



Foundation House

The Victorian Foundation
for Survivors of Torture Inc.



victorian refugee
health network

INSIGHTS FROM COMMUNITY ADVISORY GROUPS

IMPROVING ACCESS TO
MENTAL HEALTH SUPPORT
FOR REFUGEE BACKGROUND
COMMUNITIES IN VICTORIA



**Prepared by the Diverse Communities Mental Health and Wellbeing Project Team
Victorian Foundation for Survivors of Torture (VFST) also known as Foundation House, and
Victorian Refugee Health Network (VRHN)
December 2023.**

Foundation House and the Victorian Refugee Health Network acknowledge the invaluable input of the community advisory groups and representatives of key agencies and services who participated in the Diverse Communities project. Their insights helped shaped the findings of this project, contributing to the broader aim of improving service access for people of refugee and asylum seeker backgrounds.

Foundation House and the Victorian Refugee Health Network acknowledge the support of the Victorian Department of Health for this project.

Acknowledgement of Country

The primary locations of the Victorian Foundation for Survivors of Torture; Brunswick, Dallas, Dandenong, Ringwood and Sunshine are on the traditional lands of the Kulin nation. Lands, we acknowledge, that were never ceded.

In keeping with Foundation House's aspiration to heal individuals and communities, we recognise the loss of children, land, language, lore and also the loss of the spiritual and physical wellbeing of the people of the Kulin nation and other Indigenous Victorians, due to the impact of colonisation. We recognise the survival and enduring strengths of Victorian Indigenous culture in spite of such dispossession.

Foundation House believes that acknowledging the past and its impact on the present is vital in building strong Victorian communities. We aim to build respectful and informed relationships with the Victorian Indigenous community based on the acknowledgment of their unique position as the traditional owners and custodians of Country in Victoria.

About this booklet

This document provides a summary of the various activities of the community advisory groups and the insights obtained from their participation in the project. The advisory group (referred to as advisers in this document) identified some of the challenges experienced by refugee background communities in accessing mental health support. They also reflected on the benefits of their participation in the project for themselves and for their communities.

Also included are reflections and feedback from representatives of key agencies and services who have attended the dialogue meetings with the community advisers.

All quotes in this report are from project participants, including the community advisers and representatives of key agencies and services. To avoid possible identification of individual advisers and organisation representatives, no quotes are attributed to specific persons.

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INTRODUCTION

Victoria is undergoing reforms towards a more inclusive and effective mental health system. Engaging with refugee background communities is a vital step in ensuring equitable access to culturally safe and responsive mental health services for all Victorians.

THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

The Royal Commission into Victoria's Mental Health System was a comprehensive inquiry that aimed to evaluate and improve mental health services across the state. The Commission recognised that a transformative overhaul is needed to address systemic shortcomings and provide more effective and accessible mental health care.

A significant theme from the inquiry emphasised a mental health system that is safe, responsive, and inclusive.¹ Mental health issues affect individuals from all walks of life, including culturally and linguistically diverse backgrounds, and that a tailored and inclusive approach is essential. The Commission forwarded a recommendation to work in partnership with and improve accessibility for diverse communities.

