



# **MENTAL HEALTH LITERACY AND SUICIDE PREVENTION**

**PROGRAM EVALUATION REPORT  
2017 - 2020**

This service has been made possible by funding from  
Western Sydney Primary Health Network

STARTTS acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and Traditional Custodians. We acknowledge their living cultures and we value their continuing connection to country, waters and kin. We pay our respects to Elders past, present and emerging.

STARTTS welcomes all people with refugee backgrounds, regardless of their sexual orientation, gender identity, faith or ethnicity. STARTTS is committed to embracing diversity and eliminating all forms of discrimination in the way we provide services to people with refugee backgrounds.

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OF TORTURE AND TRAUMA SURVIVORS**  
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# Foreword



## FOREWORD FROM JORGE AROCHE, STARTTS CEO

**The refugee journey is a complex one. It is defined by traumatic events, loss, privations, and moral injury, and culminates with the often equally taxing demands of learning to make a new life in a new country with often diminished resources. Incredibly most refugees are able to overcome these challenges with little help. Some however, struggle, and can experience a variety of mental health issues as a result.**

The period covered by this report has been defined by a number of humanitarian crisis in a deteriorating global context in which the number of forcibly displaced people around the world grew to unprecedented numbers. This decade has so far been particularly challenging for refugees, who tend to be in a more vulnerable position to deal with the stresses that COVID-19 has placed on all of us. The pandemic has also provided a context in which most resettlement programs around the world, including Australia's, have had to pause due to pandemic related constraints on the movement of people across borders, affecting those in transit and those awaiting to be reunited with loved ones. These pressures can increase refugee populations vulnerability to mental health issues, and this is in fact exactly what we have seen on the ground at STARTTS.

While these vulnerabilities are very real, we have learnt over the years that they do not always have to translate into negative mental health outcomes. There are things we can do to increase the resilience of individuals and communities, and things we can do to enable those affected to access mental health services earlier to prevent further deterioration. One of these things is building the capacity of those people who keep the community together by providing support to individuals and families and by creating bridges to the community at large - community leaders, elders and influencers. Others include creating self-support networks to encourage the development of a positive and supportive recovery environment. The project excelled in both of these areas.

The funding for the programs evaluated in this report could not have been more timely, particularly given the deterioration in both the pandemic impact domestically and internationally, but also the additional humanitarian crises that followed soon after. For this we thank the foresight and commitment of WentWest. I am enormously proud of the ingenuity and resourcefulness displayed by STARTTS staff, volunteers and partners to develop programs that are culturally and contextually meaningful to the various refugee populations they have been co-designed to assist. I am even prouder to see the evidence of the effectiveness of these efforts in the results presented by this report.

I sincerely hope that this encourages other funding bodies to follow the lead of WentWest in ensuring that refugees resettling across NSW have the best chance of preventing mental health issues and detecting and dealing with these problems as early as possible. It is doubtless one of the best investments we can make in the future of our community.

Jorge Aroche  
CEO, STARTTS



# Foreword

## FOREWORD FROM THE WESTERN SYDNEY PRIMARY HEALTH NETWORK (WSPHN)

The Western Sydney Primary Health Network (WSPHN) has a long-standing relationship with STARTTS, which was commissioned as the first Western Sydney service designed to specifically support clients of refugee background. Since then, STARTTS has continued to evolve and increase their impact within the community, providing over 13,000 mental health interventions since March 2018. Almost 93% of STARTTS clients were born outside of Australia and 75% speak a language other than English.

Through group sessions, counselling, mental health events and trainings, and awareness days, STARTTS empowers community members to recognise signs of distress, employ coping mechanisms, build supportive community networks, and reduce the stigma around mental health. During 2020/21, 1,000 participants were supported through the STARTTS program, including 226 young people. On top of their client work, the STARTTS team have continued to expand their training portfolio, to include suicide prevention, suicide intervention, peer support leader training, youth leadership training, accidental counsellor training, and training of the trainer.

The expertise of STARTTS staff and their relationship with refugee and culturally and linguistically diverse communities has provided great insight into the health needs of the Western Sydney population. STARTTS' contribution to WSPHN Steering Committees and Advisory Committees has been invaluable.

***“STARTTS represents a truly wonderful commissioned mental health service in our region. Despite the challenges of COVID-19, STARTTS has continued to innovate and adapt new ways of serving our community. STARTTS ensure that the mental health needs of our diverse Western Sydney communities are recognised, and that all people have access to culturally appropriate, recovery-oriented support. Western Sydney Primary Health Network are proud to have supported STARTTS as one of our commissioned services and look forward to watching our partnership grow.”***

**- Ray Messom, CEO of the Western Sydney Primary Health Network**

The findings of this report, detailing the success of the Mental Health Literacy and Suicide Prevention Project, highlights the dedication of STARTTS staff and volunteers to improving mental health in our region. As the Primary Health Network for Western Sydney, two of our key priority areas are mental health, and population health. Our vision is for quality, accessible mental health care for all members of our community, including those from refugee and culturally and linguistically diverse backgrounds. STARTTS are ambassadors of equitable health care in Western Sydney.



# Executive Summary

## **This report presents the evaluation findings of the Western Sydney Primary Health Network funded Mental Health Literacy and Suicide Prevention Project (MHLSP) for the period of 2017-2020.**

The project delivered peer-leader training, psycho-education, lifestyle/wellbeing group interventions and retreats for members of Hazara, Tamil, South Sudanese, and Arabic-speaking communities.


The project aimed to:

- ▶ Increase mental health literacy and knowledge of mental health services amongst community members
- ▶ Develop a pool of peer leaders/gatekeepers who will be able to recognise signs of self-harm, identify suicide risk amongst community members and address those through accidental counselling and appropriate referrals to relevant mental health services
- ▶ Reduce social isolation amongst community members and increase protective factors against risk of poor mental health, suicide and self-harm
- ▶ Develop accidental counselling skills amongst Arabic-speaking, Hazara, Tamil, and South Sudanese community leaders and clergy, thus increasing their capacity to identify risk of self-harm, suicide and serious mental illness and follow up with appropriate referrals
- ▶ Enhance stress management and coping mechanisms amongst community members and increase access to appropriate care and support



This was achieved through the following interventions:

- ▶ Peer-leader training and support through provision of the adapted version of the existing STARTTS Accidental Counsellor training
- ▶ Delivery of psycho-education and lifestyle/wellbeing group interventions for each cultural group and its community members, delivered on a weekly basis
- ▶ A Retreat with particular focus on intensive training for peer leaders



The Accidental Counsellor Trainings were evaluated using a pre- and post-survey measuring changes to participants' knowledge and confidence in key areas of suicide prevention and mental health.


Findings from the Accidental Counsellor Training evaluations show that, on average, **participants' knowledge of basic mental health concepts and suicide risk as well as confidence to implement peer support intervention strategies across all communities increased as result of attending the trainings.** Results also reflect an extremely high level of participant satisfaction with the trainings.

The Suicide Prevention Trainings delivered to the members of the Tamil and Arabic-speaking communities were evaluated using a pre- and post-survey measuring changes to participants' knowledge and confidence in key areas of suicide prevention.

The Suicide Prevention Training delivered to members of the Hazara community by Wesley Mission was evaluated using a pre- and post-survey administered by Wesley Mission, measuring changes to participants' knowledge and ability relating to key areas of suicide prevention.

Findings from the Suicide Prevention training evaluations show **clear and significant increases** in participants' knowledge of how to provide support to someone who is distressed and/or suicidal, as a result of participating in the training. Findings also show **clear and significant increases in participants' confidence** in identifying suicide risk and signs of self-harm, connecting to mental health support services, communicating appropriately with a suicidal person, helping someone who is suicidal, and finding support for self if needed, as a result of the training. Results also show **high levels of participant satisfaction** with all areas of the training.





The Tamil women's swimming group and the yoga group for Arabic-speaking participants were both evaluated using the World Health Organization Well-Being Index (WHO-5).


The WHO-5 captures emotional wellbeing and it is conceptualized as a unidimensional measure that contains five positively worded items tapping into the wellbeing of the respondents: "I have felt cheerful and in good spirits", "I have felt calm and relaxed", "I have felt active and vigorous", "I woke up feeling fresh and rested", and "My daily life has been filled with things that interest me". According to WHO-5 literature and guidelines, **any improvement above 10% is a significant change.**

The results of the five items indicate a substantial improvement upon completion of the Tamil swimming classes, whereby positive mood (cheerful, relaxed frame of mind and being in good spirits) improved by 7%; stress level (being calm and relaxed) **improved by 29%**; vitality (being active and vigorous) **improved by 21%**; improved sleep (waking up fresh and rested) **improved by 33%**; and general interest (being interested in daily activities) **improved by 27%**.

Results of the five items also indicate a **substantial improvement** upon completion of the yoga program for Arabic-speaking participants. Participants showed significant improvement on subjective qualities of life: positive mood (being cheerful and in good spirits) **improved by 40%**; stress level (being calm and relaxed) **improved by 33%**; vitality (being active and vigorous) **improved by 29%**; improved sleep (waking up fresh and rested) **improved by 26%**; and general interest (being interested in daily things) **improved by 26%**.

Each of the culturally-specific lifestyle and wellbeing groups were additionally evaluated using participant semi-structured focus group discussions. Evaluation findings show that the MHLSP lifestyle and wellbeing groups provided opportunities for participants to meet new people and increase their social capital, thereby reducing social isolation.

This increase in social capital ultimately improved participants' overall wellbeing, with participants reporting feeling happier and more relaxed. Through participation in the group, participants enjoyed greater access to protective factors against suicidal ideation such as increased peer social support and awareness of, and access to, available specialised support services.



This report additionally presents the evaluation findings of 2 Retreats: the 2019 Suicide Prevention and Leadership Training Retreat with Tamil, Hazara, and Arabic-speaking participants, and the South Sudanese Youth Ambassador Retreat.

Evaluation findings from the Suicide Prevention and Leadership Training Retreat reflect that participants benefitted from increased mental health literacy and knowledge of mental health services as a result of attending the retreat. The retreat therefore assisted in developing a pool of peer-leaders who are able to recognise signs of self-harm, identify suicide risk amongst community members, and address those through accidental counselling and appropriate referrals to relevant mental health services. Evaluation findings also show that the retreat provided opportunity for social connection within and between communities, thereby reducing social isolation amongst community members.

The findings of the South Sudanese Youth Ambassador Retreat show that participants benefitted from a deeper understanding of the principles of community leadership and engagement. Further, participation in the retreat was shown to enhance the capability of participants to engage with their peers and help to destigmatise the concept of mental health and self-harm. As a result of participating in the retreat, participants became more aware of the indicators of self-harm and of the steps that should be taken to provide support to those at risk of self-harm. Knowledge gained on how to effectively and appropriately provide support to community members at risk of self-harm increased participants' confidence to provide support to those at risk of self-harm.



# Recommendations

## Based on the findings of this report, the following recommendations are made:

- ▶ Increase funding to increase capacity to deliver:
  - A.** Mental health literacy trainings for community members
  - B.** Wellbeing groups for community members
  - C.** Intensive leadership/mental health skills training (camps/retreats) for key community leaders
- ▶ Recognise the benefits of inter-community collaboration to assist with building networks beyond each community, whilst also gaining perspective and understanding of the challenges and solutions that are both common and unique to each community regarding the addressing of mental health.
- ▶ Mental health services to consider strategies to enhance collaboration between communities for mental health skills training and wellbeing activities
- ▶ Local Health Districts (LHDs) to consider developing a Multicultural Mental Health Advisory structure that includes members of communities settling in the LHD to ensure community uptake of services, participation and engagement and recognise importance of lived experience.
- ▶ STARTTS to roll out train-the-trainer trainings for community members to empower them to help deliver mental health skills training directly to community groups and community members.
- ▶ Funding to be made available to help develop written and multimedia resources regarding mental health education in relevant languages.
- ▶ STARTTS to consider replicating Western Sydney PHN-funded model of refugee community mental health literacy and suicide prevention to other LHDs.
- ▶ Other PHNs to follow Western Sydney PHN lead and provide funding required to implement community-led, culturally safe and trauma informed mental health literacy projects with refugee communities.



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## Chapter 1:

# Introduction and Background

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# Introduction

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**This report presents the evaluation findings of the Western Sydney Primary Health Network funded Mental Health Literacy and Suicide Prevention Project (MHLSP) for the period of 2017-2020.**

The project delivered peer-leader training, psycho-education and lifestyle/wellbeing group interventions for members of Hazara, Tamil, South Sudanese, and Arabic-speaking communities.

## **The project aimed to:**

- Increase mental health literacy and knowledge of mental health services amongst community members
- Develop a pool of peer leaders/gatekeepers who will be able to recognise signs of self-harm, identify suicide risk amongst community members, and address those through accidental counselling and appropriate referrals to relevant mental health services
- Develop accidental counselling skills amongst Arabic-speaking, Hazara, Tamil, and South Sudanese community leaders and clergy, thus increasing their capacity to identify risk of self-harm, suicide and serious mental illness and follow up with appropriate referrals
- Reduce social isolation amongst community members and increase protective factors against risk of poor mental health, suicide and self-harm
- Enhance stress management and coping mechanisms amongst community members and increase access to appropriate care and support

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**This was achieved through the following interventions:**

- **Peer-leader training and support through provision of the adapted version of the existing STARTTS Accidental Counsellor training**

The Accidental Counsellor training is designed for community volunteers, caseworkers, teachers, and others in non-counselling roles who may find themselves supporting people who are suffering from the consequences of trauma. The training offers practical solutions, helps the participants set boundaries, engage in self-care, and make referrals to appropriate mental health services. While the original training package addresses the issue of suicide and self-harm, it has been adapted to put more emphasis on that topic. It was also reviewed with a specific cultural context in mind. Similar review occurred in collaboration with the Wesley Mission in adaptation of their Suicide Prevention Training coupled with train-the-trainer initiative for STARTTS Bi-cultural Project Officers.

