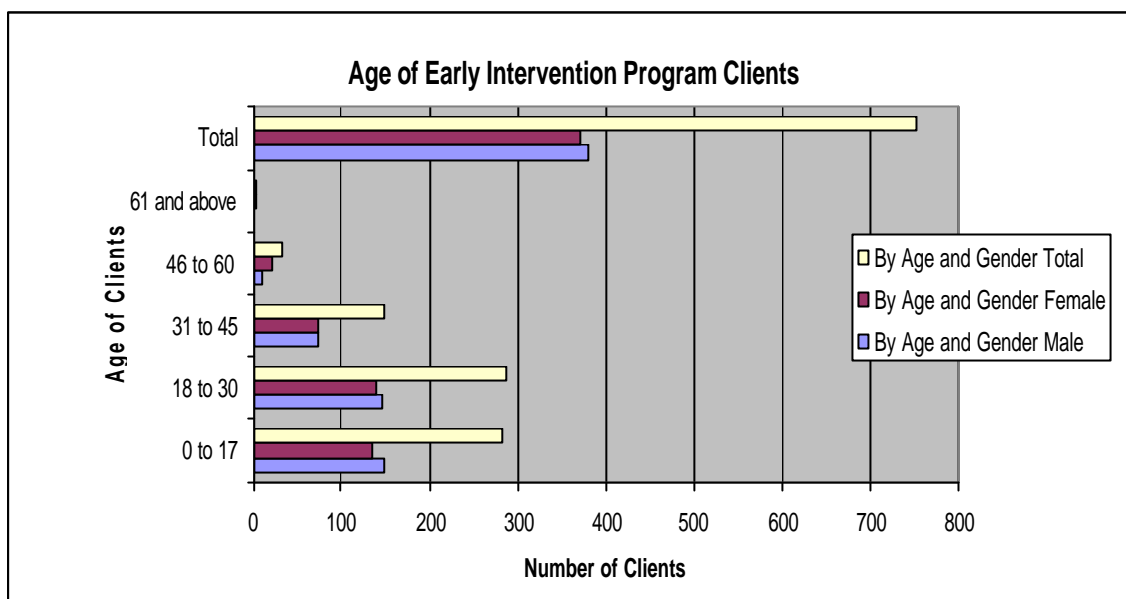
Number of Sessions

Clients accessing the Early Intervention Program attend on average 4.3 sessions. Of the 262 family referrals to STARTTS EIP from July 1999 to June 2007, 78 families did not attend sessions, whilst 184 families attended sessions.

In addition, of the 184 families that attended, 79 families were both assessed and received a psychosocial intervention. 105 families were assessed for various psychological, emotional and resettlement needs, but did not continue accessing STARTTS services for counselling.

Clients accessing the General Services Program on average attend 4.2 sessions. It is important to note however that this figure can be misleading, as number of sessions attended by Sierra Leonans ranges from 1 to 29.

Age and Gender of Clients



The graphs above illustrates that the majority of Sierra Leone clients at STARTTS are young people aged between 0 and 17 years as well as a sizeable proportion aged between 18 and 30 years. This is mirrored in both EIP and General Services.

Language

Data obtained from the consultations conducted by STARTTS with the Sierra Leonean community illustrate that the main languages spoken are either Krio or English. Krio is a common language throughout Sierra Leone, which is a mixture of English, German, French, Yoruba, Ibo, and Portuguese languages (Kup, 1975).

Area of Residence

Client data from STARTTS indicates that top five local government areas Sierra Leonean clients live in are Parramatta, Canterbury, Auburn, Bankstown and Marrickville. Additionally, there is a significant proportion of clients living in Blacktown.

Section Five

Process of STARTTS Consultations with Sierra Leonean Community

Consultation is defined as a range of processes where STARTTS seeks the views, opinions and input of a refugee community on torture and trauma related health and settlement issues and about its services and programs. Consultation can describe a range of processes, from giving information to the community, to participatory decision-making.

As practiced at STARTTS, community consultations are an ongoing process rather than series of isolated events. Consequently, STARTTS utilises a number of formal and informal community consultation and participation strategies. Formal community consultation is one of these strategies. This involves organising a gathering of key community leaders, clients and other interested individuals.

