Promoting the Mental Health and Wellbeing of New Arrival Communities

Learnings and Promising Practices

Victorian Health Promotion Foundation
Mental Health Promotion Plan 1999–2002

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Foreword

VicHealth invited two exceptional individuals, each with their own experiences of war and flight from their home countries, to write this foreword. We are delighted that Sir Gustav Nossal and Melika Sheikh-Eldin have provided such moving and thoughtful contributions.

Sir Gus Nossal

Since its inception, VicHealth has recognised the importance of mental health within its portfolio of health promotion activities. Moreover, it has readily embraced the view that mental health means not just the prevention of serious mental illness, suicide or addiction but rather a positive state of social adjustment and inner wholeness. Since 1999, VicHealth has formalised this commitment through a conceptual framework, the Mental Health Promotion Plan. This has involved a significant financial investment in research and community programs.

The present, welcome publication is one of a series which seeks to distil the lessons learned in a concise way to encourage the development of coherent and cooperative strategies by many sectors within the community which, acting together, can be a powerful force for mental health promotion. This particular contribution to the series picks up on the challenging area of recent migrants, including refugees, asylum seekers and migrants from countries where only a small number have previously settled in Australia. It sensitively dissects the reasons, some obvious, others a little more subtle, which make these groups especially susceptible to poor mental health. Australia rightly prides itself on the relatively conflict-free way in which our extraordinary and largely tolerant multiculturalism has been achieved. Yet it would be foolish to pretend that a society composed of 210 country backgrounds, and especially Victoria, where 43% of citizens were either born overseas themselves or have at least one parent born overseas, is free of tensions. I was actually amazed at the number of times where the issues raised in this paper took me back 64 years to my own experiences as a refugee from a no longer recognisable Austria that had just been annexed by Hitler's Germany. Despite the many kindnesses shown, the stressful and disruptive pre-arrival experiences; the grief of loss of country, culture, family and friends; and the noisy wall of silence which a strange new language represents all contribute to high vulnerability.

Among the many lessons learned from the present studies, perhaps the key one is the importance of partnerships – the agencies, both governmental and non-governmental must work in harmony and not as rivals. They must seek to involve both the new arrivals themselves (as intelligent contributors to their own resettlement, not as objects of paternalistic concern) and the already-present members of relevant minority groups. Importantly, the first-contact agencies must smooth the pathway whereby new arrivals learn about the many mainstream schemes and programs available to all citizens to help them achieve their goals in education, health, workforce participation and social connectedness.

Pockets of racism and discrimination undoubtedly persist. Amongst other things, promoting cultural, racial and religious integrity within new arrival communities can raise self-esteem and confidence. By the same token, projects which seek to raise the understanding of refugee and migrant issues among the general community are needed, especially as regards cultural differences with respect to women. There are many attitudes and practices with which mainstream Australians will not agree. (Charging at them like a bull at a gate will not be helpful.)

English language training warrants special mention. No other new skill is as important for employment, further education and greater social connectedness.

This publication succeeds in describing the new mental health paradigm, namely mental wholeness, not just avoiding frank pathology but functioning optimally within society. It dissects in comprehensive fashion the many vexing problems which new arrivals must overcome to reach that goal. It points to some of the solutions, both general and by way of specific, targeted projects which have achieved success and can thus act as models. At the same time, it does not seek to conceal the immensity of the task and therefore the many further things which need to be done. It represents both a serious contribution to scholarship in a complex field and a useful road map for policy-makers and practitioners in migrant affairs. As the World Health Organization has noted, mental health in all its dimensions is a burgeoning societal concern. The participants in the projects, the authors of the report and VicHealth itself are to be congratulated on this positive contribution to a vital debate.

Professor Emeritus Sir Gustav Nossal
University of Melbourne

Foreword

Melika Shiekh-Eldin

want to talk a little about when I was very young. As young people do, we all had big plans. My personal aspirations were to study and practice medicine. I was admitted to University and got to study a year of medicine.

However, the situation in my country Eritrea became unstable, then worsened, and eventually I had to flee to the Sudan.

Even though this refugee part of my life was hard, it strengthened my character. This strength makes me resilient and my ongoing contribution is to not submit to my reality as a refugee.

In refugee camps we were doing whatever we could to get by. I therefore applied through UNHCR to get a scholarship to continue my studies. Whilst I passed aptitude tests, career options like medicine were only open to the local people. Being a refugee I was excluded from these opportunities.

Having always in the back of my mind, how I could contribute to the economic wellbeing of my people and my country, I then applied for a Science Degree in Zoology with a view to continue my postgraduate studies in fisheries because this area was one of the main national resources of Eritrea.

As a group of students that I was with, we were privileged and very strong. We viewed as our responsibility as a group of refugee students, to prove that we were at the top of our disciplines; not only were we required to prove ourselves academically but also to raise the awareness of our colleagues and teachers about our refugee experiences and national causes. We worked voluntarily in refugee camps with NGOs to provide interpreter services, information and assistance in filling out resettlement forms. There were never enough people to do this work because of the influx of refugees into the camp at the time.

After graduation I worked as a teacher in a secondary school for refugees for two years but still my dream was to complete the highest degree I could achieve.

Some of the students I taught in this secondary school are now the doctors that I had aspired to be. They had the chances to go to other countries and follow their profession.

In Cairo, Egypt, I then undertook further studies and gained a Masters Degree in Marine Biology sponsored by World University Services. This allowed me a chance to work and do research in the Red Sea.

Upon arriving in Melbourne, I was lucky to achieve the most important part of my dream: a Doctorate in Marine Biology at Deakin University in Warrnambool. This experience of being an African woman in a rural town in Australia was both hard and wonderful. I felt loneliness until I befriended a woman whom I saw in the local shopping centre regularly. For a long time she was afraid of me because I appeared to be different until I met her one day with her husband who had been a veteran of wars overseas. It was then that she realised that her husband had been in contact with people from diverse cultures and that difference was not something that made one dangerous. We became and remain very close friends, as do our children. I myself found the experience of meeting women from different backgrounds, as part of volunteering for a Community Aid Abroad group, very enlightening. I felt a sense of belonging, hope and acceptance of difference and realised that this must be part of the solution.

Mental health and wellbeing is I think, a reflection of one's background, opportunities and one's aspirations. If you don't have a house, if you don't know where to go for information, if you are separated from family and feel isolated, if you can't communicate, if you cannot provide for your children: how can you have a sense of mental health and wellbeing?

The future for me can be seen in two parts. The first is personal, for me as an individual, who would like to work in the same career that I have worked hard for years to achieve the highest qualifications in.

The second part of my future is more general, and this is as an Australian citizen and a member of the Horn of African communities. In this regard I would like to see a smooth transition for people who are newly arrived enabling positive resettlement, safe and gradual integration into the wider Australian community and to become productive participants in our new country. There are different categories of refugees and new arrivals, some are highly educated with a lot of overseas experience and require a small amount of assistance whilst others require more intensive support. In many instances, this support will in turn, flow on to benefit their communities and the wider Australian society. Therefore, in order to participate successfully, new arrivals and refugees need information relating to housing, healthcare, education and employment opportunities.

When natural disasters overtake people in Australia, they are distressed and their lives are distorted. This is not the normal context of these people's lives. They are dealing with a disaster and very traumatic times and it is at these times that they must be valued and supported. It must be understood that to be a new arrival or refugee is also not a normal state of being. Man-made calamities displace and distort the lives of millions of men, women and children every year and yet we often fail to recognise the need for compassion and support that should be given as basic rights of human existence.

Melika Sheikh-Eldin

Community Projects Officer
Adult Multicultural Education Services

OVERVIEW

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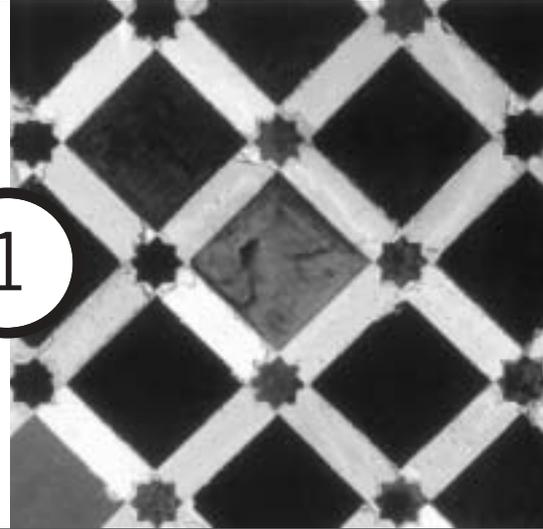
Introduction

In 1999, the Victorian Health Promotion Foundation (VicHealth) developed its Mental Health Promotion Plan 1999–2002, establishing a framework for the development of research and program activity over a three-year period.

Through review of available research and literature it was evident that people who are recently arrived to Australia face significant social, cultural and economic challenges which have the potential to impact negatively on mental health and wellbeing. Consequently, new arrivals were identified as one of five population groups to be included for focus. Particular emphasis was placed on refugee children and young people, refugees and asylum seekers, small and emerging communities, and entrants for whom there are substantial social, cultural and economic differences between their country of origin and Australia.

Eleven projects were funded under the Plan. While some of these projects are now complete, others are still underway or have been extended with funding from VicHealth or another source.

This report documents the progress of the projects and the key lessons learned.
It is one of a series of reports of VicHealth-funded mental health promotion activity which:

– contribute to knowledge about the processes of promoting mental health and wellbeing;

– assist VicHealth and its community, government and business sector partners in future planning of mental health promotion activity in Victoria;

– provide information to assist VicHealth in the further development and implementation of mental health promotion activity; and

– support ongoing development of mental health promotion projects at the field level.

Other publications in this series focus on VicHealth-funded mental health promotion activities concerned with rural and Indigenous communities and young people and with participation in community arts. These are available from the VicHealth website at www.vichealth.vic.gov.au

An additional scheme of projects, targeted to rural communities, focuses on same sex attracted young people. This scheme has been separately evaluated. The report is available on the VicHealth website.
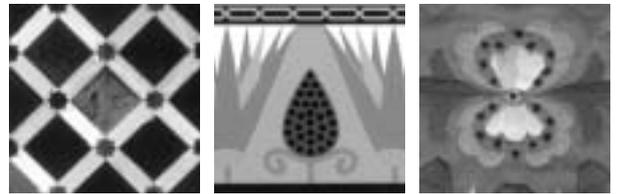
Summary of general key learnings

Priority areas for action

This publication draws on the recent literature relating to the mental health and wellbeing of new arrival communities and the evaluation and experience of 11 of the projects funded by VicHealth under the Mental Health Promotion Plan 1999-2002. At the time these projects were being conducted the Department of Immigration and Multicultural and Indigenous Affairs conducted a review of settlement services (DIMIA 2003) and the United Nations High Commission for Refugees (UNHCR) developed a Handbook to guide the development of policies and programs to support refugee resettlement (UNHCR 2002). Both were based on extensive consultation with refugee communities and service providers. Both have informed this report.

Evidence suggests that a number of factors are critical to facilitating the successful settlement and positive health and wellbeing of new arrivals. These facts include access to:

- provisions for reunification with family members still overseas;

- support to learn English;

- skill development opportunities to enhance employment prospects;

- appropriate levels of income, including access to work;

- the material resources for living, in particular housing;

- the support and resources of strong cultural communities;

- mainstream services and resources to assist in the settlement process;

- a broader environment in which new arrivals feel welcome and understood and in which their rights are respected; and

- an educational environment which is supportive and respects the needs of new arrival children, young people and their parents.

One of the significant themes emerging from the evidence is the important role that established cultural communities play in supporting the resettlement of newcomers and in protecting and promoting their mental health and wellbeing. They do this by:

• providing practical assistance with the tasks of settlement;

• orienting new arrivals to systems and services as well as the more subtle aspects of Australian society;

• connecting new arrivals with cultural and religious networks, institutions and resources;

• offering employment opportunities through ethnic businesses and networks;

• linking new arrivals with mainstream resources and services;

• building the capacity of mainstream services and networks to welcome and support new arrivals (e.g. through advocacy and providing cultural and language skills); and

• advocating on behalf of new arrival communities.

Due to the increasing diversity in the Humanitarian and Migration programs (CDIMIA 2003), many contemporary new arrivals are members of small communities which are just beginning to establish in Australia. They therefore may have a limited capacity to provide this support. Many of these communities are comprised primarily of those fleeing war and human rights abuses, the impacts of which may further compromise their ability to extend support to newcomers.

This, together with a changing economic and social climate, renders contemporary newcomers vulnerable to social isolation and trans-generational unemployment. The mental health and broader social effects of these may not have yet been fully realised. These findings suggest that efforts to support and strengthen cultural communities are a particular priority.

The need to shift organisational focus

If many of the priority issues identified above are to be addressed, there is a need to strengthen the capacity of the service system to undertake community and organisational development and advocacy to promote settlement and mental health and wellbeing.

As can be seen throughout this publication, the projects funded by VicHealth made a worthwhile contribution to this endeavour. Nevertheless, building the capacity of organisations to undertake health promotion and public health interventions to enhance the mental health and settlement of new arrivals remains a significant challenge and is one which is unlikely to be met through small-scale, time-limited projects.

Accordingly, VicHealth is interested in supporting initiatives that incorporate research focusing on the mental health benefits of community development, organisational development and advocacy approaches. It is anticipated that this will help organisations working with new arrival communities as well as funding bodies seeking to broaden the scope of activities funded.

The evaluation of the projects was conducted with a view to assessing the extent to which the funded projects had:

- enhanced the capacity of organisations to implement and sustain mental health promotion activity with new arrival communities;

- enhanced new arrivals access to the resources identified in the mental health plan as being particularly important for mental health and wellbeing: social connection; and economic participation; and freedom from discrimination and violence.

Vichealth was also interested in identifying good practices in mental health promotion with new arrival communities.

Barriers to implementation in the broader environment

The projects were implemented in a period during which a number of major events occurred internationally that had a profound impact on refugees and asylum seekers and their communities in Australia. Among these were the Tampa incident, events of September 11, 2001, the Bali bombings, the war in Iraq and the controversies surrounding government responses to those seeking asylum in this country. These events and the reactions to them in the media and the community added significant pressure to already burdened agencies and new arrival communities.

Barriers to implementation across organisations

The projects were also implemented in organisations which had a history of funding competition with other organisations. The evaluation suggests that this had a significant impact on the capacity of the agencies to form productive partnerships and is an area requiring further support and development.

Summary of specific key learnings

Building capacity to implement and sustain mental health promotion

Developing a conceptual understanding of mental health promotion

- Many of the activities undertaken in mental health promotion are similar to those undertaken in the community sector as either capacity building programs or as part of the core business of many agencies. They are likely to be implemented by a workforce with community development skills. These activities have not previously been understood in health terms.

- Throughout the duration of the projects, participating organisations and project staff developed an understanding of the link between their project activities and mental health promotion and demonstrated an ability to make the intent of their work explicit.

- Workforce development initiatives may be useful to enhance workers' understanding of and capacity to implement mental health promotion activities and to be better able to describe the health components of their work to the broader community.

Learning the language of mental health promotion

- Mental health is often confused with mental illness and its associated stigma, thus compromising an understanding of mental health promotion activities at a broader community level.

- Due to language differences and limited familiarity with concepts of health promotion and prevention, communicating the concept of mental health promotion may be a particular challenge in new arrival communities.

Building capacity at the organisational level

- The Mental Health Promotion Plan 1999–2002 has widespread recognition and support. Through the development of the conceptual framework for the Plan, which is based on the most up-to-date research and evidence, organisations have been assisted to develop innovative activity and undertake organisational change to facilitate good practice in mental health promotion.

- There is a legitimate place for short-term projects. They can serve as a catalyst for change and build agency capacity to seek and utilise funding to extend mental health promotion activity.

- Adequate time and resources are required to achieve and sustain the changes needed to promote mental health and wellbeing. This suggests that longer-term project activity needs to be supported alongside short-term initiatives.

- Pivotal to the success and sustainability of project activity is the involvement and commitment of senior staff of the organisation.

- Building the ability of individuals in their communities to have more influence over the decisions that affect their lives leads to sustainability.

Focusing on first-contact organisations

- New arrivals have contact with a number of organisations early in their settlement. These include specialist settlement services such as English language schools and centres, adult multicultural English programs and migrant resource centres as well as mainstream services such as maternal and child health and community health centres. These first-contact organisations play a pivotal role in enhancing connectedness and in facilitating optimum opportunities to address education, work, community contact and economic participation. Mental health promotion interventions can be delivered through these settings in ways that are resource-efficient and that minimise stigma and disruption.

Building organisational capacity for economic participation

- While economic participation is an important determinant of mental health, it is difficult for services in the health and community services sector to address this issue which may sometimes be seen as outside their core business.

- Knowledge of models of good practice in economic participation as well as workforce development strategies and cross-sectoral partnerships are required to build the organisational capacity of health and community service agencies to enhance economic participation.

Strengthening partnerships for mental health promotion

- There is strong, generalised support among agencies serving new arrival communities for partnership development as a means to implement community sector initiatives. This support is dependent on partnerships having a strong emphasis on activity designed to secure tangible outcomes. Thus, the focus should be on partnerships which lead to activity rather than partnerships per se.

- Partnerships are effective in increasing the resources available to a project, extending project reach and enhancing coordination and cooperation between agencies.

- Intersectoral partnerships, particularly those involving first-contact agencies such as schools and adult multicultural English programs, are important in mental health promotion activity with new arrival communities.

- Effort is required to ensure that partners have a common understanding of the role of projects in promoting mental health.

- In general, partnerships are more likely to be successful if they have a clear purpose, are planned and fostered as the project develops, are formalised and have the support of senior agency management. It is important for both funding bodies and practitioners to place continued emphasis on partnership development following the proposal development stage.

In the course of the projects, VicHealth developed a resource to support agencies to establish and maintain effective partnerships. This publication (A Partnerships Analysis Tool) is available from VicHealth on request or can be downloaded from www.vichealth.vic.gov.au

Enhancing access to the resources required for mental health

Enhancing social connection

- Opportunity to engage in supportive group processes with other new arrivals can help to build skills and confidence.

- Facilitating social connections between new arrivals and longer-term residents from their cultural communities has the potential to promote mental health, as support can be provided from the vantage of a shared language, culture and experience.

- Activities that strengthen cultural communities can enhance their capacity to extend opportunities for social connection.

- Facilitating connections between new arrival groups from different ethnic, cultural and racial backgrounds broadens access to social connections and other resources and can help to promote broader community harmony and connection.

- Building links between new arrivals and the wider community has the potential to promote mental health by widening the basis of support available, providing a vehicle for acculturation to the more subtle aspects of Australian society and facilitating access to a broader social and economic network.

- Befriending and mentoring relationships are promising strategies for promoting mental health in new arrival communities. Such relationships also have positive mental health benefits for those providing support. There is a need to ensure that there are appropriate processes for the selection, training and support of those involved, however.

- Sporting environments, educational facilities and community services are important sites for new arrivals to build social connections.

Addressing discrimination and promoting inclusion

- Cultural, racial and religious integrity are important conditions for mental health in new arrival communities. Strong cultural communities and a broader environment in which racial, religious and cultural diversity is positively valued, understood and supported can help to facilitate this.

- Cultural, racial and religious integrity are conditions that can also be promoted in the wider community and at the organisational level through strategies such as workforce development, social marketing and befriending/mentoring.

- Raising awareness and understanding of refugee issues in the wider community is an important mental health promotion strategy as these issues are poorly understood.

Enhancing economic participation

- Economic participation is crucial for positive resettlement in Australia. The decline in the manufacturing sector (historically a major employer of new arrivals) and increasing ethnic diversity in the refugee and migrant intake have had an impact on the availability of economic opportunities through ethnic businesses and networks.
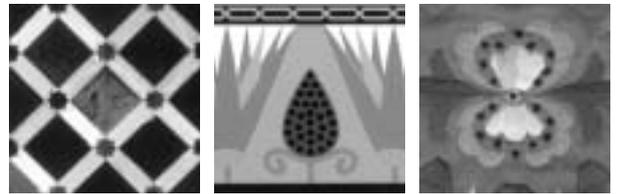
- Involvement in economic activities can enhance mental health by providing opportunities for social connection, increasing confidence and skills, contributing to a positive identity and providing a sense of purpose.

- Projects with a focus on economic participation have the potential to strengthen economic development and leadership skills within new arrival communities.

- Economic participation initiatives strengthen new arrivals' connections with the wider society, address discrimination, and promote broader understanding of the strengths, experiences and aspirations of new arrivals.

- They are an effective and acceptable means of promoting mental health in new arrival communities. This is due to the value assigned to economic activity by both new arrivals and the wider community and its central role in other aspects of our lives. They can also be provided in ways which minimise stigma and which accommodate cultural communication styles.

- English language instruction enables new arrivals to form social connections and develop skills which are prerequisites for work. English language acquisition also assists in confidence building and enables new arrivals to become self-advocates.

- Opportunities for improving English language skills can be integrated into economic activities. This approach is more effective than formal class based approaches and is particularly valuable for engaging new arrivals with limited prior formal education who have typically been under-represented in existing language instruction programs.

- Developing social connections within new arrival communities and building the skills and confidence of individuals can provide a sound foundation for exploring economic participation. However, as these can also be built in the course of economic participation projects, they are not preconditions for engaging new arrivals in economic activities.

Good practices for mental health promotion projects in new arrival communities

Involve new arrivals in project planning, design and implementation

- New arrival community involvement in mental health promotion projects can help to ensure the responsiveness of projects to the needs of new arrival communities, enhance project reach and acceptance, and provide projects with a source of language and cultural support.

- Processes such as focus testing and consultation can help to introduce projects to new arrival communities and secure their involvement.

Build trust and promote self-determination

• Building trust with new arrival communities and promoting the control and autonomy of participants contributes to their mental health and are important pre-conditions for their engagement in mental health promotion activities.

• The time taken to build trust with new arrival communities is an important factor to be considered in project planning and resource allocation.

Be sensitive to cultural issues

• Specific steps are required to engage women from migrant and refugee backgrounds in mental health promotion activities and to address the additional barriers they face to accessing mental health resources, particularly economic participation.

• Providing intensive support to refugee and migrant women, tailoring project activities to accommodate traditional role expectations, providing gender-specific initiatives and taking steps to ensure the equal participation of women and girls are promising mental health promotion strategies.

Promote the strengths of new arrivals

• Enabling participants to identify strengths rather than weaknesses can contribute to enhanced self-esteem and confidence at the individual, group and community levels. Promoting the strengths of new arrivals can also help to raise awareness and create an environment in which they are able to engage with service providers and the wider community on safe, meaningful and equal terms.

• Auditing of community assets has greater utility for establishing mental health promotion projects than undertaking community needs assessment. This approach ensures that project activities are identified, promoted and implemented in ways that are consistent with the overall intent of the funding program. This is relevant where projects are being implemented in agencies and communities that may not necessarily be familiar with the concept of mental health promotion.

Incorporate economic development initiatives

• Project designs that incorporate pathways to economic activity are particularly important for new arrivals given the multiple barriers they face in establishing education and employment pathways.

WHY INVEST IN THE PROMOTION OF MENTAL HEALTH AND WELLBEING?
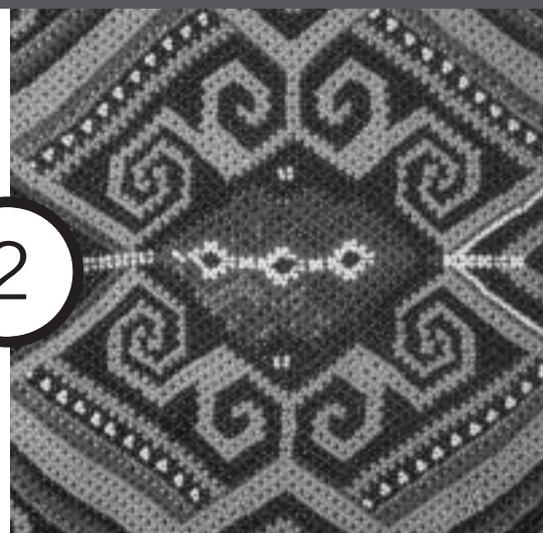
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Why invest in the promotion of mental health and wellbeing?

There is increasing concern by governments worldwide about the rising incidence of mental illness and its social and economic costs. Some improvements have been made through advances in treatment and rehabilitation of those who develop mental illness. However, there is a growing recognition 'that a significant reduction in the (social and economic) costs associated with mental illness will not be achieved purely by activities at the treatment end of the spectrum but will require interventions that impact earlier in the developmental trajectory of mental health problems' (DHAC 1999).

Efforts to promote mental health and wellbeing and to prevent mental illness can reap important social and economic benefits. They can:

• contribute to improved physical health, with research indicating that there are links between emotional stress and a range of diseases and conditions, including asthma, viral infection, immune disorders, diabetes and cardiovascular disease (Scanlon, et al. 1991; Brunner 1997; Wilkinson 1996; Wilkinson & Marmot 1998). Certain mental health problems may also lead to behaviours which place people at higher risk of developing physical health problems. This is illustrated in the link between anxiety and smoking (Orley 1998);

• contribute to improved productivity at work, school and home. It is estimated that mental health disorders account for one-third of days lost from work due to ill-health (Williams et al. 1986; Jenkins 1985). Around 5% of Australians experience anxiety symptoms which are severe enough to interfere with tasks of daily living, such as holding down a job or maintaining relationships (ABS 1997); and

• reduce mental ill-health and its associated social and economic costs. The World Bank and the World Health Organization estimate that mental health problems contribute 10% of the global burden of disease, with depression alone predicted to be the second largest health problem globally by the year 2020 (Murray & Lopez 1996).

In 1999, the Commonwealth Department of Health and Aged Care released a National Action Plan for Mental Health Promotion. This document challenged 'everyone, within and across all sectors to work together to provide quality services, programs and initiatives that involve a spectrum of interventions to reduce mental ill-health and to improve wellbeing' (DHAC 1999).

As part of its contribution to this challenge, VicHealth developed its Mental Health Promotion Plan 1999–2002 which established a framework for the development of program, research and evaluation activity.

This Plan represents a significant investment in the promotion of mental health and wellbeing. While recognising the importance of early intervention, treatment and rehabilitation services, VicHealth's plan focuses on changing social, economic and physical environments so they improve health for all Victorians and on strengthening the understanding and skills of individuals in ways that support their efforts to achieve and maintain their mental health.

Taking an intersectoral, partnership approach, the Plan was developed with input from academics, policy-makers and practitioners from the sports, arts, education, community, health, legal and business sectors as well as governments at national, state and local levels. The process of developing the Plan involved:

- a review of current literature and an analysis of policy;

- mapping of national and state activity in mental health promotion;

- development of a mental health promotion framework to guide innovations; and

- consultation with over 100 organisations, key stakeholders, policy-makers and funding bodies.

While recognising that a long-term investment would be required to achieve real gains in mental health promotion, the Plan proposed a range of activities to be implemented initially over a three-year period (1999–2002), including:

- purchasing and commissioning programs and projects that involve the strengthening and extension of existing programs;

- development of new projects and research activity across sectors;

- brokerage to ensure that innovative and collaborative funding models are created and to provide opportunities for business and governments to invest in relevant activities;

- advocacy to ensure that mental health promotion initiatives are undertaken at community and organisational levels and by government; and

- evaluation to document and disseminate lessons learned.

A conceptual framework for the promotion of mental health and wellbeing

As part of the Mental Health Promotion Plan 1999–2002, VicHealth developed a conceptual framework to guide planning and implementation. This framework identifies strategies and processes to address key determinants of mental health. It also outlines specific outcomes to guide the evaluation of the Plan itself and its funded programs. The framework, discussed in greater detail below, is summarised in figure 1 (see inside front cover).

Defining mental health

Mental health is defined in the Plan as 'the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just'.

Mental health promotion: VicHealth's approach

The approach to mental health promotion adopted in the Plan is one which aims to achieve better mental health and wellbeing across populations by:

- focusing on improving the social, physical and economic environments that determine the mental health of populations and individuals;

- focusing on enhancing protective factors such as coping capacity, resilience and connectedness of individuals and communities in order to improve emotional and social wellbeing;

- taking a whole-of-population approach, although different interventions may focus on specific population groups; and

- measuring outcomes in terms of public policy, organisational practices and organisation of social factors and health literacy (DHAC 1999).

