

Refugees, sport and wellbeing

*Shaun Némorin, STARTTS School Liaison Team Leader, has extensively researched the relationship between living conditions and mental health of Rohingya refugees who fled Myanmar. Shaun and researchers **Simon Rosenbaum** and **Ruth Wells** from UNSW School of Psychiatry spoke to the ABC's **Lynne Malcolm** about a recent research trip to the Kutupalong refugee camp in Cox's Bazar, Bangladesh, where 500,000 Rohingya refugees live. This is an edited transcript.*





Shaun Némorin



Simon Rosenbaum



Ruth Wells



Lynne Malcolm

LM: Refugees are at an extremely high risk of experiencing emotional distress, including psychological challenges such as depression, anxiety and post-traumatic stress disorder.

SN: Yes they are. Our research is based on the Rohingya, an ethnic group from Myanmar who fled to Bangladesh to escape the fighting and large-scale military attacks against them. Approximately one million Rohingya now live in refugee camps. At the time it was described as one of the most serious refugee crises in the world. It should also be said that Rohingya also live in other countries around the world, such as Malaysia, Saudi Arabia, Indonesia and Australia.

While they are stateless in Myanmar, in Bangladesh they have no rights either. So, in addition to living in very poor conditions, they don't have access to employment or education. Basically they are "opportunity-less". We also looked at how the community conceptualises mental health, their experiences living in difficult environments and how they manage to get through the day.

LM: In 2017 Simon and his colleague, psychologist Ruth Wells, flew to southern Turkey where about one in four people are Syrian refugees. They explored the

role exercise might play in improving the mental health of refugees there and found a very positive response. Then they teamed up with Shaun Némorin.

SR: At a conference Shaun was displaying pictures of kids playing soccer in the refugee camps in Bangladesh and I asked Shaun if he could take me there just to see for myself if this idea would actually hold. Driving through the camp you see kids playing, being active. So Shaun, Ruth and I came together as a team to pursue our research and look at the next steps.

LM: Ruth, one of the ways in which people describe their state of mind in this area is tension. Can you tell me what tension is for them?

RW: It was interesting the way people spoke about tension, a word everyone we spoke to used, and it has a few components. Tension is caused by being opportunity-less: being stateless, having no rights to employment, education or movement, being unable to get out of the house and do anything. Being in that situation causes you to feel tension, which is a normal response. But we also have what people called "thinking too much". So if on top of being tense you are thinking all the time about these problems and can't find a way out, it's no good.



Photo courtesy of Shaun Némorin

People in the community say: “Don’t look back, the past is the past, don’t think about that anymore”.

So this was the refugees’ coping strategy to the fact that the problems they are facing cannot be solved. And then there are also bodily manifestations, so if they say: ‘my heart hurts’, it means ‘I feel sad’, or ‘my heart is beating so fast because I’m afraid’ it means fear. People said to one another: “If you think too much you’ll become sick and you’ll get a fever.” So we can see they have a concept, an understanding of a complex system of how these elements interact.

Habib, a young refugee at the camp said: “Yes, 95 per cent of the refugees have tension because they don’t have a home, they don’t see a future. So, what can we do? How will our life be? Youngsters also feel tension because they can only go to school until Year 8. If some can play, then their tension may be eased. Sport is very helpful for them to relieve tension.”

LM: Simon, What is the evidence that exercise and sports programs have a real effect on physical and mental health?

SR: We’ve got an overwhelming body of evidence about

the role of exercise and physical activity in reducing symptoms and improving mental and physical health for people living with mental illness, PTSD, depression, schizophrenia. And increasingly there’s international recognition of that. The standard multidisciplinary mental health team is now being redefined to include dietitians, exercise physiologists to provide these lifestyle interventions as part of treatment.

I use the analogy, if you’ve got a CEO living in the eastern suburbs of Sydney or a refugee in a camp in Bangladesh, the way they respond to physical activity in terms of the mental health benefits are actually identical, they are exactly the same.

So we need to look at how we can empower the refugee community in the camp to do what they are already doing in terms of physical activity, which is something they acknowledged as being useful, helpful, one of the few things they had control over and can do. So it is about providing the resources and the opportunity to participate in sport.

LM: Ruth, one of the things that you researched when the three of you went there is whether the community



Photo courtesy of Shaun Némorin

is ready for this. So tell me about that readiness assessment you did.

