

STARTTS and New Horizons are working on a community-based, psychosocial mental health program designed to support refugees and asylum-seekers living with mental illness. Matthew Potts, Ellen Alkon De La Jara, Catherine Kelly and Paz Roman Seyr report.

An innovative project in mental health

The Mental Health Community Living Supports Refugees and Asylum Seekers (MH-CLSR) program represents an exciting development in community mental health care in NSW. Developed in response to the NSW Mental Health Commission's report, *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*. The program is guided by the principle of "the people of NSW [having] the best opportunity for good mental health and wellbeing ... in the community and on their terms".

STARTTS is delivering this four-year pilot program, funded by the NSW Ministry of Health in four local health districts: Hunter-New England, Mid-North Coast,

South-Western Sydney and Sydney. STARTTS is fortunate to be partnering with New Horizons – a well-established community organisation with specialist services spanning disability, mental health, youth, aged care, Indigenous and homelessness – to deliver the program. Existing programs and networks from the STARTTS and New Horizons offices are being used and linked into the MH-CLSR program to benefit participants and encourage multidisciplinary and collaborative practices.

MH-CLSR is person-centred, recovery-orientated, trauma-informed, culturally safe and responsive program. These approaches marry the learnings of the refugee settlement sector and the community mental health sector and the program's implementation has provided opportunities for greater collaboration between mental



health and refugee services.

Those working with refugee communities have long recognised the need for settlement services to be trauma-informed and culturally sensitive, and for mental health services to be recovery-oriented and person-centred. MH-CLSR aims to see all these approaches applied to better support people from refugee backgrounds, especially those who may have been unable to access mental health services.

The program extends support not only to those resettled through Australia's Humanitarian Program, but also to people seeking asylum living in the community and those holding temporary protection visas, including the Safe Haven Enterprise Visa. This is an important inclusion of people who are often excluded from services because of their immigration status, while also facing increased marginalisation and vulnerability.

STARTTS is now more than a year into the implementation of the program. It has been well-received by communities, service providers, health organisations and, most importantly, the participants and their families. A

clear strength is its flexibility and creativity, giving space and control for participants to determine how they will be supported alongside their loved ones and other support networks. This is guided by a recovery oriented approach that “recognises the value of the lived experience and brings together the expertise, knowledge and skills of mental health practitioners” (*National Framework for Recovery Oriented Mental Health Services, 2013*).

STARTTS' MH-CLSR team is working in line with the National Framework's approach to “challenge traditional notions of professional power and expertise by helping to break down the conventional demarcation between clients and professionals”.

Client support workers are developing trust and working collaboratively with participants, their support networks and recovery partners to develop individualised personal recovery goals. Some may seem small and linked to daily activities such as taking daily walks or taking medication regularly; others may seem more ambitious, such as one-on-one English classes to improve workplace language skills. But however small or big, recovery goals

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are decided by clients and position their recovery through the lens of their own strength, resilience and resources.

While support is individualised, a family approach that recognises the need to include clients' loved ones is also used. It is particularly crucial to recognise the more collectivist nature of many communities from refugee backgrounds, and is also an opportunity to strengthen existing support. For some participants, this has meant children being given access to activities to provide parental respite, and elsewhere it has meant housemates and friends being actively involved in intake assessments and meetings with client-support workers.

Participants come from more than 18 countries and 20 language groups are represented, so STARTTS is drawing on the knowledge of staff who work sensitively and responsibly to consider the diverse ethnic, cultural and religious backgrounds of participants. STARTTS staff are not only multidisciplinary professionals, but also from diverse cultural, ethnic and religious backgrounds too. They integrate the client's culture, religion and worldview with their recovery. Clients' experiences, cultures

and belief systems should not be ignored or minimised, but celebrated and embraced. Participants have been helped with attending places of worship, accessing the types of food they are familiar with and attending community events and celebrations. The program has also been well placed to tap into STARTTS' established connections and programs such as the African Learning Circle, the Rohingya Interagency Network and Families in Cultural Transition program (FICT).

Strong community connections and long-established, trusted relationships have also enabled STARTTS' MH-CLSR staff to engage effectively with community leaders and raise awareness of the program. This in turn has allowed for the opening of forums and conversations within communities about how they care for community members experiencing severe and persistent mental health issues. An exciting recent development in the program has been the recruitment of bi-cultural assistant workers from participants' language and cultural backgrounds, which enables them to work more effectively with participants.

A shared-care approach also offers opportunities to engage and build relationships with health and community sector stakeholders in supporting people from refugee backgrounds with mental ill-health. Such collaboration means workers and organisations are better placed to understand how they can better support refugees experiencing mental-ill health. It has included strategic networking and training to develop the skills of frontline staff. Training opportunities will be extended to community members so they are better equipped to support any family and friends experiencing mental ill-health.

In March a Women's Wellness Event was held at STARTTS' head office in celebration of International Women's Day. This beautiful event created a space for participants from around Sydney to meet and enjoy activities such as henna, origami as well as the great community builder, sharing food. For Tika*, a CLSR participant, the event was one of the rare times she had been able to go to an event and meet new people by herself. She was able to do some creative activities she'd never done before and even found a new interest in drawing and nail-painting. Leaving the event, Tika commented that she had "really enjoyed herself, the people were very friendly" and left with a big smile on her face.

This epitomised what the MH-CLSR program is all about: creating spaces of safety and trust where people who have experienced mental ill-health can become connected with others, achieve stability and be creative. This recognises not only the potential they have to recover, but the potential to thrive, contribute and live in dignity in their new-found safety. R

** Name changed to protect identity.*