Determinants of mental health and priority themes for action

A range of factors influence a person's mental health and wellbeing, among them individual attributes such as heredity, luck, knowledge, attitude and skills. However, there is a growing body of evidence demonstrating that social, economic and environmental conditions also play an important role.

In particular, VicHealth identified the following three determinants as the priority themes for its Mental Health Promotion Plan 1999–2002:

Social connectedness, including:

• social and community connectedness;

• stable and supportive environments;

• a variety of social and physical activities;

• access to networks and supportive relationships; and

• a valued social position.

Freedom from discrimination and violence, including:

• physical security; and

• opportunity for self-determination and control of one's life,

Economic participation, including:

• access to work and meaningful engagement;

• access to education;

• access to adequate housing; and

• access to money.

Social connectedness

Social connectedness involves having someone to talk to, someone to trust, someone to depend on and someone who knows you well (Glover et al. 1998). An individual's level of social integration and social support are powerful predictors not only of their mental health status but also of morbidity and mortality (AHMAC Working Group 1997; Brunner 1997). For example, young people with poor social connectedness are two to three times more likely to experience depressive symptoms than peers who report the availability of confiding relationships (Glover et al. 1998). In recognition of the link between social connection and mental health, the Plan focuses on strategies to increase connections between individuals and communities.

Valuing diversity and working against violence and discrimination

The link between discrimination and mental ill-health is well established, with exposure to discrimination increasing the risk of lowered self-esteem, social isolation, depression, anxiety, drug use and suicidal feelings (University of Surrey 1998). For example, higher suicide rates among Indigenous and same-sex-attracted young people have been attributed in part to discrimination on the grounds of race and sexual preference respectively (Department of Health and Family Services 1997; National Children's and Youth Law Centre 1998). Young people who are victimised are three times more likely to be at risk of having depressive symptoms than those not reporting such experiences (Glover et al. 1998). Gender related discrimination and violence have been identified as factors contributing to mental health problems in women, among them excessive use of psychotropic medication and eating disorders (Raphael in Sorger 1995).

Victoria has a diverse community with some individuals and communities experiencing less favourable treatment than others. Accordingly, the Plan focuses on strategies that address racial discrimination, homophobia and ageism.

Economic participation

Economic participation involves having access to employment as well as to the money necessary for food and clothing and to participate fully in community life. A growing body of evidence links poor mental health with limited access to important resources such as income, employment and education (Wilkinson & Marmot 1998). Unemployed people, for instance, experience higher levels of depression, anxiety and distress, as well as lower self-esteem, than their counterparts who are employed (McLelland & Scotton 1998). People living in areas with the greatest inequalities in income are 30% more likely to report their health, including their mental health, as fair or poor compared with those living in areas with the smallest inequalities in income (Kennedy et al. 1998). There is also some evidence to suggest that economic and social inequality can undermine broader social cohesion, thus negatively impacting on social connectedness and community safety (Wilkinson 1997).

For these reasons, the Plan focuses on strategies to enhance people's access to economic resources such as education, employment and income.

Health promotion action

Traditionally, health promotion practice has focused on behaviour modification and social marketing strategies to assist individuals to combat unhealthy conditions. While the Mental Health Promotion Plan 1999–2002 recognises the importance of these strategies, it complements them with interventions to combat unhealthy conditions at their source. The Plan proposes, therefore, that a range of strategies be supported, including:

- research;

- workforce development;

- participation pilots;

- community strengthening;

- organisational development;

- advocacy for legislative and policy reform; and

- communication and social marketing.

Target population groups

A person's location in the broader social and economic structure, both as an individual and as a member of a particular population group, has a profound influence on their mental health. In general, those groups which have good access to social and economic resources have better mental health and lower rates of mental health problems than those whose access is limited (Power et al 1997).

In the context of a finite funding base, the Mental Health Promotion Plan 1999–2002 targets five population groups with demonstrably poorer access to those resources known to promote mental health and generally higher rates of mental health problems.

These groups are:

- new arrivals to Australia;

- young people;

- older women and men;

- rural communities; and

- Koori communities.

Settings for action

The Plan is based on the understanding that successful action to promote mental health and prevent mental ill-health can only be achieved and sustained with the involvement and support of the whole community and the development of collaborative partnerships across a range of sectors. This includes those in public, private and non-government organisations, both within the health sector and in other sectors that influence the way in which people live, are educated and work.

Accordingly, the Plan adopts an intersectoral approach and identifies a number of settings for action, including the community, workplaces, sporting facilities and education, health and arts organisations.

Anticipated outcomes

Mental health promotion strategies are implemented with the aim of reducing preventable mental ill-health and promoting mental health at the population level, thereby improving productivity, contributing to improvements in physical health and reducing the social and economic costs associated with mental ill-health. These longer-term outcomes are made possible by building the capacity of individuals, communities and organisations to take action to foster the conditions required for mental health.

Capacity building at the individual level involves taking steps to improve health knowledge and awareness of and capacity to access services. At the community level, it involves fostering environments which are safe and supportive and which offer accessible and appropriate opportunities for participation in community life.

Building capacity at the organisational level involves developing policies and programs which promote mental health and building organisational partnerships both within and outside the health sector. Partnerships between a variety of organisations are integral to intersectoral activity. They contribute to health promotion capacity by engaging a broader base of skills, expertise and resources as well as wider constituencies in the mental health promotion endeavour.

Accordingly, the activities in the Mental Health Promotion Plan 1999–2002 focus on building individual, community and organisational capacity to promote mental health. In particular, the ability to establish effective and durable partnerships was a key priority for all schemes and projects initiated under the Plan.

The evaluation of the Plan and of individual schemes focuses on the extent to which the conditions described above have been achieved and on improving knowledge about effective strategies and processes for building health promotion capacity at the individual, community and organisational levels.

WHY INVEST IN NEW ARRIVAL COMMUNITIES?

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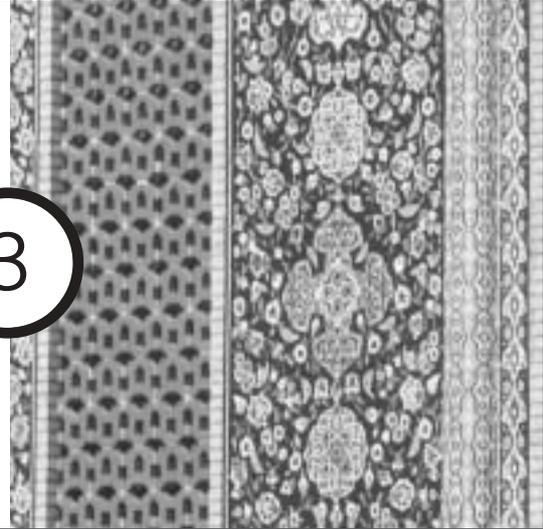
Why invest in new arrival communities?

Victoria is Australia's most culturally and linguistically diverse state with over 43% of Victorians being born overseas or having at least one parent born overseas. Of those born overseas, nearly 72% were born in countries in which English is not the main language spoken (ABS in VOMA 2002a). In the last five years, nearly 83,500 people have settled in Victoria (DIMIA Settlement Data Base, 2003).

Most of these entrants arrived through Australia's mainstream migration program. However, Australia is one of 18 countries in the world with a formal refugee resettlement program. This program settles refugees identified overseas as well as those seeking asylum in Australia under the terms of the United Nations Refugee Convention.

As is the case with many other advanced industrialised nations, migration and refugee resettlement have been critical factors in Australia's economic success (Multicultural Affairs Unit 1997). Studies conducted in Australia and overseas indicate that migrants and refugees create new businesses and jobs, fill labour force gaps and contribute to productivity (Multicultural Affairs Unit 1997; Gover et al. 2001; OECD 2000). They also make a significant contribution to the growth of intellectual, social and cultural capital in Australia. While for some this has been through exemplary achievements in the arts, sciences and public life (UNHCR 2002), many others have contributed through their day-to-day participation in families, workplaces and social institutions.

Nevertheless, the process of leaving one's homeland (particularly if forced to do so) and settling into a new country, can be devastating. It involves grief for the land, culture and family and friends left behind; adjustment to a new culture and way of life; learning a new language and dealing with the practical demands of establishing life in a new country (Lin 1986; VFST 1998). This is a time when refugees and migrants may be particularly vulnerable to adverse influences on their mental health, among them unemployment and reduced family and community support.

Investing in mental health in new arrival communities not only has benefits for new arrivals themselves. Those with optimal mental health are also better placed to contribute the unique skills and strengths they bring to Australian economic, cultural and social life.

Research indicates that the environment people encounter in the early period of their settlement has a significant bearing on their mental health and settlement outcomes (Athey & Ahearn 1991; Raundelen 1993; Dyregrov et al. 2002; Garbarino & Kostelny 1993; Hjern et al. 1998, Chi-Ying Chuing 1998; Gorst-Unsworth & Goldenberg 1998; Silove et al. 1997; Rousseau et al. 1998). This suggests that targeting support in this period can help optimise the prospects of successful settlement and prevent or ameliorate mental health difficulties which may otherwise become enduring barriers to settlement.

A targeted approach

The Mental Health Promotion Plan 1999-2002 recognised that settlement in a new country may be associated with risk of poor mental health. Four groups were identified as being at particular risk or for whom relative advantage could be gained through targeted mental health promotion interventions. These were:

Entrants from refugee backgrounds

New arrivals from refugee or refugee like backgrounds are likely to have been exposed to extreme stress and disruption prior to their migration (see box). These exposures are associated with a high rate of certain mental health problems, in particular anxiety, depression, grief and post traumatic stress disorder symptoms (Baker 1992; Lie et al 2001; Allden 2002; Thomas and Lau, 2003). These symptoms can be both long term (Kuch, 1992; Estinger, 1973) and trans-generational (Harkness, 1993; Klain 1998) and can have an enduring effect on new arrivals' access to other resources required for mental health, such as social support, education and employment (VFST 1998).

Pre-arrival exposure to adverse influences on mental health

People from refugee backgrounds may have been exposed to:

– torture, including physical, sexual, psychological violation and periods of incarceration;

– prolonged periods of persecution, including the denial of basic human rights;

– forced removal from their homes and communities;

– separation from family members, often resulting from death and disappearance;

– prolonged periods as a displaced person or in a refugee camp, involving deprivation of the basic resources required for survival (eg. health care, employment, food and shelter;

– social exclusion on racial, cultural, ethnic, religious grounds or clan identification; and

– the destruction of religious and cultural institutions and prohibitions on cultural and religious practices (Iredale et al. 1996; VFST 2001; USCR 2001; Amnesty International 2002).

This exposure is not confined to adults. Many refugee children and young people from refugee backgrounds have witnessed horrific events and suffered the effects of deprivation and dislocation (Guarnaccia and Lopez 1998; Howard and Hodes 2000; Ajdukovic, 1998; Thomas and Lau, 2003). In some regimes they have been the specific targets of violence (UNICEF 1996).

Unlike entrants through Australia's mainstream migration program, who generally make a conscious and planned choice to migrate, refugee entrants were compelled to leave their home countries and do not have the option of returning if resettlement is unsuccessful. As their departure was forced and unplanned, most arrive with few resources at their disposal to build a new life.

Many also suffer anxiety and guilt about the fate of loved ones left behind in their countries of origin or asylum (Lifton 1993; Jaques and Abbott 1997).

These entrants settle primarily through the Refugee and Humanitarian Program. However, a significant proportion of entrants through the Family Migration Stream have had similar experiences, with many having been sponsored by relatives who were themselves Refugee and Humanitarian entrants (Coventry et al. 2002). One in five of the nearly 33,000 family migrants settling in Victoria between 1997 and 2002, came from the top 12 countries from which Australia accepts refugees (DIMIA 2003).

As a signatory to the UN Refugee Convention, Australia is also a destination for asylum seekers – people who arrive in this country and who subsequently seek the protection of the Australian government as refugees.

Those who arrive on a temporary visa, such as a visitor's visa or student visa, are permitted to remain in the community while their application for protection is considered. However during this time they may face constraints on their access to certain resources, such as the right to work, income and healthcare. The refugee determination process may also be stressful and prolonged with applicants facing the constant threat of forced repatriation.

Those who arrive without authorisation are automatically detained in a Processing and Reception or Detention Centre while their application for protection is considered. In the past, if found to be refugees, these applicants were entitled to permanent residence in Australia and to the full range of settlement supports provided other Refugee and Humanitarian program entrants. Since 1999, however, they have been granted a three year Temporary Protection Visa only. Temporary Protection Visa holders are ineligible for Commonwealth settlement supports such as English language classes and assistance to find employment. Importantly they are unable to apply to have family members still overseas join them in Australia, denying them an important source of social support and contributing to anxiety and guilt about the fate of family members left behind (Jaques and Abbott 1997). People seeking asylum in Australia at refugee processing centres established as part of the Commonwealth Government's 'Pacific Solution' (introduced in 2001) are eligible for a five year Temporary Protection Visa only.
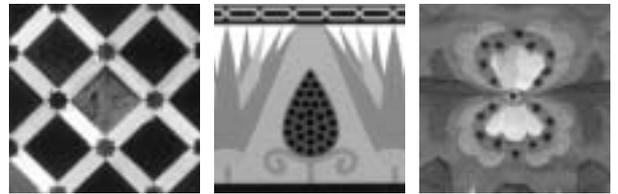
Studies indicate that asylum seekers may be vulnerable to relatively poor mental health (Becker and Silove 1993; Silove et al. 1994; Silove et al. 1997; Steel and Silove 2001; Steel 2003). In part this is due to their pre-arrival experiences, with asylum seekers tending to have a higher level of exposure to pre-arrival trauma than those arriving with authorisation (Steel 2003). However, studies suggest that post arrival factors are also significant, among them uncertainties about their future, detention centre experiences, prolonged separation from family members and constraints on their access to important social and economic resources (Becker & Silove 1993; Silove et al. 1994; Jaques & Abbot, 1997; Silove et al. 1997; Steel & Silove 2001; Steel 2003, Physicians for Human Rights & Bellvue/NYU Program for Survivors of Torture 2003).

Children and young people have comprised a significant number of those held in detention centres in recent years, with 1,871 minors detained between July 2001 and April 2002 (Steel 2003). There has been no systematic Australia study of the impact of detention on children and young people's mental health. However, submissions tendered to the National Inquiry into Children in Immigration Detention by a number of health and child welfare bodies have assembled a large body of evidence indicating that detention centre experiences place children and young people at high risk of mental health difficulties (HREOC 2003). This increased risk is understood to be due to a number of factors including the negative impact of detention on parenting, children's exposure to adult self harming behaviour and violence, lack of appropriate opportunities for play and detention centre environment and operations (ibid).

While the proportion of asylum seekers subsequently found to be refugees varies depending on their country-of-origin, approval rates of around 80% are common among those from countries represented in Australia's Humanitarian Program (Community Aid Abroad 2002).

Entrants from small and emerging communities in Australia

While the composition of Australia's refugee and migrant intake has changed over the years in response to both domestic and international forces, a feature of Australia's contemporary refugee and migrant intake is its increasing diversity. The number of country background groups in Australia grew from 95 at the time of the 1981 census to 210 in 1986 (ABS 2000).

As a consequence, many new arrivals are from small communities that are only just beginning to establish in Australia. This can affect the level of ethnic community support available to newcomers; their access to cultural resources (such as places of worship and ethnic newspapers) and opportunities for economic participation through ethnic businesses and networks (Jupp 1991; HREOC 1999).

Many of these communities have a large proportion of entrants from refugee producing countries. In 2002, the Victorian Office of MultiCultural Affairs identified 33 small and emerging communities on the basis of census data (VOMA 2002). One third of these communities originated from the top 12 countries from which Victoria settles refugees (DIMIA Settlement Data Base 2003).

Entrants from developing countries

Many new arrivals, in particular those entering through the Humanitarian Program have come from countries with low levels of economic and human development or where basic human service infrastructure has been compromised by the effects of war (UNHCR, 2002). As a consequence they may have had limited or disrupted access to basic resources such as health care and education. In Australia they face the added stress involved in adjusting to a highly urbanised and industrialised society (Lin 1986).

Refugee and migrant children and young people

Resettlement in a new country can cause particular hardship for refugee and migrant children and young people, since it is compounded by and may complicate the usual adjustments associated with childhood and adolescence (Athey and Ahearn 1991). Many refugee young people may also have experienced considerable disruption to their education prior to their arrival, affecting their education and employment prospects in Australia, and may have limited access to family and community support (see below).

The possibilities for mental health promotion are greater among children and young people given the potential to intervene not only early in the settlement process but at an early stage of their development (Centre for Community and Child Health, 2000).

Factors affecting the mental health of new arrivals in Australia

Social Connection

While social support and connection are critical determinants of mental health, they are particularly important in the early settlement period when new arrivals face the practical and emotional challenges of settling into a new country.

Many new arrivals come from cultures where greater emphasis is placed on the extended family as a source of support and this may serve as a significant protective factor for mental health. Nevertheless, support within new arrival families may be compromised by:

- the stresses associated with settlement in a new country;

- cultural conflict and family breakdown which may occur as some family members adjust to their new culture more rapidly and to a greater degree than others. This is a particular concern for young people and women from more traditional societies who may face opposition from their families as they embrace new possibilities in Australia (UNHCR 2002, Chi-Ying Chuing 1998); and

- the impact of traumatic pre-arrival experiences, both on individuals and on the functioning of the family as a unit (VFST 1998).

Many families from refugee backgrounds arrive far from intact. This is a particular concern for sole parents (UNHCR, 1998; Chi-Ying Chuing 1998) and refugee young people who come to Australia with distant relatives or friends, having been separated from their parents or guardians in the countries of origin or asylum. Experience suggests that these arrangements are vulnerable to breaking down (VFST 1996;1998).

The support available within new arrival communities may also be a significant protective factor for mental health, particularly given the emphasis on collective and community responsibility in many cultures (Van der Veer 1998; Lee and Kelly 1996). Ethnic communities can provide practical and moral support from the vantage of a shared language and cultural experience and serve as a 'bridge' between new arrivals and networks and resources in their new country (Abrams and Bulmer 1996).

Strong ethnic communities also help new arrivals to reconnect with their cultural and religious institutions and provide employment opportunities through ethnic businesses and networks (Ooka and Wellman 2000; Portes 1995; Light and Karageorgis 1994).

A number of factors may compromise the availability of ethnic community support, however:

- some communities are small and not well established in Australia.

- many new arrivals are themselves struggling with the emotional and practical tasks of resettlement.

- the psychological impact of pre-arrival trauma and torture which may effect the capacity of communities to extend support to newcomers.

- there may be divisions within communities stemming from conflict in their countries-of-origin.

- some cultural communities may have high expectations of conformity to certain cultural values which, as is the case with family support (see above), may particularly effect the nature of support available to young people and women.

Connections with the wider community are also important for the health and well-being of new arrivals. Relationships formed through neighbourhoods, schools and workplaces, are not only a source of emotional and practical support, but also provide opportunities for newcomers to learn about the more subtle aspects of Australian life and to access broader social and economic resources.

The ability to connect with the wider community can also help new arrivals to build a sense of belonging. This is particularly important for the mental health of refugees, many of whom will have suffered periods of social exclusion in their countries-of-origin and asylum.

Social connections between new arrivals and members of the wider community can contribute to broader social harmony, by building community understanding and acceptance of the culture and past experiences of new arrivals (Hollands 2001). This in turn helps to create a more hospitable and welcoming environment in which newcomers can more readily form social connections and access economic resources.

Formal sources of support – such as health care services – can play an important role in promoting the mental health of new arrivals. As well as providing assistance to access basic resources required for mental health, such as income and employment, these services can link new arrivals with other sources of social connection and support. Some of these services, such as neighbourhood houses, and community centres are also important sites for the development of social connections. The opportunity to form a trusted relationship with a service provider can be particularly important for people from refugee backgrounds, helping them to re-establish their faith and trust in others. The lessons learned in these relationships can be transferred to other contexts (VFST 1998).

However, a number of factors may work against new arrivals making social connections in the wider community and accessing formal sources of support including:

- limited proficiency in English;

- an internalised fear and suspicion of others, resulting from prolonged exposure to persecution and corruption in their countries-of-origin;

- limited familiarity with social conventions in Australia;

- lack of understanding of the needs of new arrivals in the wider community, and in some cases racism and xenophobia (see next page);

- barriers to participating in education and employment (see page 36) which provide natural opportunities for social connection;

- lack of awareness of forums and opportunities for social connection in Australia. This is particularly important, as many new arrivals will have originated from countries where social connections were made informally in public spaces such as streets and markets (VFST 1999); and

- limited financial capacity to participate in social and recreational activities.

Valuing diversity and working against discrimination

Racism and discrimination toward new arrivals and others from culturally diverse backgrounds is well documented in Australia, and is a particular concern for those groups of new arrivals with distinguishing racial features and cultural and religious practices (HREOC 1991;UNESCCHR 2002; HREOC 2001.

As well as affecting self-esteem (University of Surrey 1988; Slee and Rigby 1995; Siccone 1995), racism and discrimination can compromise the safety of new arrivals and contribute to a heightened sense of anxiety (VFST 1998). It may also effect new arrivals' access to other resources required for optimal mental health such as education, employment and recreational activities (ibid, Collins 1998, Watson 1998, Littlewood and Lipsedge 1989).

A growing body of literature demonstrates a link between perceived racial discrimination and both physical and psychological morbidity and associated reductions in productivity (MacKenzie 2003).

The undermining of one's religious, racial or cultural integrity has a negative impact on one's identity and sense of belonging and may lead to people feeling a sense of humiliation and shame about their heritage (Vargas 1999). This is a particular concern for refugee young people for whom the resettlement experience coincides with a critical stage in the formation of an adult identity (ibid, Ascher 2002, Liebkind 1993). Since cultural and religious beliefs and systems play an important part in regulating roles, relationships and behaviours, reduced cultural identification may also compromise family and broader community stability.

The mental health impacts of racism and discrimination are particularly acute for new arrivals from refugee backgrounds many of whom will have been subject to religious or racially based social exclusion and human rights violations in their countries of origin and asylum (UNHCR 2002). Exposure to discrimination in Australia may serve as a painful reminder of these experiences and undermine their confidence that their rights will be observed in their new country.

Recent developments at the domestic and international levels have contributed to new arrivals being at increased risk of exposure to racially based violence and hostility as well as more subtle forms of social exclusion (see box). This is particularly the case for entrants from Arabic and Muslim backgrounds.

A changing political climate and its impact on mental health

Since the *Mental Health Promotion Plan* was developed in 1999, there have been major developments internationally and domestically which have had a damaging effect on the mental health of new arrivals and their communities.

At the international level, increasing tensions have developed between western governments and some countries in the Arabic world, evidenced particularly by the recent war in Iraq. This period has also been marred by acts of terrorism against western targets. Significant among these are the events of September 11, 2001 and Bali bombings.

These international events have contributed to a rise in anti-Muslim sentiment in Australia, with some sections of the community failing to make distinctions between the actions of particular regimes or groups and the wider Islamic community, many of whom ironically are themselves seeking refugee from persecutory regimes (EOC 2001a).

In recent years, there have been violent attacks on a number of Mosques and other Muslim community facilities in Australia. Organisations such as the Equal Opportunity Commission have reported an increase in reports of racism and discrimination against Muslim Australians (EOC 2001, 2001b).

At a more subtle level, commentators have raised concerns that responses to the threat believed to be posed by international terrorism have the potential to create a climate of suspicion which extends not only to the wider Muslim community, but also to other new arrival groups (Bolton 2002; Manne 2002; Snow 2002; The Age 2002, 2003). This may in turn affect the extent to which new arrivals are made to feel welcome in Australia and their ability to form social connections and access economic resources in the wider community.

In the context of increasing human movements globally there has also been a hardening of attitudes in many industrialised countries toward those seeking asylum. This was evidenced in Australia, following the arrival of several boatloads of people, mainly from the Middle East, in 1999 and 2000, by among other things the Tampa affair, the annexation of Ashmore reef from Australia's migration zone, the establishment of refugee processing and reception centres in the Pacific and the introduction of Temporary Protection Visas. While Australia has had a policy of detaining unauthorised arrivals for some time, in recent years its implementation has taken on a more punitive flavour, with centres having been established in harsh and remote locations and conditions in detention taking on a 'prison like' character (Aristotle 2002).

The adverse mental health effects of detention, an uncertain future and social and economic marginalisation, particularly on women and children, have been well documented. In the debate waged in defence of recent changes at both community and government levels, negative portrayals of asylum seekers as 'queue jumpers' or 'economic migrants' have been promoted and their motives, characters and claims for protection questioned (Manne 2001; Edmund Rice Centre 2001). These were compounded in 2001 when footage of asylum seekers being rescued by the Australian Navy was released along with claims that parents were throwing their children overboard in a bid to secure entry to Australia. These claims were found to be erroneous in a subsequent Senate Inquiry (Senate Select Committee 2002).

Negative portrayals can also be generalised to other new arrivals affecting the extent to which they feel welcome in the community and making them vulnerable to racially motivated violence and discrimination.

The questioning of the motives and past experiences of asylum seekers can also be a painful reminder to other refugees of their own experiences of not being believed or being denied protection. When it is officially sanctioned, as was the case in the 'Children Overboard' affair – it can undermine their confidence in their new government's commitment to the protection and promotion of human rights.

Economic participation

The ability to earn an income, to participate in education, to have meaningful work and access to secure safe housing are critical determinants of mental health.

In the early settlement period, however, new arrivals, particularly those entering through the Humanitarian and Family Migration programs, face a number of barriers to accessing these resources. Evidence suggests that they tend to:

- experience relatively high rates of unemployment and under-employment (Collins 1998; Watson 1998; VandenHeuvel and Wooden 2000);

- be concentrated in those areas of the labour market characterised by poor working conditions, remuneration and job insecurity (Watson 1998);

- be over represented among the poor and experience associated socio-economic disadvantage (Saunders 1998; VandenHeuvel and Wooden 2000); and

- be more likely to be in substandard and insecure housing (Francis and Price 1996; Ekblad et al. 1994; VendenHeuval and Wooden, 2000; Dunbar 2000).

Historically, many refugees and immigrants began their working lives in the manufacturing industries (Jupp 1990). For many these jobs provided a springboard from which they were able to acclimatise themselves to the Australian workforce, learn English, make new friends and, importantly, earn the money required to establish life in a new country.

However with the recent decline in the manufacturing sector one of the biggest challenges facing contemporary new arrivals is finding work. Constraints on access to opportunities for economic participation are a particular concern given the increasing diversity in Australia's refugee and migrant intake. Many newcomers settling in Australia are from small communities in which ethnic social and business networks are just beginning to develop. As a result newcomers may be less likely than was the case in previous decades to have the support of their ethnic communities in finding jobs, and housing and learning about the Australian labour market and income support, education and housing systems (Jupp 1991; HREOC 1999).

While some people from refugee backgrounds progress well in Australia's education and training systems, those with highly disrupted or no education in the past and limited mother tongue literacy may struggle to access and make good use of English language programs, education and training (Ethnic Youth Issues Network 1999; Allender 1998; Coventry et al 2002). This is a particular concern for refugee children and young people.

As indicated earlier, access to economic resources is a particular concern for asylum seekers and holders of Temporary Protection Visas.

THE NEW ARRIVALS PROJECTS FOR MENTAL HEALTH PROMOTION

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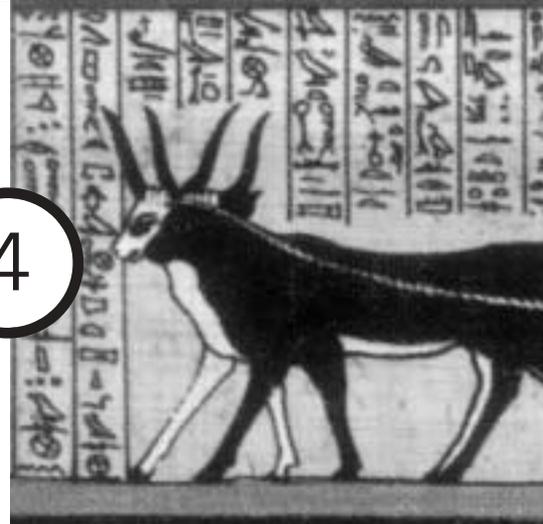
The new arrivals projects

In 1999, VicHealth called for proposals for projects to promote the mental health of new arrivals to Australia.