RW: Physical activity is something people identified they wanted to engage with, as it's a way to help ease tension. So a readiness assessment is conducted to understand how a community is trying to confront a particular problem. We know about the brain and the impact of physical activity, but we've done less to understand how people actually operate within their ecological system. So how does their mental health interface with family, society, culture and the political situation people are in? What are people already doing? Are the community's leaders on board? Or are they going to stand in the way of change? How does the community see this issue and what are the resources needed? Or do they already exist? Understanding these is the first step in working with the refugee community. In other words, understanding what is congruent for the local culture and what's going to fit in with the specific needs of different groups.

Simon has mentioned there are many refugees playing soccer, and that's great, but sometimes when we look at the situation from the outside we don't see what's

happening to specific people. For instance, being able to go outside and play soccer is not something young women can do because of safety concerns in the refugee camp and also because of attitudes about what's appropriate for women to do. Also, we need to consider people with different levels of ability or different ages. We know that physical activity as a way to improve mental and physical health is going to have the biggest impact when we work with those people who don't have access to it, rather than with people who do. So the purpose of a community assessment is to understand what we are going to need to make sure everyone has access to sport and physical exercise.

LM: Shaun, from your experience, what are the key principles that are important in addressing the needs of refugees and making a real difference to their mental health, to their lives in their own community?

SN: I think it is building on the coping strategies the community has already self-identified, speaking to the community to find out what has helped them survive in deplorable conditions and then resource and support them in those endeavours so that they can do it themselves.



Photo courtesy of Shaun Némorin

LM: So how important is that they embrace it and take responsibility of it themselves?

SN: It's absolutely essential.

LM: Simon, from the research you did, what sorts of responses did you get? How ready was the community?

SR: I think we need to move away from the traditional idea that sport and exercise is only just for weight loss or improving physical health. We heard stories about a soccer team in the camp turning up to the border during the peak of the crisis to help newly-arrived refugees walk across. In their soccer registration forms they asked the new refugees to describe their blood type. When we asked why, they said: "Because if there were a crisis the soccer team could donate blood." These are two prime examples of the amazing power of sport beyond just the actual physical process of participating.

RW: The significance of these results is that sport is an activity that people in the community have identified as helping them with distress or tension. No one said to us: "I have anxiety or depression and I would like to sit alone in a room with a psychologist." They spoke about

the capacity for sport to connect them to others and ease the tension.

SR: We watched one soccer match between registered and unregistered refugees where there were a few thousand spectators. I thought this public event presented a unique opportunity to provide broader public health interventions. When you've got a captive audience the potential to engage with people is enormous. We spoke to a teacher who said that the busiest school day in the camp was Thursdays because students played sport that day, so many more kids turned up to school. There is huge potential through sport and physical activity to engage with people to deliver health and education in a way that is probably not being utilised at the moment.

LM: Is there a sense that it could not only benefit the refugees themselves but perhaps the host community?

SR: Yes, Shaun is probably best placed to talk about that, but absolutely sport can ease the tension between the refugees and the host community. They told us sport was the only opportunity for the host community and refugees to play together and connect with one another.

We want the international community to better use existing community resources and develop approaches that build on the existing coping strategies of refugees, as opposed to having to import new approaches from elsewhere.

SN: Absolutely, yes, it provided an opportunity not only for individuals to connect with the host community, who also enjoyed the same sport, but also to see each other as human beings. For people living in Cox's Bazar, an extremely impoverished area, seeing the influx of a million refugees settling in their area can easily trigger conflict between the host community and the refugees, particularly when both communities are fighting for the same resources. So having positive engagement through sport is positive and something that the international community and governments should be able to promote and fund.

Sport also provides a sense of pride. When fighting started in Myanmar in 2017, a Rohingya participant said he used the soccer team as a vehicle to galvanise support, activism and as a mechanism to assist his community back in Myanmar.

It gave him a sense of pride in an environment where they have no rights and all aspects of their lives are controlled by the government, the UN or the international community to whom they always have to ask for help. Sport enabled them to do something for themselves, something truly empowering.

We want the international community to better use existing community resources and develop approaches that build on the existing coping strategies of refugees, as opposed to having to import new approaches from elsewhere, because ultimately the Rohingya community has survived for generations. They are experts in it, and I think their resilience should be a resource we can tap into. And as Ruth said before, psychologists assisting refugees need to find out what is working, what are the refugees' best coping mechanisms and build on that, because that is ultimately the most empowering and the most respectful way of assisting them.