- **Delivery of psycho-education and lifestyle/wellbeing group interventions for each cultural group and its community members, delivered on a weekly basis.**

The purpose of the weekly lifestyle and wellbeing groups was to reduce social isolation and increase bonding social capital, which research has shown to serve as a significant protective factor against suicide. The program delivered various wellbeing group activities including yoga, swimming, English classes, soccer, information sessions on relevant topics, and excursions. A detailed description of group activities is provided below on page 51.

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- **A Retreat with particular focus on intensive training for peer leaders**

Retreats provide the opportunity for participants to meet new people from within and outside their own communities, thereby expanding their social networks and reducing social isolation. Retreats also allow for more social time than the weekly group sessions, providing greater opportunity for the formation of social connections. Further, there was a strong focus on developing participants' peer leadership capacities, another core component of the MHLSP.





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## Chapter 2:

# Literature Review

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# Literature review

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**Before migration, people seeking asylum and people of refugee background are often exposed to human rights violations, torture, trauma and the impact of systemic violence.**

Those who are resettled in a host country may continue to face uncertainty and events that expose them to risk factors which negatively impact mental health. Priebe et al. (2016) recognised that people of refugee background and people seeking asylum are exposed to risk factors that are linked to mental ill-health even after they have obtained the legal right to remain in a host country. These factors can include reduced social integration, financial hardship, limited English language ability, and employment.

As well as exposure to risk factors related to mental ill-health, people of refugee background and people seeking asylum often also experience challenges associated with accessing mental health support services. Kaplan et al. (2016) found that these challenges include the impact of a lack of trust in health professionals and government-provided services, lack of familiarity with healthcare systems and available mental health services, communication and language barriers, and cultural differences. Increased exposure to risk factors associated with mental ill-health coupled with challenges related to accessing mental health support place people of refugee background and people seeking asylum at greater risk of suicidal ideation.

The MHLSPP aims to reduce risk of suicide and poor mental health through interventions focused on strengthening 2 key protective factors: the establishment of a pool of peer-leaders/community gatekeepers and through building social capital.

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The role of peer leadership/community gatekeeping has been proven to serve as an effective protective factor against suicidality. The United Nation High Commissioner for Refugees (UNHCR) completed a systematic review of suicide prevention and response programs with people of refugee background.

Research findings recommended using a public health and multi-tiered approach to suicide prevention. The second part of the four-tiered approach was awareness-raising and gatekeeper training (Haroz et al., 2018). Gatekeeper training has been widely used as a tool for suicide prevention and intervention. The training varies depending on audience and location; however, they primarily aim to improve ability to identify those at risk of suicide, providing assistance, and referring them to available support services. Gatekeeper training can be provided by mental health professionals to community leaders, in order to support them to assist community members expressing suicidal idealisations and link them with services. Gatekeeper training in the settlement context is evidently effective, with studies suggesting that mental health clinicians value training on trauma related to the refugee experience (Collinetti & Murgia, 2008, as cited in Colucci et al, 2015).


An example that demonstrates the efficacy of gatekeeping in mental health service provision in the refugee context is the Mental Health and Psychosocial Support (MHPSS) team established by the Bangladesh United Nations High Commissioner for Refugees to work in Rohingya refugee retreats in Bangladesh. The MHPSS team trained 43 national psychologists, who subsequently trained over 500 community psychosocial volunteers, para-counsellors, and community health workers in the promotion of healthy coping and maintaining psychosocial wellbeing (Tay et al, 2018). This program has been identified as successful, as since 2018 they have seen an increasing number of psychiatric consultations: from 2,865 in 2018, to 5,115 in 2019, and 7,734 in 2020 (Tay et al, 2018). The program also successfully maintained essential mental health support services and increased its users in 2020 despite COVID-19 creating access restrictions (Tay et al, 2018).

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The MHLSPS recognises that community leaders have an important role to play in gatekeeping. Findings of a 2012 study conducted in Melbourne, Australia suggest that young people believe that community leaders are “the only way” to establish trust in their communities (Colucci et al., 2015). Research participants noted that the community can help link young people with services, and suggested training community leaders as advocates for mental health education in their communities.

In addition to the capacitation of community gatekeepers, the MHLSPS recognizes the role of increased social capital and resultant reduction in social isolation as a significant protective factor against suicidality. Programs and services targeted towards people of refugee background must include designs and programs to foster social capital, reducing isolation and bridging the gap between people of refugee background and services (Almohamed & Vyas 2019). For instance, finding ways to promote social connection and a sense of belonging and membership, connecting people of refugee background with appropriate activities, and conveying a sense of hope for the future can decrease risk factors and promote protective factors, ultimately preventing risk for suicide and self-harm across refugee communities.


A report by the WHO (2014 & 2016) highlighted the importance of focusing on protective factors, suggesting that unfortunately, research in the role of positive psychology and protective factors which might serve to protect individuals has been limited. More often than not, research studies have focused on suicide risk factors alone, whereas less is known about the protective factors, “characteristics that make it less likely for an individual to consider, attempt or lose their lives by suicide” (SPRC & Rodgers, 2011). One such factor offering positive resolution to adversity is Social Capital. Social capital refers to the social connections and institutions which foster links within the community, focusing on social relations that have productive benefits (Claridge, 2004).



It circles around the interconnected networks of bonds between individuals and groups and the 'rules' around these relationships (i.e., social ties or social participation), levels of trust that characterize these ties (Rostila, 2011) and the benefits that are both gained and transferred by the integrity of social ties and social participation. It can also be seen as a collective resource, which can increase a community's capacity to address problems together and enhance community wellbeing (Putnam, 2000).

There are three main types of social capital. Bonding social capital refers to social connections to people within one's own social group or community. Bridging social capital refers to horizontal connections to people in the wider community, for example through professional networks or from other ethnic communities. Linking social capital refers to vertical connections to people in positions of authority or working in government or relevant social institutions (Pittaway et al., 2013).

High levels of social capital can help individuals and communities to navigate the negative impacts of trauma and resettlement. Systemic state terrorism and organised violence, to which people of refugee background may have been subjected, act intentionally to destroy bonds, connections and relationships between individuals and within families and communities. This is achieved through the deliberate cultivation of distrust and fear between individuals, which results in the fragmentation of communities (Martín-Baró, 1989). This mistrust can long survive the circumstances under which it was cultivated, making the process of building new connections and networks in the host country intimidating and challenging (Aroche & Coello, 1994).




Further, social capital is potentially negatively impacted by the interaction between three key stressors that characterize the refugee experience:

- Trauma-related stressors, including the sequelae of experiences that can interrupt a person's ability to access their internal resources and negotiate the complex demands of resettlement, including forming new social connections.
- Settlement-related stressors, including the demands associated with navigating an entirely new cultural context and physical environment.
- The stressors of the normal life cycle, to which children and young people of refugee background are not exempt, but rather more vulnerable to due to the negative impacts of trauma and relocation.

These stressors do not operate in isolation. Rather, the refugee experience is largely characterized by a complex interaction of the negative impacts of trauma, settlement, and stressors of the normal life cycle (Aroche & Coello, 1994). This interaction of stressors can negatively impact one's ability to form new social connections and to build social capital in the host country. As such, initiatives that cultivate social capital are particularly valuable in the context of refugee settlement.


Social Capital is strongly linked to subjective wellbeing. In a study that explored the associations between subjective wellbeing and social capital in 142 countries spanning low-, middle-, and high-income countries, evidence was found of significant associations between measures of social support, social capital, and better subjective wellbeing (Calvo et al., 2012).



It has also been well documented that ties to friends and neighbours, workplace ties, civic engagement (individual and collective), family, trust, and trustworthiness have all been found to relate to happiness and overall life satisfaction (Helliwell & Putnam, 2004). Reliable social connections characterised by trust and trustworthiness have been strongly linked to happiness on the family, community, and national levels (Helliwell et al., 2018).

The value of social networks, bonding of people, and bridging between diverse communities has been known to increase protection from hardship, extreme stress, and ultimately suicidal ideation (Field, 2003). It can build upon obligations, trustworthiness, expectations in family relations, and in community and social links, creating channels for information and support (Webber, 2004). Although cumulative stressors generally decline an individual's social resources and thus increase risk, the impact on suicide ideation can be buffered or moderated by social assets such as family and community support (Khosravi et al., 2014).

As a preventative measure, social support and social capital may be the mechanism to reduce self-harm or suicide risk. Experience has shown us that protective factors can be found at different levels such as family (dysfunction/cohesion), individual (personality traits, genetic predispositions) and community (mental health services) (Brent, 2001). We also know from experience that some of these factors are fixed and very difficult to change, such as family dynamics or personality traits, whereas some factors can be changed and modified, such as provision of specialized mental health and support services (McClain et al., 2018).




Having provided specialized services to vulnerable populations for decades, STARTTS has learned that increasing social support, human interaction, connections, and strengthened networks are vital resources which can offer protection and decreased risk. Nevertheless, the style of coping that an individual applies to their challenges can depend on the type of internal source of emotional strength available to buffer the effects of distress, ultimately preventing suicide.

Understanding the ecological and individual determinants of suicide is important from a global health point of view. If the factors that increase suicide risk are in fact related to social capital, then, it is equally necessary that services pay more attention to this demanding social issue (Khosravi et al., 2014). The link between mental health and resilience has been a topic discussed in various forums of refugee studies. The ability to withstand traumatic events, recover, and transform those skills to future challenges is vital in the study of trauma, and it should be reflected in assessing risk and protective factors among victims of war/trauma related violence.

The significance of reducing social isolation, increasing resilience, social bonds, and social connectedness has been found as a substantial protective factor among traumatized refugees and their communities (Arnetz et al., 2013). Moreover, emotion-focused coping styles have been found to moderate the relationship between cognitive appraisal and PTSD, increasing the likelihood of increasing risk. This suggests that type of resilience may differ depending on the individual's coping style, presenting implications for clinical practice with trauma survivors (Hooberman et. al., 2010).






Moreover, clinical and community experience has shown us that different age groups and indeed genders benefit from specific protective factors against suicidality. For example, factors which protect against suicidality in adolescents include school engagement and safety (Young et al., 2011), involvement in extracurricular activities such as sports (Babiss & Gangwisch, 2009), academic achievement (Borowsky et al., 2001) and supportive friendships (Bearman & Moody, 2004). On the other hand, protective factors amongst elderly populations might include improvement of help-seeking behaviours, reducing stigma, increasing community participation, local neighbourhood watch programs, hobby groups, and group activity participation such as appropriate sports. McClain et al. (2018) suggest that community engagement, social ties, and neighbourhood support have been found to help older adults overcome adversity and adapt positively through resilience. Similarly, Fuller-Iglesias et al. (2008) described social support as a vital facilitator and a significant coping tool for overcoming adversity amongst elderly, increasing the likelihood of positive resilience.

Not unlike the previous groups, protective factors for women may include enhanced social skills to cope with everyday challenges, problem-solving skills, anger management, access and opportunity to mental and physical health, improved physical exercise, strong relationships with family members, cultural or religious bonds, opportunities to participate in community, school or social activities, and a reasonably safe living environment. Similarly, social connectedness and family relationships are also important as protective factors amongst men, as well as participation in problem solving courses and training to enhance coping strategies (Denney et al., 2006).


Developing approaches to gain control over emotions, anger, challenges and conflict resolution have been found to support men as protective factors, eventually mitigating risk of suicide and enhance wellbeing (Ashfield, 2010) at times of extreme stress.



A most vulnerable group of people with whom we at STARTTS work are people of refugee background and people seeking asylum. Having experienced extreme trauma, loss of social network and support, complicated by war, conflict, torture, persecution, gross human right violations, traumatic loss and grief (Fazel et al., 2005; Milosevic et al, 2012), people of refugee background are deemed a susceptible population in need of ongoing services to reduce suicide risk and increase social capital.

Displacement caused by war, conflict and persecution affects refugees and asylum seekers on multiple levels and the loss of existing networks, including family, relatives, friends and communities left behind, has a significant negative impact on their social capital. During the sensitive period of resettlement, if there are no support systems available to refugees, they can be further destabilised, resulting in long-lasting mental health complications (Fazel et al., 2005). Given their traumatic past, this period could be improved by shifting their negative perspectives, offering alternatives to cultivate personal resources such as resilience for growth and recovery through increasing their social networks and community links.

Previous group work and specific classes such as yoga groups at STARTTS (or other physical activity groups) have shown advantages of group activities for refugees, which can help individuals feel a sense of membership to group and of belonging, create new friendships and links with others and reduce isolation. Furthermore, the presence of peers can provide an increased impetus to practice and apply these skills and an opportunity to share and learn from each other's experiences. The camaraderie that people can gain and enjoy from such groups can be a valuable asset and a priceless element of social capital, protecting them from deterioration and isolation.



Further, increased physical activity such as yoga and swimming have been strongly linked to improved mental health, which also serves as a protective factor against suicide. Yoga has been demonstrated to reduce PTSD symptoms in women residing in the United States (Mitchell et al., 2014; van der Kolk et al., 2014) and it appears to reduce PTSD symptoms and depression in male Vietnam veterans (Carter & Byrne, 2004; Johnston et al., 2015).

Similarly, yoga-based trauma relief programs have proven to be a cost-effective way to rapidly relieve posttraumatic stress symptoms with minimal risk, and to ameliorate anxiety, depression, insomnia, hyperarousal (Gerbarg & Brown, 2005) as well as re-experiencing and flashbacks amongst survivors of war (Gordon et al., 2004). Similar research has suggested that the benefits of physical activity for trauma survivors include improvements in physical symptoms, general health, sleep, resilience and reductions in perceived stress (Staples et al., 2013).

Given the evidence that group memberships can reduce risk and increase protective factors, the MHLSP continues to offer such programs to groups of people of refugee background to help them heal from the impact of torture and trauma and live a safe and content life.