When the consultation takes place, STARTTS' staff presents an overview of the service and facilitate discussions with the community focusing on their experiences of trauma, their understanding of counseling, their needs and how STARTTS services can be made as appropriate as possible. Finally, a plan of action is decided upon which will be implemented by STARTTS and/or other relevant stakeholders. The plan of action is usually disseminated to all participants thus ensuring transparency and accountability to the service users. (STARTTS Community Consultations Policy, 2006)

Consultation Findings

The consultation with the Sierra Leonean community in Sydney were planned and organized by a working groups consisting of STARTTS staff and community representatives and lead by Adama Kamara, STARTTS Trainee Bi-Cultural Counselor/Project Officer. The consultation process began in August 2005 with community leaders being introduced to STARTTS services and consultation on health

promotion strategies. Part of the recommendations included STARTTS visiting the various community groups to introduce STARTTS services and ensure a greater cross section of the community is reached.

The consultations were building on 18 months of relationship development and attendance of various community events and group meetings. The event was held on the 12th of November 2006 at Granville Youth and Recreation Centre.

Following presentations by STARTTS staff, both English and Krio speaking small groups were conducted on the day focusing on a number of issues including, comments on what they thought of STARTTS including advice on any further services required. Secondly, STARTTS sought to gather information regarding the Sierra Leonean community's perceptions of health, particularly mental health, and whom the community preferred to consult with when problems surfaced. The Sierra Leonean community was also consulted on a number of other relevant community issues.

When the Sierra Leonean community was asked ***what they thought of STARTTS***, a common response among the Krio speaking group was that information about the service needed to be disseminated more widely amongst the community in a culturally appropriate way. In particular, it was reported that there was "no effective channel to pass information to the wider Sierra Leone community". This group recommended that 'drama', 'radio' and 'interpreters' be used as an ideal channel to pass information to the wider Sierra Leonean community about the services offered by STARTTS.

In comparison, some of the members of the English-speaking group suggested that either STARTTS was slow to respond to their referrals or questioned the usefulness of counselling. Notwithstanding this, the English speaking Sierra Leonean group acknowledged that over time the relationship with STARTTS improved and were more than satisfied with the role played by FICT, commenting that, 'FICT is necessary for the community'.

When Sierra Leoneans were asked what **additional services** could be beneficial for their community, the Krio speaking group suggested that initially, the ‘counselors were too direct’ particularly in the assessment phase – some former clients indicated that they felt like the questions were being asked to test their intelligence. The community advised that counsellors needed to ‘build a relationship first’, before asking specific questions. STARTTS was asked to approach new arrivals by means of an informal ‘barbecue’, establishing a relaxed environment to explain the services offered by the organization at its different locations. Furthermore, the Krio speaking group suggested that STARTTS needed to provide services over the long term, and offer more than just ‘a few sessions’. Similarly, the English speaking group commented how the ‘2-3 appointments at Auburn was not useful’, admitting though, that client experiences varied and that they were able to observe improvements in STARTTS service delivery. Indeed establishing a level of confidence within the client group is advocated by Palinkas et al (2003), who suggested that without trust, there is less of a chance that clients will utilize western health services.

In the consultation, STARTTS attempted to examine the **perception of mental health amongst the Sierra Leonean community** and discovered that the Krio speaking group defined mental illness as someone who is ‘crazy’, exhibits ‘abnormal behavior’, and that the ‘brain goes the wrong way’ or is in a state of ‘constant worry’. Notwithstanding these definitions, Sierra Leoneans reported feeling ‘withdrawn’, ‘concern for people in Sierra Leone-their situation’, ‘low self esteem’ and also reported that they were ‘quick to get angry’.

The Krio group stipulated that they had ‘never used counseling services before in Sierra Leone’ and that ‘coming to one in Australia was difficult’. Many West Africans have no access to mental health care with only one psychiatrist and two trained psychiatric nurses in the whole of Sierra Leone (Asare & Jones, 2005). This lack of understanding of western diagnoses of mental illness has also led to a widespread ‘stigma of going to STARTTS’.