Eleven separate projects were funded in five areas:

- Three projects were funded under the **Social Development for Mental Health Promotion Scheme for New Arrivals to Australia** – Each project received $ 90,000 to enhance access to social and recreational opportunities for mental health and wellbeing.

- Three projects were funded under the **Economic Participation for Mental Health Scheme for New Arrivals to Australia.** Two projects – one in rural Victoria and one in metropolitan Melbourne – received $100,000 and a third project received $30,000. These projects were expected to develop innovative combinations of economic participation, research and individual support for new arrivals.

- A consortium of education, training and community agencies was awarded $360,000 over three years to develop a program related to **Enhancing Refugee Young People's Mental Health through Education and Training.** This program had a particular emphasis on transitions between education programs and from education to training and employment.

- Three **Workforce Development Projects** were funded to build the capacity of workforces in the education, health, and sports and recreation sectors to promote mental health and wellbeing among new arrivals. These projects were valued at between $40,000 and $50,000.

- One **Research** project was funded to enhance evidence identifying factors influencing mental health. This project was valued at $50,000, with an additional $500,000 currently being considered for further research in this area.

The purpose of the projects was to develop innovative approaches or enhance existing strategies to more effectively respond to mental health and wellbeing in new arrival communities. It was also expected that they would:

- contribute to increased and more sustainable awareness of mental health promotion in new arrival communities;

- address one or more of the key themes identified in the conceptual framework in the Mental Health Promotion Plan 1999–2002;

- be based on a cohesive and coordinated inter-organisational approach. The formation of partnerships and alliances with a broad range of organisations from various sectors including education, sports, arts, health and community agencies was particularly encouraged;

- develop innovative activities for the target group;

- identify strategies for other sectors of the community to contribute to an enhanced mental health environment for the target community;

- incorporate specific strategies for promoting sustainability beyond the funding period;

- demonstrate that thought had been given to future funding sources as well as to opportunities for projects to be embedded into current government policy and purchasing frameworks; and

- acknowledge, reflect and integrate the values, principles and priorities pertinent to the Mental Health Promotion Plan 1999–2002 and to VicHealth.

The projects were selected on the basis that they targeted new arrivals from one or more of the four groups identified in the course of developing the Mental Health Promotion Plan 1999-2002 as having limited access to the resources required for mental health and wellbeing (see pp 29 to 32).

Evaluating the investment

These projects were among a series funded under the Mental Health Promotion Plan 1999–2002. While the projects were funded with the purpose of building mental health promotion capacity in specific communities and for specific target groups, they also provide an important basis for trialing and assessing the efficacy and impact of strategies and processes for mental health promotion.

The evaluation was concerned with three key questions:

• Did the projects build capacity to implement and sustain activity to promote mental health and wellbeing among new arrival communities?

• Did the projects enhance new arrivals access to social connection and economic activities thereby increasing acceptance of them, and reducing discrimination?

• What promising practices emerge from the projects to support mental health promotion in new arrival communities?

The projects were evaluated, either as part of a cluster evaluation or individually. Several of the projects were still underway at the time of writing and where this was the case, this document draws on progress reports.

Themes

As a collection, the projects illustrate a range of themes.

Aspect	Project best displaying each aspect
Determinants of mental health	
Social connectedness	A Country Welcome
Freedom from discrimination	The Multicultural Sports Project
Economic participation	The United Wood Co-operative
Mental health promotion action	
Research	Off-to-a-Healthy Start
Workforce education and skill development	Rainbow Project for Children in Refugee Families
Participation pilots	Changing Cultures
Community strengthening	Community Guides
Organisational development	A Country Welcome
Advocacy for policy and legislative reform	The Multicultural Sports Project
Communications and social marketing	A Country Welcome
Sectors and settings for action	
Sport and recreation	Multicultural Sports Project
Community	The Community Participation, Pathways to Health, Wealth and Success Project
Education	Connect
Workplace	African Employment Development Program
Arts, culture and entertainment	Community Arts Participation Scheme
Health	Health Access Pathways

CASE
STUDIES

THE COUNTRY WELCOME PROJECT:

DEVELOPING ORGANISATIONAL CAPACITY FOR MENTAL HEALTH PROMOTION

A

The Country Welcome Project demonstrates the powerful impact of organisational development as a strategy for enhancing social connections among new arrivals and between them and the wider community. The project has been successful in bringing the needs of new arrivals settling in the rural town of Cobram to the attention of local organisations and engaging agencies to make sustained improvements in the ways they work with them.

This work has provided a foundation for implementing a range of other mental health promotion strategies involving local workforces, the wider community and the new arrival communities.

The Country Welcome Project

Background

Many migrants settling through earlier waves of post-war migration to Australia settled in Shepparton and neighbouring Cobram. Since 1998 refugees from war-torn Iraq have also chosen to make this area their home. There are now over 4500 Iraqi new arrivals in the Shepparton district and these entrants comprise some 10% of the population of Cobram.

As practising Muslims, the Iraqi community have distinguishing cultural beliefs and practices which may not be well understood by local service providers and the wider community. In the early days of their settlement in Cobram, the local community was hesitant to make the Iraqis feel welcome, often acting on negative stereotypes, prejudices and a lack of understanding of the situations from which they had fled.

More recently, however, Cobram has earned itself a prestigious Premier's Award for Excellence in Multicultural Affairs and national media coverage as a town which has successfully engaged locals and new arrivals so they can grow together as a community. A significant factor has been the Country Welcome Project, a program of activities to build social connectedness between the new arrival community and locals.

The Country Welcome Project began when local children's services and school communities met to discuss ways in which they could enhance their accessibility and responsiveness to the newly arrived community. From these beginnings however the project developed into a more ambitious initiative, broadening its focus to engage new arrival and local communities in strategies designed to enhance mental health and wellbeing.

Organisational development provides an important foundation

A key to the project's success was the effort invested in developing the capacity of local agencies to build connections between the new arrival community and the broader rural community of Cobram.

These efforts contributed to significant shifts in awareness in local organisations and an increased resource base to address the needs of new arrivals. The influence of this will be sustained long after the project funding period ends.

A first step in this process was the engagement of relevant agencies on the steering committee. Through their involvement, a number of organisations developed initiatives to better serve the new arrival community. For instance, children's and family services translated information into Arabic and schools piloted information nights for Arabic speaking parents.

Through a sustained campaign of awareness raising at the organisational level, the project was successful in securing funding for an Arabic speaking family support worker at the Moira Shire Council. Similarly, it worked with the local Ethnic Communities Council to develop a successful submission for an Arabic speaking worker to support young people and their families in local schools. These workers play a vital role in making it easier for local organisations to work with the Iraqi community; they also provide direct support to Arabic speaking families and cultural advice to other staff and serve as a bridge between newly arrived families and the settings in which they work.

Drawing on its experience, the project also built a successful case to have the newly arrived community identified as a population with specific needs in the Moira Shire Health Plan. As a document which guides health service planning and provision across the municipality, this will help to raise awareness of the health needs of new arrivals among other service providers and to ensure these are addressed in all areas of health planning and delivery.

Developing the local workforce

Professional development programs on cultural diversity and supporting people from traumatic refugee backgrounds were offered to professionals, volunteers and reception and client service staff in local health and support services. Particular emphasis was placed on promoting understanding of the culture and religion of the Iraqi community.

The project also established a peer support group for local professionals. This provided opportunities to discuss difficult situations arising from their work with people who are traumatised. Participants in the support group were also able to exchange information helping them to provide a more sensitive service to new arrivals.

To continue and further develop this work the project prepared a successful submission for funding to the Department of Human Services.

Building local community capacity

The project undertook activities aimed at raising awareness and understanding of the culture of new arrivals, circumstances in their countries of origin and highlighted what they brought to Cobram. Activities and displays were held through existing community events such as Children's Week. Speaking engagements were held at local service clubs and stories promoting the positive achievements of new arrivals were promoted through the media. This included a story on the ABC's '7:30 Report' and feature pieces on 'Lateline' and Radio National.

New arrivals were actively involved in many of these activities, with the local Young Muslims of Australia providing a presentation on Arabic culture and fashion and a number of new arrivals participating on speaker panels.

Raising awareness

The project implemented a range of strategies to secure the cooperation and involvement of local organisations. Early in the project Amanda Wu addressed the steering committee about her experiences of settlement in Cobram. Three Iraqi students briefed the Moira Shire Council on the issues they have encountered since their arrival in Australia. Students highlighted the cultural and language challenges they face every day moving between school and home life.

Emphasising strength in diversity

Soon after its establishment, the project steering committee adopted a policy that it would only promote stories and initiatives which emphasised the strengths of new arrivals. This strategy resulted in a high level of positive coverage in the local and national media and was successful in countering negative stereotypes of the newly arrived community held in some sections of Cobram.

Good practice features

Economic participation

- Provides opportunities for new arrivals to develop skills for economic participation

Social connection

- Provides opportunities for new arrivals to connect with one another (e.g. through support groups, the leadership course)

- Improves access to services

- Enhances connections with the wider community by building understanding

Freedom from discrimination

- Provides opportunities for new arrivals to promote their strengths, enhancing self-esteem and building cultural identity

Strengthening capacity in new arrival communities

An extensive campaign was undertaken within the new arrival community to promote the local voluntary home tutor scheme. As well as enabling the newly arrived to hone their English language skills (important for social connection and economic participation), the relationship between student and tutor can provide a source of moral support and connection to a wider resource and social network.

Information about local services and resources was also provided through existing networks, including the Arabic and Italian Women's Support Group.

Another initiative involved working with members of the community to develop a newsletter in the Arabic language. The newsletter serves as a means of information exchange and helps to build community identity. A course in computer and desktop publishing skills was offered and a small grant was obtained to purchase computer and publishing equipment. As well as the community having a regular newsletter, those involved learnt skills that enhanced their training and employment prospects.

Addressing more than one determinant

Although the focus of this project was on promoting mental health and wellbeing through social connection, addressing discrimination was also a strong theme. As the project developed it also placed greater emphasis on economic participation, evident in the skills development component of the newsletter project. A partnership has recently been formed with the local Ethnic Communities Council to develop the Cobram Small Business Community Opportunity Program, an initiative designed to provide practical and technical support to members of the newly arrived community wishing to establish small businesses.

Partnerships for mental health promotion

The partners	Contribution to the project
Moira Shire	Lead agency and project coordination
	Links with maternal and child health and children's services
Cobram Community House	Venue for social activities
Cobram Secondary College	Links with students from newly arrived communities
Cobram Consolidated School	Links with teaching professionals, school community and new arrival students and parents
Cobram and District Hospital	Links with healthcare providers
Department of Rural Health, University of Melbourne	Submission writing
Centrelink	Links with new arrivals

The emphasis was on engaging and influencing the activities of agencies with a role in delivering services to, and building social connection among, new arrivals. The partnership arrangements also enabled the project to extend its reach to a larger number of new arrivals.

Key mental health promotion strategies

Participation pilots

- Supported a number of programs to enhance the social connectedness and economic participation of new arrivals

Community strengthening

- Builds leadership skills in new arrival communities

Workforce education and skill development

- Provides professional development and support to local volunteers and professionals

Organisational development

- Builds understanding among partner and other agencies of the mental health needs of new arrivals

- Builds the resource capacity of key organisations to work with new arrivals

- Engages a wider resource base in mental health activity targeted to new arrivals

- Attracts resources to assist sustainability

Communications and marketing

- Addresses negative stereotypes at a community level, contributing to a welcoming and safe environment

- Showcases the successes of the project

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Meeting the challenge of diversity – establishing a group

Recognising that many Iraqi women at home with small children were socially isolated, the project approached the local community health service to assist with establishing an Arabic women's support group.

While the service was willing to support this initiative, it had already committed its limited resources to a local group of Italian women who had settled in Cobram some years previously. Aware of the potential for antipathy to develop between the Italian and Arabic women if it withdrew its support from the Italian group, the centre proposed that the two groups meet together.

This approach has the added benefits of broadening the social connections of both groups, enhancing mutual understanding and enabling the Arabic women to benefit from the experiences of the Italian women who are at a later stage in the settlement process.

THE CONNECT PROJECT:

PROMOTING MENTAL HEALTH AND WELLBEING AMONG YOUNG PEOPLE THROUGH SCHOOL SETTINGS

B

The Mental Health Promotion Plan 1999–2002 emphasises the importance of settings such as schools, workplaces and communities for promoting mental health. As the primary source of contact with their new country, schools have a powerful influence on the settlement experiences of newly arrived young people and consequently on their mental health and wellbeing. As such, they are an important focus for promoting young people's mental health through interventions which foster an environment that is sensitive to their needs. Schools can also serve as settings for reaching young people and their families to assist them to access the information and skills they require for healthy settlement. Being part of the day-to-day experience of newly arrived families, they enable this to be done in ways that minimise disruption and stigma.

The Migrant Information Centre in Melbourne's Eastern suburbs was keen to explore this potential through a project aimed at building social connection and a sense of belonging among newly arrived students and their families in the school and wider local communities.

Living and socialising in an unfamiliar environment

1. Students from Cambodia and Vietnam reported that they walked the streets at nights with their friends in their home country. In Australia, however, they were not allowed out at night and often became bored in their spare time and particularly during school holidays.

2. A group of Afghan parents participating in the parent information sessions conducted through Connect, reported that they had minimal contact with schools in their home country, other than by paying fees. They were confused about what was expected of them in Australia.

3. Some Chinese parents were concerned about the more relaxed approach to discipline and gender relations in Australian schools.

Background

Social support and connection are especially important during periods of change and adjustment. The early settlement period is one during which young people may have limited access to these resources. Having left extended family and friends behind in their countries of origin, they face the challenge of building a support network and a sense of belonging in an unfamiliar environment, often with limited English. Many refugees and migrants come from countries where it was usual for young people to socialise on the streets. Hence, young new arrivals may not be familiar with the more formal recreational and social activities through which social connections are developed in Australia. At the same time, the particular needs and circumstances of new arrival young people may not be well understood by their teachers and peers.

While family support can play a critical role in helping young people through the challenge of adjusting to a new school and way of life, a range of factors may make it difficult for new arrival parents to extend this support, particularly if they are from refugee backgrounds (see page 56).

The project

In their first 12 months in Australia, migrants and refugees are eligible to enrol in an English language school or centre before making the transition to a secondary school. English language schools and centres are specialist regionally based facilities offering intensive English language tuition and orientation to mainstream schooling in Australia.

The CONNECT Project was implemented in the Blackburn English Language School and six of its mainstream feeder schools – East Doncaster, Ringwood, Mullauna, Ashwood and Mount Waverley Secondary Colleges and Parkhill Primary School.

The project comprised two principal activities – the development of a peer support program for students from culturally and linguistically diverse backgrounds and information sessions for parents.

Providing peer support

The peer support program recognised that a young person, who has themselves had the experience of settling into a new school, could assist new arrival young people during their transition to a new school, community and country. It was also anticipated that the program would foster support for multiculturalism in the schools and mutual understanding and connection between new arrival students and their peers. This would increase the prospects of new arrival students forming supportive social connections with students of varying cultural backgrounds and of developing a sense of belonging to the school and local community. The programs also provided those offering support with opportunities to develop their own skills and knowledge.

Peer support programs have been implemented in a number of secondary schools across Victoria for children commencing secondary school at Year 7. The CONNECT program was distinguished from these programs in that it was targeted to newly arrived young people across the age range and was designed to be ongoing.

Peer support leaders were recruited among students in years 8–11. They were offered a two-day interactive training program covering areas such as culture, communication, settlement issues, creating networks, negotiation and decision-making, coping skills, leadership and the development of peer support activities. Seven training programs were held in five secondary schools, involving over 100 students.

Following the training, connections between newly arrived students and the peer support leaders were facilitated through activities such as introductory ice breaking sessions, group games, trivia quizzes, lunchtime sport competitions, multicultural lunches and goal setting workshops. These were held either in class time or in the school lunch period.

In collaboration with local youth agencies, the project also offered recreational activities during school vacations involving both new arrival students and peer support leaders. These activities provided a focus for interaction between new arrival students and their peers and connected them with local youth agencies and activities.

Numbers

Over 700 young people and their parents participated in one or more of the activities offered by the CONNECT project between February 2001 and June 2003.

Leadership

It gave me a new responsibility to help other people at the school.

I think CONNECT made me more aware of students from non-English speaking backgrounds. It was nice to be thought of as a leader.

A proud achievement.

Peer leaders involved in
The CONNECT Project

Students reported an increased awareness of the needs of students from culturally diverse backgrounds and an appreciation of the opportunity to interact in a more personal way with newly arrived students.

Organising a peer support program – important features

- Students in Year 10 are ideally suited to peer support roles since they are of an age where they are likely to have achieved the required level of personal maturity but do not have excessive study commitments.

- An interactive approach to peer support training is effective and highly valued by students.

- Peer support requirements need to be flexible to other demands on students (e.g. camps, school plays).

- Peer training groups should comprise a maximum of 16 students. If the group is larger than this it becomes difficult to provide ongoing support to participants in their role as leaders.

- It is important to advertise widely to recruit peer support leaders. Hand selecting or relying on teacher recommendations may lead to less confident, yet otherwise suitable applicants, being overlooked. Such applicants are likely to have fewer other responsibilities and have more to gain from their involvement in the program.

- A comprehensive selection process for peer support leaders helps to ensure that participants with a high level of commitment to, and understanding of, the program are selected.

- Formal recognition of peer support leaders in the school community (e.g. through the presentation of badges and certificates at school assembly) helps to promote multiculturalism and the peer program in the school community and to affirm the leadership role being played by those participating.

- Peer activities should encourage the involvement of friends that new arrival students have already made as this allows these links to be nurtured while working against the stigmatisation which may result from an initiative which is for new arrival students only.

- Peer support activities are more effective, well attended and seen as more legitimate by students when held in class time. Where there are concerns that this may impinge on teaching time, the first few activities at least should be in class time.

- While peer support activities are most valuable for those recently arrived, students who have been in Australia longer may also benefit.

Informing and involving parents

Consultations held at the beginning of the project indicated that parents had a strong interest in their children's education and a desire to know more about the school and the ways in which they could support their children.

Subsequently parent information sessions were held to provide parents with information about the Australian education system and to provide opportunities for them to connect with one another and share experiences.

Sessions were held at Blackburn English Language School, Mullauna College, East Doncaster Secondary College, Mount Waverley Secondary College and Parkhill Primary School to address factors which may have been barriers to parent participation in the past. Letters of invitation were sent to parents in their own language and distributed well in advance. Interpreters were available on the night and information packages relating to the secondary system were prepared in each of the relevant community languages. These measures were successful in achieving a high level of participation and positive feedback from the parents.

School staff appreciated the opportunity to meet parents and to hear their feedback about issues of concern or interest to them and what further information they would like. Many parents indicated that this was the first time they had had contact with the school even though they had been in Australia for some time. At several of the schools they indicated an interest in further contact with the school and other parents. Working groups have now been established to continue working with and supporting parents from Cambodian and Vietnamese backgrounds in the City of Whitehorse and Chinese speaking parents in the City of Monash. The working groups have resulted in specific parenting programs organised for each of these communities. Work is commencing with Afghan parents in the Monash area.

A family picnic day involving food, games and entertainment was held at the Blackburn English Language Centre. Parents had revealed in focus groups that they had few opportunities to meet other families and share experiences with them. The success of the day has resulted in it becoming a bi-annual event on the school calendar along with evening information sessions about the Victorian education system.

Good practice features

Economic participation

- Aims to improve young people's prospects for educational success through a more supportive school environment

Social connection

- Fosters social connections between new arrival young people and their peers

- Builds social connections between new arrival parents and between them and the school

- Enhances migrant and refugee young people's access to varied social and recreational activities

- Improves knowledge and contact with local youth and family support agencies

Freedom from discrimination and promoting inclusion

- Promotes a welcoming environment for new arrivals

Teacher involvement critical to success

In each school, senior teachers, the student welfare coordinator and the English as a Second Language (ESL) program coordinator were encouraged to participate in a project support group. As well as assisting with the implementation of the project, this group promoted the project to the wider school community and helped to advise on ways in which project activities could be sustained.

While the support of the student welfare coordinator was important, in general project activities were more effective and more likely to be integrated into and accepted by the wider teacher body if they had the backing of teaching staff involved in the school's ESL program. Also significant was the support of the principal and deputy principal.

Teachers should also be involved in the planning and implementation of the parent activities.

Sustainability and organisational development – a challenge for the future

The project was implemented with an eye to its ongoing sustainability. The long-term intention was that participating schools and community agencies would continue to offer the programs after the formal funding period. While this was in part successful, the initiatives were dependent on a high level of input from the project worker. In the next phase, greater emphasis will be placed on engaging schools and community agencies in the planning and implementation of activities. Further funding has been obtained to support these developments from the Victorian Government's Community Support Fund.

The project will continue to be managed by a regional steering group and local action groups have been established in two local government areas (Whitehorse and Monash) comprising teaching staff and representatives from local youth, welfare and migrant services to better support the schools and establish a community focus. Two more local action groups will be established in Manningham and Knox in the coming eighteen months. It is anticipated that direct and active involvement of local agencies will help the project to build connections between the agencies and new arrivals. The local action groups will also serve as forums through which newly arrived young people and their families can help plan project activities.

Partnerships for mental health promotion

The Blackburn English Language School played a pivotal role in this partnership. As a facility with specialised expertise in working with new arrival families, the school offered a base for reaching new arrivals and for piloting initiatives in advance of introducing them to the larger and more complex mainstream school environment. The project was also able to benefit from the school's knowledge of, and connections with, mainstream feeder schools.

The partners	Contribution to the project
Migrant Information Centre, Eastern Melbourne	Lead agency and project coordination
City of Whitehorse City of Monash Harrison Youth Services	Experience in working with young people Input into peer support program Links with young people and local youth and family services
School Focused Youth coordinators in the Cities of Manningham, Maroondah and Whitehorse	Experience in working with young people in schools Links with schools
Blackburn English Language School	Links with mainstream schools Expertise in working with newly arrived young people and their families Links with newly arrived young people and their families for the purposes of consultation and piloting
Louise Multicultural Community Centre	Links and expertise in working with people from culturally diverse communities
Victorian Multicultural Police Unit, Victoria Police	Promote policing in Victoria to newly arrived young people Talks with the community about public safety
Department of Education and Training	Expertise in the Victorian education system Links with schools
Department of Human Services	Links with social welfare organisations Expertise in government policy directions
Victorian Multicultural Commission	Expertise in the needs of culturally diverse communities Links with ethno-specific agencies and groups

Key mental health promotion strategies

Organisational development

- Established school based project support groups and plans to formalise and expand this and engage other community partners

- Sought additional funds to expand and consolidate the program

Communications and marketing

- Promotes community awareness through positive media coverage

Family support issues

Refugee and migrant families generally place a great value on education and have a high level of motivation for their children to succeed. A number of factors may affect their capacity to provide support, however. For example:

- Families may themselves be struggling with the tasks of settlement and, in the case of refugee families, mental health difficulties associated with their forced movement.

- Parents may lack the language skills and accumulated knowledge required to support their children in the learning process, to understand and negotiate a complex education system and, if necessary, to act as their advocates within it.

- Many new arrivals come from countries where education is seen to be the preserve of teachers and parental involvement is neither expected nor encouraged.

- Refugee parents often have high expectations that their children will follow a traditional educational pathway from secondary school to university. Having limited appreciation of the impact of past disruption, they may unwittingly add to young people's pressures.

- Family breakdown may occur as a consequence of cultural conflict, rendering young people vulnerable to homelessness.

- Refugee and some migrant families have limited financial and material resources available to them in the early settlement period.

- Some young people have lost a parent or guardian or their families have separated in the course of their refugee experiences. Others arrive unaccompanied by members of their immediate family or their care arrangements break down soon after arrival.

- Some young people may play the role of interpreter for their parents, being the conduit between their isolated parents and the broader community.

THE COMMUNITY GUIDES PROJECT:

BUILDING COMMUNITY CAPACITY TO PROMOTE MENTAL HEALTH

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There is within many communities a reservoir of skills, commitment and resources that can be tapped to promote mental health and wellbeing. The Inner Western Migrant Resource Centre and its partners sought to explore this potential by identifying and training people from refugee communities to build social connections within the communities, and between them and the wider community and service network. While this two-year project is now complete, 62 people have become skilled in this role. Through their involvement in the partnership, agencies have ongoing contact with participants in the training program and through them connections with refugee communities and an important source of cultural information.

Good practice features

Economic participation

- Enhances the skills of participants and their networks with potential employers in the community services sector

Social connection

- Fosters social connections between new arrivals

- Builds social connections between new arrivals and services and resources

- Enhances new arrivals' access to varied social and recreational activities

Freedom from discrimination and promoting inclusion

- Strengthens the advocacy skills of individuals and communities

Background

A significant number of new arrivals from refugee backgrounds coming to Victoria settle in Melbourne's western suburbs. The region is home to refugees and migrants from a number of countries among them Somalia, Sudan, East Timor and the former Yugoslavia.

The Inner West Migrant Resource Centre (IWMRC) was aware that within local refugee communities there was a wealth of personal skills and commitment which could be harnessed to enhance social connections within the communities and between them and the wider community.

Building on work commenced by the Victorian Foundation for Survivors of Torture, the IWMRC sought funding to develop a project to train members of refugee communities to serve as community guides. It was anticipated that the guides would contribute to social connectedness by:

- linking new arrivals with formal sources of social support such as local general practitioners, community health centres and housing services;

- introducing them to local mainstream recreational and social services such as women's groups and sporting clubs, thereby enhancing informal social connections and providing new arrivals with opportunities to participate in varied social activities; and

- serving as a link between their communities and mainstream services by providing advice on the ways in which services could better serve refugee communities.

It was also anticipated that the training would have the effect of increasing general leadership and advocacy skills in refugee communities, enabling them to offer a more supportive environment for newcomers.

Building support capacity

In consultation with ethnic community leaders and groups the project identified people who demonstrated leadership potential and who were prepared to offer support to newcomers. These people were offered training as 'community guides.' Particular emphasis was placed on ensuring that there was a balance of both male and female participants from each of the communities.

Two programs were offered: one for adults and one for young people. The adult program consisted of eight modules which were conducted over a three-month period. Participants learned about the importance of social connection for mental health and wellbeing and communication and advocacy skills. The programs also addressed resources and information required to settle in Australia, such as housing and health services, Centrelink, education and training, settlement, immigration and child and family issues. The guides were also introduced to key recreational sites and services in the western region.

Twenty-two guides from Eritrea, Somalia, Ethiopia, Lebanon, Iraq and Afghanistan graduated from the program.

The youth program was run as a two-day leadership camp with 41 young people from a range of backgrounds. Participants learned leadership and organisational skills and about recreational services available for young people.

In the second phase of the program, small grants were available to the community guides to support them to organise recreational and social activities for new arrivals. Those participating in the youth projects were subsequently involved in organising a number of activities. These included a Sudanese soccer group, an Eritrean sports team and a Somali basketball team.

With increased confidence to engage with services, the adult guides worked with the partner organisations to link new arrivals with existing programs. These included regular orientation programs to the Western Region Health Centre, the Women's stress management program run at the Maribyrnong Community Centre and the women's swimming program offered at the Footscray Swim Centre.

Key mental health promotion strategies

Community strengthening

- Builds the capacity of new arrival communities to support newcomers and to link them with support and recreational services

- Builds leadership and advocacy skills and mental health promotion knowledge within new arrival communities

- Enhances self-determination and control of individuals and communities

Workforce education and skill development

- Has the potential to build access to bilingual and bicultural skills by enhancing the guides' access to paid employment in local services

Key mental health promotion strategies

Organisational development

- Builds understanding of mental health, wellbeing and cultural issues of concern to new arrivals among mainstream service providers

- Builds the capacity of local organisations to serve new arrivals by enhancing their links with community leaders

Communications and marketing

- Positive media coverage contributes to enhanced self-esteem at the community level

Enhancing self determination in refugee communities

Fundamental to the project was the principal of empowering refugee communities to identify and address their own needs. The community guides training placed great emphasis on imparting advocacy skills. It is anticipated that as well as supporting community guides to advocate on behalf of individuals to ensure their equitable access to resources, these skills may also be useful to refugee communities in addressing broader issues of concern to them.

While it was not initially an objective of the program, feedback from the community guides suggests that many saw it as a vehicle for enhancing their own employment prospects, both by augmenting their skills and extending their networks. Indeed, a number of the guides have since found employment in the health and community services field.