Undoubtedly, strengthening protective factors, building on social capital, reducing isolation and consequently reducing suicide risk should be an ongoing process for people of refugee background and people seeking asylum in order to increase resiliency during the presence of increased stressful situations. This will help maintain a level of wellbeing, while promoting meaningful lifelong benefits for participants.





## Chapter 3:

# Methodology

# Methodology

## 3.1. Accidental Counsellor Trainings

This report presents the findings of the evaluations of 16 Accidental Counsellor Trainings conducted with a total of 186 participants.

**Table 1**  
*Breakdown of Accidental Counsellor Trainings*

Community	Date of training	Number of participants
Hazara	02/2018	13
Hazara	06/2018	11
Hazara	03/2020	12
Tamil	08/2018	13
Tamil	11/2018	7
Tamil	05/2019	12
Tamil	05/2019	12
South Sudanese	08/2018	21
South Sudanese	11/2018	7
South Sudanese	12/2019	21
South Sudanese	05/2020	22
Arabic-speaking	10/2018	7
Arabic-speaking	07/2019	5
Arabic-speaking	11/2019	13
Arabic-speaking	11/2019	6
Arabic-speaking	03/2020	4
	<b>Total</b>	<b>186</b>

The Accidental Counsellor Trainings were evaluated using a pre- and post-survey measuring changes to participants' knowledge and confidence in key areas of suicide prevention and mental health. Post-surveys also asked for feedback on participants' satisfaction with the training.

### 3. 2. Suicide Prevention Trainings

This report presents the findings of the evaluations of 3 Suicide Prevention Trainings conducted with a total of 27 participants.

**Table 2**  
*Breakdown of Suicide Prevention Training*

Community	Date of training	Number of participants
Hazara	12/2019	7
Tamil	05/2020	11
Arabic-speaking	06/2020	9
	Total	27

The Suicide Prevention Trainings delivered to members of the Tamil and Arabic-speaking communities were evaluated using a pre- and post-survey measuring changes to participants' knowledge and confidence in key areas of suicide prevention. Post-surveys also asked for feedback on participants' satisfaction with the training.

The Suicide Prevention Training delivered to members of the Hazara community by Wesley Mission was evaluated using a pre- and post-survey administered by Wesley Mission, measuring changes to participants' knowledge and ability relating to key areas of suicide prevention.

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### 3.3. Lifestyle/Wellbeing groups

This report presents the evaluation findings of the following lifestyle/wellbeing groups:

- Tamil women's swimming group 2019
- Tamil youth group 2019
- Tamil women's English classes 2018
- Tamil Seniors group 2020
- Arabic yoga group 2019
- Hazara women's yoga group 2018-2020

A full description of the lifestyle/wellbeing groups can be found on page 51.



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Lifestyle/wellbeing groups were evaluated using a mix of qualitative and quantitative tools, tailored to the specific demographics, needs and activities of each group. Below is a description of the methods used.

### Quantitative Methods: World Health Organization Well-Being Index (WHO-5)

The Tamil women's swimming group and the Arabic-speaking yoga groups were both evaluated using the World Health Organization Well-Being Index (WHO-5). WHO-5 (see appendix 4) is among the most widely used questionnaires assessing subjective psychological wellbeing.

The WHO-5 captures emotional wellbeing and it is conceptualized as a unidimensional measure that contains five positively worded items tapping into the wellbeing of the respondents: "I have felt cheerful and in good spirits", "I have felt calm and relaxed", "I have felt active and vigorous", "I woke up feeling fresh and rested", and "My daily life has been filled with things that interest me".

WHO-5 has been translated into more than 30 languages and has been used in research studies all over the world. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials, and has been applied successfully across a wide range of study fields. When WHO-5 is used for screening of depression, a cut-off score of  $\leq 50$  is used, which signifies poor wellbeing and is an indication for further assessment and support. A 10% shift in score indicates a significant change in wellbeing.

Participants of the Tamil swimming group and the Arabic-speaking yoga group completed the questionnaires on the first and last sessions of their groups, which ran for 5 and 10 weeks respectively.

## Qualitative Methodology for Lifestyle/Wellbeing Groups

Each of the above-mentioned groups were evaluated using participant semi-structured focus group discussions. Focus group questions were tailored specifically to each group. Details of focus group discussion areas can be found in appendix 3.

All focus group questions were designed, and responses thematically analysed, within the STARTTS social capital theoretical framework. Social capital is an important framework for both project design and evaluation within the resettlement context. With this recognition, The Glue that Binds: The Social Capital Evaluation Tool was developed in partnership between STARTTS and UNSW (Pittaway et al., 2013). The tool was developed out of a participatory research process with input from over 100 people of refugee background and aimed to provide a refugee perspective on which aspects of social capital are important during settlement. The tool contributed to theoretical understandings of social capital and developed a number of practical project design and evaluation tools. Included in the tool is a list of possible social capital objectives for community development projects with refugee communities, as well as indicators relevant for evaluating social capital objectives. Such indicators of social capital relevant to the evaluation of the MHLSP include increased number of friends or contacts within one's own community, increased time spent in positive shared family activities, increased participation in mainstream recreational activities, increased access to employment opportunities, increased English language skills, increased sense of independence and increased access to specialist/appropriate settlement services (Pittaway et al., 2013).


Focus group discussion were conducted in participants' first languages (Arabic, Tamil and Hazaragi) with the assistance of interpreters. Discussions were recorded using a voice recorder, and recordings were later transcribed for thematic analysis.

### 3.4. Retreats

This evaluation report presents the evaluation findings of 2 Retreats: the 2019 Suicide Prevention and Leadership Training Retreat with Tamil, Hazara and Arabic-speaking participants, and the South Sudanese Youth Ambassador Retreat.

The Suicide Prevention and Leadership Training Retreat was evaluated using the following:

- The suicide prevention training component was evaluated using a pre- and post-questionnaire measuring knowledge and understanding of incidence of suicide in Australia, and factors contributing to suicide, as well as ability to identify suicidal behaviour, communicate appropriately with a suicidal person and conduct a suicide intervention
- Another pre- and post-questionnaire was used to measure participants' confidence to: identify suicide risk, recognise signs of self-harm, help and support people in distress, connect refugees/asylum seekers with mental health services, help someone who is suicidal and find support for self when needed
- Individual interviews were conducted with a sample of participants, asking about the overall experience of the retreat and the relevance and efficacy of the activities in enhancing leadership ability and reducing social isolation



The impact of the South Sudanese Youth Ambassador Training was evaluated through two focus group discussions that were conducted at the start and end of the retreat.

During the first focus group, participants were asked about their level of existing knowledge of topics to be covered during the retreat and what their expectations were of the retreat. During the second focus group discussion conducted after the retreat, participants were asked about their overall experience at the retreat, their ability to recognize signs of self-harm compared to when they first arrived at the retreat, their confidence to engage with and provide support to their peers, and about their confidence to advocate for peers at risk of self-harm.

The focus group was recorded using a voice recorder. The transcript of the audio recording was then thematically analysed.



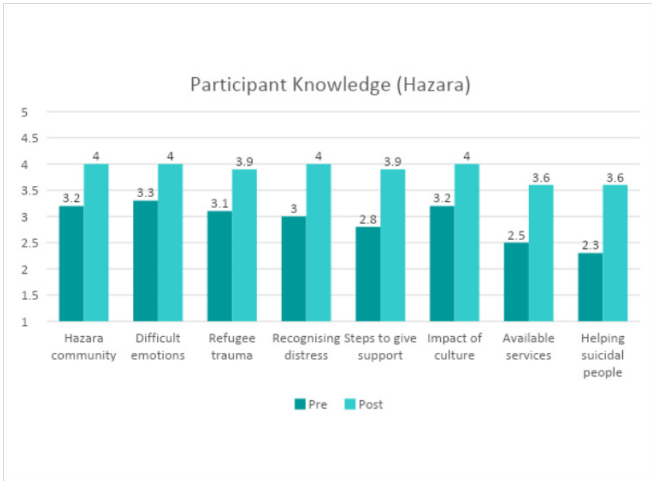
## Chapter 4:

# Findings: Accidental Counsellor Trainings

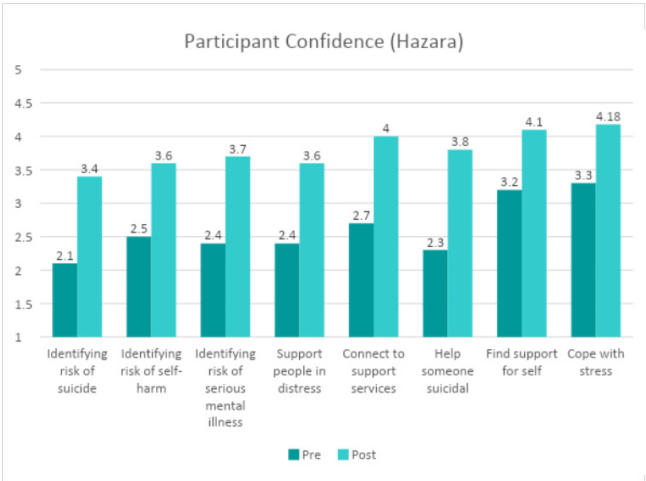
# Findings: Accidental Counsellor Trainings

The below graphs show differences in participants’ average pre- and post- scores in knowledge of basic mental health concepts and suicide risk, confidence to implement peer support intervention strategies, as well as levels of participant satisfaction with the trainings. Data was amalgamated for each community, and the average scores from each are presented below.