THE DIVERSE COMMUNITIES MENTAL HEALTH AND WELLBEING PROJECT

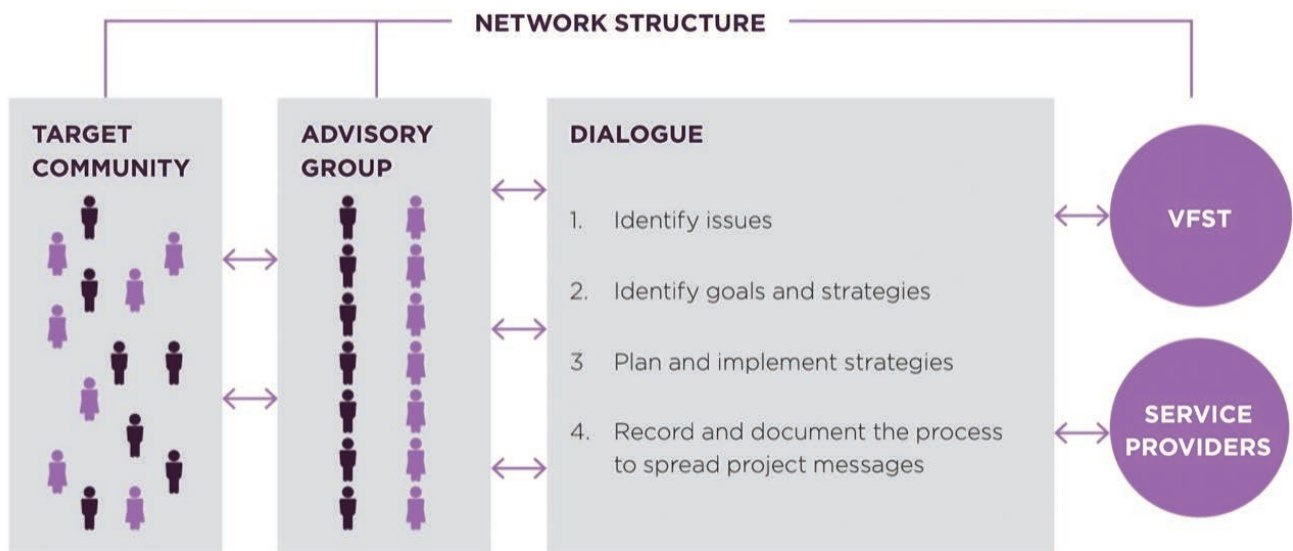
Following this recommendation, the Victorian Department of Health established the Diverse Communities Mental Health and Well-being (DCMHW) Grants Program.² Through this program, the Victorian Foundation for Survivors of Torture (also known as Foundation House) and the Victorian Refugee Health Network established the Diverse Communities Mental Health and Wellbeing project. The project ran from July 2022 to December 2023 and aimed to enhance the capacity of refugee and asylum seeker communities to participate in Victoria's mental health reforms.



1 <https://www.health.vic.gov.au/mental-health-reform/recommendation-34>

2 <https://www.health.vic.gov.au/mental-health-wellbeing-reform/diverse-communities-grants-program>

3 VFST (2017). A Framework for Community Capacity Building. https://www.foundationhouse.org.au/wp-content/uploads/2017/11/FOUNDATION-HOUSE-COMMUNITY-CAPACITY_SCREEN_COMB.pdf



VFST'S COMMUNITY ADVISORY GROUP MODEL

The Diverse Communities project involved working with community advisers from refugee background communities. The Advisory Group Model is one of VFST's approaches to community capacity building.³ It aims to foster better collaboration between community members and service providers. When effectively implemented, the model facilitates improved access to services by enabling community advisers to identify barriers that exist within communities or those related to service provider practices. Through the Advisory Groups, service providers gain insights into a community's culture, experiences, and concerns, which they can then take into account to improve their service delivery.

Two Community Advisory Groups were established for the Diverse Communities project – one with members of communities from Syria and Iraq and another with communities from Afghanistan. They included community members from different ethno-linguistic groups of Afghanistan, Syria and Iraq. There were 12 members of the Communities from Afghanistan Advisory Group while the other Community Advisory Group was made up of 5 members from Iraq and 6 members from Syria. As community advisers for the project, they brought a range of lived experience in mental health, including as:

- Refugees, with some members being new arrivals while others have been in Australia for several years.

- Australian-born children of refugees who lived through and witnessed the intergenerational impact of their parents' refugee and resettlement experiences.
- Family members of persons diagnosed with mental illness.
- Leaders of associations and community organisations (youth, women, religious, and other community networks in Victoria) providing support to their community.
- Workers in services that provide support to refugees and asylum seekers.

Being a community adviser is a highly valued role at Foundation House. In this project, it involved engaging in dialogue meetings with representatives of key agencies and services responsible for implementing the mental health reforms. They included the following:

- Victorian Department of Health
- Whittlesea Mental Health and Wellbeing Local
- Southeast Metro Interim Regional Body
- Hume Interim Regional Body
- Collaborative Centre for Mental Health and Wellbeing
- Orygen
- Headspace Glenroy
- Headspace Dandenong
- Cheltenham Mental Health and Wellbeing Hub
- Spectrum

PROJECT ACTIVITIES BY THE COMMUNITY ADVISORY GROUPS

The two advisory groups met regularly between November 2022 and November 2023. The communities from Syria and Iraq Advisory Group meetings were held in Melbourne's North while the Communities from Afghanistan Advisory Group met in the Southeast. The community advisers spoke several languages and had varying degrees of English proficiency. The communities from Syria and Iraq advisory group conducted their meetings in Arabic, with the assistance of an English and Arabic interpreter where needed. The communities from Afghanistan advisory group conducted their meetings in Dari and English, with a Dari interpreter used as requested by members.