Partnerships for mental health promotion

The partners	Contribution to the project
Inner West Region Migrant Resource Centre	Lead agency and project coordination Project base for community guides Links with refugee communities
Western Young People's Independent Network	Training Youth support activities Links with refugee young people Peer mentoring
Victorian Children's Services for Ethnic Groups (VICSEG)	Social activities Links with refugee communities
YMCA Victoria	Training Links with recreational and social activities Peer mentoring
Western Region Community Health Centre	Links with health promotion and social support activities Training
Maribyrnong Council and Rec West	Links with recreational services
Adult Multicultural Education Service backgrounds (via adult English language classes)	Links with people from refugee Training
Douta Galla Community Health Centre	Training
Victorian Foundation for Survivors of Torture	Training – health and counselling
Red Cross	Training – settlement issues/volunteer roles

THE UNITED WOOD COOPERATIVE:

TURNING THE GREAT AUSSIE TOOL SHED INTO A MULTICULTURAL HEALTH PROMOTING ENTERPRISE

The United Wood Cooperative, an initiative targeted to older refugee men in Melbourne's inner-city, is an innovative response to promoting mental health in refugee communities.

As an economic development initiative, the Cooperative provides an important model for the partner agencies and others keen to improve the mental health of new arrivals through economic participation.

The project's achievements have been made possible by an unusual alliance of agencies – an alliance that in the long-term may lead to some real changes in the ways the agencies work with new arrival communities.

The United Wood Cooperative

Background

While unemployment rates are generally high for new arrivals, they are higher still among older workers, who face the additional barriers of age-related disadvantage and discrimination (Mission Australia 2001). Owing to past deprivation and trauma, many refugees may also appear older than they are (UNHCR 2002).

Older refugees who arrive in Australia with nothing face the economic pressures of building life in a new country. However, unlike their younger counterparts, they are at a life stage when they have limited time to re-qualify for their former trades or professions or to train for a new job role.

Learning English, a basic requirement for many jobs and for forming social connections, also becomes more difficult with advancing age (Allender 1998). Poor health and limited access to formal education in the past may serve as further barriers to both language learning and existing training and employment opportunities.

A pathway to language acquisition, employment and mental health and wellbeing

Through its role as a provider of adult English language and training programs, the Adult Multicultural Education Service (AMES) became increasingly aware that many older men from war-torn African countries were struggling to learn English and to find employment. As well as facing financial difficulties, they were suffering from boredom and isolation. Without work they were finding it difficult to establish a new identity and a sense of purpose and future in Australia.

Nevertheless, the men had much to contribute. As well as personal qualities of resilience, many had held high level trade or professional positions in their countries of origin and had been active contributors to community and civic organisations. A number had also run very successful small businesses.

AMES saw an opportunity to build on these assets providing intensive assistance to enhance employment and training opportunities for participants helping to build broader economic and social development possibilities within emerging refugee communities. The project also provided a vehicle for exploring the effectiveness of an experiential approach to English language instruction for a group that had hitherto been difficult to engage in formal class based learning.

Forming a partnership with a range of agencies, AMES sought expressions of interest from older men who had settled in the Kensington, Flemington and North Melbourne areas to establish the United Wood Cooperative, an enterprise making boutique furniture items. The Moonee Valley City Council provided the premises.

The Cooperative is managed by a project worker who has daily contact with participants and coordinates training and vocational and management skills building. Specialist trainers have been engaged to provide instruction in carpentry and participants are offered English language instruction by a qualified AMES teacher.

While the productive side of the enterprise is of clear importance, the project partners have placed equal emphasis on building the personal skills and confidence of participants (including their English language skills), fostering leadership within the group and building links between participants and the wider community. This approach has been important to the success of the Cooperative as an economic enterprise. It has also meant that the project has been able to address the complex range of factors that influence the mental health of participants and to play a broader capacity building role in new arrival communities.

Building community capacity for mental health promotion

The ultimate aim of the project is to develop the Cooperative as a self-managed enterprise. The project design enables participants to gradually develop and consolidate their skills and confidence in a new context and to learn the new skills required to build the enterprise and to participate in the Australian workforce and community.

The project is being implemented in three phases. In the first phase, a high level of support was provided by the project worker and trainers to enable the men to develop basic carpentry and communication skills.

Emphasis was also placed on developing productive relationships and leadership within the group. These will be critical to building the group's capacity to manage the enterprise and also to ensuring that participation in the Cooperative offers opportunities for social connection known to be critical to mental health and wellbeing.

In the second phase, the support of the project worker and trainers is gradually being withdrawn and greater emphasis is being placed on supporting the group to become self-managing. Natural leaders have been identified and supported to develop skills in business concepts, budgets, contracts and team management.

These skills are not only important for the success of the enterprise itself but will also be transferable to other contexts. In this way it is hoped that the Cooperative will serve as a pathway to other opportunities which may previously have been inaccessible to the men, such as establishing their own enterprises or participating in existing, more formalised education and training programs.

Good practice features

Economic participation

- Offers meaningful and sustained employment opportunities and pathways to further education, training and employment

Social connection

- Builds social connections among participants and between them and the wider community

Freedom from discrimination and promoting inclusion

- Enhances participants' self-determination and control

- Builds mutual understanding, trust and respect between participants and volunteers

Key mental health promotion strategies

Direct service programs

- Pilots an innovative approach to enhancing economic participation of new arrivals

- Pilots an alternative approach to English language instruction

Community strengthening

- Builds leadership and enterprise skills within new arrival communities, thereby strengthening their capacity to promote mental health through social connection and economic participation

- Enhances broader understanding of mental health and wellbeing issues of concern to new arrival communities and promotes social harmony by engaging the wider community

Workforce education and skill development

- Builds mental health promotion knowledge and skills among staff and volunteers

As participants take the skills they have learned or honed in the Cooperative into other community and business ventures, they will contribute to the growth and strength of Melbourne's emerging African communities.

In the project's third phase it is anticipated that the group will become self-managing and attract new participants and expand its markets.

> I can use my English skills to translate for my co-workers. At the Cooperative I can use my teaching skills again and help my fellow countrymen.
>
> Mahmound Leman
> Manager, United Wood Cooperative
> Formerly from Eritrea

Building social connections with the broader community

One of the unique aspects of the project is that it engages members of the wider community in mental health promotion through the Friends Program. This program comprises older Australian-born retirees with skills in carpentry, business management and marketing who are prepared to play a mentoring or support role. Friendships that form between the participants and the 'friends' provide the immediate social connection known to be important to mental health. They also have the potential to link the men to a broader social network and its resources, such as information about a job vacancy, another market for the furniture or information about how their children can join the local basketball club. Through the supportive relationships offered by the friends the men can become more familiar with the subtle aspects of the way of life, workforce and other systems in Australia.

> Working with people who have experienced war, torture and imprisonment is humbling. I'm in awe of their determination to rebuild their lives and provide for their families. I'm learning as much as the men. Every day we have a laugh, learn something more about each other, build trust and confidence.
>
> Richard Edmonds, Friends Program

Building workforce capacity in refugee mental health promotion

Staff and volunteers were carefully selected and provided with training on the potential effects of the experiences the men were likely to have endured before their arrival in Australia. The broader objectives and philosophy of the Cooperative were also addressed. This has helped to ensure that participants are welcome and understood in the workplace, that they feel a sense of belonging and control and, importantly, that they are able to form meaningful social connections.

At the same time, the project workers, trainers and 'friends' take the understanding and skills they have developed about mental health promotion with them into other work roles and settings.

Sustainability

The project's long-term sustainability is being achieved primarily through the process of developing the skills and confidence of group members and building leadership and cohesion within the group so that it can ultimately manage the Cooperative itself.

The Friends Program will provide participants with support after the paid coordinators and trainers have withdrawn. Particular efforts have been placed into supporting the men to develop and expand the markets for their products.

Self-determination and mental health

The project seeks to promote participants' control over their own future through its emphasis on engaging them in the management and implementation of the Cooperative.

The Cooperative has been established as a unit trust with pro-bono legal advice from Clayton Utz. The nine original participants are directors of the trust and make all the main decisions about the future of the company.

Similarly, it is anticipated that the skills learned in the context of the project, in particular the opportunity to improve their English, will enhance participants' sense of personal agency and control in other aspects of their lives.

A number of the men have also commented that the opportunity to make products that enhance the lives of others has been important to them and given them a greater sense of purpose.

Key mental health promotion strategies

Organisational development

- Builds understanding among partner agencies of the ways in which they can contribute to promoting mental health in new arrival communities

- Engages partners in exploring innovative ways of working with new arrival communities

- Trials new learning methods that can be built into existing operations

Communications and marketing

- Promotional material contributes to increased awareness and community pride and addresses negative stereotypes

Partnerships for mental health promotion

The partners	Contribution to the project
Adult Multicultural Education Service	Lead agency and project coordination English language tuition
Moonee Valley City Council and North Melbourne Community Centre	Premises Connections with African communities Access to local markets
Brotherhood of St Lawrence	Expanded markets Expertise in the formation of cooperatives Training and secondary consultation in skills acquisition
Clayton Utz	Legal work associated with the incorporation of the unit trust
Victorian Government, Community Support Fund	Funding partner
VicHealth	Evaluation

The Community Support Fund, Adult Multicultural Education Services and VicHealth jointly fund this project.

THE AFRICAN EMPLOYMENT DEVELOPMENT PROGRAM:

DEVELOPING GENDER SENSITIVE PATHWAYS TO ECONOMIC PARTICIPATION

E

Many of the factors that work against new arrival men achieving economic independence in the early settlement period are compounded for women, particularly women from countries such as those in the Horn of Africa which have very different levels of social and economic development than Australia.

The African Employment Development Program demonstrates that this group of women have many informal skills that are marketable in Australia. However, if these are to be developed there is need to support the women in ways that are flexible to cultural role expectations, current settlement stresses and the personal consequences of pre-arrival experiences.

The African Employment Development Program

New View

African women are different from women coming from other countries because these people, they worked in their country before, they know what is life. But African women, they don't know, and in our country there are not women working and knowing a lot of things. We depend on our husbands, and so it's hard to do things by ourselves.

Participant

Background

Many new arrivals are from countries in the Horn of Africa where women's identity is more clearly defined in terms of their roles as home-makers, partners and mothers. While some women from these countries are highly educated professionals, many may have limited prior formal experience in the public sphere, especially in paid employment and education. Traditional expectations held by the women, their families and their communities may serve as significant barriers to their participation in education and paid work in Australia. For some women it may be culturally unacceptable to participate in a mixed gender educational setting.

The usual stresses associated with settlement are compounded for this group by the transition to a highly industrialised and urbanised society. For the significant number who arrive without partner support there is the added practical reality of balancing work and education with their domestic responsibilities as a sole parent.

Learning English may be a particular challenge. The lower priority given to the education of women and girls in some African countries means that women may be unfamiliar with a formal classroom environment and have limited first language literacy (a significant barrier to learning a second language). This may be further compounded by the mental health effects of refugee-related trauma (such as depression and anxiety). These can undermine women's trust in others, impair concentration and make it difficult for them to deal with the organisational challenges of participating in formal English language training.

Nevertheless new arrival women have many personal strengths and skills. Not only have they survived horrific experiences, many have also made significant contributions to community and economic development initiatives in refugee camps and other emergency situations. Importantly, a number have unique cultural skills in areas such as needlework, henna hand painting, hair braiding and food preparation which have the potential to be marketed in Australia.

In an attempt to reach groups of new arrivals who struggle to access English language programs, Adult Multicultural Education Services (AMES) provides a community outreach program in environments which are familiar and comfortable to the participants.

In discussion with one such group of women meeting at the Flemington Neighbourhood House, participants identified an interest in work which they could conduct from home but which also allowed them community contact, accommodated their family responsibilities and could be done with limited English language and literacy skills.

At this time, the Maribyrnong City Council was in the process of developing a plan to establish a night market with a focus on gourmet and exotic food, international cultural and artistic products, cultural activities and music and entertainment. With many new arrivals from Africa settling in Maribyrnong, the Council was keen to engage local African communities in this initiative.

The two organisations saw the potential in a joint venture which would support the women to turn their informal skills into products which would be saleable and have a specific local market. The partnership was expanded to include the neighbouring municipality of Moonee Valley (also home to a large number of new arrivals from Africa), the Victorian Foundation for Survivors of Torture and refugee organisations.

The agencies established a program comprising:

- a training course developed by Adult Multicultural Education Services and offered to new arrival women with specific small business ideas. As well as having an emphasis on building the confidence of participants and assisting them to identify their skills and strengths, the training covered such issues as financial and business planning, small business regulations and marketing. English language instruction was provided alongside the training;

- development and promotion of a night market, the primary responsibility of the Maribyrnong City Council. The market was launched as the World Bazaar and has been operating since March 2002 with some 13 to 20 regular stall holders and attendances of between 300 and 1000 people; and

- an evaluation conducted to assess the ways in which opportunities for economic participation can enhance women's mental health. The evaluation will provide the partners and others with important information about the strategies needed to ensure that economic development activities maximise mental health benefits.

After the completion of the course participants were offered individual counselling around a range of options including small business development, further education and training, and employment. Those wishing to produce and sell goods or services at the night market were linked with the coordinator and supported to establish a stall. They were also introduced to other community markets around Melbourne.

Good practice features

Economic participation

- Provides employment and training pathways

- Provides a context for the gradual building of the social and personal capital required for economic participation

- Provides a supportive commercial environment in which to establish a business

Social connection

- Provides opportunities for participants to form social connections with one another and to build trusting relationships with service providers

- Provides opportunities for women to connect with the wider community

For six months following their training a mentor worked with each of the women, providing important moral support as well as assisting them to better understand pricing and marketing conventions and practices in Australia.

Gender sensitivity and individualised support

A number of factors contributed to the success of this project. Most importantly, women were offered a relatively high level of individual support tailored to meet their specific business interests, aspirations and needs.

Significant effort was placed into building rapport and trust between the trainers and mentors and the women. This was particularly important as many of the women had very little trust in others, having survived horrific refugee experiences. Several participants reported that they also had been subject to racially based harassment in Australia, particularly since September 11. The positive relationships formed with project staff helped to restore their belief that they were welcome in Australia. They also helped the women to build the confidence required to participate in less hospitable, mainstream training and business environments.

At a practical level, this support was vital to help the women come to grips with their first experience of selling products in a country with unfamiliar retail and purchasing conventions. Through this support, day-to-day difficulties experienced by the women could be identified and addressed.

The training sessions were arranged at times that accommodated the women's childcare and family responsibilities and were conducted by a trainer experienced in cross-cultural communication. Where necessary, women were offered practical support (for example, with transportation and childcare) to enable them to participate.

English language instruction was developed around the language required by the women to develop their enterprises. As well as serving a practical purpose, this approach also hastens the process of learning English.

Partnerships for mental health promotion

The partners	Contribution to the project
Maribyrnong City Council	Economic development expertise to establish, manage and promote the World Bazaar Providing the physical and organisational infrastructure around the operation of the World Bazaar Auspice for the project steering committee
Adult Multicultural Education Service	Links with African community groups English language tuition Development and delivery of training and mentoring programs Counselling and referral of participants to other training and other economic development pathways and agencies
Victorian Foundation for Survivors of Torture	Evaluation Monitoring of the mental health aspects of the project Links with refugee communities Secondary consultation in relation to working with trauma and torture survivors
Footscray Community Arts Centre	Technical assistance

Key mental health promotion strategies

Participation pilots

- Pilots a gender sensitive and culturally appropriate approach

- Pilots alternative approaches to English language instruction

Community strengthening

- Builds enterprise skills among new arrival women

- Enhances awareness of factors affecting mental health among new arrival women

Organisational development

- Builds understanding among partner agencies of ways in which they can contribute to promoting mental health in new arrival communities

- Engages partners in exploring innovative ways of working with women

- Evaluation helps to build understanding of the impact of economic activity on mental health

Communications and marketing

- Markets the culture and skills of new arrivals through the sales of products

Participants' views

- It (the small business course) acknowledged my ideas. I felt proud of myself and happy…I am a self-confident, determined and willing person. It confirmed this.

- The small business course lifted me up. I am looking forward now compared with feeling down because of my losses.

- I feel a lot better. I have taken one step forward. I feel strong now. Before the course I was feeling unsure, I was not feeling strong.

- Before the course I didn't know anything was here. The African people, we have not a lot of information about many things, because in our country we don't know, so when we come here we live like we have always lived. So when this course started, I learned lots of things. I saw the markets I didn't know before. It was empowering seeing the markets, learning about and seeing new places.

THE COMMUNITY PARTICIPATION, PATHWAYS TO HEALTH, WEALTH AND SUCCESS PROJECT:

A LOCAL PARTNERSHIP IN MENTAL HEALTH PROMOTION

This unique project in Victoria's Goulburn Valley aimed to improve the mental health of new arrivals by supporting their participation in training and employment opportunities in local community services and businesses. The lead agency, the Ethnic Communities Council of Victoria (ECCV) Shepparton and District Inc., achieved this by harnessing the interests and initiatives of a number of local organisations to create a multi-faceted pathway to economic participation.

As well as building the capacity of local agencies to engage the new arrival community, this project improved the mental health of participants by orienting them to local services and community facilities, providing tangible training and employment opportunities, and building their connections with the local community through the workplace.

This project has had benefits for local businesses and services as well, enabling them to benefit from the skills and strengths of new arrivals.

The Community Participation, Pathways to Health, Wealth and Success Project

Good practice features

Economic participation

- Builds pathways to meaningful employment opportunities

- Supports new arrivals to develop skills, knowledge and confidence to access employment and training

Social connection

- Builds social connections among participants and between them and the wider community through the workplace

Freedom from discrimination and promoting inclusion

- Enhances self-determination and control Addresses gender related barriers to economic participation

Background

While migrants and refugees arrive in Australia with high hopes of finding a job and rebuilding their lives, in practice many struggle to find work in an unfamiliar labour market (see box). This is despite the fact they have much to contribute to the Australian workforce and economy.

As indicated elsewhere in this publication (page 46), an increasing number of refugees, mainly from Iraq, has settled in the Shepparton district. While they have gradually settled into the local community, the Ethnic Communities Council of Victoria in Shepparton was concerned that many were finding it difficult to secure employment. As well as affecting the mental health and wellbeing of individual new arrivals, high unemployment also impacted upon social connections being developed with others in the communities of Shepparton and Cobram.

Finding a job – why it's harder for migrants and refugees

Migrants and refugees recently arrived in Australia may face a number of barriers to employment. These barriers include:

- limited fluency in English, a basic pre-requisite for many jobs;

- lack of familiarity with job search language, conventions and skills required for the Australian labour market;

- difficulties in defining and interpreting their skills and prior work experience in ways which make sense to Australian employers;

- lack of confidence, particularly if they have spent a prolonged period of dependency in a refugee camp or in their country of first asylum or if they have had difficulties in securing employment in Australia;

- competing pressures and stresses associated with settlement and pre-arrival experiences;

- lack of information about options for further education and training; and

- difficulties accessing processes for having trade and/or professional qualifications gained overseas recognised in Australia.

Also significant are the attitudes and practices of prospective employers, including:

- lack of understanding of the skills and strengths of new arrivals;

- a reluctance to hire people without prior work experience in Australia;

- a concern that new arrivals will not 'fit in' in the workplace;

- a concern that new arrivals will require a high level of support; and

- discrimination on racial, cultural or religious grounds.

Job search may be particularly difficult for refugee and migrant women, many of whom have come from countries where women play a limited role in the public sphere and who have minimal formal paid work experience.

While access to meaningful employment is critical to the economic wellbeing and mental health of new arrivals, it is also beneficial for the Australian workforce and economy. New arrivals have much to contribute, including a high motivation to succeed, trade and professional skills and experience, language skills and unique cultural perspectives.

Very few new arrivals were accessing the local Goulburn Ovens Institute of Technical and Further Education (TAFE). In part this was because they lacked information about training opportunities and pathways offered. Also, many of the TAFE's courses were inaccessible to them, particularly if they had limited proficiency in English. Existing pathways were also often unsuitable, with many new arrivals not wishing to train in a new field but rather to learn how to apply and adapt their skills and qualifications for work in the Australian labour market.

Keen to enhance its responsiveness to new arrivals, the TAFE was in the process of developing a number of training courses targeted to their needs. This included a major initiative undertaken in partnership with the Victorian Multicultural Commission to pilot a course to train people with a second language to work as interpreters in local businesses and services.

At this time the Ethnic Communities Council of Shepparton was also building links with the Chamber of Commerce to explore employment opportunities for new arrivals in local businesses. In their discussions, it became apparent that while many businesses were willing in principle to engage new arrivals, they were concerned about the level of support that would be required to orient workers without a 'track-record'. Meanwhile, many local services such as schools and childcare services were struggling to attract appropriately qualified staff with bilingual and bicultural staff to assist them in serving the new arrival community.

Key mental health promotion strategies

Participation pilots

- Pilots a multifaceted collaborative approach to developing training and employment pathways for new arrivals in a rural city

Community strengthening

- Builds the capacity of new arrival communities to participate in economic activity through information provision, training and employment placements

- Builds understanding of the strengths of new arrivals among local employers

Organisational development

- Builds the capacity of partner organisations to support new arrivals to participate in economic activity

- Builds the capacity of local organisations to serve new arrivals by increasing access to workers with bilingual and bicultural skills

Communications and marketing

- Promotes community awareness and understanding of new arrivals through publicity

The Community Participation, Pathways to Health, Wealth and Success Project was formed to build on these interests and developments. Engaging a number of local partners, the project used a range of strategies to build pathways to local training and employment opportunities. These strategies were developed following extensive consultation with the new arrival community.

Information as a first step

Recognising that many new arrivals lacked information about local services and in particular employment opportunities and pathways, the project provided orientation to services such as Centrelink and the local police as well as to programs to support participation in training and employment. Information was included on workplace policies and conditions such as equal employment opportunity, occupational health and safety and workers' compensation.

Government agencies were invited to discuss employment opportunities in community, health and education services. These sessions were used to promote training pathways offered by the TAFE which were specifically targeted to new arrivals, such as its pilot interpreter course.

Wherever possible, migrants and refugees who had been in Australia for some time were used as role models for participants. For example, police officers that were from an Arabic speaking background made presentations on employment and career opportunities in the police force.

As well as providing vital information, the sessions were an important mechanism for introducing the project to new arrival communities and gaining their confidence in it.

A high participation rate in the sessions (some involving over 100 participants) attracted positive local media response which in turn enhanced the self-esteem of new arrivals.

A tailored training pathway

A second significant component of the project was a training course developed by the TAFE which was designed to orient new arrivals to job search processes and the local labour market. Two courses were held – one for women and the other for men – three afternoons a week for 12 weeks. As well as covering practical matters such as computer skills and procedures for applying to have overseas qualifications recognised, the course aimed to build participants' confidence, an appreciation of their strengths and skills and their understanding of Australian workplace culture. Through their involvement in the course participants were also able to share experiences with one another and form social connections.

The course was developed recognising that many new arrivals have existing strengths but may require some support to identify the ways these can be applied in Australia. Both courses had a vocational emphasis and were linked to specific job roles. Based on the interests of participants, the women's course focused on orientation to the community services sector and the men's to jobs in the building industry. Participants were offered an industry placement for two to four weeks.

As many of the participants were in the process of learning English, the course incorporated vocationally related English language instruction.

Formal accreditation of the course ensured that participants graduated with a certificate that would be recognised by prospective employers and serve as a pathway to other TAFE courses. As a formally documented and accredited module, the course can also be offered again both by Goulburn Ovens and other institutes serving migrant and refugee communities, thus contributing to the sustainability of this aspect of the project.

> *To their dismay, none of the participants, who had previously been valued members of*
> *the paid workforce, had been able to secure employment in their former occupation,*
> *even though some had been trying since their arrival seven years ago.*
>
> Teacher, women's training program

From training to employment placement

The project also worked with local businesses and health, education and community service agencies to identify work placements of around six months to provide participants with paid work experience. Once they had completed their training course, participants were required to apply for the positions and were offered assistance to prepare a job application and resume by RITE Personnel, the local Job Network provider.

The work placements enabled participants to build their networks with other prospective employers and gain practical experience and references to support them in their job search process. It is anticipated that given the chance to demonstrate their skills, some participants may also be offered ongoing employment in their placement sites.

Importantly, the placements offer immediate mental health benefits, providing new arrivals with the opportunity to build their skills and confidence, make a meaningful contribution, earn income and build social connections in the workplace.

Partnerships for mental health promotion

Through its partnership arrangements, the project was successful in engaging organisations not previously aware of the mental health and wellbeing issues facing new arrival communities and has been a catalyst for consolidating and building the organisational capacity of the partners to work with them. This is most obviously illustrated in the TAFE which is now in a position to offer ongoing training courses tailored to the needs of new arrivals. By working collectively, the partners have been able to build an integrated pathway to economic participation which would not have been possible had they been acting alone.

The partners	*Contribution to the project*
Ethnic Communities Council of Victoria, Shepparton	Project coordination Links with new arrival communities
Goulburn Ovens Institute of TAFE	Development and delivery of training modules Links to other accredited TAFE courses
City of Greater Shepparton	Links to training and employment placements in child and aged care settings
Centrelink	Information on income support entitlements
RITE Personnel	Assistance with preparation of resumes and interview skills Canvassed employers for training and ongoing employment placements After-placement support
Chamber of Commerce Shepparton	Links with local employers
Goulburn Valley Health	Links to training placements and employment opportunities in local health and human service organisations
Department of Human Services	Housing information
Department of Education and Training	Links to training placements and employment in schools as multicultural education aides

THE CHANGING CULTURES PROJECT:

A DIRECT SERVICE PILOT AS A VEHICLE FOR MENTAL HEALTH PROMOTION

G

In the process of developing the Mental Health Promotion Plan 1999–2002, a number of community groups brought to VicHealth's attention the fact that refugee young people with disrupted education before their arrival in Australia were at particular risk of poor mental health. Despite numerous short-term projects to address the needs of this vulnerable group, there remained a lack of a coherent policy framework and fragmented knowledge amongst community groups of securely-funded educational programs to improve both their educational and mental health outcomes. The Changing Cultures Project was funded with a view to piloting a service delivery model which could be used as a basis for advocating for a more sustained and better resourced approach.

The Changing Cultures Project

Good practice features

Economic participation

- Improves refugee young people's access to education and training and the positive mental health outcomes associated with them

Social connection

- Facilitates social connections between young people

- Through the case coordination model, provides young people with the opportunity to form a trusting relationship with a teacher

- Improves young people's access to health and settlement services

- Enhances young people's awareness of factors affecting their mental health through curriculum

- Improves young people's access to social support and varied activities by linking them with recreational services

Background

Many refugee young people settling in Australia have had limited or highly disrupted education and may be only partly literate in their first language, a significant barrier to learning a second language (Allender 1998). Some come from countries where educational infrastructure is poorly developed, the consequence of low levels of human development, war and famine. Others may have had limitations placed on their access to education in the context of human rights abuses or have spent time in a refugee camp where basic survival needs may have taken precedence over education.

On arrival in Australia young people face an adjustment to a very different education system. For example, in many refugee source countries greater emphasis is placed on 'book-learning' and teacher-student relationships are more authoritarian and hierarchical. Young people may find it difficult to engage in a learning process where greater emphasis is placed on self-reflection, judgement and learning as a partnership between student and teacher (Ethnic Youth Issues Network 1999).

The young people must also come to grips with an unfamiliar education and training pathway, with those in the senior years in particular being required to orient themselves to the complex structure of the VCE and subsequent education and career options as well as the demands and language requirements of specific subjects.

For many students, the psychological effects of past experiences of trauma, deprivation and separation from or loss of family members can compound this. These can interfere with the process of learning English directly (as is the case with the poor concentration and memory difficulties often associated with post traumatic stress disorder) and indirectly (for example by affecting young people's ability to trust and form relationships with others).

These adjustments are taking place at a time when refugee young people are not only dealing with the usual challenges and changes associated with adolescence but also with the practical and emotional challenges of settling into a new country and learning about a new culture.

While families play an important role in supporting young people through times of transition, the early settlement period is a time when some refugee families may have a limited capacity to provide this support.