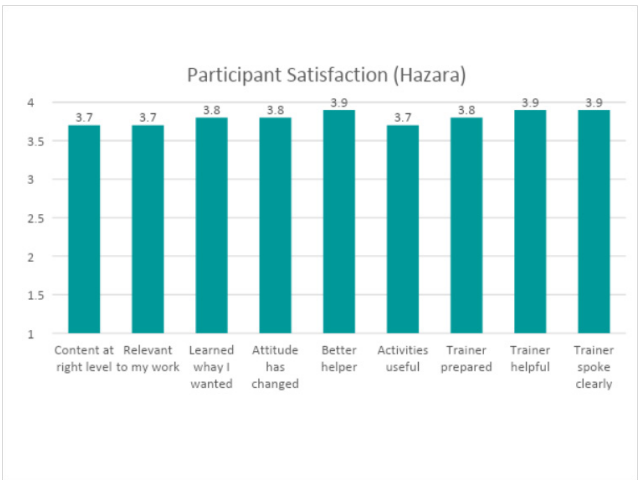
## 4.1. Hazara Community



**Figure 1:** Average amalgamated pre- and post- knowledge scores of ACTs conducted with Hazara community members

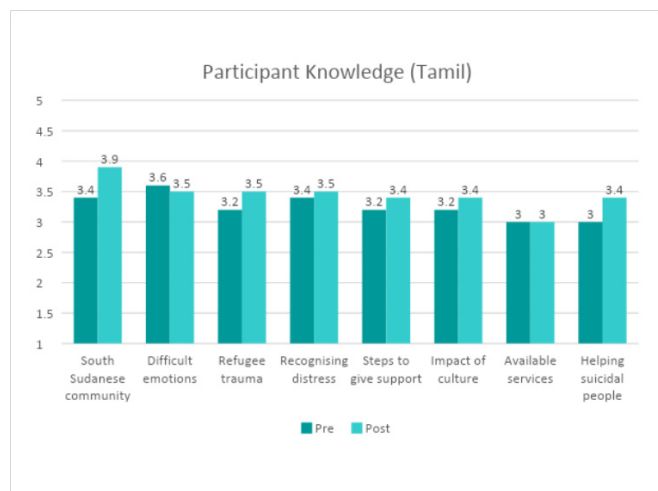


**Figure 2:** Average amalgamated pre- and post- confidence scores from ACTs conducted with Hazara community members

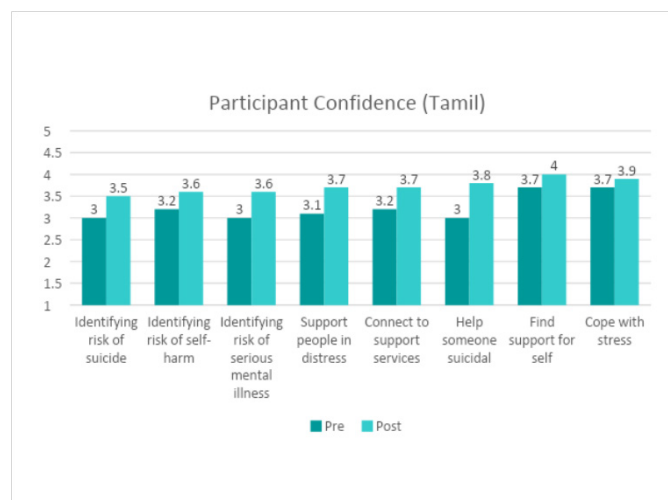


**Figure 3:** Average amalgamated satisfaction scores from ACTs conducted with Hazara community members

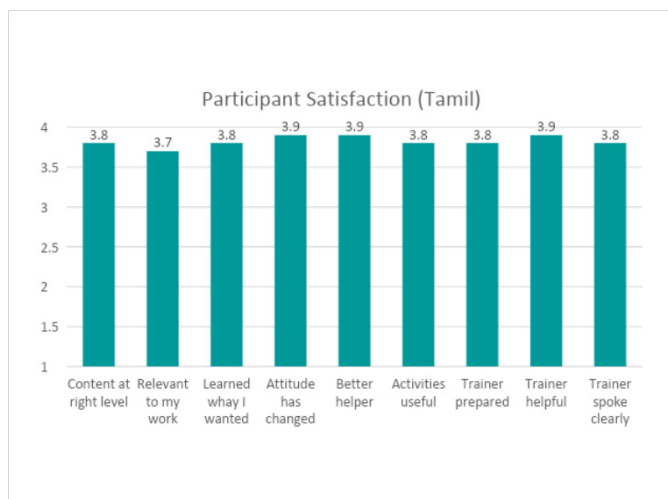
## 4.2. Tamil Community



**Figure 4:** Average amalgamated pre- and post- knowledge scores from ACTs conducted with Tamil community members

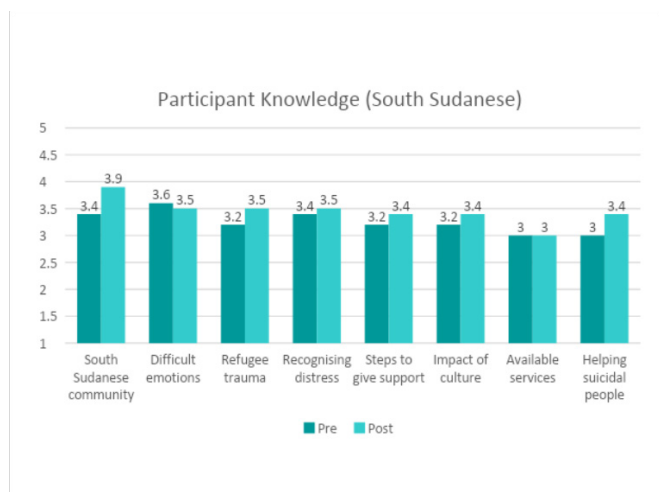


**Figure 5:** Average amalgamated pre- and post- confidence scores from ACTs conducted with Tamil community members

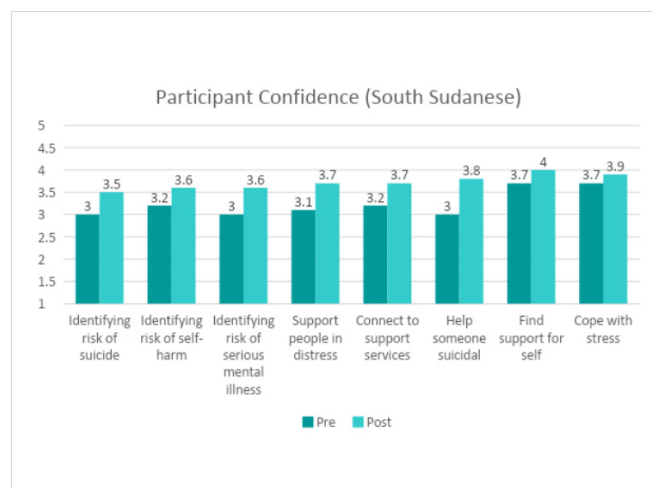


**Figure 6:** Average amalgamated satisfaction scores from ACTs conducted with Tamil community members

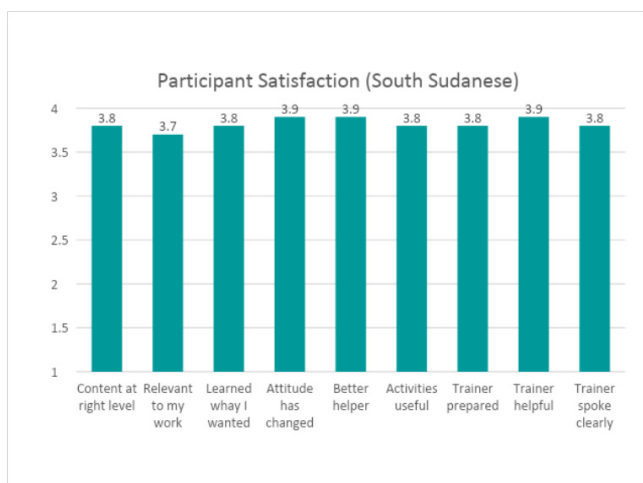
### 4.3. South Sudanese Community



**Figure 7:** Average amalgamated pre- and post- knowledge scores from ACTs conducted with South Sudanese community members



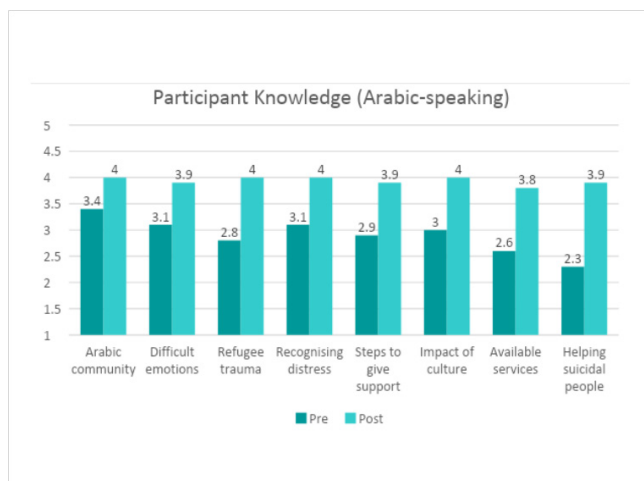
**Figure 8:** Average amalgamated pre- and post- confidence scores from ACTs conducted with South Sudanese community members



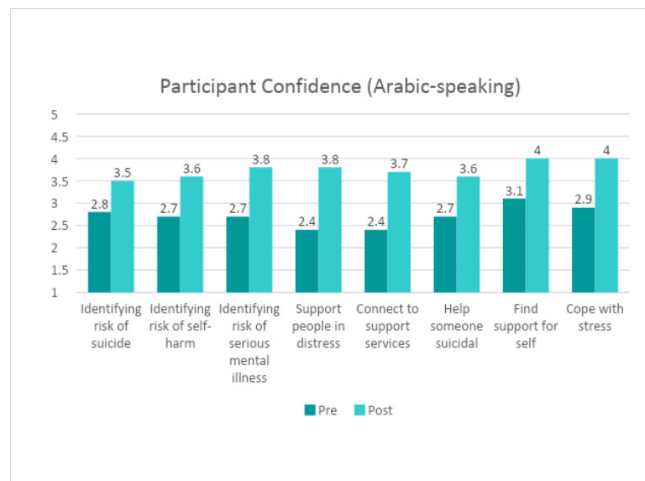
**Figure 9:** Average amalgamated satisfaction scores from ACTs conducted with South Sudanese community members



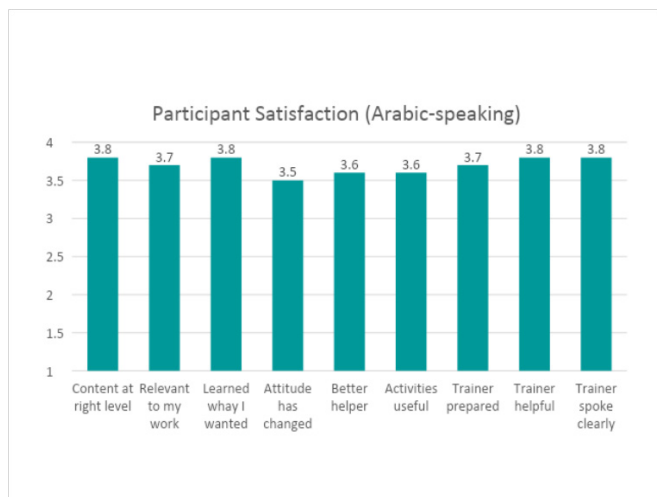
## 4.4. Arabic-speaking Community



**Figure 10:** Average amalgamated pre- and post- knowledge scores from ACTs conducted with Arabic-speaking community members



**Figure 11:** Average amalgamated pre- and post- confidence scores from ACTs conducted with Arabic-speaking community members



**Figure 12:** Average amalgamated satisfaction scores from ACTs conducted with Arabic-speaking community members

The above graphs represent, on average, an increase in participants' knowledge of basic mental health concepts and suicide risk as well as confidence to implement peer support intervention strategies across all communities. The graphs also reflect an extremely high level of participant satisfaction with the trainings.





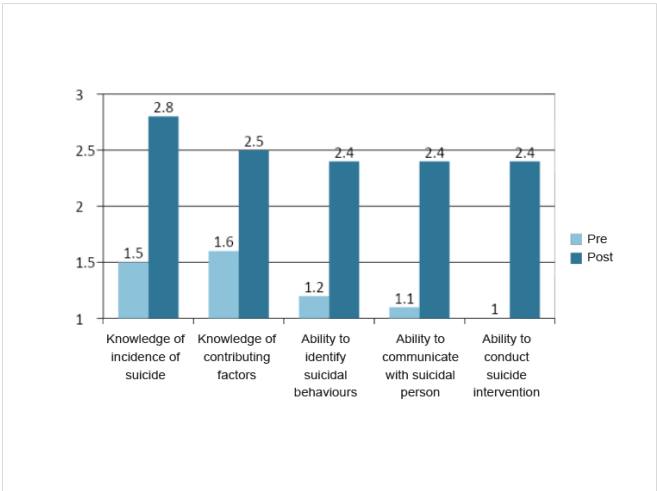
## Chapter 5:

# Findings: Suicide Prevention Trainings

# Findings: Suicide Prevention Trainings

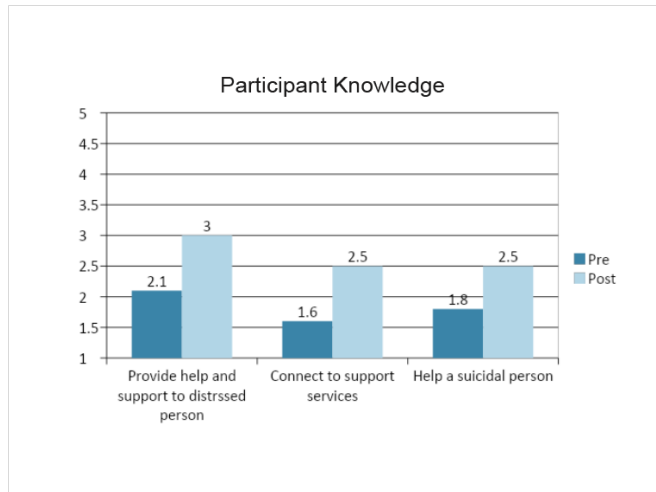
The below graphs show differences in participants’ average pre- and post- scores in knowledge of, and confidence in, key areas of suicide prevention including factors that contribute to suicidality, recognising signs of distress, identifying suicide risk, communicating appropriately with someone who is thinking about ending their life, awareness of and ability to connect to available support services, and helping someone who is thinking about ending their life. The training results are presented below per community.

## 5.1. Hazara Community

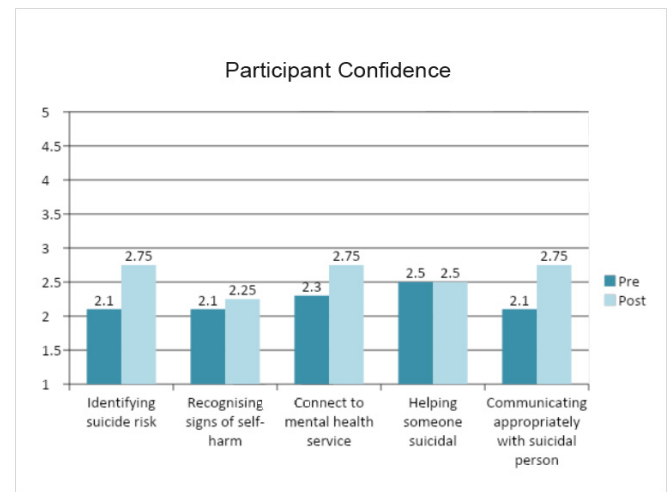


**Figure 13:** Average pre- and post- scores of Suicide Prevention Training with Hazara community

## 5.2. Arabic-speaking Community



**Figure 14:** Average pre- and post- knowledge scores from Suicide Prevention Training conducted with Arabic-speaking community

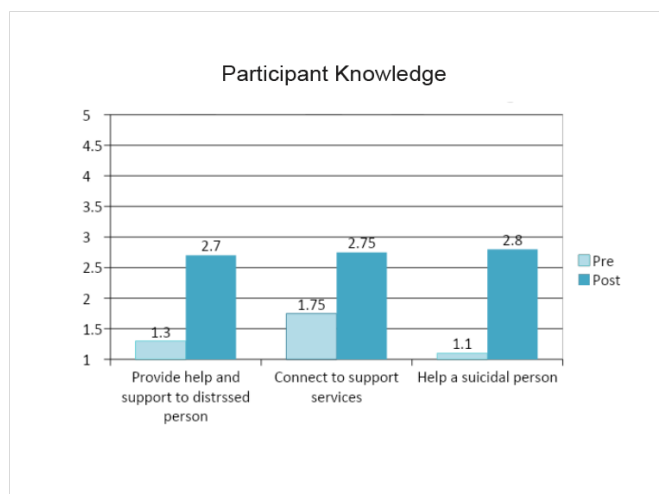


**Figure 15:** Average pre- and post- confidence scores of Suicide Prevention Training with Arabic-speaking community

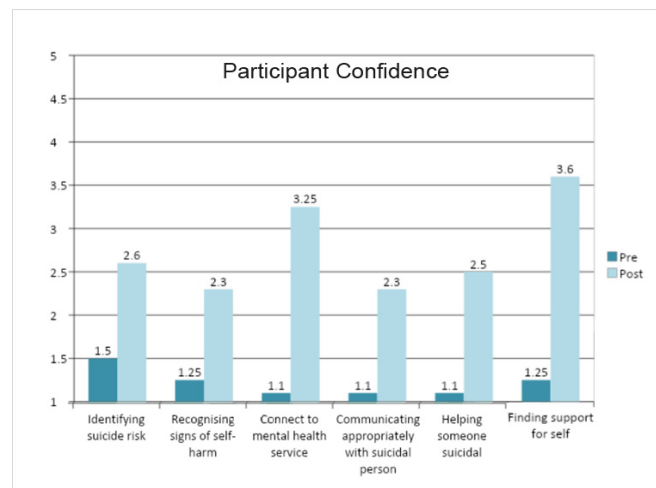


**Figure 16:** Average participant satisfaction scores of Suicide Prevention Training with Arabic-speaking community

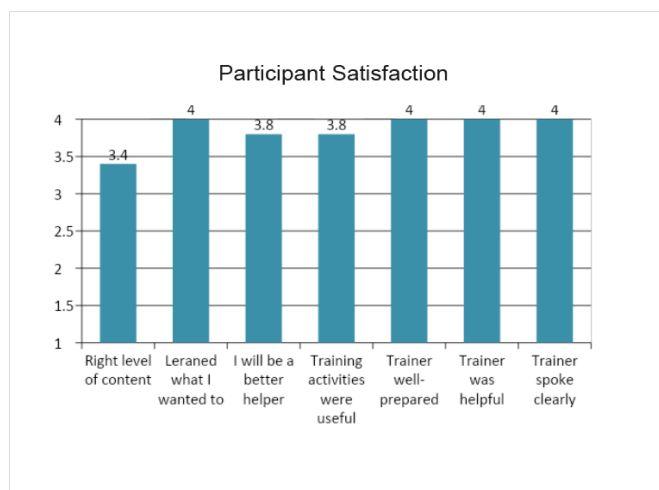
### 5.3. Tamil Community



**Figure 17:** Average participant knowledge scores of Suicide Prevention Training with Tamil community



**Figure 18:** Average participant confidence scores of Suicide Prevention Training with Tamil community



**Figure 19:** Average participant satisfaction scores of Suicide Prevention Training with Tamil community

The above graphs show clear and significant increases in participants' knowledge of how to provide support to someone who is distressed and/or suicidal as a result of participating in the training. The graphs also show clear and significant increases in participants' confidence in identifying suicide risk and signs of self-harm, connecting to mental health support services, communicating appropriately with a suicidal person, helping someone who is suicidal, and finding support for self if needed as a result of the training. Lastly, the graphs reflect high levels of participant satisfaction with all areas of the training.