CONSULTATION MEETINGS

During the first two meetings, the community advisers worked with the project team to establish their roles and expectations as advisers. They also had initial discussions about community needs and key challenges around mental health and access to mental health support. They mentioned as significant issues the limited understanding about mental health, lack of information about service providers, and stigma attached to having poor mental health. These issues discourage open conversations about mental health among community members, including themselves. These insights were useful in co-developing the plan for subsequent capacity building sessions and dialogue meetings. As the project progressed, the project team continued to consult with the community advisers regarding training needs and topics they deemed important to discuss.

DIALOGUE MEETINGS

The community advisers also held conversations with key agencies and service providers responsible for developing and implementing critical changes to the mental health system. The agencies and services invited were based on the project plan and on the issues identified by the community advisers as important for their communities. (Please see Page 5 for a list of these organisations.)

The dialogue meetings encompassed a reciprocal process. The community advisers gained knowledge about existing and upcoming initiatives related to the reforms. Representatives of agencies and service organisations gained insights about the mental health and wellbeing needs of communities and ways to improve services access and delivery, particularly for refugee background communities.

CAPACITY BUILDING SESSIONS

Together with the project team, the community advisers identified knowledge and skills they needed to effectively perform their role in the project. The community advisers in both groups mentioned that they needed background information about mental health and wellbeing before they could proceed with giving advice about the reforms. They also decided to produce a video resource aimed at informing community members about the reforms and to encourage open discussion about mental health and seeking support.

Some meetings were allocated as capacity building sessions. Facilitators were invited to discuss about common mental health issues, ways to maintain good mental health, when to get help, and treatment pathways. The community advisers and the project team also developed a training plan on storytelling and filmmaking. The training included workshops on developing a story line with purpose and impact, technical methods of filming with a smart phone camera, and post-production workflow considerations.

CO-DESIGN SESSIONS

One of the key issues identified by the community advisers was the need to reduce stigma around mental health within their communities. As part of the training on storytelling and filmmaking, each Community Advisory Group produced a short advocacy video about mental health and wellbeing for their community. The members worked together to identify and refine the key messages, develop the scripts, and record the videos.

HOPE AND LIFE was produced by members of the Communities from Afghanistan Advisory Group and is in Dari language.

YouTube:

<https://youtu.be/devN2meR2yA>

HEALTHY MIND, HEALTHY FAMILY, HEALTHY COMMUNITY is in Arabic and produced by members of Communities from Syria and Iraq Advisory Group.

YouTube:

<https://www.youtube.com/watch?v=ZieuVHXGNIA>

CULMINATING FORUM

A forum and networking event was conducted in November 2023 and was attended by the community advisers, services, and key agencies that participated in the project. The event included presentations on the project accomplishments, reflections from community advisers, launch of the videos produced by the community advisory groups, and a panel discussion on the importance of working with refugee background communities to achieve a culturally safe, inclusive, and effective mental health system.



OUTCOMES OF PARTICIPATING IN THE PROJECT FOR THE COMMUNITY ADVISERS

The community advisers provided feedback about the project activities via feedback forms, reflective discussions during meetings, and debrief calls with the project team in between meetings. They also reflected on ways they have benefited from the project as community advisers. Some of these reflections are outlined below.

ENHANCED UNDERSTANDING OF MENTAL HEALTH AND WELLBEING

The community advisers shared that their understanding of mental health and wellbeing in relation to the reforms improved through their participation in the project.

“I gained information about the mental health reform and Royal Commission recommendations, service providers across Victoria, and the health and wellbeing needs of my community.”

“I have learned how sensitive the topic of mental health is and what it takes to raise it with community members.”

“Attending the advisory groups has helped improve my understanding of the struggles faced not only by the youth but the community as a whole in relation to mental health.”

IMPROVED UNDERSTANDING OF SERVICE NAVIGATION AND REFERRAL PATHWAYS

The community advisers also found the information about the mental health system in Victoria and referral pathways useful for themselves, their family, and community.