STARTTS consultations with the Sierra Leone community also attempted to gain information on their preferred first point of reference when problems arise. When problems arise, such as 'stress', members from the Sierra Leonean community noted that they were more likely to make contact with family for help. However, some noted that they didn't know where to go and because of this, the consultation group suggested that STARTTS needs to promote its role throughout the Sierra Leone community. Some of the ways that the Krio group suggested that STARTTS could assist the Sierra Leonean community with problems arising from mental ill-health, was by using 'frequent consultations', 'communicating with others', and to 'rotate areas (with high numbers of Sierra Leoneans) Marrickville, Granville and Bankstown'. Other ways that STARTTS should assist trauma survivors include the establishment of community forums and a common gathering place, as well as helping with access to funding for community groups. In contrast, the English-speaking group suggested that STARTTS needed to improve the way counseling services were explained including its benefits. Additionally, the English-speaking group recommended that STARTTS should make use of interpreters because 'people may not understand English but would not say that'.

Some of the **main issues** the English-speaking group identified Sierra Leonean community facing in Australia were a lack of information about the 'rules of the new society', 'DOCS', and the 'Police'. In particular, the community suggested they felt unsure about DOCS' role in society and recommended cross-cultural training for DOCS staff. Similarly, DIAC has recently suggested that the NSW police force has been "over-policing" African communities because of stereotypical beliefs held by some staff (DIAC, 2006b). Conversely, DIAC also pointed out that experience with armed forces in country of origin has provided a pessimistic point of reference for the Sierra Leonean community (ibid). The group requested information sessions regarding these institutions. Furthermore, the Police and DOCS were also mentioned alongside parenting issues such as the adverse effects of cultural transition on family dynamics.

In summary, the Sierra Leonean community commented that STARTTS needed to disseminate information more widely by using an effective channel and in a culturally appropriate manner. An informal gathering such as a barbecue would provide the appropriate setting to introduce STARTTS to new arrivals and offering services on a long term basis would allow a readily needed trusting relationship to form, eventually facilitating service use. Promotion of the various services and programs offered by STARTTS could also assist with this.

Members of the Sierra Leonean community defined mental ill health as someone who is 'crazy' but the group reported feeling 'sad' and 'withdrawn' as well as experiencing 'low self esteem'. This treatment gap needs to be filled with community mental health education. It was reported that the community had never used 'Western style' counseling services in their country of origin. However, of those that reported using counseling services in Australia, the benefits of its use were highly recommended. Finally, some of the issues faced in Australia by the Sierra Leonean community include a lack of information and understanding about Australian institutions and laws as well as perceived lack of cultural awareness amongst the Police and the Department of Community Services.

Below is an action plan for STARTTS future activities with the Sierra Leone Community. It should be noted that relationship building and engaging communities is an ongoing process rather than a series of isolated events. Therefore the actions or intervention to be taken by STARTTS are ongoing and will be reviewed periodically both internally and with the community.

Recommendations		
Issue	Intervention	Outcome
STARTTS Services		
Lack of a channel to disseminate information to Sierra Leone community about STARTTS. (Krio)	<ul style="list-style-type: none"> -Drama/radio-play on services offered by STARTTS, focusing on explaining post traumatic stress symptoms, differentiating trauma-related reactions from mental illness -Radio talk-back sessions on Sierra Leone Community Radio -Regular use of interpreters in sessions. - Articles in Sierra Leone Community Newsletter - Include information on STARTTS in Australian Cultural Orientation Program - Information sessions 	To increase knowledge about STARTTS and services provided for torture and trauma survivors.
English-speaking group expressed concerns about level and timeliness of STARTTS services. (English)	<p>STARTTS to be guided by above-mentioned suggestions for service improvement and devise effective counseling strategies to support Sierra Leonean clients.</p> <p>STARTTS to ensure referral and prioritization processes are followed e.g. contacting referral sources if contact details not accurate.</p>	Responsive and useful services offered by STARTTS

	<p>Sierra Leone community to be informed about STARTTS client rights and responsibilities and feedback processes.</p> <p>Produce STARTTS Relaxation CD in Krio</p> <p>STARTTS to ensure that interventions additional to counseling are provided including ongoing community development and health promotion work.</p>	
Additional Services		
<p>Krio-speaking group reported that some clients experienced counsellors as being too direct in their questions.</p>	<p>Build a foundation of trust in counseling sessions and the wider community e.g. Approach new arrivals through an informal bbq/group info session, uses information strategies and is guided by above recommendations.</p> <p>Internal staff training on engaging clients in sessions e.g. small talk skills</p> <p>Training package on Sierra Leone developed in partnership with the community.</p>	<p>Provide culturally appropriate counseling services.</p>