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Chapter 6:

# Lifestyle/Wellbeing Groups

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# Lifestyle/Wellbeing Groups

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## 6.1. Group descriptions

This evaluation presents the findings of six MHLSPP lifestyle and wellbeing groups. Below is a description of each of the groups.

### **Hazara Women's Yoga and Stress Reduction Group**

The Hazara women's yoga and stress reduction program focuses on the use of stretching and breathing exercises to improve participants' capacity to mindfully focus in their own bodies. Basic techniques were taught and repeated to enable the women to learn skills which they could apply themselves at home. In addition, psycho-education was provided regarding the body's response to trauma and ways in which people can affect their own somatic responses. The aim is that this would ultimately result in improved ability to manage stress resulting from ongoing refugee trauma as well as dealing with stresses related to their family situations, as carers or those dealing with family conflict. This group is ongoing, with new members accepted regularly.

### **Tamil Swimming Group**

Running from 8 October 2019 to 5 November 2019, a group of 17-19 Tamil women attended weekly swimming classes at Hills Sports Fitness and Aquatic Centre in Seven Hills.

The objectives of the swimming classes were to increase the swimming skills and physical fitness of participants, reduce social isolation, and develop a hobby for women.

### **Tamil Women's English classes**

In 2019, the MHLSPP offered weekly English classes to Tamil women and were held at St Anthony's Church in Toongabbie.

The objectives of the English classes were to develop English language skill, improve confidence to communicate in English, increased independence, improve access to educational and employment pathways, share skills and knowledge, and empower mothers with knowledge of available settlement support services.



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## **Tamil Youth Group**

The Tamil youth group has been in existence since 2017, and has provided a wide variety of services to its members. The broad aims of the Tamil youth group over the years have been to provide a safe space for Tamil youth to come together to connect, to reduce social isolation, and to increase access to psycho-social support via STARTTS services. While this longstanding group has been involved in various activities over the years, 2019 saw participants engage predominantly in a soccer program that runs weekly on Sunday afternoons. The aims of the soccer program are to improve soccer skills, improve physical and mental health, reduce social isolation, have fun, increase parent understanding of the importance of physical activity, use soccer as a medium to create connection among young people of refugee background to help them to integrate into the wider community as well as within their own community, and to increase the involvement of females in sporting activities.

While the activities of the Tamil youth group in 2019 centred primarily on the weekly soccer coaching sessions, youth group activities also included trivia night, movie night, games night, a Christmas party, soccer matches and soccer tournaments. This evaluation focused mainly on the soccer related activities.

## **Tamil Seniors' Support Group**

The Tamil seniors' support group was born out of the expressed need for Tamil seniors to remain engaged in support group activities on completion of their participation in STARTTS' Older People in Cultural Transition (OPiCT) program. Feedback from both OPiCT facilitators and group participants indicated that many older Tamil people are not only isolated but sometimes exploited by their adult children, are unfamiliar with their aged care rights, and have difficulty navigating their way around Sydney. After migrating to Australia, younger family members usually adapt quickly to Australian culture and norms but seniors are often left behind or stuck. The majority of seniors feel lost as they have no skills, hobbies, or activities to keep themselves occupied in their new-found 'leisure time'.

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Most participants, aged 60-85, have very limited English language skills, and have little understanding of aged care systems, as this is not a common concept in Sri Lanka. Further, although the majority of participants have been in Australia for approximately 10 years, they remain socially isolated, with some living with adult children and grandchildren while others live alone. Tamil seniors also do not often get opportunities to celebrate their own important events in their lives or attend other events, due to lack of social connection and physical health. Tamil seniors who completed the OPiCT program identified that a Tamil seniors' support group would provide opportunity for them and other Tamil senior citizens to meet new people and become more socially connected, to learn more about issues regarding ageing in their new country, as well as develop their independent living skills. This group provides opportunity to learn new skills like yoga, knitting and many other activities to help the seniors to improve their physical and mental health. This group also provides the opportunity to celebrate the important events in their lives and replace lost family bonds and connections.

As such, the Tamil seniors' support group was formed to offer monthly activities, suitable social programs, physical activities such as yoga, information sessions, discussions on relevant topics including the aged care system, rights of older people, financial issues, available services, accessing public transport, using OPAL cards and senior cards, and celebrating members' birthdays.

### **Arabic-Speaking Yoga Group**

From August to November 2019, STARTTS, in partnership with Auburn Diversity Services Initiative, delivered a series of 10 yoga workshops at the Auburn Community Centre. The classes were attended by approximately 12 women.

The objectives of the group were to effectively provide psycho-education, to improve physical and mental wellbeing, to reduce social isolation, and to increase protective factors against risk of suicide and self-harm, such as social connectedness and balanced physical health, for women within the Arabic-speaking community.

## 6.2. WHO-5 Findings: Lifestyle/wellbeing groups

### Tamil Women's Swimming Group

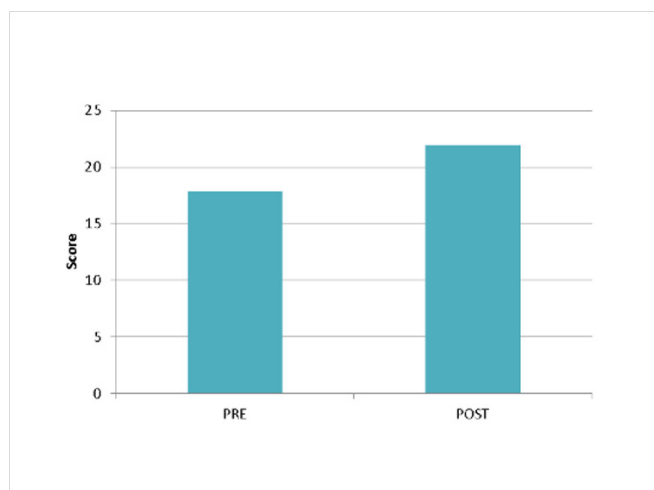
Below are the pre- and post- WHO-5 scores of Tamil participants of a 5-week swimming program. Results showed notable improvements on the pre- and post- overall data which includes daily life, sleep, mood and activity.

T-test analysis of the WHO-5 average scores revealed a significant difference ( $p= 0.0010$ ) between pre- and post- data ( $p<.001$ ).

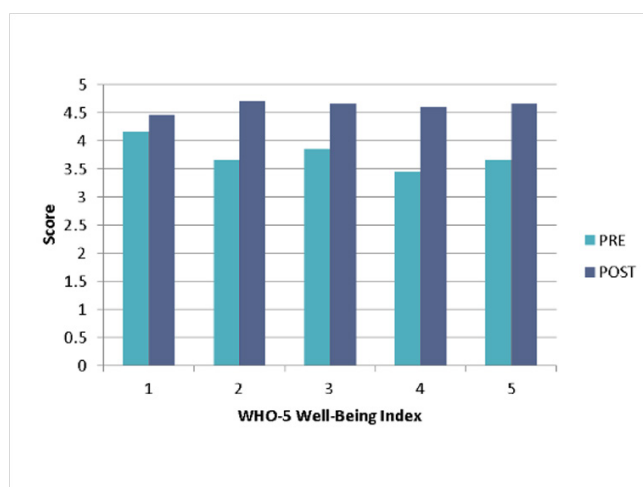
This suggests that upon completing the weekly swimming classes, the participants improved overall in their mood, feeling more cheerful, tranquil, rested, and more energetic in fulfilling their daily activities.

**Figure 21** presents five questions of the Well-Being Index analysed individually:

1. I have felt cheerful and in good spirits
2. I have felt calm and relaxed
3. I have felt active and vigorous
4. I woke up feeling fresh and rested
5. My daily life has been filled with things that interest me



**Figure 20:** Overall WHO-5 pre- and post- average finding ( $n=23$ )



**Figure 21:** WHO-5 pre- and post- data item by item

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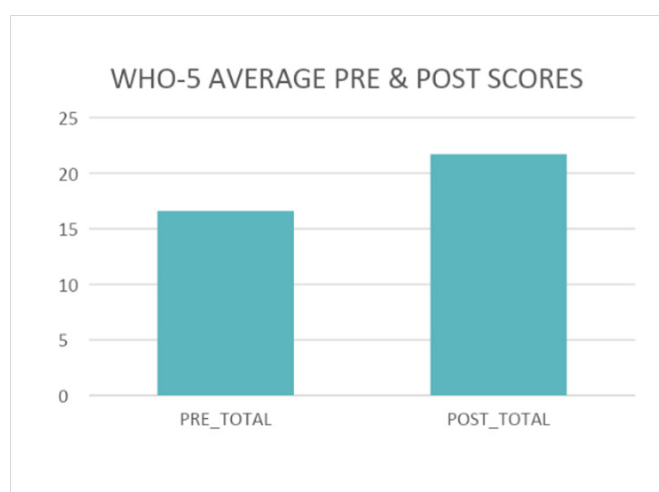
The results of the five items indicate a substantial improvement upon completion of the swimming classes program, whereby positive mood (cheerful, relaxed frame of mind and being in good spirits) improved by 7%; stress level (feeling calm and relaxed) improved by 29%; vitality (feeling active and vigorous) improved by 21%; improved sleep (waking up fresh and rested) improved by 33%; and general interest (being interested in daily activities) improved by 27%.

These findings are congruent with the WHO-5 literature and guidelines, which suggest that the measure indicates a subjective quality of life based on the above-mentioned factors, and that any improvement above 10% is a significant change. The notable improvement in sleep emphasizes the importance of restful, uninterrupted quality of sleep as a major wellbeing indicator.

The current findings overall indicate the benefits of swimming classes provided by MHLSP to our participants, the advantages of the supportive environment of the group, and the energising physical activity leading to improvements in quality of life, wellbeing, physical and psychological enhancement, and vitality attributable to the programme.

## Arabic Speaking Yoga Group

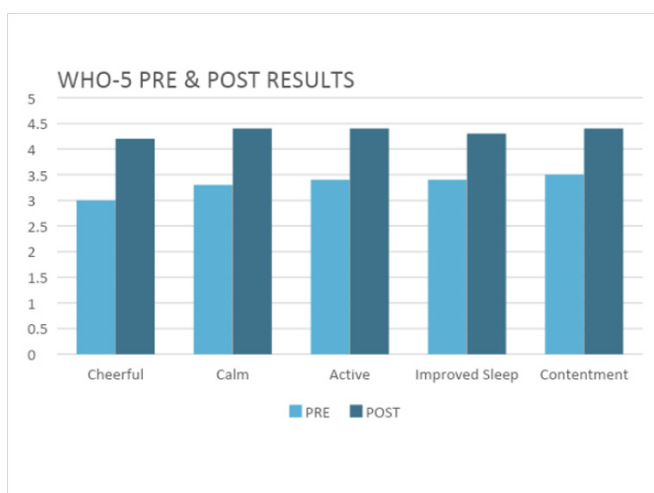
During 2019, in partnership with ADSI (Accessible Diversity Services Initiative), STARTTS delivered a series of 10 yoga workshops to an Arabic-speaking groups at the Auburn Community Centre. The classes were attended by approximately 12 women. Results for the WHO-5 assessment of wellbeing are presented.



**Figure 22:** Overall WHO-5 pre- and post- average finding (n=10)

Results indicate that there were notable improvements on the pre- and post- data of WHO-5. T-test analysis of the WHO-5 overall scores revealed a significant p value ( $p=0.0171$ ), indicating that there was a significant difference between pre and post data ( $p<.001$ ). This suggests that upon completing the yoga workshops, the participants improved overall in their mood, felt cheerful, calmer and more relaxed, felt vigorous and active, improved in their sleep, felt rested/refreshed, and were feeling more content and able to fulfil their interests in daily life. The overall improvement further suggests that quality of life for the participants has been enhanced; consequently, they rate higher on the Well-Being Index.

Figure 23 presents five questions of the Well-Being Index analysed individually.