LM: Simon, is there an individual case that has really moved you?

SR: There are so many stories... I think what really got me was the interviews Ruth did with women. As Ruth said, seeing kids playing soccer is one aspect, but women say they want to play too, but in many cases once they hit puberty they aren't allowed outside. There are a lot of restrictions placed on them because of gender safety. I think there's huge potential there. So for me personally it was probably those stories that had the biggest impact. Women said they wanted access, a safe space to play and they wanted to play together.

LM: Ruth, you really have concentrated on the women's experience. Tell me more about that.

RW: We ended up doing interviews with women in pairs because for them to come across the camp for the interview, they needed a male family member escorting them. I was really struck by the amazing enthusiasm of these two women. They had covered themselves completely, a full niqab which is a face veil and gloves on their hands, in order to feel safe in an environment where you've got a million people cramped into a tiny area, which can trigger a sexual assault and so on.

They talked with enthusiasm about what they used to do in Myanmar inside their homes. Because they had space, they would play sports together in the backyard and games and some of them would go for runs. But now they suddenly found themselves in an environment that physically restricts them and changes the social norms, making it much more difficult to go out and play.

So they spoke about what it would be like to have a space where women could gather, not only to dance and move around but also to gossip, which is a word that people used a lot. It may mean having space to talk privately. We heard women got up at four o'clock in the morning in one of the camps, before the men awoke, to go for a walk. They have this walking group they set up. But imagine if it were one of those women's jobs to

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engage other members of the community who didn't have the chance, the resources or ability to do that.

LM: How might some of the experience and the research that you've done be applied to other refugee groups, and what are the important lessons that you've learnt that might be applied even to refugee groups in Australia?

RW: I think there are important lessons in relation to process. What we are trying to do is work following a process that can help people in a new environment understand what's happening in that environment, and then build on what's already happening in the community.

SR: In terms of the role of sport I don't think there is anything unique about Bangladesh at all. We can use this to improve the lives of refugees on the ground anywhere in the world; find out how we can better engage people to improve mental and physical health, then there's no reason why this can't happen in other places.

SN: Yes, all over the world people engage in sports and

physical activity as a way to alleviate stress. In Australia it's the same. If you look at soccer, for example, there is a long history of refugees engaging in that sport. And I see it as a biopsychosocial intervention. I remember when I was a boy my father every week would put on his football boots and he'd go out. He might have been struggling at that time to find a new place in a foreign world, but every weekend sport was something familiar to him. Refugees' connections might have been severed as a result of persecution and war. So sport provides a safe space for people here to reforge those connections. But then it also provides a space for them to engage with mainstream society and other refugee communities. And that is the reason why sport is so important, not just because it's entertainment and it's fun, but also because it's healing as well.

SR: I remember sitting at Cox's Bazar airport with Shaun about to leave and being overwhelmed by what I had just seen. Obviously Shaun lived there for a number of years. I realised sport is entirely transcultural, it doesn't matter where you are or which culture. Shaun and I were talking and he said: "if you give a kid a ball, he's going to kick it," and then you added, "he is going to look for a friend to kick it to." And I think that's such a perfect way of summarising exactly what it is we're trying to do, the power of this and what it can achieve.

Physical activity can prevent depression and anxiety, and even in the case of young children exposed to adverse childhood experiences there's data showing that physical activity may be one of the only protective factors. It raises the question that if we actually managed to keep the community active from a young age, and particularly children, we could reduce the burden of mental ill-health. This is an exciting potential opportunity to drive change.

SN: It's also important to acknowledge the voices of the community as well. When they engage in those activities they feel tensionless, mind-fresh. Therefore I think it necessitates research, interest and investment rather than using other interventions that might not necessarily work as well.

LM: So what's the next step in terms of resourcing further interventions like these?

RW: We are hoping to develop a model where we can use the research to train up community members who are already active building psychosocial skills and have knowledge about the benefits of physical activities so that they can become trainers, then work with communities and people to get more active.



Photo courtesy of Shaun Némorin

The Rohingya community has survived for generations. They are experts in it, and I think their resilience should be a resource we can tap into.

SR: Taking into consideration that refugees in the camp have no rights to education, jobs or other opportunities, new sports therapy positions could be created where people are trained to engage other members of their community in physical activity and sport.

And I think that's really what we want to do, look at how to engage the most vulnerable members of the community in 10 years' time. If we had these sports therapists in place in every crisis setting around the world, that would be an amazing achievement. **R**

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