“I applied the learnings from the project to my individual life. I now go to the GP to get a referral to see a professional who will support me with my own mental health. So, I can be a healthier individual and give to my family and community more.”

“Now I know where to refer my friends who need mental health support but do not have the financial capability to pay for a GP or counselling sessions.”

“This project has been useful for me in different aspects, such as knowing about mental health services in my area. This information helps me refer clients and other community members.”

OPPORTUNITIES FOR ADVOCACY

The community advisers recognised the importance of the dialogue meetings as opportunities to express what a reformed mental health system meant to them and their communities. They heard how insights from the project were brought forward to other aspects of the reform and communicated to appropriate agencies.

“I feel great to be part of the advisory group. It is a wonderful opportunity to represent my community, raise our voices and have an impact on changing social policy.”

“It was my first time having a face-to-face session with a government representative regarding the mental health system and the role of local communities. I openly shared my community needs and concerns.”

A highlight of the meetings was feedback from recently arrived community advisers about their experiences as new arrivals and how these impacted on their wellbeing and resettlement.

The dialogue meetings were also an opportunity for the community advisers to build their network as community advocates for mental health.

“After our meeting with Headspace, I got invited to their Advisory Group to represent young people like me. I had also been invited to events to share my story as a refugee.”

A young community adviser won a Victorian Multicultural Commission Young Leader Award, which recognised her advocacy work with her Iraqi Chaldean community and her involvement in the project.

INTERPERSONAL AND COMMUNICATION SKILLS

The project was an opportunity for the community advisers to engage constructively in meetings and to develop communication and listening skills. They recognised the importance of a safe and respectful group discussions where they were able to express different opinions about issues.

“The advisory group was a safe space for me to talk about mental health and wellbeing, and share my personal experience as a refugee with the rest of group.”

“I was able to share my thoughts about the best ways to reach people from my community and how we can support each other. Everything that had been discussed was really interesting and more than what I expected when I was introduced to the advisory group.”

Members of one advisory group also took the opportunity to participate in their community festival as advisers to the project. They approached community members at the event and provided them with resources on mental health and wellbeing. In the meeting with the project team after the festival, they shared about how they navigated challenging conversations with community members when they brought up the topic of mental health.

INCREASED CONFIDENCE IN PROMOTING MENTAL HEALTH

Having a better understanding of mental health and the importance of seeking support enabled the community advisers to be more active leaders in their communities. They utilised their community groups to pass on their learning and promote mental health and wellbeing.

“I go to a lot of networking events, where sometimes talking about mental health just naturally comes. Being part of the advisory group has widened my perspective about mental health and so now I can share more information.”

“I can deliver to my community how important it is to take care of their mental wellbeing, to help break the barriers, and to access services.”

Some community advisers invited the services they connected with in the dialogue meetings to their own community organisations.

“I spoke to my group about the free service at the Whittlesea Local and organised a session with them soon.”

“After the project, we are now more confident in encouraging our community to join mental health sessions and to seek professional support.”



REFLECTIONS FROM PARTICIPATING AGENCIES AND SERVICES

Representatives of the agencies and services that participated in the dialogue meetings also provided feedback about the usefulness of information they received from the community advisers.

“I found the meeting with the advisory group useful in understanding some of the concerns and challenges new community groups face in relationship to mental health issues and system navigation.”