Existing health and settlement services, many of which have a family focus, may be ill-equipped to target young people's particular concerns. A recent review of services for refugee young people concluded that while health and settlement services tend to be blind to the youth experience, youth programs are prone to overlooking the needs of those with refugee experiences (Coventry, Guerra & MacKenzie 2002).

Many young people do well despite these obstacles, often aided by a tradition of achievement not uncommon in refugee families and survival skills honed in the context of difficult premigration experiences. However, for others these obstacles become enduring impediments to accessing both the immediate and long-term rewards of formal education, placing them at risk of lifelong disadvantage and its associated mental health problems.

Current situation

New arrivals who are under the age of eighteen are currently able to enrol in an English language school or centre where they are offered intensive English language instruction and orientation to mainstream schooling in Australia.

Experience to date, however, suggests that mainstream secondary education is not always an appropriate pathway after the initial 12 month English language course, particularly if they have had highly disrupted schooling or are pre-literate. This group of young people often flounder once they leave the environment of the English language centre. As well as being ill-equipped to meet academic requirements of secondary schooling, they may struggle to develop a sense of belonging in an unfamiliar school system and to form supportive peer relations.

The picture is even more complex for young people over the age of eighteen. Considered too old for secondary education (and therefore an English language school or centre), their primary entry point is the Adult Migrant English Program (AMEP), a program offering 510 hours of English language instruction. Being designed primarily for adults, this program offers young people limited social contact with their peers and few age appropriate opportunities for cultural adaptation.

While English language Schools and Centres orientate students to the secondary school curriculum, the purpose of AMEP classes is to teach 'survival' English in preparation for everyday life and adult employment and training options. Moreover, as it is only offered on a part-time basis, it does not enable young people to re-establish themselves in the normality of full-time education following their arrival.

To date, refugee young people with limited English have had few options available to them. Migrant access courses are offered by a small number of TAFE colleges; however, these courses sometimes do not accept pre-literate or semi-literate students and in the past, some have struggled to support young people in a holistic way with broader social barriers to learning.

The Changing Cultures project is a three-year project building on an existing specialist program for migrant and refugee young people offered by the Northern Melbourne Institute of TAFE (NMIT) and initiatives undertaken by the Brunswick English Language Centre and its host school, Brunswick Secondary College.

Good practice features

Freedom from discrimination and promoting inclusion

- Enhances understanding of the needs of refugee young people among service providers

- Promotes the strengths and aspirations of young people through media coverage

Key mental health promotion strategies

Research

- Tracks participants, thereby enhancing understanding of factors affecting the mental health and wellbeing of refugee young people

Workforce education and skill development

- Plans to draw on project experience to develop a professional development strategy

Participation pilots

- Pilots a model and approaches to enhancing young people's mental health through education which are transferable to other settings and which could serve as a basis for policy and program reform

Community strengthening

- Enhances refugee parents understanding of the factors affecting mental health and educational outcomes for refugee young people

- Enhances young people's awareness of factors affecting their mental health through curriculum

The aim of the project is to draw on the experiences of these institutions to develop a best practice approach to enhancing young people's mental health through education and training. To test the portability of the NMIT approach, it is currently being applied in two other Institutes of TAFE with refugee courses: Chisholm Institute and Victoria University of Technology.

The Centre of Adolescent Health has been contracted to undertake an evaluation of the project aimed to assess the strengths and weaknesses of the approaches applied and determine the effects on educational and mental health outcomes. The experience of the project and its evaluation findings will be used as a basis for advocating for the development of a coherent program and policy response to the needs of young people with disrupted education.

A professional development program will also be designed and delivered on the basis of lessons learned, thus building the capacity of teaching, health and social support professionals to better meet the needs of refugee young people.

An holistic approach

The project recognises that the educational setting is an important site for the development of social connections, and that young people are more likely to achieve if they have a sense of safety and belonging. Accordingly, the TAFE Refugee Youth programs and the Brunswick programs take a holistic approach. As well as meeting students learning needs, they aim to address health and settlement issues which may otherwise serve as barriers to learning and successful settlement. Students are offered individualised support on a case coordination model by a designated teacher. This approach ensures that participants are able to plan a learning pathway suited to their needs and future plans. The teacher also links students with local community agencies if they require support with settlement or health related issues. Unlike external personnel, teachers have day-to-day contact with students and hence can provide support which is both accessible and non-stigmatising.

The designated teachers are also provided with time release to make contact with agencies providing health and settlement support to promote the program, raise awareness of the needs of refugee young people and develop links for the purposes of referring students requiring further assistance.

Health and settlement issues are addressed through the curriculum with speakers from local agencies being invited to address students on a range of issues in class time. The Mercy Hospital for Women, a project partner, has delivered a comprehensive health promotion program to students at NMIT, while the Brunswick sites are currently working with the Victorian Foundation for Survivors of Torture to build mental health promotion content into school curricula.

While conscious of the need to facilitate students' access to further education and training pathways, the programs take a more flexible approach to learning. Innovative approaches to curriculum have been explored. These are developmentally appropriate and hold students' interest while at the same time providing pathways to other education and training opportunities.

Particular emphasis is placed on creating an environment in which refugee young people can form friendships and a sense of belonging. Recognising that recreational opportunities are an important focus for young people to form social connections, each of the sites has offered recreational opportunities and linked them with existing programs in the community.

While the three TAFE sites have implemented a broadly consistent model, each has also been encouraged to explore local opportunities and resources.

Early outcomes

The project has provided a focus for raising awareness amongst project partners, of the mental health needs of refugee young people and for exploring new ways of addressing these.

The teacher case coordination model has resulted in increased contact between students and local health and settlement agencies. Teachers report that this has improved understanding of the mental health needs of refugee young people among agencies as well as their appreciation of the potential that educational settings offer for the delivery of mental health promotion interventions.

All three TAFE settings report a significant increase in the number of students enrolling in the program. While the reasons for this are speculative at this stage, the partners attribute it to increased awareness of the program among potential referral agencies and community development activities, with parents, guardians and newly arrived communities.

The opportunities to participate in recreational activities has significantly increased young people's opportunities to form social connections both with one another and with their peers in the wider community.

Advocacy has also been a function of this project in contributing practice experience to the State Government Parliamentary Inquiry into Youth Unemployment, the Victorian Settlement Planning Committee, addressing issues associated with youth transitions and housing.

The indications to date are that more students are completing the course and plan to continue their studies than was the case in previous years at all three sites. In the longer-term this is likely to contribute to increased participation in training and employment with resulting mental health benefits.

Key mental health promotion strategies

Organisational development

- Engages partner agencies in developing sustainable changes in the ways in which they serve refugee young people

- Case coordination model engages health and settlement services in the support of refugee young people, enhancing their awareness of the needs of the target group and the potential to reach them through education settings

Advocacy for policy and legislative reform

- Project designed to serve as a basis for policy advocacy

Working with parents and the newly-arrived communities

A series of information sessions in community languages were offered to refugee parents by the North East Migrant Resource Centre. Building on the success of these sessions, the Centre has subsequently and successfully sought funding for a refugee access worker to work in educational settings including TAFE schools.

Brunswick Secondary College has also trialled a range of approaches to involve parents, including a new enrolment procedure which provides the opportunity for parents to learn about and make contact with the school.

Partnerships for mental health promotion

The focus in this partnership was on engaging the range of agencies required to demonstrate and evaluate a best practice approach to enhancing refugee young people's mental health. In this regard, the involvement of the Mercy Hospital for Women was particularly important, enabling the project to integrate health promotion into project activities. The involvement of the Migrant Resource Centre provided the partners with contact with refugee communities for the purposes of engaging parents and guardians.

The partners	Contribution to the project
Northern Melbourne Institute of TAFE	Lead agency Pilot program site
Chisholm Institute of TAFE Victoria University (TAFE Division)	Pilot program sites – TAFE
Brunswick English Language Centre Brunswick Secondary College	Pilot program sites
Migrant Resource Centre North East	Settlement expertise Contact with refugee parents
Mercy Hospital for Women	Health and health promotion expertise Health curriculum and information

THE MULTICULTURAL SPORTS PROJECT:

ADVOCATING FOR LEGISLATIVE CHANGE TO ENHANCE SOCIAL CONNECTION AND REDUCE DISCRIMINATION IN SPORTING ENVIRONMENTS

H

Designed to use a range of mental health promotion strategies, the Multicultural Sports Project coincided with a major State Government initiative to introduce legislation and an accompanying community campaign to promote racial and religious tolerance. The Centre for Multicultural Youth Issues seized this as an opportunity to address racism and discrimination in sporting environments – a significant barrier to migrant and refugee young people forming social connections in Australia.

The Multicultural Sports Program

The Multicultural Sports Project was established by the Centre for Multicultural Youth Issues (CMYI) in a bid to enhance young people's mental health by building social connectedness through organised sport and sporting clubs as well as reducing the barriers associated with participation, such as racism and discrimination.

Background

Organised sport is a feature of the lives of many thousands of young people growing up in Australia, offering opportunities to form lasting friendships and learn social values and organisational skills that will serve them well in other areas of their lives.

By enabling young people to be part of a team and to participate in activities that are key parts of the Australian culture and ethos, sport can help young people to feel a sense of belonging. Sporting activities can also contribute to mental health and wellbeing by enhancing young people's physical health and skills, thereby building their sense of self-esteem and control.

Importantly, high levels of participation in sport have benefits for broader community wellbeing and harmony, being found to be associated with a decreased incidence of juvenile crime (Cameron & MacDougall 2000).

Sporting activities are a vehicle through which migrant and refugee young people can rebuild supportive relationships and a sense of identity in their new country. Promoting access to sporting activities is particularly important for this group since many come from countries where it was usual for young people to socialise informally with one another in public spaces such as streets and markets.

Despite this, surveys show that young people from culturally diverse backgrounds are under-represented in community based sporting activities.

Are Australian sporting clubs a level playing field?

A commitment to a 'fair go' has long been part of the ethos of Australia and Australian sporting culture. However, people from non-English speaking backgrounds are consistently under-represented in organised sports. In 1996, only 1 in 10 people from a non-English speaking background was involved in formal sporting activities compared with nearly 3 in 10 of their Australian-born counterparts (ABS 2001).

The reasons for this were explored in the research reports *Sport: Creating a Level Playing Field 1998* and *Sport: Sustaining a Level Playing Field 2002* prepared by the Centre for Multicultural Youth Issues. These reports found that many new arrival young people and their families lacked information about sporting options and an understanding of the culture of organised sport in Australia. Further, being on low and fixed incomes and facing the costs of establishing life in a new country, many could simply not afford the costs of sporting activities such as registration fees, uniforms and equipment. Finding the time and organisational effort required to transport young people to sporting venues was also difficult.

The reports also found that sporting clubs often did little to make young people from migrant and refugee backgrounds welcome, to take the time to induct them or to extend the additional practical support they may need to get to training and competitions.

While the Centre attributed this in part to a lack of understanding of the circumstances of new arrival families among sporting clubs, it also found evidence of racist and discriminatory attitudes and practices. As well as affecting young people's access to sporting clubs in the first instance, racism and discrimination can have a negative effect on their self-esteem and work against them developing friendships and a sense of belonging.

While many sporting clubs depend on the voluntary efforts of parents and others and have limited resources available to reach out to migrant and refugee young people, the report found that few were aware of support available to assist them in this endeavour.

The reports highlight the additional barriers faced by young women. Many come from cultures where women and girls are socialised to play a more passive role and participation in sport may conflict with values held by the women and their families. New arrival families may also hold particular fears for the safety of young women in an unfamiliar country and hence be less inclined to grant them the freedom and independence available to boys or to entrust them to people unknown to them. In some cultures it is unacceptable for young women to participate in a mixed gender sporting environment.

Young women from cultures with modest dress codes are restricted from participating in some sports (e.g. swimming) or, as is the case with Muslim women wearing the traditional head scarf, can be targets for racism in sporting environments.

Good practice features

Social connection

- Provides participants with opportunities to form social connections with other young people through sporting activities

- Promotes access to activities that support young people to develop a sense of identity and belonging

- Promotes access to activities which enable young people to learn social and practical skills that will improve their access to sporting activities

- Connects young people with staff and volunteers in the wider community who are able to support them in accessing sporting activities

Good practice features

- Ensures benefits for young women by specifically addressing gender barriers to participation in sport

- Engages members of the wider community through mentoring, thus broadening understanding of the refugee experience

- Works with sporting organisations to enhance their understanding of people from refugee backgrounds

The reports argued that increasing cultural diversity in sporting clubs has benefits for the clubs, providing a larger membership base and an increased pool of players, volunteers and administrators, in turn leading to better financial and sporting outcomes.

Advocating for legislative and policy reform

The project coincided with a major Victorian Government initiative led by the Office of Multicultural Affairs to develop legislation to promote racial and religious tolerance. The CMYI developed a response to the public consultation, drawing attention to the need for the legislation and the community campaign to address racism and discrimination in sporting environments. In its submission, the Centre identified the important role sporting activities play in promoting the mental health of young people from refugee and migrant backgrounds and the negative impact of racism and discrimination.

The Centre also made an approach to Sport and Recreation Victoria, the umbrella body for organised sporting clubs, with a view to engaging the association and its affiliates in the community consultations and community education campaign and promoting awareness of the implications of the legislation for sporting clubs.

Following the introduction of the legislation, a major educational campaign was conducted by the Government to educate the wider community about racial and religious tolerance and their obligations under the legislation and to inform refugee, migrant and other relevant groups about the remedies available to them. The Centre worked to ensure that the campaign effectively targeted migrant and refugee young people.

Awareness raising and professional development and training

The Centre was of the view that change would only occur at the grass roots level if it was actively promoted by policy-makers and leaders in the sporting sector. Accordingly, it identified key State Sporting Associations and made contact with senior personnel to raise their awareness of low rates of participation by refugee and migrant young people and the factors contributing to this. Initial meetings were held with several bodies, among them the Western Region Football League, Baseball Victoria, the Victorian Soccer Federation and the Victorian Aquatic Industry Council.

Where possible, cross-cultural presentations were made to the associations and each was offered support to develop strategies to increase their responsiveness to refugee and migrant young people. For example, at a multicultural soccer forum held by the project, the need for a resource for ethnic communities wanting to play competition soccer but unsure of the processes and cost involved was identified. Subsequently, the project worked with the Victorian Soccer Federation and VicSport to develop a 'Getting Started Kit' which will be translated into six languages.

Articles were also published in key journals and newsletters in the sports sector.

Developing sustainable models to enhance participation

One of the significant findings of the Level Playing Field reports was that improving refugee young people's participation in sport will require a sustained affirmative action approach by sporting bodies, youth services and ethnic service agencies. Parents of refugee young people are often unable, because of their circumstances and their culture, to provide practical and financial support.

Accordingly, the project sought to develop models to promote participation which were sustainable and applicable in a range of settings. On a small scale, the project worked with a number of existing community organisations and ethnic community groups to assist with identifying funding sources and writing applications. For example, it supported the North Richmond Community Health Centre to develop a funding application to cover the costs of registering a Timorese basketball team in an existing competition and to employ a Timorese speaking young person to coordinate transport arrangements.

At a broader level, it worked with several organisations to support the development of women's only swimming programs. Although not exclusively for ethnic women, many of these programs have developed in response to the need for culturally appropriate swimming programs for Muslim women. There have been a number of challenges in establishing these programs, relating to the complexities of offering a female-only environment in a typically mixed gender setting.

Drawing on the outcomes of a forum and further consultation with organisations and women involved in clubs around Melbourne, CMYI developed a broadly circulated information sheet outlining the process to follow to establish a women-only swimming program as well as a database of providers.

Partnerships for mental health promotion

- This project illustrates the potential in partnerships between mental health promotion practitioners and the sporting sector for promoting the mental health of young people by enhancing their social connections. Different arrangements were made for the various components of the project.

- Partnerships were a major factor in ensuring ongoing sustainability, illustrated in the engagement of existing organisations offering women's swimming programs in the Women's Swimming Forum and the involvement of local recreation officers in the All Nations Soccer Competition.

Sport as a bridge between new arrivals and the wider community

CMYI was particularly keen to explore ways in which sport could be used as a vehicle for improving the mental health of young people by promoting social connections between them and the wider community and between new arrivals from different backgrounds.

It had received numerous enquiries from young people from Melbourne's African communities who were eager to play competitive soccer but did not know how to break into existing competitions and clubs.

Forming a partnership with the Victorian Soccer Federation (VSF) and Onside Soccer, a project run by the Victorian Magistrates Court, CMYI established the All Nations Soccer Competition. The competition involved teams of refugee young people living in the west and south-east of Melbourne. Recreation officers from local councils in both regions were engaged to offer assistance and ongoing support.

Competitions were run over a six-week period culminating in each region being invited to form a 'dream team' to represent their area. This integration of existing ethnically based teams was deliberate, providing a way of linking young people from different backgrounds to other young people in the community.

At the end of the competition, the partners worked with the teams to enable them to participate in established mainstream soccer competitions. The recreation officers approached established local soccer teams to take on a voluntary mentoring role and the VSF offered coaching and first aid courses.

A model for gender inclusiveness

The project also worked with a group of young Muslim women in Reservoir who had expressed an interest in participating in after-school sports. The project worker formed a partnership with five local schools and the Darebin Community Sports Stadium operated by the YMCA. The local women's soccer group was approached to recruit volunteer coaches. The sports program was held immediately after school in the local sports and leisure centre. Extensive consultation was held via the school with parents and community elders to promote the program and gain their acceptance and trust. Teachers assisted with transport, making it possible for young women to travel to the venue. Participants contributed a small fee to cover the cost of venue hire and CMYI provided equipment.

The partnership formed for this initiative was strengthened through regular steering committee meetings, ensuring that roles and responsibilities between the partners were clear and that they could secure additional support if required.

Enhancing refugee young people's participation in Surf Life Saving Victoria

Surf Life Saving Victoria (SLSV) received funding from VicHealth for a participation project. In the initial development of this project, they approached CMYI for assistance and resourcing.

A common interest lay in increasing the number of young people from migrant and refugee backgrounds in SLSV. This initiative had the support of senior personnel at SLSV including its participation officer.

A cross-cultural training package was developed by CMYI and offered to SLSV leaders and volunteers to enable them to better understand the requirements for working with young people from migrant and refugee backgrounds. As part of the program, CMYI assisted SLSV with multicultural networking and in the development of a number of beach and water safety education days.

SLSV continues to conduct an ongoing educational program through schools. CMYI contributed advice to the SLSV to ensure the program effectively targeted and was relevant to refugee and migrant young people. Through its networks with migrant and refugee communities, the CMYI served as source of referral to SLSV.

Partnerships for mental health promotion

- Partnerships proved to be an important strategy for engaging a wider resource base. For example, in the Muslim Women's Soccer Club the involvement of the YMCA provided the team with a venue and access to the broader YMCA constituency for engaging volunteer coaches. The involvement of the Victorian Soccer Federation served a similar role in the All Nations Soccer Competition.

- This project also illustrates the importance of schools as key partners to reach refugee young people and gain the trust of their parents.

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Key strategies for mental health promotion

Workforce education and skill development

- Improves the capacity of volunteers and staff in sporting environments to engage young people and offer a welcoming environment, thereby enhancing social connectedness and working against discrimination

Participation pilots

- Pilots and documents innovative models for enhancing migrant and young people's access to social connection through sporting environments

Community strengthening

- Strengthens the capacity of newly arrived and refugee young people to build connections with each other and the wider community through sporting activities

- Engages the wider community in strategies to increase the social connectedness of refugee and migrant young people

Organisational development

- Documents approaches so they can be replicated by others

- Builds the capacity of organisations to facilitate social connections and address discrimination in sporting environments through the development of cultural diversity plans

- Engages relevant organisations in partnerships to facilitate young people's access to social connections through sporting clubs

- Builds agency capacity to attract additional funds to support young people's involvement in sport

Advocacy for policy and legislative reform

- Uses a legislative initiative as a vehicle for addressing racism and discrimination in sporting environments

THE HEALTH ACCESS PATHWAYS PROJECT:

BUILDING HEALTH PROMOTING PATHWAYS

Health and community services play an important role in promoting the access of new arrivals to the resources required for mental health. They provide a gateway to these resources and serve as sites for social connection. For people from refugee backgrounds, a supportive relationship with a healthcare provider can help to re-establish faith and trust in others. Lessons learned in these relationships can be transferred to other contexts in the community, thus enhancing new arrivals' prospects of forming meaningful social connections.

The Health Access Pathways Project sought to develop this potential through strategies targeted to relevant workforces and new arrivals.

VicHealth

The Health Access Pathways Project

Good practice features

Economic participation

- Enhances understanding among providers of the importance of economic participation for mental health in new arrival communities

- Enhances the capacity of health service providers to refer new arrivals requiring assistance to access education, income and employment

Social connection

- As for economic participation (above)

- Provides information to new arrivals and workers to foster trusting relationships between them

- Promotes the need for services to explore opportunities for developing social connection (e.g. support groups)

Freedom from discrimination and promoting inclusion

- Affirms and values the past experiences of new arrivals

- Ensures the involvement of refugee communities

- Builds mutual understanding between new arrivals and healthcare providers

Background

New arrivals face a number of barriers to accessing and making good use of health services. In part, these are related to structural issues that require attention at a broader policy level, such as improving access to interpreter services and changes to funding arrangements to enable healthcare providers to offer the more intensive support that may be required to deal with the health impacts of the refugee and resettlement experiences.

Also, many Australian healthcare providers may lack understanding of the past experiences and current needs of new arrivals and their impact on mental health. This in turn may work against them tailoring their care in ways that promote the health of new arrivals.

As well as lacking basic practical information about the healthcare system, many new arrivals have a culturally based understanding of health and healthcare which is very different from that in Australia. This is particularly significant with regard to mental health and social support issues, with many new arrivals seeing the role of doctors and other healthcare practitioners as being confined to physical health concerns. Some may also lack confidence in accessing healthcare services and asserting their needs to healthcare providers. This is especially the case for new arrivals from countries where health professionals were involved in persecutory practices or where more traditional and hierarchical relationships between doctor and patient prevail.

Reflecting intake patterns in the Humanitarian Program, the Health Access Pathways Project targeted new arrivals from Afghanistan, Iraq, the Horn of Africa and the former Yugoslavia. It involved the development of a collection of resources designed to build the capacity of health and teaching professionals to identify new arrivals and to support them to access services and other resources required for health and settlement.

These resources were developed on the basis of a consultation involving focus groups and individual interviews with new arrivals, key community stakeholders and workers. Over 120 people were involved.

While the findings of the consultation provided vital information for the project itself, they are also currently being used by the lead agency as background material for a paper to advocate for a coherent refugee health policy for Victoria.

Conveying information to new arrivals

Drawing on the outcomes of the consultation, the project developed, in nine community languages, a series of information booklets titled *Making a Healthy Start in Australia* in nine community languages. Bilingual working groups were formed comprising key stakeholders in each of the target communities. These groups assisted the project worker in determining the content of the booklet in each of the languages and in focus testing them in both their English language and translated versions to ensure their accessibility and cultural relevance.

The booklets, following a straightforward question and answer format, are targeted to people soon after they arrive in Australia, and provide basic information on health, mental health and social support services. As well as being available in printed versions, the booklets were placed on the website of the Victorian Foundation for Survivors of Torture (VFST).

Adult English as a Second Language programs as settings for mental health promotion

At present over 90% of new arrivals enrol in the Adult Migrant Education Program (AMEP) shortly after their arrival (DIMIA in UNHCR 2002). Another significant component of the project involved developing a teacher resource with health services and healthcare as its focus for use in AMEP classes. The workbook, *Health Ways*, was developed by the Australian Multicultural Education Service (the primary provider of the AMEP in Victoria) with input from the VFST and other project partners.

The exercises in *Health Ways* are linked to the questions in the *Making a Healthy Start in Australia* multilingual booklets. This enables new arrivals to learn more complex conceptual information in their own language while learning the language of accessing health services through related exercises in the workbook. Recognising the diverse nature of Australia's refugee and migrant intake, the workbook was developed so that it could also be used independently of the booklets if necessary.

Each exercise in the workbook begins by exploring new arrivals' own understanding of health and healthcare based on their experiences in their country of origin. This is used as the point of departure for exploring differences in the Australian healthcare system. This approach recognises, affirms and draws on the culture and past experiences of new arrivals.

As well as building the capacity of the AMEP to play a role in health promotion, the workbook provides background information and serves as a vehicle for enhancing awareness and understanding of the impact of the refugee experience on health among teaching professionals.

Raising awareness and skills among health professionals

The third component of the project involved the development of *Refugee Health: A Guide for Doctors and Other Primary Healthcare Professionals Working with People from Refugee Backgrounds.* The purpose of the Guide is to enhance workers' understanding of specific health issues of concern to new arrivals and strategies. While the Guide integrates physical and mental health issues, specific emphasis was placed on building workers' understanding of the factors affecting the mental health of new arrivals and the ways they can contribute to addressing these.

Key mental health promotion strategies

Community strengthening

- Builds mental health promotion knowledge within new arrival communities through the consultation process

Workforce education and skill development

- Enhances awareness of mental health issues of concern to new arrivals

- Builds the capacity of teaching, health and community support workforces to identify and provide appropriate support to new arrivals

Organisational development

- Builds understanding among healthcare providers of changes that can be made at an organisational level to enhance access to new arrivals

- Builds capacity within the AMEP to promote the health of new arrivals

Advocacy for policy and legislative change

- Findings of consultation to be used by the VFST in the process of advocating for a refugee health policy for Victoria

In the final stage of the project, the project resources will be introduced to relevant workforces and community groups through professional development seminars and information sessions, sector newsletters, journal articles and the placement of project products in libraries in resettlement areas.

Partnerships for mental health promotion

In this project, the partnership enabled the AMES and VFST to pool their expertise and resources to achieve an outcome which would have been difficult for either agency acting alone. While one of the key activities of the VFST is to link new arrivals with health and support services, it does not have the resources to reach all new entrants. The partnership with the AMES will enable a larger number of new arrivals to learn about services available to them. Since it uses the existing infrastructure of the AMEP, this will be sustained over time. The partnership was of mutual benefit with the AMES now having a resource for language learning which is linked to the day-to-day concerns of new arrivals.

Partnerships with refugee communities and settlement services were important for facilitating contact with new arrival communities and ensuring they had input into the development of the resources. The partnership also contributed to a markedly increased resource base, with both the AMES and the VFST contributing funding to the project.

The partners	Contribution to the project
Victorian Foundation for Survivors of Torture	Lead agency and project coordination Mental health expertise
Adult Multicultural Education Services	Teacher resource development expertise Links with teachers and students
ISIS Primary Care Project Western Region Health Centre Darebin Community Health Centre	Refugee health, health promotion and health access expertise Links with primary health workforce
South Eastern Migrant Resource Centre Inner West Migrant Resource Centre North East Migrant Resource Centre Victorian Multi-Ethnic Slavic Welfare Association	Links with refugee communities Links with bilingual workers

THE RAINBOW PROGRAM FOR CHILDREN IN REFUGEE FAMILIES:

BUILDING MENTAL HEALTH CAPACITY THROUGH WORKFORCE DEVELOPMENT

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This project used workforce development strategies to offer a school based group program to refugee children and their parents which drew on the combined skills and resources of schools and a refugee mental health agency.

The productive partnerships that developed in the context of the project led to successful submissions to expand the range of interventions offered and to extend their reach to other schools.

This project demonstrates that a modest and discrete intervention can serve as a focus for mental health agencies to develop relationships with school communities and as a catalyst for a far more ambitious program of mental health promotion.

The Rainbow Program for Children in Refugee Families

Background

In 1998, counsellors at the Victorian Foundation for Survivors of Torture (VFST) developed a school based early intervention program aimed at supporting refugee children to settle in Australia. The program comprises components for children, their parents and teachers.

In the early pilots of the program, the children's and parents' components were facilitated by VFST counsellor advocates with a teacher present. Following a positive evaluation, the VFST approached the then Department of Education and Training (DEET) to explore the possibilities of a collaborative approach to delivering the program. The aim of this partnership was to draw on the combined resources of the VFST and DEET so that the program could be delivered more routinely and in a wider range of school settings. It was anticipated this would involve some aspects of the program being offered by teachers or school support professionals with the support of the VFST.