**Figure 23:** WHO-5 pre- and post- data item by item

Results of the five items indicate a substantial improvement upon completion of the yoga program. Participants showed significant improvement on subjective qualities of life based on positive mood (feeling cheerful and in good spirits), which improved by 40%; stress level (feeling calm and relaxed), improved by 33%; vitality (feeling active and vigorous), improved by 29%; improved sleep (waking up fresh and rested), improved by 26%; and general interest (being interested in daily things), which improved by 26%.

It is notable that the questions addressing mood and relaxation yielded the most significant and substantial improvement during post evaluation, indicating a 40% and 30% increase in wellbeing respectively. This outcome emphasises the importance of yoga as a tool to achieve relaxation, higher mood, and overall improvement of wellbeing.

The current findings do not underestimate the many struggles faced by refugees on a daily basis, but rather highlight that activities such as yoga help the individual recognize positive aspects of life and become aware of the positive parts of their lives. Yoga has been shown overall to lower anxiety, elevate mood, release endorphins, dopamine, oxytocin, serotonin, and re-centre the mind and body to a calmer state.

### 6.3. Qualitative findings: Lifestyle/wellbeing groups

#### Increased social contacts/reduced social isolation

A key indicator of increased bonding social capital is an increased number of friends or contacts within one's own community (Pittaway et al., 2013). Across all STARTTS' lifestyle and wellbeing groups, participant comments reflected that the groups provided an opportunity for participants to meet new people of similar cultural background and establish new social connections and friendships. One participant from the Hazara yoga group shared that the group offered a "fun environment" for participants to gather together, suggesting that the relaxed environment facilitated the cultivation of social bonds.

Participants also reported that the sense of community amongst the groups made them feel happier, providing a diversion from regular routines and opportunity for positive social time. This supports the claim in the literature cited above (Brown, 2017) that the group context may provide a more comfortable and relaxed setting than one-to-one therapy, and provides greater opportunities for the increased social connection and reduced social isolation which serve as protective factors for suicide prevention.

*"Yes, I made a friend in the class"* – Tamil Swimming Participant, 2019

*"We meet new people. We talk with each other"* – Arabic Yoga Participant, 2019

*"We have a mix of old and young. It's nice to be together"* – Arabic Yoga Participant, 2019

*"I come in this group very happy and everybody talk about sharing and community and everything helping. Very kind people."* – Tamil English Class Participant 2019

*"It was a fun environment. Our time passed together, all of us gathered around together"*  
– Hazara Yoga Participant, 2018

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*“This is the only place she can come and feel that she is related to someone. Last week she invited us to a prayer at her house”* – Tamil English Class Participant 2019

*“It is a diversion from our routine work”* – Tamil English Class Participant 2019

*“Just being a homemaker, we have a lot of work and we stick to that all the time. So at least we come out of that and talk together. It is really a relaxing time”*  
– Tamil English Class Participant 2019

*“Instead of being at home on my own, I come to this group and feel very happy”*  
– Tamil English Class Participant 2019

*“I feel very happy and coming to this group gives me a lot of mental consolation”*  
– Tamil English Class Participant 2019

*“I am happy because we make a lot of friends in here”*  
– Tamil English Class Participant 2019

*“Some we know from other groups but some we met are new”*  
- Tamil Swimming Participant, 2019

In addition to meeting new people, it was found in the Tamil Youth Group that soccer proved an effective medium for community building and cultivating social cohesion. Participants reported that soccer taught them how to play in a team, to make all members feel included, to share knowledge and skills, to encourage each other, and to communicate effectively with each other, all cultivating a sense of belonging which is a strong indicator of social capital.



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*“We make new friends”* – Tamil Youth Group Participant 2019

*“We learn to communicate with our friends”* – Tamil Youth Group Participant 2019

*“We behave good with each other”* – Tamil Youth Group Participant 2019

*“We learn to play in a team”* – Tamil Youth Group Participant 2019

*“When we are playing soccer pass the ball to each people”*  
– Tamil Youth Group Participant 2019

*“You have to cooperate and no fights”* – Tamil Youth Group Participant 2019

*“Encourage other players and stuff”* – Tamil Youth Group Participant 2019

*“You help other people learn new things”* – Tamil Youth Group Participant 2019

*“We learn to play in a team”* – Tamil Youth Group Participant 2019

*“The person who did have a turn has to let another person had a turn”*  
– Tamil Youth Group Participant 2019

Refugee and asylum seeker experiences which include torture, trauma and resettlement can profoundly and negatively diminish social capital, placing people of refugee and asylum seeker background at greater risk of social isolation. This is especially true for elderly community members, who are at even greater risk of social isolation. Participants of the Tamil Seniors' Group expressed that they often feel “forgotten” and alone. Participants reported that attending this group helped participants to feel less alone and more supported, which significantly and positively impacted their wellbeing.

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Participants mentioned that, in particular, the opportunity to share challenges with the group is helpful not only because they can seek support, but because in sharing problems, participants find comfort in the realisation that many of their challenges are common amongst other participants too. This is indicative of increased bonding social capital within the Tamil community.

Participants appreciated the opportunity to celebrate their own birthdays and the birthdays of other participants, recognising that some birthdays may go uncelebrated otherwise. One participant also commented that the group assisted her to better integrate and interact with broader society (an indicator of bridging social capital), thereby also contributing both to reduced social isolation and to the development of independent living skills.

*“We made friends here” – Tamil Senior’s Group participant 2020*

*“We have a chance to meet each other mainly because we are all retired people, we are all by ourselves when the children go to work so we have a chance to come and meet each other, that itself is a great thing. Once a month we come here and meet we are all happy. It’s a nice group and we are all like a family”*  
– Tamil Senior’s Group participant 2020

*“We are on our own, so coming here we feel like we have someone. Coming here we feel younger because we are meeting and celebrating birthdays”*  
– Tamil Senior’s Group participant 2020

*“When I am on my own I have big problems that I can’t solve. When I come to this group I feel that my problem is a normal problem because others are also having similar problems. And the other thing is that I feel relaxed when I come to the group”*  
– Tamil Senior’s Group participant 2020

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*“I feel I have a lot of mothers in the group because I don’t have my mother. It is a very relaxing environment. Our children, our relatives, our friends, everyone forgets us, but [facilitator] remembers our birthdays every month and she makes it very special for us so I have to be very thankful for [facilitator] because she makes us feel special in the group” – Tamil Senior’s Group participant 2020*

*“We were isolated when we came here. We didn’t know who to talk to or what to do. The facilitator said that we could solve the problems together and she showed us the outer world, helped us to move into the world and gave that confidence and strength to do the things on our own” – Tamil Senior’s Group participant 2020*

*“If you don’t see other people, you are not yourself”  
– Tamil Senior’s Group participant 2020*

The already high risk of social isolation discussed above is further increased by the impact of COVID-19 related social restrictions. Periods of lockdown experienced by residents of NSW (and around the world) in 2020 significantly impacted people’s ability to cultivate new social connections, maintain existing ones, and access resources that are vital to successful resettlement.

Since the start of the COVID-19 pandemic, MHLSP project officers innovatively found ways to keep the groups running remotely.

For example, the Hazara women’s yoga and stress group continued to meet via the Zoom platform. During this time, the group welcomed new members, as well as provided the opportunity for existing members to maintain contact and practice yoga during the lockdown.

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Comments indicated that the continued opportunity to cultivate new social connections and maintain existing ones via the Zoom platform helped participants to cope with some of the negative impacts of COVID-19 such as stress and social isolation, indicating increased resilience during times of increased stress which also serves as a protective factor for suicide prevention.

*“I met all of them for the first time on Zoom” – Hazara Yoga Group Participant 2020*

*“Because of the COVID-19, everyone is at home and everyone is so worried about the Corona and other business. So this Zoom help us to come here with other people, meet new people, and so it was good for us” – Hazara Yoga Group Participant 2020*

Participant comments from the lifestyle and wellbeing groups indicated that the social connections formed through participation in the groups did not exist within the context of the group alone. The social bonds cultivated through participation in the groups sometimes extended beyond the group.

Examples include participants of the Tamil swimming group exchanging contact details and making arrangements to meet socially outside of the group; participants of the Tamil youth group visiting each other's houses and talking to each other more when they see each other at school, at the shops and at the temple; and members of the Tamil seniors' group sharing challenges, paying visits to members of the group who were unwell, going for walks together and accompanying other group members to the hospital. These all indicate increased community ties which have been linked to increased social support and increased likelihood of positive resilience (McClain et al., 2018).

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*“I see more of the people at school and the shops and the temple”*  
– Tamil Youth Group Participant 2019

*“I met new people. I didn’t know that some of them were around this community. It was a nice way to meet people. I even said to one lady that maybe we can catch up and meet the group and get together once in a while”* – Tamil Swimming Group Participant 2019

*“I met a lot of new people. After coming here I met people and got their numbers so maybe we will meet outside”* – Tamil Swimming Group Participant 2019

*“We are all in a similar age and similar problems. So we share problems”*  
– Tamil Senior’s Group Participant 2020

*“Sometimes we exchange money, sometimes we physically help, if someone is sick we visit them”* – Tamil Senior’s Group Participant 2020

*“We go for walks together and introduce others to the group”*  
– Tamil Senior’s Group Participant 2020

*“If someone is scared in the group to go to the hospital on their own, I accompany them to the hospital”* – Tamil Senior’s Group Participant 2020

### Increased social contacts/reduced social isolation

Another indicator of bonding social capital is increased time spent in positive shared family activities (Pittaway, 2019). Participants of the Tamil swimming group shared that their improved ability to swim as a result of participating in the group enabled them to participate in swimming activities with their children, indicating increased family social capital. Further, two participants of the Tamil English class reported feeling more confident to support their children with homework. One mother shared that she spends time each day reading with her child, which is also indicative of increased positive family time.

*“Now I will go into the pool with my kids. Before all the time we only sit on the edge”*  
– Tamil Swimming Group Participant 2019

*“When kids were doing swimming I felt very sad that I didn’t have an opportunity to swim, but now I can join them in the water. I can’t swim but I can go in the water”*  
– Tamil Swimming Group Participant 2019

*“My son didn’t go to any tuition. Only I mostly teach him and I try to help him. I sit with him and go through his reading for minimum ten minutes”*  
– Tamil English Class Participant 2019

*“My writing is better. One or two letters is wrong but my reading is good. My son asked me to read. Sometimes I don’t understand. Now I read with him”*  
– Tamil English Class Participant 2019

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### Increased participation in local community activities

One participant from the Tamil swimming group shared that since participating in the swimming group, she has also regularly attended the local swimming pool in her area on her own. Increased participation in mainstream recreational activities such as swimming has also been identified as an indicator of increased social capital (Pittaway, 2013). Further, increased community involvement and an active lifestyle both serve as protective factors to reduce risk of self-harm (DeCou et al., 2013).

*“A couple of Fridays I went to the pool in my area and managed to swim on my own”*  
– Tamil Swimming Group Participant 2019

### Increased access to support services

Participants of the lifestyle/wellbeing group reported that their participation in the groups has increased their access to knowledge about available support services. For example, the yoga classes for Arabic-speaking women were delivered through a partnership between STARTTS and Accessible Diversity Services Initiative (ADSI). Through these classes, participants learned more about the services that these two organisations offer. Further, participants of the Tamil seniors' group commented on the knowledge they gained about at-home care and other aged-care facilities. Increased access to specialist/appropriate services is an indicator of increased linking social capital (Pittaway, 2013), and also serves as protective factor for self-harm

*“We get it all the guidance. She [project officer] has all the information. We benefit from that information. Learn how to care for ourselves”*  
– Arabic-speaking Yoga Group Participant 2019

*“About the home care you can get and aged-care facilities”*  
– Tamil Senior's Group Participant 2020

*“Community transport”* – Tamil Senior's Group Participant 2020

## Reduced stress

As discussed earlier, high levels of social capital have been known to increase protection from extreme stress and ultimately, suicidal ideation (Field, 2003). As a result of participating in STARTTS wellbeing groups, participants reported reduced levels of stress. Participant comments reflected that the skills developed through their participation in the groups helped them to cope with stress. Participants found that engaging in activities like yoga, puzzles, and needle work significantly helped participants cope with stress. Participants further noted that the social aspect of participating in the group further reduces stress.

*“Mentally it helped with a lot of the stresses and tensions that I had”*  
– Hazara Yoga Group Participant, 2018

*“It has some breathing exercises and it helps reduce my stress”*  
– Hazara Yoga Group Participant, 2020

*“I do these exercises every day and it was so helpful for me for... [stress]”*  
– Hazara Yoga Group Participant, 2020

*“It’s good for the physical body and it makes us relax”*  
– Arabic-speaking Yoga Group Participant, 2019

*“When we do yoga, we feel happy and relaxed”*  
– Arabic-speaking Yoga Group Participant, 2019

*“It helps us not only from the outside [body] but the inside [wellbeing]. The mood is changing. We are waiting for the classes”* – Arabic-speaking Yoga Group Participant, 2019

*“When I become stressed, I do the exercises at home. Especially the face yoga”*  
– Arabic-speaking Yoga Group Participant, 2019



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*“We forget that we are old by coming to this group and we do a lot of relaxing things like yoga according to the way we want to do it. Slowly, gently and in our language so we can be involved in the activities” – Tamil Senior’s Group Participant 2020*

*“Being together reduces the stress” – Tamil Senior’s Group Participant 2020*

*“We are doing work which makes our brains work like puzzles, needle work. So when you focus on something completely unrelated to your life, that make me get out of stress” – Tamil Senior’s Group Participant 2020*

*“I learned about knitting and sewing” – Tamil Senior’s Group Participant 2020*

*“I learned yoga” – Tamil Senior’s Group Participant 2020*

## Skills development

All respondents from the Tamil English class reported having improved English written and verbal skills as a result of attending English classes. Respondents commented that their improved English skills (a social capital enabler) improved their ability to navigate their everyday lives. For example, one respondent shared that previously she was not able to answer the phone in English, but that she is able to do so now.