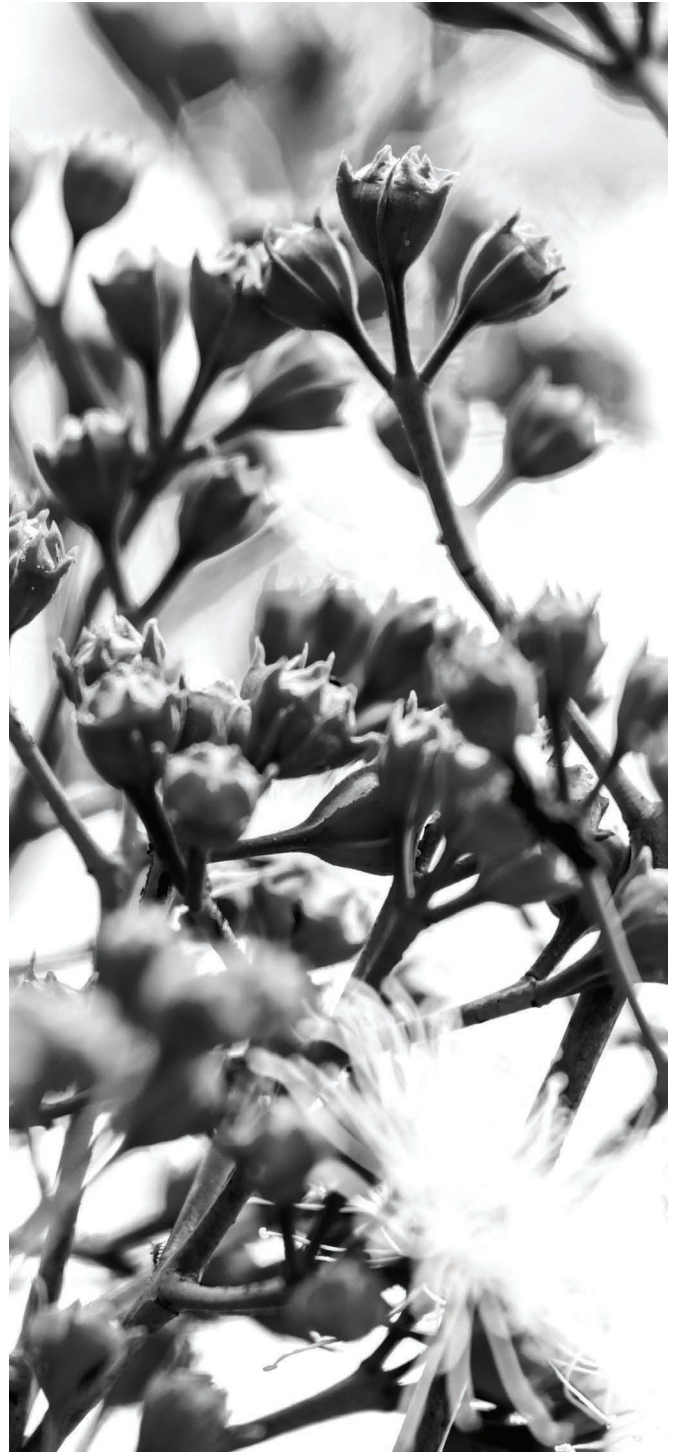
“The meeting provided us with a deeper understanding of the diverse needs and challenges faced by the community, and it reinforced our belief in the power of collaboration and collective action.”

“This was a good opportunity for me to know areas to improve for better reach into the community. It was helpful to hear about their ideas on how to engage with them.”

“It helped me to think about the day-to-day issues that families who have recently arrived in Australia may be experiencing given their different experiences. It was also useful to hear the concerns of families trying to raise young people in Australia and the barriers they may be experiencing in understanding mental health and seeking supports.”

“Thank you for the generosity with which you all shared so much information. It has helped inform and shape our thinking.”

“The feedback received has already informed our ongoing efforts, enabling us to tailor our programs and services to better address the specific needs identified by the community.”



COMMUNITY-BASED CHALLENGES AND NEEDS

The community advisers acknowledged that there are factors within their communities that prevent open conversations about mental health and seeking support. These factors can also discourage community members from accessing services for appropriate care.

VIEWS ABOUT MENTAL HEALTH

Mental distress, such as depression, is seen as a normal experience that will go away on its own. Mental health is also associated with being “crazy.” This makes people who experience poor mental health deal with the problem on their own.

“We are used to hiding our feelings. Feelings are like secrets. We do not want to show our weakness.”

Mental health is viewed as a reflection of one’s spiritual life. People with mental distress are seen as lacking in faith, which add to the stigma for those with mental health conditions.

Many community members set aside their mental health due to more urgent needs, such as providing for family, raising children, and taking care of elderly parents.

NEGATIVE CONSEQUENCES OF DISCLOSING POOR MENTAL HEALTH

Families often bear the effect of community exclusion when it becomes known that a family member is diagnosed with a mental health condition.

“My father was diagnosed with depression. Our family was excluded by our community because of it. Even my uncles disowned us and called us children of the lunatic.”

They also fear deportation from Australia when immigration will come to know about their mental health condition.

Parents fear that their children will be taken away by Child Protection if they disclose to health professionals that they are experiencing psychological distress.