With funding from VicHealth, a steering committee was established comprising representatives of DEET and teachers and guidance officers associated with the Western English Language Centre and the Springvale English Language School. Two further pilots co-facilitated by a VFST counsellor-advocate and a classroom teacher or school guidance officer were held. Their purpose was to engage these teaching professionals in program delivery, thereby providing an experiential basis on which to assess the potential for a partnership.

At the completion of the pilots, individual interviews were held with the facilitators and other key stakeholders. The outcomes were recorded in an issues paper which was used as a basis for a joint DEET/VFST workshop to determine an agreed way forward.

While there was consensus that the VFST should retain overall responsibility for monitoring the program, it was agreed that with adequate support teachers and school guidance officers could assume responsibility for running the children's and parents' components.

To assist with this, the program was documented in a user-friendly instructional resource and, in the coming year, a professional development program is planned for teachers and school support staff to train them to run the program.

The Project

The Rainbow Children's Program for Children in Refugee Families is a school based mental health promotion program. A core component of the program is a seven-session group program delivered to children from refugee backgrounds in class time. The program supports children to develop a positive identity in Australia (drawing on aspects of their culture of origin and their new culture in Australia) and personal skills to deal with the challenges of settling in a new country. Through the participatory group process children make supportive friendships with others.

Recognising that children's mental health and wellbeing is also influenced by the quality of support available in their families and schools, the program includes a three-session component for parents and a teacher professional development session. The teacher session is delivered to the whole school. The parent sessions are designed to introduce the program to parents, secure consent for their children's participation and provide an opportunity for them to make connections with each other and the school.

They are promoted as an opportunity for parents to learn about what their children are doing in school and are sequenced at critical stages of the children's program. Artwork completed by the children is used as a focus to engage parents in group discussions. This approach also provides a non-threatening environment in which parents can discuss their children's experience of settlement.

The program includes a range of strategies to address factors which might otherwise serve as barriers to parental participation. Program information, flyers and permission slips are translated, interpreters and childcare are made available, and reminder calls are made to parents the day before each session. School bilingual aides are engaged to promote the program to parents and efforts are made to ensure that parents feel welcome in the group. As well as securing high levels of parental involvement this approach also models the strategies required to secure parental participation to the schools involved.

Connecting

We met parents that we had never seen before and that was because the program gave them a facility to do that by inviting them here and providing interpreters. They were sharing ideas. They wanted to be more involved in their children's education. It was a good opportunity for them to put forth some ideas and there aren't many opportunities for them to do that.

Teacher

The program allowed the young people to look at their identities, to look at themselves, to look at new and different things in their environment and to talk and discuss these things. They may have only connected with one other person before the program. It connected them more widely with the school community.

Teacher

Good practice features

Economic participation

- Improves refugee children's access to education and the positive mental health outcomes associated with this

Social connection

- Facilitates social connections between children and parents and supportive relationships between refugee families and teachers

- Enhances children's awareness of factors affecting their wellbeing

- Enhances parent's awareness of factors affecting their children's wellbeing

Freedom from discrimination and promoting inclusion

- Builds children's pride in their cultural identity and their appreciation of diversity

- Fosters appreciation of diversity among teachers and in the wider school community

- Ensures the meaningful participation of girls by offering girls-only groups

- Ensures power and control through rigorous informed consent processes followed with parents

- Builds a sensitive and welcoming school community

A multi-layered approach to workforce and organisational development

This program contributes to workforce and organisational development at a number of levels.

The teacher professional development session, offered as part of the program, enhances the capacity of the wider teacher body to identify refugee children in the school and to better support them and their families.

Through their direct exposure to the children's and parents' discussions, teachers and guidance officer facilitators develop a deeper understanding of the experiences of new arrival families and the impact on their mental health. By observing the work of the counsellor-advocates and discussing issues with them, teacher co-facilitators are able to learn skills and approaches for their interactions with refugee children and their families in the classroom and wider school environment.

In a number of schools, co-facilitators have also developed the confidence and skills to run future programs with minimal support from the VFST. It is anticipated that the number of teaching and school support staff with these skills will increase through the professional development program to be offered in association with the instructional guide.

The Guide will also be used as a basis for workforce development within the VFST, thereby expanding the number of counsellors who are able to offer the program and building the agency's capacity for mental health promotion.

A catalyst for organisational development

While the Rainbow Children Project offers a discrete package of interventions, the experience to date has been that it has served as a catalyst for most schools to explore other ways in which they can support refugee children and their families. In part, this has been a result of the teacher professional development program, which specifically engages participants in exploring ways in which classroom practices and school programs, policies and procedures can be adapted to better meet the needs of refugee children and their families.

The program activities also provide a vehicle for raising awareness of refugee issues and for the VFST to build relationships with school staff. When introducing the program to the school, the VFST invests considerable effort in securing the support of the principal and other senior staff. This helps to add legitimacy to the program and to ongoing efforts to create a supportive environment for refugee children and their families.

Through their direct engagement in the children's and parents' components, key teachers develop or consolidate an interest in refugee issues and the skills and confidence to address them. In some schools these teachers have played an ongoing leadership role in relation to the school's response to refugee children and their families.

Building on the partnership

The partnership formed for this collaboration provided a catalyst for the partners to expand the project to include a larger number of school communities and a wider range of interventions. With funding from VicHealth, the Commonwealth Government's Strengthening Families and Communities Program and the Myer and Telstra Foundations, the partners are currently developing teacher resources to address refugee issues in the classroom, an expanded range of activities for parents and support programs for teachers.

This project is being implemented alongside a second project targeted to secondary schools. It is anticipated that resources developed and lessons learned in participating schools will be introduced to other schools via a comprehensive professional development and dissemination strategy to be implemented in the final six months of the projects. The partners also plan to draw on their experience in the projects to identify broader education and health policy issues of concern to refugee families and to bring these to the attention of government.

Partnerships for mental health promotion

The partners	*Contribution to the project*
Victorian Foundation for Survivors of Torture	Lead agency Refugee mental health expertise Counsellor-advocate co-facilitators Evaluation Project coordination Resource development Professional development
Department of Education and Training, English as a Second Language and Welfare Sections	Policy support Translated materials
Department of Education and Training, School Support Services, Western and South East Regions	Co-facilitation of pilots School welfare expertise
Western English Language School Springvale English Language Centre	Pilot sites Teaching/education expertise

Key mental health promotion strategies

Workforce education and skill development

- Provides professional development to teaching professionals to enhance their capacity to support refugee children and families

- Incorporates a professional development strategy to introduce the project and resources to a larger number of schools

Participation pilots

- Pilots strategies for enhancing mental health, settlement and educational outcomes for refugee children

- Uses a discrete intervention as a basis for developing a partnership

Key mental health promotion strategies

Community strengthening

- Enhances refugee parents' understanding of the factors affecting mental health and their links with schools

Organisational development

- Engages partner agencies in developing sustainable changes in the ways they serve refugee children and families

Advocacy for policy and legislative reform

- Contributes project experience to relevant government planning forums

- Serves as a basis for policy advocacy

- The involvement of schools in this project provided the VFST with a means of reaching new arrival children and families in ways that minimised stigma and disruption. The fact that schools are known to and trusted by families helped to secure their involvement in the program.

- In the long-term, the engagement of teachers and guidance officers will contribute to the program's sustainability and allow a broader reach than the VFST could possibly have achieved alone.

- Through its involvement, DEET gave legitimacy to the project among schools and provided important technical support and policy advice. It is also anticipated that DEET will have a role in supporting the professional development program through its existing professional development forums.

* DEET is now the Department of Education and Training.

OFF TO A HEALTHY START:

BUILDING A KNOWLEDGE AND RESOURCE BASE FOR A HEALTHY START FOR REFUGEE YOUNG PEOPLE

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While making an important contribution to the knowledge base for mental health promotion with refugee young people, this pilot study also demonstrates the benefits that derive from linking research with mental health promotion practice. Importantly, it serves as a model for conducting research in partnership with refugee communities and the agencies that work with them which is sensitive to the past experiences and current concerns of refugee young people and their families.

Off to a Healthy Start

Good practice features

Social connection

- Provides opportunities for young people to form social connections with one another and with group facilitators

- Enhances young people's awareness of factors affecting their mental health and wellbeing

Background

There is growing evidence internationally that the quality of the environment refugee young people encounter in their communities, families and schools in the early settlement period is a major factor influencing their ability to rebuild their lives (Athey & Ahearn 1991; Raundalen 1993; Dyregrov et al 2002; Garbino & Kostelny 1993; Hjern et al 1998).

While a number of studies have documented the problems faced by refugee young people, it became apparent to Deakin University's School of Health Sciences that very little research had been conducted to identify factors that play a positive role in settlement and mental health and wellbeing.

In partnership with the Victorian Foundation for Survivors of Torture (VFST), a counselling and support service for people from refugee backgrounds, Deakin began to explore ways in which social determinants of health and settlement could be identified. Both agencies saw this as vital for helping service delivery agencies and policy-makers to offer more appropriate and better targeted support to refugee young people and their families.

Their long-term vision was to do this by following a large and diverse group of young people from refugee backgrounds over time so that they could understand the different challenges they face at different stages of the settlement process. However, aware that this was a complex undertaking (see page 107), the partners applied for funds to conduct a 12-month pilot study with a smaller number of refugee young people in the first instance. The purpose of the pilot study was to test whether it was possible to conduct the research in a way which was practical, ethical and methodologically rigorous while at the same time providing benefits to participants, service providers and refugee communities.

As a first step, Deakin University and the VFST widened their partnership by establishing links with English Language Schools (facilities providing English language instruction and orientation to schools for new arrivals in their first 12 months in Australia), refugee community groups and other relevant agencies.

The research method was designed in close consultation with refugee communities and service providers and approval was sought from the Department of Education and Training and the Ethics Committees of both Deakin and the VFST.

Forty young people aged 12 to 18 years were engaged in the study through the participating English Language Schools. Participants were from 19 different birth countries and represented 17 ethnic and language groups. Recognising that some young people do not enrol in or attend an English Language School, 10 participants from African backgrounds were recruited through community networks with the help of a bilingual worker.

Why conduct a feasibility study?

- The partners investigated how to gain the trust and confidence of refugee young people and their families and the most effective, practical and ethical ways of doing this. As indicated elsewhere in this publication, lack of trust in others is a common consequence of the refugee experience. Refugee communities may be particularly wary of researchers, fearing that they are being stigmatised by a process which may offer them few tangible benefits.

- The research depended upon being able to reach sufficient refugee young people and to follow them over a period of time. The partners needed to work out if this was possible and what methods and settings they could use to achieve this.

- Many contemporary research tools and methods designed to assess mental health and social connection were developed for English speaking populations. They may be inappropriate and/or difficult to administer with refugee young people and their families because of different cultural understandings of health, language difficulties and limited mother tongue literacy. The partners wanted to work out what adjustments needed to be made to existing instruments and whether new instruments would need to be developed.

- The partners were particularly keen to develop a research design that would ensure that the project and its findings were directly related and applicable to the practice of agencies serving refugee young people. The pilot study would provide a means of engaging relevant partners and involving them in the design.

Good practice features

Freedom from discrimination and promoting inclusion

- Enhances teachers' capacity to extend support to refugee young people by building understanding of their needs and circumstances

- Promotes mutual understanding among new arrival students

- Involves refugee communities in research design and implementation

- Incorporates a process for building trust with participants, their families and communities

- Is sensitive to the language needs of new arrivals

- Promotes participant control through appropriate consent process

- Recruitment processes work against the stigmatisation of refugee young people

- Builds on the strengths of refugee communities

Key mental health promotion strategies

Research

- Enhances understanding of factors protecting and promoting the mental health of refugee young people

Workforce education and skill development

- Models sensitive strategies for monitoring the mental health and wellbeing of new arrivals in school settings

- Engages teachers, thereby enhancing their understanding of mental health and wellbeing issues facing refugee young people

- Pilots a model for identifying and monitoring the mental health and wellbeing of refugee young people for teaching professionals

Award

The Off to a Healthy Start Project attracted an Award for Excellence in the Victorian Public Health Awards in 2002 which raised awareness among researchers, practitioners and policy-makers of issues affecting new arrivals and of the processes involved in research with refugee communities.

To build ownership and understanding of the project and to ensure that participants were able to make informed decisions about their participation, information was provided both verbally and in written form to schools, parents and the young people. Information for parents and participants was extensively reviewed and focus tested to ensure it was sensitive and clear. It was also translated into the major community languages.

Multilingual consent forms were developed and participants and their families were assured that they were not obliged to participate in the study and could withdraw their consent at any time. To keep young people informed about and engaged in the project, newsletters and postcards were sent to them at regular intervals.

Participants were asked to complete activities at two points in time: firstly at the English Language School and then seven months later when they had transferred to a School. In the English Language School the activities were conducted in class time and involved all students in the class. Participants in the community sample undertook the activities in their home setting with the assistance of a bilingual project worker.

The activities addressed a range of issues around social connection, personal health and wellbeing, connections to place, and participants' hopes and visions for the future. These activities were focused around a settlement journal which participants were able to keep. A series of questions (about background health and wellbeing) and scaled items (assessing health, wellbeing, identity, optimism and life satisfaction) were also administered and collected by the researcher. The exercises were completed in small groups with the assistance of a bilingual worker, language aides or an interpreter.

More than good research

The participatory group process enabled young people to express issues around settlement and wellbeing in creative ways. As well as meeting research objectives, it provided participants with the opportunity to discuss settlement and health issues, such as the positive and negative aspects of being in a new country, and their hopes for the future (in some cases for the first time). Experience suggests that exploring these issues can contribute to young people's wellbeing by enhancing their awareness of factors affecting their health and by supporting them to conceive of a positive future (VFST 1996, 2002). The chance to discuss issues with others also helps participants to appreciate that their experiences are shared by others.

By incorporating the activities into school curriculum the project helped to avoid the stigma that participants might otherwise have felt had they been withdrawn from class. This approach will also contribute to the sustainability of the project as it provides teachers with a practical and sensitive tool to communicate with students, develop a better understanding of their settlement and health concerns, and monitor their progress over time. To this end, the settlement diary is currently being published along with an instructional guide for teachers to enable them to administer it with future intakes of new arrival students.

Through this pilot study the researchers have been able to identify effective ways of making contact with refugee young people and maintaining links with them over time. Importantly, it has demonstrated that with an investment of time and effort it is possible to conduct research 'with' rather than 'on' refugee families and which respects their right to autonomy and control.

Key mental health promotion strategies

Organisational development

- Provides teachers and other professionals with tools for understanding and monitoring the mental health and settlement concerns of students

- Links between the project and partner agencies help to ensure that outcomes influence practice

Advocacy for policy and legislative reform

- Research outcomes support the partners' advocacy for changes in policies and programs affecting refugee young people

### Communications and marketing

- Participation in the Public Health Awards helps to raise understanding of, and approaches to, conducting research with new arrivals in the health sector

Partnerships for mental health promotion

The partnerships formed for this project enabled it to reach and maintain contact with research participants in ways which were non-stigmatising. The involvement of the schools meant that teachers were able to have input into the development of the research tools, ensuring that they were of ongoing use to them. Their direct involvement also allowed teachers to develop a better understanding of the factors affecting the mental health of refugee young people. The VFST will apply the findings of the research to its own work with refugee young people.

The partners	Contribution to the project
Deakin University Faculty of Behavioural Sciences	Mental health promotion expertise Research expertise Links with other researchers Knowledge of dissemination processes and avenues, nationally and internationally
Victorian Foundation for Survivors of Torture	Mental health expertise Expertise in working with refugee young people, particularly in groups Links to schools
Centre for Adolescent Health	Expertise in adolescent mental health research and practice
Centre for Multicultural Youth Issues development for refugee young people	Expertise in policy and program
Western English Language School	
Broadmeadows English Language Centre	Links with refugee young people and their families Curriculum expertise Links with mainstream schools
Victorian Cooperative on Children's Services for Ethnic Groups	Links with refugee young people and their families and communities Specific cultural and background knowledge
Department of Education and Training	Policy and program advice Links with schools
Key Centre for Women's Health refugee communities	Research expertise, especially with Links to refugee communities

DRAWING ON THE COLLECTIVE EXPERIENCE OF THE PROJECTS:

KEY LEARNINGS AND PROMISING PRACTICES

5

Building capacity to implement and sustain mental health promotion

The first concern of the evaluation was to explore how the projects built capacity to implement and sustain mental health promotion among practitioners and at the organisational level.

Developing a conceptual understanding of mental health promotion

One of the aims of the Mental Health Promotion Plan 1999–2002 and its funded projects was to engage a range of agencies in mental health promotion activity and to build a long-term understanding of, commitment to and capacity to sustain mental health promotion. Arguably, this is at least partly dependent on practitioners and other key players having a conceptual understanding of mental health promotion and the ability to make the links between it and the activities of their organisation.

The Mental Health Promotion Plan 1999–2002 uses many of the same activities and processes as other funding initiatives promoting community capacity building, social justice and equity. What distinguishes the Plan and its funded projects is their mental health promotion intent and subsequent framing. By placing activities in the context of the broader conceptual framework articulated in the Plan, projects can help to cultivate ownership and understanding among organisations and communities, ultimately contributing to the long-term sustainability of mental health promotion activity.

Both the cluster evaluation and individual project reports indicate that in the initial stages of the projects the focus tended to be on the three determinants of mental health and how these would be addressed through project activities. There has been less evidence of links being made with overarching concepts of mental health promotion or of project activities being seen as ultimately influencing mental health.

While the agencies clearly demonstrated that it is possible to devise projects that address the determinants, this appears to be due in part to the fact that these fit neatly into the strategies that are part of their current practices.

The theme of social connection in particular has immediate, common sense or intuitive appeal.

Learning the language of mental health promotion

A common concern in many of the New Arrivals Projects has been the difficulty in using the language of the Plan in their interactions with organisations and participants because of the stigma attached to mental ill-health. Project workers have been concerned that if they draw attention to the links between the project and the determinants it may compromise acceptance in the community and at the organisational level.

This also emerged as a concern in VicHealth's evaluation of projects funded in the Rural Partnerships for Health and Wellbeing Scheme. However, in that scheme workers found that over time it was possible to introduce the language of the Plan to organisations and, to a lesser extent, participants. The greater reluctance of project workers in the New Arrivals Projects to do so may be due to the greater stigma and fear attached to mental ill-health in some new arrival communities (Darebin Ethnic Communities Council 1999). This may be compounded by the negative treatment of people with mental illness in their countries of origin, a particular concern in developing countries (WHO 2001; UN 2001). Project workers also reported difficulties in communicating relatively complex or culturally bound concepts via a translator. This may be further complicated by lack of familiarity with concepts of prevention and promotion per se in some new arrival communities, with many originating from countries which struggle to meet even acute healthcare needs and in which health prevention and promotion programs are poorly developed (UN 2001).

Agencies attempted to address these barriers. Some spoke about mental health in terms of the more generalised concept of wellbeing. Others used specific activities as a hook and modelled the determinants through their actions. For example, in the Community Guides Project, the guides were originally engaged around settlement issues but the activities in which they were involved were used to demonstrate the value of social connection and support.

Some projects have used the language of the Plan when focusing on organisational and structural change but have presented the project activities as ends in themselves when working with participants.

The experience of those projects that have drawn attention to the Mental Health Promotion Plan 1999–2002 as a whole has been that there was considerable value in doing so. Framing activities in terms of mental health has enabled participants to develop a sophisticated language to describe the importance of community and inclusion in terms of their health and wellbeing.

As has been discussed earlier, the projects have made significant advances in community and organisational responses to new arrivals. Clearly, there remains considerable potential to place greater emphasis on mental health as they develop.

Key Learnings

- Mental health is often confused with mental illness and its associated stigma, thus compromising an understanding of mental health promotion activities at a broader community level.

- Due to language difficulties and limited familiarity with concepts of health promotion and prevention, communicating the concept of mental health promotion may be a particular challenge in new arrival communities.

Building capacity at the organisational level

Consistent with the intersectoral and settings approach advocated in the Mental Health Promotion Plan 1999–2002, most of the agencies participating in the program were not health agencies. The agencies capacity, commitment and willingness to embed mental health promotion in its activities were a consideration for VicHealth. The projects were seen in part as a vehicle for effecting structural and organisational change with a view to increasing the capacity of agencies to promote mental health.

As can be seen from the case studies, many of the New Arrivals Projects have been successful in achieving changes in the partner agencies and in the agencies with which they have worked. A significant indicator of a project's success in this regard was the support and active involvement of senior agency personnel. Those relying primarily on the efforts of junior or short-term project workers tended to have less impact at the organisational level.
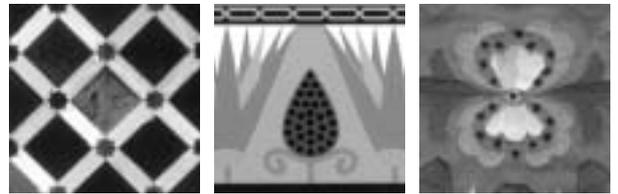
Many of the projects made links with similar initiatives that have become mutually reinforcing. In some cases, the projects have become catalysts for related but new projects. A number of the agencies have secured funding from VicHealth or another source to extend the projects. In this sense, the projects have played an important role in facilitating innovation, by supporting agencies to have the confidence and expertise to seek funding that was previously out of their reach. The agencies' continued involvement in the projects indicates that they have an ongoing interest in mental health promotion.

Each project was required to deliver innovative strategies targeted to individuals and groups of new arrivals (see p 41). The projects demonstrate that such interventions can be an important focus for achieving organisational change. This was particularly illustrated in the school based CONNECT and Rainbow projects. Both involved different interventions: in the CONNECT project it was a peer support program, while in Rainbow it was a group program for refugee children and their families. In both projects the interventions were used as vehicles for raising the profile of refugee and multicultural issues in the wider school communities.

At the same time, a number of projects struggled to maintain a balance between building relationships and supporting change processes at the organisational level and focusing on specific interventions.

There was also evidence, particularly from the cluster evaluation, that some of the agencies saw themselves as applying for funding for a short-term project that was consistent with their core business and culture. While the projects could have been used as leverage to bring about sustained changes in content or ways of working, at least some of the agencies did not see themselves as having a long-term involvement in mental health promotion.

A factor contributing, albeit indirectly, to project sustainability was project success in building the capacity of participants and communities to have more influence over the decisions that affect their lives. Community activists and leaders have emerged and the projects have served as a springboard for them to move into other decision-making forums in the community. For example, in the Community Guides Project, some of the guides left the project to secure paid employment or engage in broader endeavours. However, their skills were not lost to the community, however. Rather, they are able to exercise them within structures that are more permanent and perceived to be more powerful.

Key Learnings

- The Mental Health Promotion Plan 1999–2002 has widespread recognition and support. Through the development of the conceptual framework for the Plan, which is based on the most up-to-date research and evidence, organisations have been assisted to develop innovative activity and undertake organisational change to facilitate good practice in mental health promotion.

- There is a legitimate place for short-term projects. They can serve as a catalyst for change and build agency capacity to seek and utilise funding to extend mental health promotion activity.

- Adequate time and resources are required to achieve and sustain the changes needed to build organisational capacity to promote mental health and wellbeing. This suggests that longer-term project activity needs to be supported alongside short-term initiatives.

- Pivotal to the success and sustainability of project activity is the involvement and commitment of senior staff of the organisation.

- Building the capacity of individuals in their communities to have more influence over the decisions that affect their lives leads to sustainability.

Focusing on first-contact agencies

In the course of their settlement, new arrivals have contact with a number of specialist settlement agencies, among them migrant resource centres, adult migrant English services and English language schools and centres. For example, over 90% of new arrival adults enrol in an adult migrant English program within 12 months of their arrival (DIMIA Settlement Data Base cited in UNHCR 2002), while over 41% of new arrival children and young people enrol in an English language school or centre (VFST 2000).

These projects indicate that there are significant benefits in supporting organisational capacity building for mental health promotion in these first-contact agencies. This is for a number of reasons:

- They offer an existing infrastructure through which health promotion interventions can be delivered, providing resource efficiencies and enhancing program reach. This is illustrated in the Health Access Pathways Project, which developed a resource to build the capacity of adult migrant English teachers to deliver information about the healthcare system to new arrivals. This enabled the lead agency, the Victorian Foundation for Survivors of Torture, to reach a far larger number of people than it could possibly reach through its own outreach activities.

- Through their extensive contact with new arrivals, these agencies build an understanding of their needs and hence are well placed to advocate these to mainstream service providers and government. Many of the New Arrivals Projects arose out of needs identified by first-contact agencies. At the project level, the value of this role was illustrated in the CONNECT Project, which engaged the Blackburn English Language Centre as a springboard for its work. The principal of the centre was a founding partner of the steering committee and much of the initial work with parents and teachers was carried out at the centre. The staff of the centre guided the selection of feeder schools to be targeted by the project. Similarly, the project was able to pilot the parent programs at the school and use this approach as a model for implementing similar programs in the schools. In this way the centre provided a basis for project planning and implementation that might otherwise have taken the lead agency some time to develop.

- They have well developed relationships with refugee communities and hence can help to link them with other organisations seeking to implement mental health promotion initiatives. For example, in the Off to a Healthy Start and Rainbow Projects, English Language Centre staff who were known to and trusted by families played a key role in introducing the projects and gaining their trust in them.

- The resources they provide (e.g. English language instruction, education) have a bearing on settlement outcomes and mental health and wellbeing. As a result there is considerable potential to enhance mental health by exploring more effective and appropriate ways of delivering these resources. For example, in the United Wood Cooperative and the African Employment Development Program, the Adult Multicultural Education Service (AMES) piloted alternative approaches to offering English language instruction to groups of new arrivals with limited proficiency in English and high rates of attrition from existing class based programs (McNaught & McGrath 1997).

- Many of these services are themselves sites for promoting social connection and opportunities for economic participation. For example, a number of the projects demonstrate the important role that schools can play in promoting social connections between refugee children and young people as well as in building links between their parents.

- They enable mental health promotion to be delivered in ways that are part of the day-to-day experience of new arrivals thus minimising stigma and disruption.

- They can serve as a gateway to other resources required for mental health. For example, the Health Access Pathways Project used adult English language programs to enhance links between new arrivals and healthcare services.

- They can play a role in re-establishing trust in others, institutions and services which is often lost through experiences of persecution. Positive lessons learned in early relationships with these services can be transferred to other individuals and services in the community.

There are also a number of mainstream services that provide an early point of contact for new arrivals. Among these are universal services such as general practitioners, maternal and child health centres and primary and secondary schools; community based services such as community health centres and neighbourhood houses; and recreation services and sporting clubs.

Many of these services also provide a gateway to other resources required for mental health, offer the potential to restore new arrivals' faith in others and serve as sites for social connection. For example, many maternal and child health centres play a role in linking new mothers through support groups. As illustrated in the Multicultural Sports Project, sporting environments offer particular potential for promoting social connections among refugee young people.

The experience of the projects, however, is that if the potential for promoting mental health through specialist and mainstream settings is to be realised there is a need to invest in workforce development and organisational capacity building.

Many mainstream service providers and organisations in Australia have had minimal prior experience with people affected by war and violence and may have had limited contact with people from different cultural backgrounds. They may also lack the specific cultural skills and knowledge to make effective links with new arrivals.

A number of projects – among them a Country Welcome, the Health Access Pathways and Rainbow Projects – undertook workforce development initiatives to address this. The Country Welcome Project worked with key local agencies to secure funds to employ workers with specific language and cultural skills so that these local agencies could increase their accessibility to new arrival communities. A peer support program was also developed for key professionals, providing them opportunities to share information and to talk through difficult situations arising in their work.

Several projects worked directly with new arrivals to support them to engage with services and networks in the community. For example, the Multicultural Sports Project developed translated materials to assist young people from the new arrival communities to start a soccer club and participate in mainstream soccer competitions. Translated materials were similarly used to increase access to health and welfare services by the Health Access Pathways and Country Welcome projects.

Building organisational capacity for economic participation

Arguably, economic participation is the most difficult of the three determinants identified in the Mental Health Promotion Plan 1999–2002 to address. Economic participation is outside the ambit of many of the lead agencies funded to undertake the New Arrivals Projects. Community health centres and welfare agencies tend to be more comfortable with promoting social connection and working against discrimination and violence. For many of these services, fostering economic participation may be perceived as falling outside their core business and they may have few links with agencies involved in economic activity. Moreover, many of the factors affecting economic participation, such as the demand for labour, are beyond the direct control of community based agencies.