Participants of the Tamil Seniors’ group also commented on the new skills they learned through participating in the group activities such as yoga, knitting and sewing. Participants also (as above) commented that engaging in these activities helped them to cope with stress.

Lastly, the Tamil youth group reported that participation in the group improved their soccer skills.

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*“I come here to English class and learn to speak well. Before I totally forget my English now it’s coming right” – Tamil English Class Participant 2019*

*“Before I came here I was very limited in my language. I couldn’t answer phone calls because I didn’t understand what the other person is saying... Now I can answer the phone. The English is helpful for our daily lives” – Tamil English Class Participant 2019*

*“I am happy to come here because the teacher teaches us very well. Some of the words don’t know the exact meaning, he explains to us everything”  
– Tamil English Class Participant 2019*

*“Listening, reading writing everything. He [teacher] easily connects with everyone”  
– Tamil English Class Participant 2019*

*“He is teaching unique words that we are not using in our daily lives. He show how to use the words. He brings our talents out” – Tamil English Class Participant 2019*

*“I learned about knitting and sewing” – Tamil Senior’s Group Participant*

*“I learned yoga” – Tamil Senior’s Group Participant*

*“We get better at soccer” – Tamil Youth Group Participant*

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## Increased independence

Participants of the Tamil English classes reported becoming more independent as a result of participating in the English classes. As a result of being able to better read and understand road/traffic signs, 2 participants also felt more confident to drive on their own. This ability to drive allows participants more independence in their daily lives.

A mother mentioned that she is less dependent on her son, who used to answer all her phone calls for her in English, and help her to make job applications. Finally, as a result of attending the English class, the participants felt confident to attend a STARTTS retreat together. For many of the participants, the retreat marked the first time that they spent away from their husbands and children. Increased sense of independence is an indicator of increased social capital.

*“It [classes] makes us take self-decisions independently. Before I didn’t have confidence in driving. Right now I have my learner’s license and I’m learning to drive. Before I was scared of how to read the road signs. Now I feel more confident to drive”*  
– Tamil English Class Participant 2019

*“First time I drove on my own with baby in the backseat. First time today I did that”*  
– Tamil English Class Participant 2019

*“Some of these people came to the retreat with me. Leaving their husbands and children for the first time in their lives”* – Tamil English Class Participant 2019

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### Improved access to educational and employment pathways

Following on the theme on increased independence, 1 participant of the Tamil English class reported that she was able to make job applications without assistance from others as a result of attending the classes. This not only reflects increased independence, but also increased access to employment pathways which is an indicator of increased linking social capital.

*“I’m applying for a job. Sometimes I’m writing my application form on my own. I answered the phone on my own”- Tamil English Class Participant 2019*

### Conclusion

Evaluation findings show that the MHLSP lifestyle and wellbeing groups provided opportunities for participants to meet new people and increase their social capital, thereby reducing social isolation. This increase in social capital ultimately improved participants’ overall wellbeing, with participants reporting feeling happier and more relaxed. Through participation in the group, participants enjoyed greater access to protective factors against suicidal ideation such as increased peer social support and awareness of, and access to, available specialised support service.



## Chapter 7:

# Retreats

# Retreats

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## 7.1. Evaluation: Suicide Prevention and Leadership Training Retreats

From 3-5 August 2019, 36 participants from the Hazara, Tamil and Arabic-speaking communities attended the STARTTS Suicide Prevention and Leadership Training Retreat at Stanwell Tops, NSW. The objectives of the retreat were to:

- Increase mental health literacy and knowledge of mental health services amongst community members
- Develop a pool of peer leaders who will be able to recognise signs of self-harm, identify suicide risk amongst community members, and address those through accidental counselling and appropriate referrals to relevant mental health services
- Reduce social isolation amongst community members
- Enhance stress management and coping mechanisms amongst peer leaders

Activities over 3-day period included:

- Screening and discussion of film, “Go Back To Where You Came From”
- Wesley Mission: Suicide Prevention Training
- Vigil for Tamil community
- Bushwalking
- Leadership training
- Yoga and meditation
- Painting
- Zumba

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## Evaluation methodology

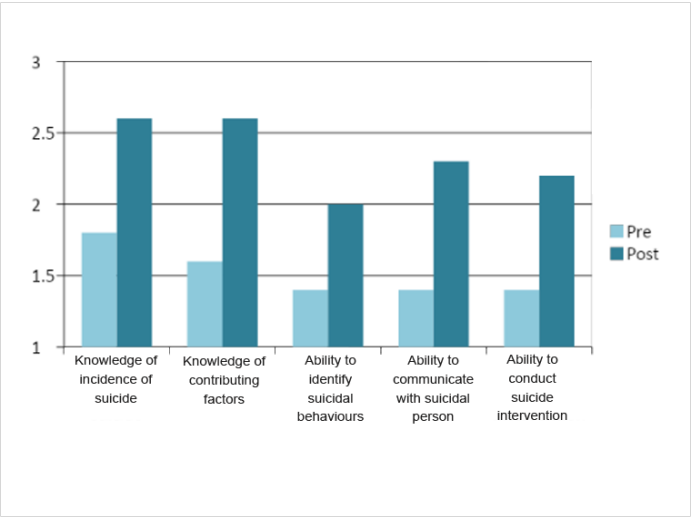
The retreat was evaluated using the following:

- Pre- and post- questionnaire measuring knowledge and understanding of incidence of suicide in Australia and factors contributing to suicide; ability to identify suicidal behaviour, communicate appropriately with a suicidal person and conduct a suicide intervention
- Pre- and post- questionnaire measuring confidence to: identify suicide risk, recognise signs of self-harm, help and support people in distress, connect refugees/asylum seekers with mental health services, help someone who is suicidal, and find support for self when needed
- Individual interviews with a sample of participants, asking about the overall experience of the retreat and the relevance and efficacy of the activities in enhancing leadership ability and reducing social isolation

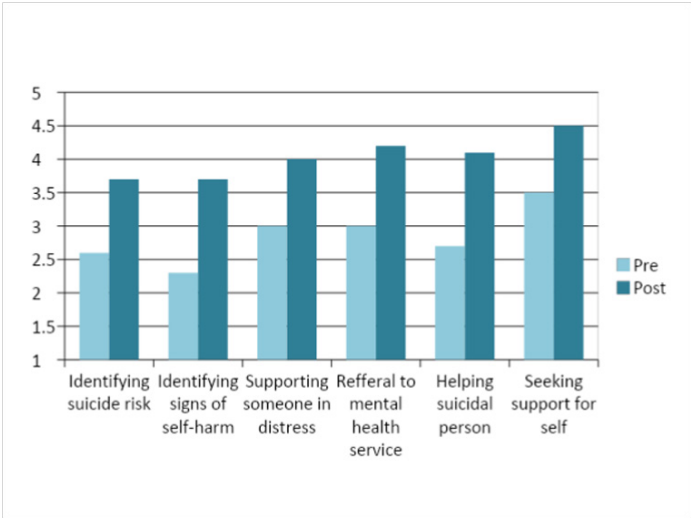
Findings: Questionnaires

Suicide Prevention Training

The below graphs represent participants’ average pre- and post- questionnaire scores.



**Figure 24:** Pre- and post- knowledge and ability scores of Suicide Prevention and Leadership Retreat attendees



**Figure 25:** Pre- and post- confidence scores of Suicide Prevention and Leadership Retreat attendees

The graphs above clearly demonstrate that, after participating in the retreat, participants felt more knowledgeable about incidences of suicide and its contributing factors. Participants reported feeling more confident to identify suicide risk, suicidal behaviours, and signs of self-harm. Participants also reported that they felt better equipped to support people in distress and to refer them to appropriate mental health services. Lastly, participants felt better equipped to seek support for themselves when needed.



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## Findings: Interviews

Below is a thematic analysis of individual interviews, conducted with a sample of participants about their overall experience of the retreat and the efficacy of the activities in reducing social isolation and enhancing leadership.

### Overall experience

Participants provided positive feedback about the overall experience of the retreat. In particular, participants commented on the relevance of the variety of activities, the cultural and age diversity of participants, and the opportunity for connection within and between communities in an enjoyable setting. Participants also complimented the structure and organisation of the retreat, commenting that it provided them with both relevant knowledge and practical experience.

*“Very good, especially the fun activities, plus a bit of educational stuff”*

*“Bringing people from different walks of life, different communities, together at the retreat”*

*“Really good for the Hazara community in getting them together”*

*“It was great experience, first of all a great catch up with everyone – from the other community and young generation, their involvement in overall retreat activities”*

*“I gained a lot of practical experience and knowledge. Thanks for giving us a lovely experience”*

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*“Thanks for giving us such a wonderful retreating experience... it’s not easy to organize everything in perfect way. But you and your STARTTS team done this with flexible and kind manner”*

*“The training was very good both in terms of the environment [the venue] and the teaching method was good”*

*“I like the way it was designed”*

#### Reduced social isolation

Participants reported that the retreat provided them with an opportunity to meet new people, and to more deeply connect with members of their community whom they already knew. In particular, participants commented on being more easily able to connect and talk to people from outside their immediate communities. This opportunity for “mingling” reflects reduced social isolation.

*“It was good meeting new people, learning new things, and experiencing new things, learning how to talk with other, learning new skills and learning to how to talk with different people”*

*“A great catch up with other community members and facilitators”*

*“Meeting new people from different communities”*

*“It was good refreshing, good break, good memories and fun”*

*“Also we met and mingle with wonderful ladies. Isn’t that beautiful?”*

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## Enhanced leadership ability

Participants provided positive feedback about the leadership component of the retreat. Participants particularly enjoyed the interactive game, which required team work, focus and reflection upon personal leadership styles. Participant responses reflect that participants' perception of leadership changed as a result of the leadership training. Participants came to discover that leadership qualities can be developed, and that anyone has the potential to become a leader. Participants also learned about different leadership styles.

*"Yes the leadership one was very good and also the way they design to get everyone involved."*

*"Great game we did. It was really fun. It made me to think, we have to focus and play in a group."*

*"We learned different leadership styles. Not only authoritarian."*

*"We learned that anyone can become a leader. Leadership qualities can be developed. You do not have to be born with it. Back home only people who have money and power can be a leader. I learned that I can be leader too. I told my family that I am a leader now."*

*"[Name of facilitator] did well. He makes us understand and feel comfortable and confident."*

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## Additional feedback

Through participation in the retreat, participants came to learn that many of the issues they face within their communities are not unique to their communities, and that all communities present required the similar support and training.

*“Educating yourself about your communities and the other communities that we have more or less the same issue, we have to be educate yourself for the same thing”*

Participant responses reflected a sense of pride in discovering new talents. One participant shared that she discovered that she was a talented painter, and now proudly displays the painting she created during the retreat in her home.

*“I put my painting in front of my house to welcome people. My family did not believe that I could paint like that. I have other talents, not only cooking and cleaning”*

Participants commented that, while initially reluctant to participate in some physical activities, participants enjoyed the full variety of activities.

*“From the beginning of the yoga people wasn’t interested to get involved but when it started people find it very good and started to join the yoga”*

*“Plus good mix of physical activity”*

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For many of the Tamil women particularly, the retreat provided the first opportunity to travel without their husbands and children. One participant commented that this retreat was an opportunity to feel a sense of freedom from their familial duties, but that she still felt safe and supported despite being outside of her comfort zone.

*“We all experienced an unforgettable freedom and joy with a safety net”*

## Recommendation

When asked for suggestions for improvement, participants suggested to increase the number of younger participants, to include sporting activities, and to allow more time to comfortably fit in all activities.

*“Not really much”*

*“More time to fit everything because we were rushing”*

*“Have more of the young generation. Hazara participants were the youngest one”*

*“I would suggest to some sporting activities such as soccer, volleyball and stuff like that”*

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## Conclusion

Evaluation findings reflect that participants benefitted from increased mental health literacy and knowledge of mental health services, as a result of attending the retreat. The retreat therefore assisted in developing a pool of peer leaders who are able to recognise signs of self-harm, identify suicide risk amongst community members, and address those through accidental counselling and appropriate referrals to relevant mental health services. Evaluation findings show that the retreat provided opportunity for social connection within and between communities, thereby reducing social isolation amongst community members.

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## 7.2. South Sudanese Youth Ambassador Retreat

### Introduction

The South Sudanese Youth Ambassador (SSYA) retreat was held on 28 February to 1 March 2020 with 22 participants. The aim of the retreat was to develop the leadership skills and capabilities of young community leaders to enable them to identify self-harm and at-risk behaviours, and to mentor and inspire peers for the wellbeing of the community.

The objectives of the SSYA retreat were:

- To introduce participants to the principles and practice of community leadership
- To enthuse participants to monitor and engage with community issues
- To build the capability of participants to enable them to speak up on behalf of peers
- To develop the knowledge and skills of participants to address the stigma associated with self-harm and mental illness
- To inform participants about the indicators and context of self-harm among young people
- To develop the knowledge and skills of participants to enable them to actively engage with peers, so as to identify any at risk of self-harm and to support those peers as appropriate

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## Methodology

The impact of the South Sudanese Youth Ambassador Training was evaluated through two focus group discussions that were conducted at the start and end of the retreat. During the first focus group, participants were asked about their level of existing knowledge of topics to be covered during the retreat and what their expectations were of the retreat.

During the second focus group discussion conducted after the retreat, participants were asked about their overall experience at the retreat, their ability to recognise signs of self-harm compared to when they first arrived at the retreat, their confidence to engage with and provide support to their peers, and about their confidence to advocate for peers at risk of self-harm. The focus group was recorded using a voice recorder. The transcript of the audio recording was then thematically analysed.

