



## Project:TYRES

Talking with Young Refugees  
about Experiences of Services



### Young people from refugee backgrounds talk about their experiences of mental health services

#### Guidance for practitioners

2014

Despite the significant mental health needs of many young people with refugee backgrounds, they are under-represented as clients of services. Those who do attend often engage tenuously. This document suggests how practitioners can contribute to improving the accessibility, quality and effectiveness of services for this population, based on what young people who were refugees said about their experiences of using Australian mental health services.

The 16 young people, whose voices are reported here, under pseudonyms, were interviewed as part of Project TYRES - Talking with Young Refugees about Experiences of Services (a research study that is further described on the final page). This document presents findings, illustrative quotes, and implications for practitioners' consideration. The young people had seen a range of mental health practitioners (e.g., counsellors, therapists, psychologists, psychiatrists and mental health social workers) in services across the public, private, NGO and education-based sectors.

The interviewees' descriptions of their experiences as clients showed both similarities and differences with the experiences of young service users generally (i.e., non-refugees). Broadly speaking, the young people wanted practitioners to work with them using an attuned, contextualised and systemic approach. This guide also has regard to the perspectives of numerous practitioners working with young people of refugee backgrounds in a variety of settings, who were participants in a preceding study.

#### GAUGE PRECONCEPTIONS

Most of the young people had entered services with inaccurate and negative preconceptions about mental health problems, mental health clients and professionals. Stigmatised views were predominant; however a few young people did have favourable preconceptions (for example, those with a family member with good experiences of services).

Also, some interviewees spoke of having no prior concept of confidentiality.

- *"It's deeply rooted in our society that if you see a psychologist you're crazy"* (Sara)
- *"If you're going crazy, crazy, then like go naked running around, then you're going mental, then you need to see a counsellor ... they don't want next doors or all the other communities to hear about your child going to a counsellor"* (Betoto)
- *"Confidentiality ... you don't have that where you came from"* (Stamma)

→ Gauge the young person's preconceptions about seeing you, and if needed, clarify expectations, emphasising confidentiality and how common service use is in Australia



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### BE OPEN TO FEEDBACK

Most interviewees welcomed the opportunity to discuss their experiences and wanted services and practitioners to hear and take on board their feedback.

- *“Learn from the clients ... it’s good to ask them what they want”* (Aisha)
- *“I know what worked for me and what didn’t work for me and I would like to tell somebody”* (Betoto)

→ Seek to understand the young person’s experiences as a client, and create opportunities for eliciting feedback on their sessions and on the service system more broadly

### PRIORITISE ACKNOWLEDGEMENT, LISTENING AND UNDERSTANDING

The young people strongly emphasised the relational aspects of their sessions. They wanted to feel listened to, heard, responded to and recognised by a friendly, trustworthy, authentic and respectful practitioner. Perhaps more than anything, they wanted to feel understood. The young people appreciated interactions in which they felt a sense of genuine care, and conversely some spoke of encounters in which they felt that practitioners were “just doing their job”. Qualities such as kindness were repeatedly mentioned, and one interviewee’s parting advice was “just be friendly with clients” (Tania). They spoke highly of practitioners who came across as deeply attuned and responsive.

- *“She’s been a lovely person, she’s been very nice, very respectful, very helpful, and I’m always praying for her”* (Daniel)
- *“All the week I’m waiting to see her to talk and to share ... [X] was really friendly, wonderful, helpful, she was like sharing everything ... she share my sadness, my happiness ...”* (Aisha)
- *“It comes down to just how human someone can be”* (Sara)
- *“It would be better if like a counsellor listened and like, you know, not just to sit back and open their ears ... to respond back, to show that they’re in a mood of listening”* (Jay)

→ Recognise the importance of the therapeutic relationship to engaging and assisting the young person, in particular, the value of being attuned, caring, respectful and responsive

### SENSITIVELY ATTEND TO THE CLIENT’S EXPERIENCE OF THE RELATIONSHIP

Many young people formed powerful connections to practitioners and a number described the therapeutic relationship in terms of friendship or kinship. These interviewees gave the sense that a close client-practitioner relationship was an important vehicle for change. These young

- *“I was very comfortable with her [practitioner], she’s just like my sister”* (Daniel)
- *“... happy there’s somebody there to help, ‘cause [Dad’s] not there, you know, he’s not here to help, or Mum”* (Betoto)
- *“they just feel like a really wise, knowledgeable friend, they come out of that professional arena”* (Sara)



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people likened their relationship with practitioners to one of close family bonds, possibly in part due to a lack of a cultural reference point for the role of a mental health professional. Experiences of loss, missing family members, disrupted attachment, social exclusion and social isolation heightened the importance of renewed bonds.