Nevertheless, those projects that had a focus on economic participation demonstrate that careful construction of partnership arrangements can help to engage the range of expertise and resources required to address barriers to economic participation in new arrival communities. In this respect, partnerships involving organisations able to link new arrivals with specific education and employment opportunities and business enterprises were particularly important.

Strengthening partnerships for mental health promotion

The Mental Health Promotion Plan 1999–2002 placed strong emphasis on partnerships as an important mechanism for building and sustaining capacity in mental health promotion (see box). In the application process, agencies were asked to design their projects in ways that linked a number of agencies. The potential of the project to forge meaningful collaborations with other agencies, particularly between those from different sectors, was one of the selection criteria and the importance of partnerships was reiterated in each contract.

The role of partnerships in mental health promotion

Partnerships:

- can help to broaden the resource base and expertise available to a project;

- are a way of fostering intersectoral involvement in mental health promotion;

- can help to increase project impact within participating agencies by bringing a broader range of agencies into the net;

- can contribute to the sustainability of the initiative because there will be a greater number of agencies who understand and are committed to it;

- provide a forum for addressing conflicts that potentially exist between services by bringing them out into the open; and

- lead to a more seamless and coherent service system for members of the community.

Partnerships as a tool for mental health promotion in new arrival communities

As can be seen from the case studies, partnerships were critical to the design of many of the New Arrivals Projects. In a number of the projects, they provided an important vehicle for engaging refugee communities, enhancing the agency's capacity to involve an otherwise hard-to-reach target group. This involvement also provided the projects with an important source of cultural advice and helped them to build trust with refugee communities who, as a result of their past experiences of persecution, may regard those outside their community with suspicion.

Partnerships were particularly important in those projects targeting refugee children and young people. In projects focusing on economic participation, they enabled the partners to draw on the range of expertise and resources required to address the multiple and complex barriers to economic participation in new arrival communities. This was particularly the case in those projects where the lead agency was from the community service, health or settlement sector.
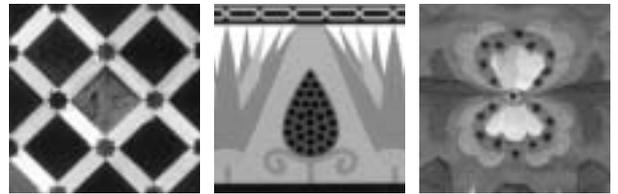
In a number of the projects partnerships developed between groups and agencies that had previously been unfamiliar with one another and whose core business was very different. Their involvement in the projects demonstrated the potential in partnerships for mutual benefit.

Participating agencies views of partnerships

A survey of partnership agencies conducted as part of the cluster evaluation indicated strong support for partnerships, particularly intersectoral partnerships, as a strategy for mental health promotion. Most of the partners surveyed agreed that the partnership had increased the expertise and resources available to the project; had resulted in improved cooperation and coordination between agencies, and had contributed to the sustainability of the projects. Over 60% indicated that they would continue some aspect of the project after the formal funding period.

There was, however, some evidence to suggest the need for further effort to be placed into ensuring that agencies developed a greater awareness and understanding of mental health promotion through their involvement in the projects.

Despite strong generalised support, those surveyed were concerned about the investment of time and organisational effort involved in establishing and maintaining partnerships and hence expressed a preference for partnerships with a specific action orientation rather than with a focus on sharing information for its own sake.

Although partnerships were fundamental to the design of most of the projects, there was some variability between projects in the effectiveness of the partnerships formed. In general, those projects that achieved a high level of impact and which were successful in working toward sustainability tended to be those where the partnership:

- had a clear purpose;

- was planned and fostered throughout the project;

- was formalised; and

- was supported by senior management.

Himmelman (2001) identifies four different types of partnerships on a continuum from networking through to collaboration (see box).

Types of partnerships in health promotion

Partnership type	Purpose and nature
Networking	Formed to exchange information for mutual benefit
	Requires little time and trust between partners
Coordinating	Formed to exchange information and alter activities for a common purpose
Cooperating	Formed to exchange information, alter activities and share resources
	Involves a significant amount of time, a high level of trust between partners and sharing of 'turf' between agencies
Collaborating	Formed to increase the capacity of partners for mutual benefit and a common purpose
	Requires partners to give up a part of their turf to another agency to create a better or more seamless service system

Adapted from: Himmelman A 2001, 'On coalitions and the transformation of power relations: Collaborative betterment and collaborative empowerment', American Journal of Community Psychology, vol. 29, no. 2.

Clearly, where the partnership is established for the purposes of sharing information, only informal or semiformal procedures will be necessary. However, when more sophisticated types of collaboration are involved, such as joint planning or sharing funding, there is a need for more formal procedures such as a memorandum of understanding between partners outlining expectations or tasks, joint planning procedures and arrangements for the sharing of resources. These procedures enable partners to develop a common understanding and purpose, foster interdependent relationships, engage the expertise of participating agencies and plan for the sustainability of the initiative.
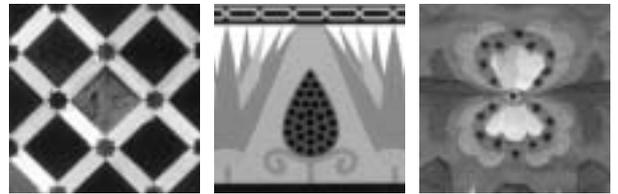
In the course of the projects, VicHealth commissioned work to develop a tool to support agencies to develop a clearer understanding of the range of purposes of partnerships, to take a more planned and strategic approach to selecting partners and to maximise the contribution they could make at different times in the life of a project. This *Partnership Analysis Tool* is available from the VicHealth website at www.vichealth.vic.gov.au

Attention to the development of partnerships will be a critical challenge to the New Arrivals Projects if they are to build long-term sustainability. Some of the lead agencies intend incorporating some or all of the project in to their core business, aided in some cases with funding by VicHealth or another source.

Key Learnings

- There is strong, generalised support among agencies serving new arrival communities for partnership development as a means to implement community sector initiatives. This support is dependent on partnerships having a strong emphasis on activity designed to secure tangible outcomes. Thus, the focus should be on partnerships which lead to activity rather than partnerships per se.

- Partnerships are effective in increasing the resources available to a project, extending project reach and enhancing coordination and cooperation between agencies.

- Intersectoral partnerships, particularly those involving first-contact agencies such as schools and adult migrant English programs, are important in mental health promotion activity with new arrival communities.

- Effort is required to ensure that partners have a common understanding of the role of projects in promoting mental health.

- In general, partnerships are more likely to be successful if they have a clear purpose, are planned and fostered as the project develops, are formalised and have the support of senior agency management. It is important for both funding bodies and practitioners to place continued emphasis on partnership development following the proposal development stage.

Enhancing access to the resources required for mental health

The second concern of the evaluation was to determine the extent to which the projects enhanced new arrivals' access to social connection, economic activity and strengthen community acceptance of diversity.

Enhancing social connection

Building social connections was a theme of all of the projects. They did this in a number of ways, including by:

- bringing new arrivals together through specific activities or supported group processes;

- engaging longer-term residents from refugee backgrounds to provide support to newcomers;

- undertaking activities to strengthen networks and skills within new arrival communities and opportunities for social connection within them;

- building connections between new arrival communities of different racial, religious and cultural origins;

- building connections between new arrivals and members of the wider community; and

- building connections between new arrivals and mainstream services and systems which already act as sites for social connection, such as schools and recreation services.

Building connections among new arrivals

A number of the projects brought new arrivals together through employment and training activities, community development and social activities or more formal group processes. As well as providing participants with the mental health benefits of supportive relationships, in a number of the projects these activities enabled them to appreciate that others shared their experiences. The mental health benefits of this were particularly evident among participants in the training program in the Pathways to Health, Wealth and Success Project. Many had felt a sense of personal inadequacy as they struggled to find employment, despite being highly qualified and having resided in Australia for some time. Learning that others had similar difficulties helped them realise that these difficulties were more likely to be due to their shared social circumstances than to their individual failings.

In a number of projects, the connections formed in a relatively safe peer environment provided in a number of the projects allowed new arrivals to develop the confidence to deal with the perhaps less hospitable climate of mainstream sporting clubs, workplaces, markets and other environments. This logic informed the pathways developed in the projects with a focus on economic participation. Similarly, in the Multicultural Sports Project, young people were supported to develop an understanding of sport in Australia and organisational and time management skills by first participating in ethnically based teams. The project then engaged the participants with mainstream sporting clubs, which in the long-term will assist them to develop social connections with other young people.

Building connections between new arrivals and longer-term residents

Historically in Australia, established refugee and migrant communities have played a pivotal role in helping newcomers to settle in their new country, offering practical support and friendship and linking them with resources, services and social networks in mainstream Australian society. Longer-term residents are able to provide this support from the vantage of a shared language and culture, a common experience of settlement in a new country and a working knowledge of Australian society.

These connections can also serve as a 'bridge' between new arrival communities and other resources for mental health, such as access to employment opportunities through ethnic business networks, and to ethnic social, cultural and religious institutions and groups.

These connections, while generally important for mental health and wellbeing, are vital in the early period of settlement. Without support, newcomers risk becoming socially isolated and may lack the practical guidance they need to access basic services and resources.

In more recent times, however, Australia's refugee and humanitarian intake has become increasingly diverse. Many refugees are from small communities which are just beginning to establish in this country. While many members of these communities are highly motivated to provide support to newcomers they are often themselves in the process of rebuilding their lives, learning to negotiate Australian systems and resources, and establishing themselves in jobs and businesses.

One of the projects – the Community Guides Project – sought to address this by providing members of emerging refugee communities with opportunities to acquire the skills, information and resources to support newcomers.

Programs building the capacity of ethnic communities to provide support to newcomers have been developed in a number of countries with refugee resettlement programs (UNHCR 2002). The experience of these programs suggest that, as is the case with other initiatives involving volunteers, it is important that those providing assistance receive appropriate training and ongoing support. Those working in a voluntary capacity typically lack the protection available to paid workers such as appointment systems, supervision, and peer support and this can make it difficult for them to place boundaries around expectations their communities may have of them.

Strengthening community capacity for social connection

As ethnic communities develop in Australia, they are better placed to offer the infrastructure to facilitate social connection, such as places of worship, community activities and facilities, cultural events and ethnic media. Through participation in activities and more formal decision making processes in their communities, new arrivals can gain confidence and skills in participatory processes. Lessons learned in these contexts can be transferred to their participation in forums in the wider community.

Building ethnic community capacity also has advantages for the wider community which benefits from the unique cultural perspectives that new arrivals bring. To this end, a number of projects undertook activities to strengthen networks and build the skill base in new arrival communities. Several, such as the United Wood Cooperative and the Community Guides Project, did this by offering opportunities for individuals to build leaderships skills. The Pathways to Health, Wealth and Success Project engaged new arrivals in employment and training activities to enable them to work as bilingual and bicultural workers in local services. These workers will ultimately help to connect new arrivals with mainstream services.

Building social connections between new arrival communities

Fostering links between new arrival communities is a particularly important mental health promotion strategy given the emerging international evidence suggesting that connections between cultural communities are a potential source of support for new arrivals, particularly in providing employment and small business opportunities (Ooka & Wellman 2000).

In at least two of the projects – the Multicultural Sports Project and A Country Welcome – efforts to promote social connection within new arrival communities had the potential to create or cement divisions between cultural groups. In both cases, however, the projects worked to bring the groups together, broadening the social connections of participants, avoiding divisions between communities and demonstrating the value in diversity. In the Multicultural Sports Project this involved a deliberate strategy of mixing ethnically based teams and fostering competition on geographic lines. In the Country Welcome Project, a new support group for Arabic women was linked with an existing Italian women's group to avoid competition between the groups for the resources and support of the local community health centre.
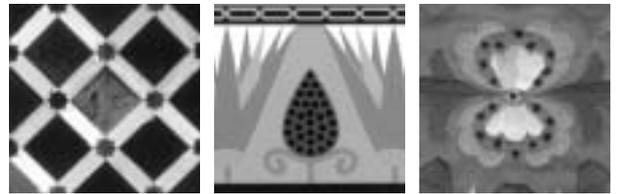
Building connections between new arrivals and the wider community and service network

While ethnic community support is an important resource for mental health, most new arrivals will also depend on being able to access resources and make social connections through mainstream institutions, facilities and community networks.

Accordingly, a number of the projects sought to build social connections between new arrivals and the wider community. Some did this by linking individuals or groups of new arrivals in supportive relationships with professional or volunteer 'friends' or mentors. This is illustrated in the African Employment Development Program and the United Wood Cooperative and in the efforts of the Country Welcome Project to link new arrivals with the local volunteer home based English tutoring scheme. It was also a feature of the Multicultural Sports Project, with existing sporting clubs, sporting organisations and players being approached to provide assistance to new arrival teams.

These relationships have the potential to offer direct mental health benefits by providing a source of emotional support and social connection. In the context of a highly individualised and personalised relationship, new arrivals can also receive more intensive and tailored support and learn about the subtle aspects of Australian society and culture, thereby enhancing their prospects for economic participation and social connection.

Importantly, be-frienders and mentors can help to connect new arrivals with mainstream professional or social networks, resources and institutions.

As indicated in the experience of the peer support program developed in the CONNECT project and the friends of the United Wood Cooperative, befriending can have mutual benefits, as they also enhance the skills, cultural knowledge and understanding of the human experience among those volunteering their support. As well as having mental health benefits for those offering their support, this reciprocity can help build the self-esteem and self-worth of new arrivals. Such relationships also have the potential to contribute to improved mental health by addressing discrimination and promoting social inclusion.

In these projects the volunteer friends were carefully selected and the relationships monitored and supported by paid workers. Where appropriate, volunteers were also offered formal training in their role. This is important to ensure that the support provided through the relationship is sensitive to the needs of new arrivals and that the potential for mutual benefit and reciprocity is maximised. As is the case with any program engaging support providers on a voluntary basis, careful selection, training and monitoring can also help to guard against the possibility of exposing new arrivals to relationships which may compromise their mental health.

As discussed on page 136, these projects also demonstrate the important role that services such as health, settlement, community, education and recreation services can play in supporting new arrivals to form social connections and access other resources required for mental health in their new country.

Key Learnings

- Opportunity to engage in supportive group processes with other new arrivals can help to build skills and confidence.

- Facilitating social connections between new arrivals and longer-term residents from their cultural communities has the potential to promote mental health, as support can be provided from the vantage of a shared language, culture and experience.

- Activities that strengthen cultural communities can enhance their capacity to extend opportunities for social connection.

- Facilitating connections between new arrival groups from different ethnic, cultural and racial backgrounds broadens access to social connections and other resources and can help to promote broader community harmony and connection.

- Building links between new arrivals and the wider community has the potential to promote mental health by widening the basis of support available, providing a vehicle for acculturation to the more subtle aspects of Australian society and facilitating access to a broader social and economic network.

- Befriending and mentoring relationships are promising strategies for promoting mental health in new arrival communities. Such relationships also have positive mental health benefits for those providing support. There is a need to ensure that there are appropriate processes for the selection, training and support of those involved, however.

- Sporting environments, educational facilities and community services are important sites for new arrivals to build social connections.

Addressing discrimination and promoting inclusion

Underlying all of the projects was a recognition that lack of understanding of, and in some cases active discrimination against, new arrival communities can serve as significant barriers to mental health. Most included projects activities designed to address some aspect of discrimination at the community or organisational level or to provide new arrivals with information about systems and resources and their rights in Australia.
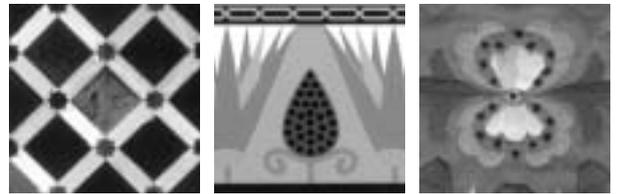
Affirming and strengthening cultural identification

The consensus implicit in much of the mental health literature is that the ability to maintain religious, cultural and racial integrity, while also participating in mainstream life, is a significant factor influencing the mental health of migrants and refugees in countries of resettlement. It is particularly important for people from refugee backgrounds, many of whom will have come from countries of origin or asylum where their racial, religious, political or cultural integrity was undermined or destroyed and where they were subject to social exclusion and discrimination. This can have a negative impact on one's sense of identity and belonging and may lead to a sense of humiliation about one's heritage.

Some projects worked with new arrivals to support them to identify positively with their cultural backgrounds. For example, participants in the Rainbow Children's Program were engaged in activities to identify positive aspects of life in their countries of origin and to share aspects of their cultural heritage with other group members.

Strong cultural communities are an important pre-condition for maintaining cultural identity and a sense of belonging. Through their cultural communities, new arrivals can reconnect with cultural and religious institutions and practices. Strong cultural communities can also undertake awareness raising and public advocacy activities at the community, organisational and governmental levels to promote understanding and act as mediators in the event of conflict or misunderstanding.

A number of the projects involved activities to strengthen communities and community identity. For example, participants in the United Wood Cooperative were assisted to acquire leadership skills which it was believed would support the development of networks and businesses in their cultural communities. Similarly, the Arabic newsletter produced as part of the Country Welcome Project helped to build a sense of community and strengthen relationships and communication within the new arrival community.

The projects also worked to support new arrival communities to learn about their rights and the remedies available to them in the event that they were not observed. For example, participants in the Pathways to Health, Wealth and Success Project were provided information on their rights and entitlements as workers in Australia and on the role of the police in promoting the safety of the local Arabic speaking community. The training offered as part of the Community Guides Project, was designed to build advocacy capacity and to support community members to ensure that new arrivals had equitable access to existing community activities and services.

Promoting diversity and addressing discrimination in the wider community and at the organisational level

An environment in which diversity is valued and promoted as a positive asset to both individuals and the wider society can help new arrivals maintain a sense of pride in their identity and feel safe and understood in their interactions with systems and in the community.

Raising awareness and building understanding of refugee issues are important mental health promotion strategies. Evidence from focus groups conducted by human rights groups shows that most Australians have a poor understanding of the past experiences of refugees. This contributes to racism, xenophobia and anti-refugee sentiment in this country (Smith 2001).

Several projects developed strategies to raise awareness and understanding of the cultures of new arrivals in the wider community or in organisations such as schools and sporting venues. This is illustrated in the peer support program developed as part of the CONNECT Project, which was successful in building awareness of the experiences of new arrivals among peer leaders as well as promoting multiculturalism in the wider school community. Similarly, the fashion show offered by the Young Muslims of Australia as part of the Country Welcome Project gave young people from Muslim backgrounds the opportunity to share their cultural beliefs and practices with the wider community. This was one of a number of social marketing techniques used by the project to promote the strengths and contributions of new arrivals to the community of Cobram. The Multicultural Sports Project worked with sporting clubs and venues to ensure that they were aware of their obligations under Victoria's new racial and religious tolerance legislation.

The engagement of new arrivals in be-friending or mentoring relationships was primarily undertaken by the projects for the purposes of providing immediate practical and emotional support and connection to wider social and economic resources. However, these relationships also have the potential to build broader community understanding of refugee issues as the be-frienders learn in a very personal way about the refugee and resettlement experiences and the strengths and contributions of people from refugee backgrounds. Many may take this experience into discussions in their wider family, social and work networks. This in turn can help to foster racial, religious and cultural tolerance and understanding (Hollands 2001).

Others worked with organisations and communities to support them to better understand and respond to the needs of new arrivals. This is demonstrated in the CONNECT Project's work with schools to facilitate the participation of new arrival parents in parent information forums and the Rainbow Project's work with teachers to help them to understand how they could contribute to the settlement of refugee children.

- Cultural, racial and religious integrity are important conditions for mental health in new arrival communities. Strong cultural communities and a broader environment in which racial, religious and cultural diversity is positively valued, understood and supported can help to facilitate this.

- Cultural, racial and religious integrity are conditions that can also be promoted in the wider community and at the organisational level through strategies such as workforce development, social marketing and befriending/mentoring.

- Raising awareness and understanding of refugee issues in the wider community is an important mental health promotion strategy as these issues are poorly understood.

Enhancing economic participation

Improving access to employment and training opportunities

A number of the projects were successful in providing new arrivals with opportunities for economic participation. These were provided in a range of forms including:

- participation in the development of small business ventures;

- education and training, in some cases designed to provide pathways to mainstream options;

- personalised or group based interventions aimed at developing job search, small business and marketing skills and confidence;

- specific employment placements;

- links with markets or jobs;

- opportunities for generating income through self employment;

- information about other options for education, training and employment; and

- orientation to the Australian marketplace and labour force.

Several worked at the community or organisational level to improve new arrivals' access to existing employment and training opportunities.

As discussed earlier in the report, activities that promote the economic participation of new arrivals are particularly important given both the decline in the manufacturing sector (historically an employer of new arrivals) and the impact of increasing ethnic diversity in Australia's refugee and migrant intake on the availability of community support.

Through the project activities new arrivals were provided with information to enable them to better understand the Australian education system, labour market, marketing and small businesses. As well as basic facts, in a number of projects this also included more subtle information about the culture of the Australian labour market and workplace.

A number of the projects supported new arrivals to develop a better understanding of themselves and the skills and attributes they bring to the Australian labour market. This is illustrated both in the training program offered as part of the Pathways to Health, Wealth and Success Project and in the African Employment Development Program.

Participants were provided opportunities to acquire specific skills for economic participation. For example in both the United Wood Cooperative and the African Employment Development Program they learned about the processes involved in establishing and managing a small business.

Several projects also incorporated a language learning component enabling participants to learn the language required for participation in economic activities. In the Changing Cultures Project, for instance, additional language support was offered to young people so they could access mainstream education and training options. In the African Employment Development Program, women learned the English they would require to sell their goods and services in community markets.

Participants were also able to learn about and form connections with organisations and individuals able to support them in economic participation. For example, through the training course offered as part of the Pathways to Health Wealth and Success Project, participants became familiar with the TAFE college and the courses it had to offer. Similarly, women participating in the African Employment Development Program gained access to experts who were able to assist them with their small businesses. One participant learned where she could source materials for her business through her relationship with the business mentor. Others reported that they had been introduced to markets across metropolitan Melbourne that they had not known existed.

The projects played a role in enhancing capacity for economic participation in both the new arrival and wider communities. For example, it is anticipated that participants in the United Wood Cooperative will ultimately take the skills they have learned with them into new business and employment ventures. As the Cooperative itself grows, so too will its capacity to offer employment to other new arrivals. The employment placement program offered as part of the Pathways to Health Wealth and Success Project will help to build understanding among local employers of the strengths and skills of new arrivals and, it is hoped, their preparedness to employ them. In some projects, such as the United Wood Cooperative and A Country Welcome, social marketing approaches were used to achieve similar ends.
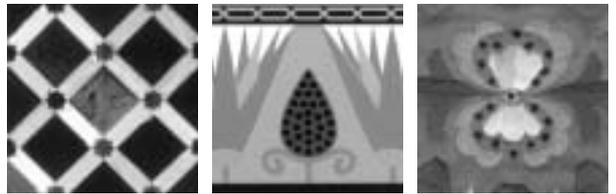
The projects were also successful in building organisational capacity for promoting economic participation in new arrival communities. This was particularly evident in the United Wood Cooperative and the African Employment Development Program, in which very different ways of delivering language instruction and employment programs to new arrivals were piloted by the AMES. Similarly, through its participation in the Pathways to Health Wealth and Success Project, the Goulburn Valley Institute of TAFE has improved its links with and understanding of new arrival communities and has developed several new programs specifically suited to their needs.

Both the African Employment Development Program and Pathways to Health Wealth and Success Project have played a role in building the capacity of health and community organisations to promote mental health through economic participation. Both of these projects involved agencies which had traditionally addressed mental health issues through counselling and community support initiatives. Both were acutely aware of the mental health consequences of the economic marginalisation of their clientele. However, through their involvement in the projects they were able to build their understanding of the processes involved in establishing economic development initiatives and the roles of these initiatives in promoting mental health in new arrival communities.

An important finding of the evaluation of these projects was that the mental health benefits of the economic development projects were not confined to providing opportunities for economic participation. The projects were also very successful in building social connections and in addressing discrimination and promoting inclusiveness.

Promoting social connection through economic participation

Through activities designed to support new arrivals to learn about education, marketing or employment, participants also developed a greater understanding of other aspects of Australian culture and way of life, thereby enhancing their ability to make connections with individuals and organisations in the wider community.

One of my hopes for the course was to learn about how to communicate with and understand the Australian community.

Participant
African Employment Development Program

Similarly, while the English language skills learnt in the course of the projects provided access to education and training and employment and marketing opportunities, they also improved new arrivals' capacity to communicate with neighbours and others in the wider community and to engage more confidently with institutions and systems.

As indicated above, the projects with a focus on economic participation served as forums for participants to form social connections with one another and with volunteers. This was particularly important for those participants who had previously been very socially isolated.

Participants were also linked with a broader world to which they had previously had limited access to. In the Pathways to Health Wealth and Success Project, this was achieved through employment placements in local businesses and agencies. In the African Employment Development Program and United Wood Cooperative, participants engaged with the wider community when selling their good at local markets.

It is anticipated that the projects will help to build capacity in new arrival communities for social connection, with many of the skills being learned in the projects, such as leadership, participatory and group development skills, being transferable to other community and civic activities.

At the individual level participants in the projects reported improved self-esteem, confidence and sense of control. These attributes are transferable to their interactions in the wider community and with other systems and services.

The projects also demonstrate the value of economic development projects in building organisational capacity for promoting social connection. This was most obviously illustrated in the Pathways to Health Wealth and Success Project, which offered a course to enable new arrivals to train to work as bilingual workers in local health and community service agencies. While enhancing opportunities for economic participation for participants, this will also have the effect of increasing the number of workers with bilingual and bicultural skills available to local agencies. In turn, this will increase the capacity of these agencies to engage and build connections with new arrivals.

The agencies involved were also able explore how to deliver economic participation initiatives in ways which contributed to social connectedness. For example, in the Changing Cultures Project, particular emphasis was placed on linking young people with local social and recreational networks. In both the United Wood Cooperative and the African Employment Development Program, professional and volunteer mentors were employed not only to provide assistance on employment related matters but also to provide important moral and social support.

Addressing discrimination and promoting inclusion through economic participation

Evidence from the evaluation suggests that economic development projects can also play an important role in mediating new arrivals' experiences of racism in the wider community. This was particularly evident in the experience of a participant in the African Employment Development Program who had been subjected to racial taunts in her community in the aftermath of the World Trade Centre attacks. Through her participation in the course and her involvement in the markets, she developed a sense of being connected to a broader, more accepting community, one greater than the few who had subjected her to racism. She reported feeling better known and understood by Australian society.

The value of activities that promote personal contact between new arrivals and members of the wider community has been discussed above. The potential in economic development initiatives to foster such relationships was demonstrated in a number of the projects including the United Wood Cooperative's Befriending Program and the Pathways to Health, Wealth and Success Project's work placement program. In the African Employment Development Program the process of selling and marketing products to the wider community gave women the opportunity to share their backgrounds, traditions and religions as well as to demonstrate that they had something of value to offer Australian society.

> *The people seeing my products and liking them…that makes me happy. Belonging is about how people look at me, friendliness and being helpful. Belonging is people knowing us, our backgrounds and traditions.*
>
> Participant in the African Employment Development Program

At the organisational level, the projects were successful in engaging the partners in exploring ways of including groups such as older men (as was the case in the United Wood Cooperative) and African women (in the African Employment Development Program) who had limited access to existing language training and employment programs. Strategies and processes were developed in both these initiatives to ensure that decision-making processes were as participatory as possible. This was particularly illustrated in the United Wood Cooperative, which will ultimately be managed and controlled by the men themselves.

Recognising the importance of economic development initiatives for new arrivals

While there has been a growing consciousness among mental health promotion practitioners of the negative impact of economic marginalisation on mental health, many contemporary mental health promotion interventions have focused on building personal and community capital as a means of addressing this. This approach has been motivated in part by a belief that for some groups it is necessary to build personal capital (e.g. confidence and self-esteem), networks and skills within communities before it possible for them to be engaged in economic activities.

The experience of these projects suggests that while building social and personal capital can help to enhance capacity for economic participation (evidenced in the newsletter component of the Country Welcome Project) they are not *preconditions* for economic participation. This is not to suggest that is unnecessary to consciously address the building of personal and community capacity in economic development projects – clearly, the projects in this collection invested a great deal in doing so – but rather that personal skills and community connections can be built through the vehicle of economic participation itself.