### Pre-retreat discussion

When asked about their knowledge of topics to be covered during the retreat, participants gave a range of answers. Some participants shared that they had some knowledge of the principles and practice of community leadership. For example, participants cited advocacy, confidence, wisdom, and leading by example to be key attributes of a community leader.

When participants were asked about their knowledge of issues affecting their community, participants identified issues including mental health problems, social pressures and discrimination, addiction, and issues relating to being part of one's own community as well as broader Australian culture. Most participants agreed that the way to better understand issues within the community is to take the initiative to talk to community members and, more importantly, listen to them. This was also considered to be one of the key aspects of being a good leader.



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Participants expected the retreat to be informative and hoped that it would help them be better leaders and advocates. They also expected to develop the necessary skills to provide support. Participant comments reflected that participants wanted to know more about the issues in their community, to become good leaders who can provide support to advocate for their peers.

## Findings

### Increased knowledge of principles and practice of community leadership

The SSYA retreat was set up in order to encourage the youth of the South Sudanese community to step up as leaders, and engage in community issues such as self-harm and distress. Participant responses reflected that participants learned how to identify signs of self-harm and how to provide support. During the focus group discussion, participants expressed their desire to reach out to others within their community to give community members a chance to be a part of initiatives such as this. Participants also noted that their purpose as leaders was not just to provide assistance, but also to spread awareness to others in the community. Throughout the focus group, participants unanimously appreciated the opportunity they received and applauded STARTTS for their service.

*“I was saying that it is a really good initiative and we’re lucky to have like have the connection to get here and like there are people out there that don’t have that connection so if there’s a way like we can reach these people in our community cause there’s a lot of youth in our community and we don’t actually have a lot of programs like this.”*

*“I don’t think it’s just a matter of just us helping others it’s also like us going out and like teaching others cause most people out there don’t really know and so like go out and teach them.”*

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### Increased awareness of, and ability to monitor and engage with, community issues

During the focus group, participants acknowledged an increase in their understanding of the importance of mental health and prevention of self-harm. As a result of participating in the retreat, participants reported to have developed an increased awareness of self-harm and how to address it, and indicated their readiness to put their knowledge to practice. Participants also cited examples of the new appropriate terminologies they learned and the increase in their ability to identify signs of distress in others.

*“For example we’ve got an example where um people actually say the term ‘commit suicide’ and you’re basically like told that it is not actually the correct term cause it gives a negative connotations. So now we know we’re not supposed to say stuff like that and we know right words to use.”*

*“Now we have um a lot more knowledge and like it’s just a matter of like putting it in to action.”*

*“Now that we’re aware of some of the issues I think it makes it easy I think for us to um talk to uh talk to uh you know a bit older people and engage in issues like this. We feel like we have some skills to talk to um community leaders and leaders of organizations such as STARTTS. Then um you know they can also advocate for young people.”*

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## Increased confidence and ability to advocate for the community

During the focus group, participants spoke of how their desire to help their community was hindered by their lack of confidence to engage their peers and address their elders. This lack of confidence has arisen from a lack of knowledge and deep understanding of mental health and self-harm. Consequently, participants often felt like they would not be taken seriously by their elders. However, since attending the retreat, participants reported a significant increase in their confidence to advocate for mental health and prevention of self-harm, and attributed this to the information they have received during the retreat sessions.

*“Yeah cause now that we’ve come to a leadership retreat and we’ve actually like it’s like basically we’ve actually put in the time and the effort to like beating the system by gaining the knowledge. They’ll [elders] look up at it and be like ‘they are actually serious’.”*

*“It’s also about our confidence to go advocate for other people who have a tendency to do self-harm cause now we know exactly the point of contacts that we need and the resources that we need to be able to become advocates for a topic such as this.”*

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### Increased ability to address the stigma within the community

Cultures, customs and traditions of a community can contribute significantly to the stigma that surrounds mental health and self-harm. A community's attitude towards distress may influence the way individuals deal with it. Addressing stigma is pertinent to the community as it can encourage those who are vulnerable to come forward and seek support. During the focus group, participants were able to identify the presence of such stigma within their own community and felt more confident to address it, particularly amongst their peers and community elders.

*“So you can’t say commit suicide or successful suicide cause it shows displays a positive connotation. You can’t say they were unsuccessful, or they failed which means they didn’t complete the job so you’re basically telling other people that a job you were meant to complete.”*

*“Yeah now we have more confidence to be able to speak to other people knowing that we are saying the right thing. Yeah”*

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Increased knowledge and ability to recognize the indicators and understand the context of self-harm among young people.

One of the primary goals of the retreat was to develop the leadership skills of the participants by equipping them with the skills needed to identify those who are vulnerable in their community, and advocate on their behalf. This was made possible through the various activities that were conducted during the retreat. Participant comments reflect that participants valued the knowledge gained from each activity, and reported that they received a deeper understanding of mental health issues. The retreat was considered especially useful, as the participants learned the necessary steps to provide support to those at-risk of self-harm.

*“Content was good. I found it was good. I picked up a lot of skills actually, information that I think will help me you know in the future. I feel like the content was really good.”*

*“There’s always more to learn. I feel like the fact that we were taught by some of these professionals being educated thoroughly on this topic gives us the confidence to go out and like do something instead of feeling like ‘oh I don’t know what to do’... you know?”*

*“Now we know exactly how to provide support for them and how to recognize the signs, who to refer them to, and if we need assistance, we know who to talk to.”*

## Suggestions

There were several suggestions put forth by the participants:

- Follow-up: participants suggested that STARTTS should arrange follow-up meetings after the retreat to check in on them and discuss new ideas for community development.
- Another important suggestion was to have the first session start in the morning, rather than in the evening. Given the volume of content it would be better to start off early, so as to not rush the sessions. Participants also recommended that sessions should be shorter, with more breaks in between so as to retain the interest of the participants.
- Participants also requested to have the content divided evenly into blocks of theory and its corresponding activity. Participants reported that learning one block of theory followed by an activity, and then moving on to another block of theory and activity, might help maintain the attention and engagement of the group.
- Despite having conducted the retreat during a weekend, participants felt that it would be more convenient for them to attend the retreat during a public holiday as they have to miss work on the weekends.

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## Conclusion

The findings of the evaluation show that the retreat has met all of its objectives. Participation responses reflected a deeper understanding of the principles of community leadership and engagement. Further, participation in the retreat was shown to enhance the capability of participants to engage with their peers and help to destigmatize the concept of mental health and self-harm.

As a result of participating in the retreat, participants became more aware of the indicators of self-harm and of the steps that should be taken to provide support to those at risk of self-harm. Knowledge gained on how to effectively and appropriately provide support to community members at risk of self-harm increased participants' confidence to provide support to those at risk of self-harm.







## Chapter 8:

# Recommendations

# Recommendations

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- ▶ Increase funding to increase capacity to deliver:
  - A.** Mental health literacy trainings for community members
  - B.** Wellbeing groups for community members
  - C.** Intensive leadership/mental health skills training (camps/ retreats) for key community leaders
- ▶ Recognise the benefits of inter-community collaboration to assist with building networks beyond each community, whilst also gaining perspective and understanding of the challenges and solutions that are both common and unique to each community regarding the addressing of mental health.
- ▶ Mental health services to consider strategies to enhance collaboration between communities for mental health skills training and wellbeing activities
- ▶ Local Health Districts (LHDs) to consider developing a Multicultural Mental Health Advisory structure that includes members of communities settling in the LHD to ensure community uptake of services, participation and engagement and recognise importance of lived experience.
- ▶ STARTTS to roll out train-the-trainer trainings for community members to empower them to help deliver mental health skills training directly to community groups and community members.
- ▶ Funding to be made available to help develop written and multimedia resources regarding mental health education in relevant languages.
- ▶ STARTTS to consider replicating Western Sydney PHN-funded model of refugee community mental health literacy and suicide prevention to other LHDs.
- ▶ Other PHNs to follow Western Sydney PHN lead and provide funding required to implement community-led, culturally safe and trauma informed mental health literacy projects with refugee communities.



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# Appendix 1

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# Appendix 1: Pre- Accidental Counsellor Training Evaluation Questionnaire

[Name of Community] Accidental Counsellor Training

Evaluation Form: PRE



Date: \_\_\_\_\_

These questions relate to your experiences working with members of the South Sudanese community in Sydney. For each question, please tick the box that best describes your current experience. There are no right or wrong answers – please answer honestly to help us improve our training.

## 1. How much do you know about:

	I know nothing	I know a few things	I know some things	I know many things	I know a lot
a) the [name]community in Sydney?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) difficult emotions that asylum seekers and refugees may experience? (e.g. sadness, anger, anxiety)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) <u>refugee</u> trauma?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) how to know from talking to someone that they are very distressed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) steps you can take to help and support someone who is going through very difficult times?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) <u>how</u> culture, religion and personal beliefs add to distress?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) services that can help asylum seekers and refugees	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h) how to help someone who is thinking about ending their life?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## 2. How confident do you feel about:

	Not confident	A little bit confident	Somewhat confident	Moderately confident	Very confident
a) identifying suicide risk?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) recognising signs of self-harm?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) identifying risk of serious mental illness?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) helping and supporting an asylum seeker or refugee who is very distressed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) helping an asylum seeker or refugee to connect with a mental health service?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) helping someone who is thinking about ending their life?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) finding help and support for yourself when you need it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h) coping with stress?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## 3. Please tell us one thing you would like to learn from this training:

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Thank you for helping us evaluate this project ©  
Please return this form to your trainer





# Appendix 2

# Appendix 2: Post - Evaluation Questionnaire

[Community Name] Accidental Counsellor Training

Evaluation Form: POST



Date: \_\_\_\_\_

These questions relate to your experiences working with members of the South Sudanese community in Sydney. For each question, please tick the box that best describes your current experience. There are no right or wrong answers – please answer honestly to help us improve our training.

## 1. How much do you know about:

	I know nothing	I know a few things	I know some things	I know many things	I know a lot
a) the [name] community in Sydney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) difficult emotions that asylum seekers and refugees may experience? (e.g. sadness, anger, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) refugee trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) how to know from talking to someone that they are very distressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) steps you can take to help and support someone who is going through very difficult times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) how culture, religion and personal beliefs may add to distress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) services that can help asylum seekers and refugees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) how to help someone who is thinking about ending their life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. How confident do you feel about:

	Not confident	A little bit confident	Somewhat confident	Moderately confident	Very confident
a) identifying suicide risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) recognising signs of self-harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) identifying risk of serious mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) helping and supporting an asylum seeker or refugee who is very distressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) helping an asylum seeker or refugee to connect with a mental health service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) helping someone who is thinking about ending their life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) finding help and support for yourself when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) coping with stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. How much do you agree with these statements about the training?

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
a) The training content was the right level for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The content was relevant to my work with the Arabic community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I learned what I wanted from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My attitude towards helping people in distress has changed as a result of this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I will be a better helper as a result of this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The activities in this training were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) The trainer was well-prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The trainer was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) The trainer spoke clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. How would you improve this training?

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.....

.....

Thank you for helping us evaluate this project ©



# Appendix 3

## **Appendix 3: Focus group discussion areas for lifestyle/wellbeing groups**

### **Tamil swimming group**

Participants were asked about their overall experience of the swimming classes, about the social impact of meeting new people as a result of attending the group, and about increased physical fitness and swimming skills.

### **Hazara stress reduction group**

Participants were asked about how the program has benefitted them, and how it could be improved.

### **Tamil English classes**

Participants were asked about their overall experience of the English classes, about the impact of the English classes on their personal and family lives, their confidence to communicate in English, if English classes have improved access to education and employment pathways, and about the social impact of meeting new people as a result of attending the group.

### **Tamil youth group**

During the focus group, participants were asked about their overall experience of the group, if they met new people through the group, if their soccer skills had improved, about additional changes they have experienced as a result of participating in the group, and for suggestions for improvement. The focus group discussions were thematically analysed, with the results presented below.

### **Tamil seniors' group**

Participants were asked about their overall experience of participating in the group; if participants met new people through participating in the group and the impact this has had on participants; if participants gained new knowledge about how to access support services and seniors benefits as a result of participating in the group; if participants gained any other new knowledge through participating in the group; if participation in the group provided participants with an opportunity to share difficulties and seek peer support; if participation in this group provided opportunity for participants develop new skills to cope with stress and anxiety; if participating in the group improved participants' physical health; and if participants had any suggestions for improvements.

### **Tamil youth group**

During the focus group, participants were asked about their overall experience of the group, if they met new people through the group, if their soccer skills had improved, about additional changes they have experienced as a result of participating in the group, and for suggestions for improvement. The focus group discussions were thematically analysed, with the results presented below.

### **Arabic-speaking yoga group**

During the focus group, participants were asked about their overall experience of the classes, if their social network had increased as a result of attending classes, if their access to information about mental health and mental health support services has increased as a result of attending yoga classes, and if they had experienced any changes to their physical and/or mental wellbeing as a result of attending yoga.







# Appendix 4

## Appendix 4: World Health Organization Five (WHO-5) Well-Being Index

English  
WHO - 5 (1998 version)

<b>Name:</b>		<b>MRN:</b>		<b>Date:</b>		
<b>Assessor:</b>		<b>Session No.:</b>				<b>20</b>

### WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>	More than half of the time <input type="checkbox"/>	Less than half of the time <input type="checkbox"/>	Some of the time <input type="checkbox"/>	At no time <input type="checkbox"/>
<b>1</b>	<b>I have felt cheerful and in good spirits</b>	<input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/>
<b>2</b>	<b>I have felt calm and relaxed</b>	5	4	3	2	1	0
<b>3</b>	<b>I have felt active and vigorous</b>	5	4	3	2	1	0
<b>4</b>	<b>I woke up feeling fresh and rested</b>	<input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/>
<b>5</b>	<b>My daily life has been filled with things that interest me</b>	<input type="checkbox"/> 5 <input type="checkbox"/>	<input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/>

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