- *“actually we’ve been friends from the first [session]” (Aisha)*
- *“I can talk with my [partner] now, and yeah, he helped me a lot. Yeah. That’s why I’m not going to see X anymore” (Maryam)*

→ Be mindful that young clients who have been refugees may have a heightened propensity to characterise the therapeutic relationship as one of friendship or kinship, which is best understood in accordance with the underpinning causes and needs for restorative connections

### **ALLOW TIME TO BUILD TRUST AND FOR GRADUAL DISCLOSURE**

Many young people described being raised with the expectation that frank verbal self-expression is inappropriate, especially to strangers. This made several interviewees uncomfortable to open up to practitioners, at least initially. Many conveyed that personal problems were expected to remain ‘in-house’, although in many homes it was typical to be silent about emotional issues.

- *“Feelings are a joke in our community” (Sara)*
- *“It was weird because I was like, ‘am I supposed to tell you, I don’t want to tell you, can I tell you, is it okay to tell you?’ ... [in our] community ... it’s not okay ... So I was like ‘okay nothing, like nothing is wrong’.” (Betoto)*
- *“Did I do the right thing about telling? ... but family says ‘we should be the ones’” (Lionel)*

Due to both their traumatic experiences, and cultural barriers to disclosing personal detail, a few interviewees found the questions posed by practitioners to be intrusive. Nevertheless, the young people generally appreciated practitioners having a full picture of their situation, particularly when this had arisen through gradual disclosure of personal detail.

- *“... psychologist should ask the client first, ‘what you like to talk, and about what you don’t like to talk?’ Don’t just ask whatever they like!” (Ahmed)*
- *“I came to see this person to help me but this person is forcing me to, you know, to tell what I don’t like to tell at the moment” (Jay)*

→ Allow time for the young person to build trust and allow for gradual disclosure in the assessment and information-gathering process. The principle of ‘dual permission’ may help – indicating to the young person that they can disclose freely (e.g., without worrying that the listener may not want to hear), but that they need not feel pressured to disclose



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### RECOGNISE THE IMPACT OF TRAUMA AND LOSS AND RESPOND ON A CASE-BY-CASE BASIS

Many of the young people had experienced extreme and prolonged violence and believed that their practitioners need to be aware of the impact of these experiences on them. As well as losing loved ones, participants spoke of losing homes, possessions, educational opportunities, hope, trust, meaning in life, and social status. Several interviewees highlighted that they were essentially experiencing ongoing trauma because their loved ones remained in danger overseas, and wanted practitioners to be mindful that these issues are not always confined to the past.

The young people varied in whether they found talking through details of traumatic experiences with practitioners helpful, pointing to the need for practitioners to consider individual differences in terms of whether and when to talk about traumatic events. Interviewees expressed praise for practitioners who used a knowledgeable, sensitive and open-minded approach to their experiences. They gave reason to believe that it is best for refugees to be considered a special group within mental health practice (i.e., that as well as having commonalities with other clients, there are important differences).

- *“I lose my father, my grandfather, my cousin” (Aisha)*
- *“they torture me, every sort of torture” (Rumi)*
- *“You can’t take someone like refugee and someone Australian ... as counsellor, just say, “this is gonna help you” – no ... Australian they just grow up here – they have everything ... yesterday there are people dying there ... fighting never finish ... When he come here, you know, just remember where he came from. He just, he was suffering, he was sleeping bad, eating bad” (Christina)*

- *“Sometimes they were asking very like personal questions that I didn’t like .... like how many days were you in the boat, and I never want to think about it” (Ahmed)*
- *“He knows the whole refugee deal ... So it was really helpful, he understood everything ... we went back to what I remember from Africa ... I think they needed to go back that far for them to help” (Betoto)*
- *“It stayed, the effects of it, until now. And I think the counsellor can help, even though just by talking” (Aisha)*

→ Show recognition of the impact of traumatic refugee experiences (past and present), without unduly pressing for details. Respect the young person’s preferred pace of disclosure

### BE CULTURALLY RESPONSIVE AND AWARE OF DIVERSITY

The young people wanted practitioners to be aware of and interested in their cultural and religious backgrounds, without assuming

- *“Africa ... they think it’s one country” (Majok)*



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that these aspects were most central to their identity. Most wanted to be perceived as individuals who were influenced by a variety of environmental factors and as changing with experience. They wanted practitioners to appreciate the centrality of the family, as well as diversity within communities. They wanted practitioners to be attuned to nuances in ethnic and faith-group identification.