VIEWS ABOUT MENTAL HEALTH PROFESSIONALS AND SEEKING SUPPORT

The community advisers noted that many community members have limited awareness about mental health professionals, what services they provide, and how they can support people with mental health concerns. For example, counselling is seen as:

“It does not help. It’s just talking. It is not treatment if no medication is given.”

There is also lack of confidence in mental health professionals due to unpleasant experiences of other community members who have tried to seek support from services.

“Most of what people hear are negative experiences of those who have accessed mental health services. Because of that, they are discouraged from seeking support for themselves.”

There is also reliance on religious rituals as remedy for poor mental health conditions. According to the community advisers, some community members would rather consult a religious leader than go to a mental health professional.

COMMUNICATION AND LANGUAGE BARRIERS

Since information about mental health and wellbeing are mostly in English, those with limited English proficiency often find such information difficult to access. It also takes time to find suitable translations in language for mental health related terms in English.

Moreover, the lack of digital literacy limits access to technology-enabled services, such as telehealth and online bookings.

ISSUES WITH USE OF INTERPRETING

The use of interpreters is a key element in ensuring effective access to and delivery of mental health support to people from refugee background by addressing language barriers. However, the community advisers noted significant issues with the use of interpreters, including concerns about privacy and confidentiality.

“It is a small community, and there is fear that information disclosed will not be kept confidential.”

There is also the possibility of inaccurate translations or breakdowns in communication if the interpreter and the community member (service user) speak different dialects of the language.

The community advisers also mentioned that “mental health” is often translated into words that have negative connotations. It is important that interpreters, whether professional or community members, do not reinforce stigmatised meanings of the term.

“There can be issues when bilingual workers translate mental health into a word that has a negative meaning, such as crazy or damaged. The information may require further interpreting.”

OTHER FACTORS IMPACTING MENTAL HEALTH AND WELLBEING AND ACCESS TO SUPPORT

Other challenges were also identified, including:

- Financial difficulties and high costs of mental health treatment.
- Residency or visa status limiting eligibility to access mental health services. Visa uncertainty also adds to the mental health concerns of asylum seekers, those on temporary visa status, and people awaiting approval for family reunification.
- Settlement concerns and adjusting to a new culture, environment, and social status.
- Social determinants of health, such as issues related to employment and housing.

INTERGENERATIONAL, AGE AND GENDER-RELATED ISSUES

The community advisers noted that the experience of trauma can impact parents and children in various ways. Tensions may arise between the older generations who were born overseas and the younger ones who grow up in Australia. They may, for example, have contrasting ideas about keeping their cultural heritage and trying to belong in the Australian society.

Young people and the elderly experience different issues and needs. Family conflict may arise due to different understanding of issues and concepts, such as gender diversity.

The community advisers mentioned that unhealthy views of masculinity, such as discouraging young men to show emotions, are still common in the community. These views can lead to harmful coping strategies and undermine men’s mental health. Also, women are taking up more caregiving responsibilities and unpaid labour, which can lead to financial difficulties and social isolation.

There are also concerns around engaging in crime and risk-taking behaviour, particularly among the youth, as coping mechanisms for mental health concerns.



SERVICES-BASED CHALLENGES

The community advisers also identified issues within the mental health service sector. Many of these are limitations within service organisations that have resulted in negative experiences of community members who have tried seeking mental health support.

LACK OF UNDERSTANDING OF REFUGEE EXPERIENCES

The community advisers emphasised the need for service providers to understand and acknowledge the hardships that refugees have gone through. The experiences can differ within and across communities, and the impact on their mental health may take different forms.

There is also a need to recognise that recovery from trauma does not come easy with resettlement in a new country. Some community advisers shared that while they acknowledge the opportunities Australia offers, it is also heartbreaking for them to know that people in their country-of-origin are still in very difficult circumstances.

“I was told ‘You are lucky and should be grateful that you are in Australia.’ For me, such comments can be damaging to the mental health of refugees. I didn’t want to come. I had a country. But I was forced to come because I don’t have that country anymore.”

There is a perception that service providers lack warmth and empathy, which are important in fostering a sense of safety for people who have experienced torture and trauma.

LACK OF COMMUNITY AND CULTURAL REPRESENTATION IN THE MENTAL HEALTH SERVICE SECTOR

The community advisers reflected on the shortage of mental health workers from refugee background communities. According to them, while it is not always the case, people of refugee background may still find it better able to express their concerns to professionals who are from their community considering the shared language, culture, and pre-arrival and settlement experiences.