Both Krio and English groups highlighted the need for long-term access to counsellors.	Ensure that Sierra Leonean clients are referred from EIP to General Services where required through a personal handover involving both EIP and General Service Counsellors, and ensure that Sierra Leone community is aware of General Services, FICT Groups etc	Ensure appropriate counseling interventions are utilized and interface between STARTTS Programs is as smooth as possible.
Perceptions of Health		
Stigma associated with going to STARTTS.	<p>Health Promotion activities to differentiate reactions to trauma and mental illness.</p> <p>STARTTS to encourage Transcultural Mental Health Centre (TMHC) and Multicultural Mental Health Australia (MMHA) to engage with Sierra Leone community and provide mental health education.</p> <p>Develop a training package on the Sierra Leone Community to ensure culturally appropriate metaphors are used and community leaders are involved in the process.</p> <p>Package STARTTS services highlighting the identified goals for the</p>	To reduce stigma and educate the community about mental health needs and make STARTTS services more accessible to the community.

	community and in the way that makes sense to the community.	
Not knowing where to go to for help for PTSD symptoms such as anxiety, sleep difficulties. (Krio)	<p>Promote role of STARTTS to Sierra Leone community particularly in terms of how STARTTS can help address these symptoms through.</p> <ul style="list-style-type: none"> - frequent consultations; communicating and partnering with other service providers working with the Sierra Leone Community; -presence at community forums; -assisting Sierra Leone Community in getting a common gathering place - Community Development - projects such as helping with locating funding for community groups, media advice, assistance with event management. 	To promote the role of STARTTS within Sierra Leone community.
Main Community Issues		
Lack of information regarding new society, Police and DOCS.	<p>STARTTS to inform DOCS and Police about this need.</p> <p>STARTTS to clarify its role as mandatory reporter.</p> <p>Explore opportunities to include this in FICT modules</p>	Better access to information and greater understanding of their role.

Lack of trust towards certain service providers	Information to service providers about West African community and their culture. In collaboration with Sierra Leone community, STARTTS to devise training materials for service providers about Sierra Leone community and use the materials in training in collaboration with Sierra Leone Community Members	Facilitating greater cultural awareness.
Concern by parents that children are acculturating too fast and related negative experiences with Police and DOCS	As above – through relevant forums, STARTTS to inform DOCS and Police about these issues and advocate for appropriate responses. Ongoing FICT groups for Sierra Leonean community.	

Appendix One

Sierra Leone Community Consultation Questions

Small groups – divide people in two or three groups including: (a) community leaders/workers; (b) clients/community members - male (c) clients/community members (female – if required)

Community Leaders/Workers group will be conducted in English and Clients/Community Members in Krio.

Facilitators and scribes:

- (a) _____
- (b) _____
- (c) _____

Adama will ensure all groups run on time and other logistical requirements are met during the small group discussion. This can be rearranged as required.

Questions (these are just suggestions, but please explore each theme)

1. STARTTS Services

What does Sierra Leone community members think about STARTTS?

When do people get referred to STARTTS and why?

What happens after people are referred?

What aspects of STARTTS work is your community satisfied and why?

Where can we improve and how?

What additional services should we provide to cater for the Sierra Leone community needs?

2. Counseling

In your community, who helps people when they experience sadness or when they do not feel well emotionally?

How would you describe counseling?

How can we explain counseling?

How can we change what we do so that it is more appropriate for the community?

What is health?

What is mental health?

3. Community issues relevant to STARTTS

What do you perceive are the greatest strengths within the Sierra Leonean community?

What are some of the difficulties torture and trauma survivors in the Sierra Leone community are experiencing at the moment?

How did the community try to address those difficulties in the past?

How did other agencies try to address those?

What worked and what did not?

How did your specific community's strengths help with those difficulties?

What can STARTTS do to help with the community's initiatives?

Appendix Two



Sierra Leone Community Consultation

Sunday 12th November 2006

Granville Youth and Community Recreation Centre

Time: 11.30 – 3.30pm

Agenda

11.30pm Registration and Light Meal

12.30pm Welcome

Opening Prayer

Short Video

Overview of STARTTS

Overview of EIP

1.30pm Small Groups

2.30pm Large Group feedback

3.00pm Where to from here

3.10pm Closing Prayer

3.15pm Performance

3.30pm Finish

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