Some of the objectives of the economic development projects could conceivably have been met by other activities, such as an anti-discrimination campaign or mutual support or community building initiatives. However, the fact that they were achieved through economic participation appeared in itself to be a critical factor in their success. This suggests that in some contexts economic development projects may be equally if not more effective and appropriate vehicles for building capacity for mental health promotion than those with a primary focus on building personal competence and networks and skills within communities.

The evaluation of the projects suggests that this is due in large part to the value assigned to economic activity among new arrivals and in the wider community and the central role economic institutions play in our lives. Meaningful work is a primary source through which we define ourselves and our role in society and through which we are defined and valued by others. It is particularly important to people from refugee backgrounds, many of whom will have struggled to maintain a positive identity and a sense of meaning and purpose in the context of disruption and dependency during their refugee experiences (UNHCR 2002). These feelings may persist after arrival in Australia, particularly if new arrivals face prolonged unemployment and resultant dependency on government income support programs.
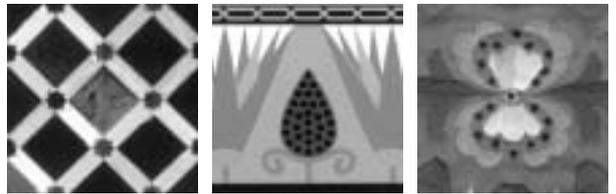
The projects gave participants the opportunity to participate in activities that were highly valued both by them and in the wider society. For example, men participating the United Wood Cooperative reported that the opportunity to make products that were useful to others gave them a sense of meaning that had hitherto been lacking in their lives. One participant also appreciated the opportunity to use the English language and teaching skills he had acquired in his country of origin to assist his colleagues in the Cooperative. This sentiment was shared by a participant in the African Employment Development Program whose sense of personal fulfilment was partly dependent on being able to support others in her community. She believed that the skills she was learning in the project would help her to do this well.

It was also apparent that the value and meaning attached to economic participation contributed to the projects' success in building participants' sense of belonging. For example, several of the women in the African Employment Development Program saw their completion of the small business course and their entry into the marketplace as an expression of their citizenship and belonging to Australian society. The projects were seen as facilitating their access to the most fundamental right of citizenship – the right to work and earn an income. Further, the efforts of the agencies to support their involvement in economic activity were construed as positive affirmation that they were cared about. These benefits assumed particular importance for the women, many of whom had spent prolonged periods of statelessness in the course of their refugee experiences and of social and economic marginalisation following their arrival in Australia.

> *The course helped me to feel that I can merge with society...to feel that I am looked after at that social level.*
>
> *Achieving in a small business will strengthen the bond between me and Australia. Being able to participate in this course is evidence of belonging, permanent residence and citizenship. It is a confirmation of these things.*
>
> Participants in the African Employment Development Program

Several women in the African Employment Development Program were in receipt of government income support payments, a position of dependence that they believed lacked dignity. They saw the small business course as a means to achieving financial independence and of being valued by them and others.

> *I will look like my friends who have a job. I will be off Centrelink benefits. I will be doing something for myself; I will be a businesswoman. I will be happier, more in control. Maybe I will have a better future.*
>
> Participant in the African Employment Development Program

The value accorded productive activity in Australian society also provided an important focus for the social marketing strategies implemented in the course of the projects. Much of the promotional material used the achievements of new arrivals in the projects as a means of promoting their strengths and fostering broader community understanding of their experiences and aspirations.

The capacity to exercise control over one's life is an important determinant of mental health identified in the Mental Health Promotion Plan 1999–2002, and one which is often compromised by the refugee and resettlement experiences. Access to education, training and employment is a critical factor in our capacity to control and plan our lives. Our earning capacity influences our ability to purchase other important resources such as housing and healthcare and to participate in social and recreational activities. As relatively small-scale initiatives, few of the projects were able to offer participants immediate access to full-time jobs or to support them to establish businesses as going concerns. Nevertheless, the fact that they enabled participants to penetrate Australia's education and training system, workforce or markets was for many experienced as a first step toward planning and regaining some control over their futures.

The focus on economic activity also contributed to the projects' success in building capacity for social connection. Since schools and workplaces are among the most important sites for building social connections in Australian society, the projects were able to link new arrivals with a far broader world than they had previously had access to. Importantly, most of the projects did this through activities that could be sustained by participants over time.

A further benefit of the economic participation projects was their potential to deliver mental health promotion interventions in ways that were both naturalistic and non-stigmatising. For example, while limited English was a barrier to both social connection and economic participation faced by many participants in the projects, they had experienced difficulties in participating in existing class based language training programs. By incorporating English language instruction into training and employment activities, the projects enabled participants to learn English 'on-the-job'. This approach is consistent with the international evidence suggesting it may be more effective, particularly for groups with limited prior formal education (Ellis 1994). This is because language learning is related more directly to the day-to-day needs and concerns of participants and because they have ongoing opportunities to practise and apply their language skills.

Similarly, participants in the United Wood Cooperative were targeted in part because they were known to be socially isolated. While an alternative strategy may have been to bring the men together through a mutual support group, it is highly probable that stigma and lack of cultural affinity with 'talk based approaches' would have worked against their participation (Ivey et al 1993). The Cooperative achieved many of the same outcomes which might be expected from a supportive group process (e.g. feeling better after talking with others, feeling part of the group) in a context that was culturally acceptable, consistent with gender role expectations and communication styles, and which provided many of the additional mental health benefits discussed above.
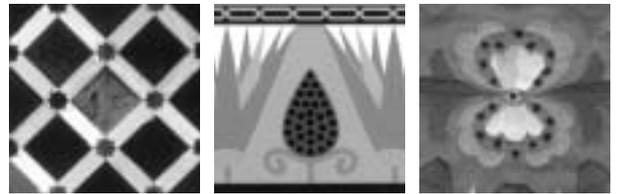
Key Learnings

- Activities to promote economic participation in new arrival communities are particularly important given the decline in the manufacturing sector (historically a major employer of new arrivals) and the impact of increasing ethnic diversity in the refugee and migrant intake on the availability of economic opportunities through ethnic businesses and networks.

- Involvement in economic activities can enhance mental health by providing opportunities for social connection, increasing confidence and skills, contributing to a positive identity and providing a sense of purpose.

- Many of the skills and attributes developed through participation in economic activities are transferable to other contexts encountered by new arrivals in the course of their day to day experience.

- Projects with a focus on economic participation have the potential to strengthen economic development and leadership skills within new arrival communities, thereby enhancing their capacity to offer the mental health benefits of both social connection and economic participation to communities and new comers. This is of benefit at to the individual and the community.

- Economic participation initiatives can help to strengthen new arrivals' connections with the wider society, address discrimination, and promote broader understanding of the strengths, experiences and aspirations of new arrivals.

- Economic participation activities are effective and acceptable means of promoting mental health in new arrival communities. It would appear this is due to the value assigned to economic activity by both new arrivals and the wider community and its central role in other aspects of our lives. They can also be provided in ways which minimise stigma and which accommodate cultural communication styles.

- English language instruction is an important resource for mental health enabling new arrivals to form social connections, access economic opportunities such as education and employment, and to act as self advocates.

- Opportunities for improving English language skills can be integrated into economic activities. This approach is more effective than formal class based approaches and is particularly valuable for engaging new arrivals with limited prior formal education who have typically been under-represented in existing language instruction programs.

- Developing social connections within new arrival communities and building the skills and confidence of individuals can provide a sound foundation for exploring participation. However, as these can also be built in the course of economic participation projects, they are not preconditions for engaging new arrivals in economic activities.

Good practices for mental health promotion projects in new arrival communities

The third purpose of the evaluation was to determine those promising practices to promote mental health and wellbeing, which emerged from the projects. Among these were the need to:

Involve new arrivals in project planning, design and implementation

Most of the projects involved people from refugee and migrant communities in the planning, design and/or implementation in some way. In some cases members of refugee communities were engaged as partners on project steering committees or reference groups. Others, such as the Off to a Healthy Start and Health Access Pathways Projects, engaged bilingual workers as cultural consultants or to assist them in communicating with new arrival communities.

Several engaged refugee communities by consulting with them or by involving them in focus testing specific resources or project components. For example, in the CONNECT Project, both the parent information sessions and the peer support program were developed on the basis of material from focus groups with newly arrived young people and their families. The information from the groups helped the project worker, steering committee and teachers to better understand the issues people faced when they first arrived and what would have helped them to settle better. This ensured that the programs were responsive to the needs of the target group.

These strategies have important practical benefits, providing projects with language assistance and a source of cultural advice as well as ensuring that they are responsive to the needs of diverse communities. In many of the projects they were also important for building support for the project and introducing the community to activities.

Key Learnings

- New Arrival community involvement in mental health promotion projects can help to ensure the responsiveness of projects to the needs of new arrival communities, enhance project reach and acceptance, and provide projects with a source of language and cultural support.

- Processes such as focus testing and consultation can help to introduce projects to new arrival communities and secure their involvement.
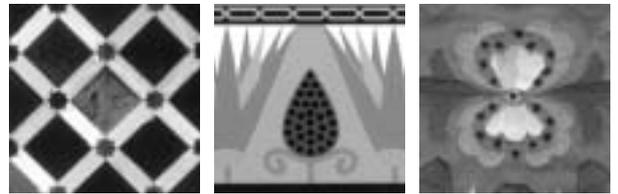
Build trust and promote self-determination

As a result of persecution and social exclusion in countries of origin and asylum, many people from refugee backgrounds will have internalised a sense of mistrust and suspicion of others, particularly those in positions of authority.

The capacity for self-determination and to exercise control over one's life has a significant impact on mental health and wellbeing (see page 23). The recent life experience of many people with refugee backgrounds has been one of overwhelming disempowerment, either at the hands of a persecutory regime or in a situation of dependency on a refugee camp.

Recognising this, many of the projects invested time in building trust both with new arrival communities and participants, and consciously developed project processes which sought to restore the participants' sense of control and autonomy and their faith in others.

For instance, in the African Employment Development Program, the building of participant trust was a significant task of both the training facilitator and the mentor. When introducing sporting activities to young Muslim women, the Multicultural Sports Project was aware that refugee parents held particular fears for the safety of girls and hence first consulted with refugee parents and elders.

The United Wood Cooperative was designed so that participants ultimately controlled the company. This was reflected in both in the project's design, which had the objective of building individual and group skills for self management, and its incorporation as a unit trust. The Off to a Healthy Start Project meanwhile invested considerable time in introducing the project to new arrival communities and preserved participant autonomy and control by meticulously observing informed consent procedures.

The experience of each of these projects was that building trust with new arrival communities was a relatively time and resource intensive process and that this needs to be accounted for in project planning and resource allocation.

Key Learnings

- Building trust with new arrival communities and promoting the control and autonomy of participants contributes to their mental health and are important preconditions for their engagement in mental health promotion activities.

- The time taken to build trust with new arrival communities is an important factor to be considered in project planning and resource allocation.

Be sensitive to cultural issues

New arrival women and girls face additional barriers to accessing the resources required for mental health and wellbeing and to participating in mental health promotion activities. As women play an important role in supporting other family members, in particular children, promoting the mental health of women is important for both the women themselves and their families and communities.

A number of promising practices to address barriers to participation emerge from the New Arrivals Projects:

- *Affirmative action*

  In the Community Guides Project it was agreed that there should be an equal number of men and women in the guides training program. Given traditional role expectations, the project recognised that women would be less likely to be identified as suitable guides by community leaders or women themselves. Accordingly, the project specifically emphasised the need for women trainees in its recruitment strategies. The African Employment Development Program offered intensive support to a group of African women, recognising that they faced the compounding effects of traditional role expectations, refugee trauma, and limited prior involvement in education and paid work. Through the provision of day-to-day support by a mentor, difficulties experienced by the women were identified and addressed. Through this relationship the women were also able to develop the confidence required to participate in less hospitable mainstream training and business environments.

- *Gender specific initiatives*

  In the Pathways to Health, Wealth and Success Project, separate training programs were developed for men and women as project staff were aware that it would be unacceptable for women in their predominantly Muslim target group to participate in a mixed gender setting. In the pilots of the Rainbow Children's Program, a girls-only group was held as many of the girls came from cultures where female passivity was particularly valued. It was felt that girls would be better placed to benefit from the group process if they did not have to compete with boys for time and attention. The decision to offer an all-girl environment was a key factor in gaining the trust of parents in the after school sports activities offered to girls from Muslim backgrounds by the Multicultural Sports Project.

- *Accommodating traditional role expectations*

  A number of the projects took steps to ensure that women could participate in project activities in ways that accommodated their domestic and childcare roles. This is best illustrated in the African Employment Development Program that developed activities for economic participation which women could undertake from their homes.
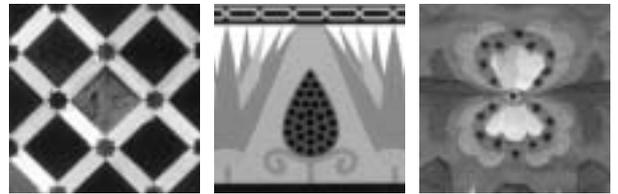
> **Key Learnings**
>
> - Specific steps are required to engage women from migrant and refugee backgrounds in mental health promotion activities and to address the additional barriers they face to accessing mental health resources, particularly economic participation.
>
> - Providing intensive support to refugee and migrant women, tailoring project activities to accommodate traditional role expectations, providing gender-specific initiatives and taking steps to ensure the equal participation of women and girls are promising mental health promotion strategies.

Promote the strengths of new arrivals

Migrants and refugees have personal strengths and skills which are valuable assets to the Australian economy and community, and which can be harnessed to promote positive mental health and wellbeing in new arrival communities.

Many of the projects took these strengths as their point of departure. This approach was a strong feature of the activities conducted with new arrivals themselves. For example, as a first step in the training program offered to new arrivals in the Pathways to Health, Wealth and Success Project, participants were encouraged to identify the skills and attributes they brought to the workforce in Australia.

The experience of these projects was that this approach can have positive mental health benefits for both participants and new arrival communities. It is an approach that empowers people and communities to see themselves in terms of the skills and resources they have, rather than in terms of what they lack. While important for any marginalised group, it is particularly so for new arrivals as many of them have been profoundly disempowered by experiences of persecution, social exclusion and dependency prior to their arrival and by their marginal status in Australian society.

The projects also consciously promoted the strengths of new arrivals in their interactions with workers and the wider community in a bid to challenge racist or negative stereotypes or to counter perceptions of refugees and asylum seekers as people who may be burdens to services, communities or prospective employers. For instance, the Country Welcome Project adopted a policy to only promote positive stories of new arrivals in the local community. This helped to counter negative coverage about refugees and asylum seekers, in particular those from Muslim backgrounds, in the local and national media. By addressing negative perceptions the project aimed to create the conditions in which new arrivals could engage with the wider community of Cobram on safe, meaningful and equal terms.

Similarly, in its approaches to sporting clubs the Multicultural Sports Project emphasised the benefits to both new arrivals and to sporting clubs of having a culturally diverse membership base.

An approach which emphasises strengths can help to identify skills on the basis of which projects themselves can be developed. This was particularly evident in the African Employment Development Program which identified and built on the traditional skills of a group of highly marginalised women and helped them to turn those skills into commodities which could be marketed in Australia.

An approach which emphasises the strengths of participants and communities can also help to ensure that mental health promotion intent is kept central to projects. Consistent with good practice in both community development and health promotion, most of the projects undertook consultations with their communities as a way of redefining the project plan, introducing the project and building a sense of ownership and commitment.

Two alternative approaches to this phase can be distinguished in the new arrivals project. Some projects undertook formal needs assessments. They engaged community members through a survey, small group consultations or open meetings. Communities were asked to think about issues that were important to them and then look at ways the project could help to address them. The project was seen as a resource to be used by communities. The value of such an approach was that communities were given a voice and were actively involved in setting the project's parameters.

Needs assessments can also serve as a political strategy to build relationships. They model the approach of listening and carry the message 'I am here to serve you'. However, they do not take into account that the project worker has to play a mediating role between the auspice agency, the community and a funding body, in this case VicHealth.

Building a project around perceived needs can also be inherently conservative. People want what they already know, a particular concern for new arrivals many of whom will have limited familiarity with the range of possibilities available to them in Australia. Another problem is that need depends on the people being asked. Diverse needs can lead to the project being dissipated or to some needs never being addressed.

The alternative approach emphasising the strengths of individuals and the community involved enabling new arrival communities to see that they already have a range of resources and assets that can be deployed. As well as being an empowering strategy for individuals and communities (see above), the community auditing approach keeps the definitional control of the project with the worker, enabling strengths in relation to the project's intention to be identified and developed. The parameters within which discussions occur are set fairly tightly. This enables mental health promotion to be given more prominence and kept as a central concern.

There is always a tension between engaging communities, building ownership, finding out what they want to do *and* following a plan and ensuring there is integrity within the plan as a whole. The advantage of needs assessments is that they engage the participants and enable them to define the project in their own terms. The disadvantage is that they can be time consuming and can become ends in themselves. In addition, they often do not set the parameters and ask very open-ended questions. In the absence of any direction, community members will fill the vacuum.

Key Learnings

- Project processes and activities that emphasise the strengths of new arrivals are important in a mental health promotion context. Enabling participants to identify strengths rather than weaknesses can contribute to enhanced self-esteem and confidence at the individual, group and community levels. Promoting the strengths of new arrivals can also help to raise awareness and create an environment where they are able to engage with service providers and the wider community on safe, meaningful and equal terms.

- Auditing of community assets has greater utility for establishing mental health promotion projects than undertaking community needs assessment. This approach ensures that project activities are identified, promoted and implemented in ways that are consistent with the overall intent of the funding program. This is relevant where projects are being implemented in agencies and communities that may not necessarily be familiar with the concept of mental health promotion.

Incorporate individual support and pathways into economic development initiatives

The economic development projects in this collection were distinguished from other employment and training programs in two key ways. First, they were designed to address the broader social and structural barriers new arrivals face to economic participation. Second, they consciously sought to promote the mental health of participants.

This approach is important since existing pathways (having been developed for Australian nationals with English language profiling and life long contact with education systems and workforce) are often unsuitable for or inaccessible to new arrivals. The African Employment Development Program and United Wood Cooperative demonstrate that this is particularly the case for new arrivals facing the compounding disadvantages of age and gender.

The projects were conceptualised as providing a pathway to economic participation beginning with the building of personal skills, including the learning of English, and leading to education, training, employment and other income generating activities in the mainstream labour force, market or community.

All projects offered individualised support and supportive group processes. Several also worked with participants to address broader barriers to participation in economic activities. For example, the training program in the African Employment Development Program was designed to accommodate the fact that many of the participants had childcare responsibilities. Recognising that having friends and feeling a sense of belonging was important to young people's ability to succeed academically, the Changing Cultures Project linked young people with sporting and social activities in the wider community.

Particular efforts were also made to foster a welcoming and respectful training and employment environment. For instance, in the United Wood Cooperative, staff and volunteers received special training to alert them to the experiences the men were likely to have endured prior to arrival and the impact of these on their mental health and their participation in the project. In both the African Employment Development Program and Pathways to Health, Wealth and Success Project, staff skilled in cross-cultural communication offered training programs.

Each project was designed with the long-term goal of enhancing new arrivals' access to mainstream education, training and employment activities. For example, the training offered in a number of the projects supported new arrivals to develop the confidence and skills needed to access opportunities in mainstream education and employment environments. In a number of cases, participants graduated with an accredited qualification which they could use to access further training.

The projects also worked to build links between participants and mainstream training, employment and markets. For example, the Pathways to Health and Wealth and Success Project developed employment placement opportunities in local businesses and services as well as linking participants with training courses offered by the TAFE. The training program in the African Employment Development Project was offered alongside the development of a community market and the exploration of other marketing opportunities through which the women could sell their goods and services.

Key Learnings

Project designs that incorporate pathways to economic activity are particularly important for new arrivals given the multiple barriers they face to education and employment and their difficulties accessing education, training and employment pathways designed for Australian nationals and longer-term residents.

CONCLUSIONS

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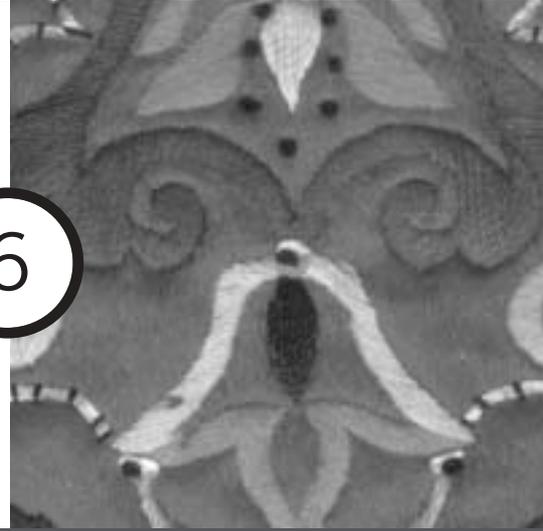
Conclusions

While promoting mental health involves a long-term commitment, the Mental Health Promotion Plan 1999–2002 and the New Arrivals Projects have made a significant and immediate contribution.

The Plan provided a clear framework within which projects could be developed. It isolated three determinants of mental health: social connectedness, freedom from discrimination and violence, and economic participation. While mental health promotion may not have been the core business of the agencies funded to implement the projects, the determinants were. They were the 'hook' that made some of the complex ideas of the Plan accessible.

The projects were valuable because they required agencies to interpret the Plan in terms of their own context, constituency and core business. There was considerable integrity between the projects and the intention of the Plan, particularly as expressed by the determinants.

Over the course of the program, agencies, workers and participants (though to a lesser extent) developed a more sophisticated understanding of mental health promotion and the ways in which social determinants impact on the health of individuals. They also became increasingly aware of how newcomers, in particular those from refugee backgrounds, can be marginalised as a result of their past experiences and social and economic circumstances in Australia. The indications are that the projects have been a success.

The three determinants made immediate sense to workers in the field. Further work is required to build a better understanding of the ways in which mental health can be promoted and the evidential link between community based activities and mental and physical wellbeing, however.

A number of the projects were very successful in effecting structural and organisational change. However, this was difficult for some of the projects, in particular those that were relatively short-term. This put considerable pressure on workers and funded agencies. If structural change is one of the major purposes of the program, short-term project funding can serve as a catalyst but needs to be complemented by longer-term resources if changes are to be sustained.

The projects adopted innovative approaches to addressing the substantive issues of mental health promotion and to engaging and working with the community. There is potential in a number of the projects to integrate these approaches into the work of the agencies. However, if this is to be achieved as the projects continue, it will be important to engage more senior and permanent staff in the work. In some of the projects neither the projects nor the workers had the status to bring about structural changes. This suggests that the value of proposed projects should not only be determined on their inherent merits but also on the willingness of the agency to embrace some of the structural implications.
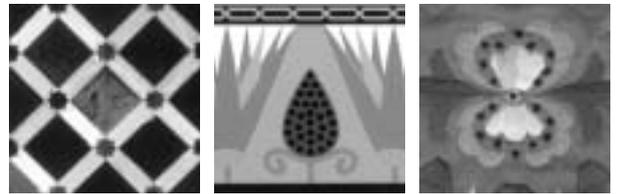
A number of the projects were successful in being catalysts for structural change in the sense that they built the capacity of organisations to apply for longer-term funding. While this was a positive outcome of the program, in almost all cases the initiatives have been extended with project funding. At some point, agencies will need to see mental health promotion activity as part of their core business rather than a short-term 'add-on'.

These projects demonstrate the value of partnerships between organisations in mental health promotion in new arrival communities. They were particularly pivotal to the success of those projects focusing on economic participation, since they enabled them to access the range of resources and expertise required to address this determinant. In these projects, more significant and sustained change tended to be achieved where attention was paid to partnership development after the proposal development stage, suggesting the need for a more formalised approach to developing and maintaining partnerships.

A significant finding of the evaluation was the value of economic development initiatives in mental health promotion. Many of the projects were successful in using economic activities as vehicles for building the personal skills and wellbeing of participants, developing social connections and skills within new arrival communities, developing links between new arrivals and the wider community, and fostering greater understanding of the experiences and strengths of new arrivals. In this respect, these projects represented a departure from many contemporary mental health promotion interventions which have aimed to address economic marginalisation by firstly focusing on building participant's personal skills and relationships, skills and understanding within communities.

The experience of the New Arrivals Projects suggests that not only was it possible to build these conditions in the course of economic development initiatives but also that the focus on economic activity was a significant factor in their success. This would appear to be due to the value assigned to activities such as education and employment among new arrivals and in the wider community as well as to the central role that economic institutions and processes play in day-to-day life, particularly in facilitating natural social connections.

Being among the first in Australia to consciously develop innovative strategies for promoting mental health through economic activities, these projects make a significant contribution to our understanding of the processes involved in this endeavour.

The evaluation also suggests that there is considerable value in targeting mental health promotion activities to those organisations new arrivals have contact with early in their settlement in Australia. These organisations, such as English language schools and centres and adult migrant English programs, provide an existing infrastructure through which a large number of new arrivals can be reached relatively efficiently and at a stage of their settlement when there are good prospects for early intervention and in ways that minimise stigma and disruption. Having extensive contact with new arrivals, they can also advocate their needs to mainstream service providers and government and serve as a link between other organisations and new arrival communities.

The investment that VicHealth has made in the New Arrivals Projects has paid off in many different ways. These include new arrival communities pursuing the activities of the projects on their own initiative, agencies changing their practices, the increased empowerment of the individuals and communities involved, an increased understanding of the processes of promoting mental health in new arrival communities among practitioners, the formation of lasting and productive partnerships and the attraction of significant amounts of funding from different arms of government. In these ways the projects have been catalysts for change.

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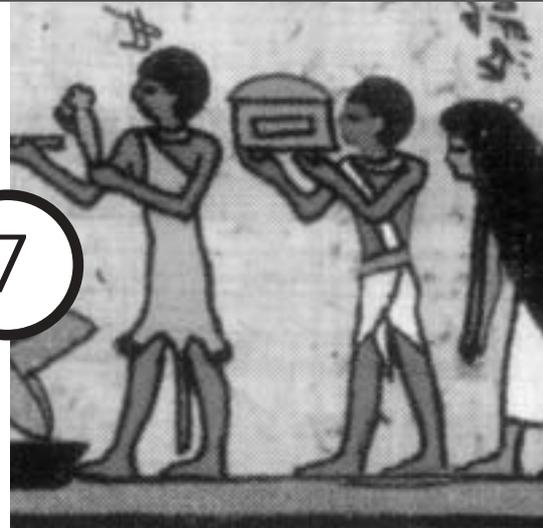
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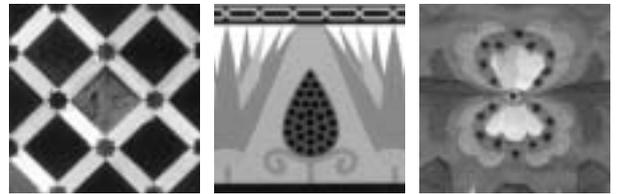
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Mental Health Promotion Framework

Determinants of Mental Health

Social connectedness
- Supportive relationships and environments
- Social networks and physical activities
- Valued social position

Freedom from discrimination and violence
- Physical security
- Self-determination and control of one's life

Economic participation
- Work
- Education
- Housing
- Money

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Themes for Action

Social connectedness • Freedom from discrimination • Economic participation

Health promotion action
- Research
- Workforce education and skill development
- Participation pilots
- Community strengthening
- Organisational development
- Advocacy for legislative and policy reform
- Communication/Social marketing

Population groups
- People who live in rural communities
- Young people
- Older women and men
- Kooris
- New arrivals to Australia

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Settings for Action

SPORT RECREATION	COMMUNITY	EDUCATION	WORKPLACE	THE ARTS CULTURE ENTERTAINMENT	HEALTH

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Intermediate Outcomes

Individual
- Increased mental health literacy

Community
- Accessible and appropriate services
- Safe environments

Organisational
- Healthy policies and programs
- Partnerships in mental health promotion

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Reduced Anxiety, Depression

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Long-Term Benefits

- Improved physical health
- Improved productivity at work, at home, at school
- Improved quality of life
- Improved life expectancy

Front cover image: Fatma – Lamu Island, Kenya. Photographer Sharon Johnston.