ISSUES RELATED TO THE USE OF INTERPRETERS

There is a general lack of interpreters, particularly from small language groups and dialects. The community advisers also noted that some interpreters have difficulty translating terminologies into languages other than English.

“The term ‘mental health’ needs a more nuance translation based on the culturally appropriate use of the word. If it is used in a way that is not culturally sensitive, it can be prevent effective community engagement.”

There were experiences of interpreters asking about the client’s religious affiliation. This often causes discomfort, a sense of lack of safety, and lack of trust in interpreters.

Aside from mental health terminologies, some job titles of staff working in mental health services can also be difficult to translate. At the meetings with service providers for example, the interpreters had to clarify terms such as “Clinical Lead” and “Peer Worker.”

NEGATIVE EXPERIENCES OF COMMUNITY MEMBERS WITH MENTAL HEALTH SERVICES

The *complexity of navigating services* surfaced frequently in the advisory group meetings. Seeking support requires a comprehensive understanding of the process, such as understanding eligibility requirements, obtaining contact details of services, making contact, and booking an appointment.

Community members experiencing multiple issues related to mental health need to seek support from more than one service (e.g., alcohol and drugs, homelessness, family violence). They may also need to obtain a series of referrals from their general practitioner. The back-and-forth appointments can be exhausting and worsen their already poor mental health condition.

Some community members also found that their interactions with service providers resulted in *recollections of traumatic experiences*. For example, the intake and assessment process “felt like interrogation” as questions sound similar to those asked of them previously by immigration officers. This creates a feeling that they are not safe when giving intake information and is aggravated when they are moved from one service to another.

The community advisers also noted that questions asked in assessment forms and during intake are vague and hard to understand that they just “guess the answer.” This can result in inaccurate assessment, diagnosis, and treatment for their mental health issues.

Another issue identified at the meetings was the long wait time to see a mental health professional. The community advisers also noted that excessive workloads of case workers often prevented services from responding promptly to their client needs.

There was also a perception that service availability did not match the scale of newly arrived refugees from the most recent global crises.



RECOMMENDATIONS

To address the challenges identified, the community advisers forward the following recommendations:

- More focus on sustainable solutions that enable continuing involvement of community members in promotion of mental health and wellbeing promotion.
- Co-develop resources with community members to raise awareness about mental health, service navigation, and the benefits of seeking support.
- More focus on mental health prevention through community-based, family-centred, gender-based, and youth-focused programs.
- Engage with religious and community leaders in facilitating mental health promotion and access pathways.
- Provide training opportunities and scholarships for people from refugee background communities to gain qualifications as mental health professionals.
- Support more interpreters to specialise in mental health and equip them with appropriate translations for mental health and related concepts.
- Resource settlement services to integrate mental health and wellbeing promotion for new arrivals in their programs.
- Support programs to raise mental health awareness among parents and students in schools and language centres.
- Support programs for mainstream services, including General Practitioners, that will improve their understanding of diverse refugee experiences, cultural sensitivity, and trauma-informed care.
- Simplify the referral process and improve coordination among organisations that provide mental health care, medical care, and other services to refugee communities.
- Develop simple and clear intake and assessment questions to enable clients to provide precise responses and mental health professionals to give more accurate advice.
- Improved use of interpreters by services, including knowledge about ethical considerations when using interpreters for refugee background clients.
- Community outreach by services, exploring various platforms to connect with communities.
- Implement across the board programs to address social determinants of mental health, such as financial insecurity, employment, and housing concerns.

General email:

info@foundationhouse.org.au

Phone: (03) 9389 8900

Fax: (03) 9277 7871

www.foundationhouse.org.au

BRUNSWICK

4 Gardiner Street
Brunswick VIC 3056
Australia
(03) 9389 8900

DANDENONG

155 Foster Street
Dandenong VIC 3175
Australia
(03) 9389 8888

RINGWOOD

Suite 5, 45-51 Ringwood Street
Ringwood VIC 3134
Australia
(03) 9389 8700

DALLAS

Level 4, 61 Riggall Street
Dallas VIC 3047
Australia
(03) 9389 8899

SUNSHINE

163 Harvester Road
Sunshine VIC 3020
Australia
(03) 9389 8777



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House**

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