- *“The psychologist, he was a good man, but, but still he didn’t got much understanding of the different history or culture or something, he sort of struggled”* (Rumi)
- *“She was really clever ... she always mention, ‘this is in Australia; is that in your culture as well?’”* (Maryam)
- *“I don’t really, yeah, follow my own culture lots. I follow, but not all. People are changing.”* (Ahmed)

→ Taking care to avoid assumptions, develop awareness of and show interest in young people’s cultural, linguistic and religious backgrounds, and consider the extent to which these feature in their current ways of life. It can help to hold both knowledge of diverse backgrounds as well as an attitude of open-minded curiosity to guide exploration within sessions

### **TAILOR TREATMENT METHODS AND APPROACHES**

There was much variation in whether interviewees described their practitioner’s therapeutic approach as a good fit with their preferences. Some specific treatment strategies, such as sleep strategies, activity scheduling, and distraction from worries, were praised by some interviewees and considered unhelpful by others (in some cases leading to drop-out). It seemed that when practitioners gave directive recommendations, these were more often well-received when delivered within a strong therapeutic relationship, taking into account the client’s ideas of causality. Some interviewees disengaged after experiencing a practitioner who was inflexible with their technique despite the young person being evidently uncomfortable with the approach or not showing signs of possible benefit.

- *“She said, ‘when you go to bed, don’t drink coffee’ ... They really don’t understand us, about our journey, about the life we had, so even if you don’t drink or if you don’t play with the electronic things, still we can’t sleep”* (Ahmed)
- *“It did improve a lot, because every time I came and saw her, she was obviously teaching me new ways about getting some sleep”* (Daniel)
- *“Here the counsellor is not giving you advice. And I don’t like this. I think they should.”* (Maryam)
- *“The solutions he was giving us were more of what he would give to a family who lived all their life in there. That’s how I felt ... he wasn’t really understanding where we come from, and he didn’t help at all.”* (Stamma)

→ Tailor treatment methods to the young person, considering their acceptance of the technique and recognising their ideas of causality and applicability to their circumstances and needs



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### HEAR AND ADDRESS PRACTICAL PROBLEMS

The young people appreciated practitioners who grasped the significance of practical problems and life decisions that were sources of distress, and where possible assisted them to address housing, education, financial, employment and legal issues and so forth. Some interviewees considered practitioners as limited in helpfulness if they could not assist them to reduce external stressors.

- *“If you really want to help the youth you have to try to find them a job”* (Daniel)
- *“If I need some help regarding my accommodation or other things, I also ask them ... they don’t mind if I ask them something which will be otherwise look silly to someone else, like other doctors”* (Rumi)

→ Be open to hearing the practical problems that the young person raises as sources of distress, and be prepared to try to assist them to address stressors by offering advice, direct assistance or by referring them to other appropriate services

### WORK CAREFULLY WITH INTERPRETERS

Most of the young people who had communicated via interpreters reported good experiences, however a significant minority complained about interpreters passing judgment, and omitting or inserting material. Two interviewees stressed that mental health interpreting required specialist skills and qualities which not all accredited interpreters had.

- *“It took us time to find the interpreter that we’re comfortable with ... some interpreters you could feel that they’re judging you ... a lot of the interpreters were not really translating it properly or they would cut out certain things”* (Stamma)
- *“[mental health interpreters] should just be picked, purely just picked - if you’re a good person”* (Sara)

→ Work carefully with qualified, briefed interpreters and create an opportunity to ask the young person if they wish to continue with the same interpreter for future sessions

### ADOPT FLEXIBLE SERVICE PROVISION PARAMETERS IN ACCORDANCE WITH THE YOUNG PEOPLE’S NEEDS

The young people valued practitioners who could be readily contacted when they felt in need of assistance. They valued flexibility in the timing and length of sessions, and the importance of sufficient duration of contact (not discharging clients before ready). Some of the young people from refugee backgrounds had benefited from outreach

- *“Every day when I feeling upset or uncomfortable, I am going to see her, I am talking to her, I feeling more comfortable”* (Rebecca)
- *“whatever problem ... I ring her, like ‘I need you, I want to talk with you’. And after that I was with her about two years, or more than two years”* (Maryam)
- *“Doctors at [A] they suggested [B]. I contacted*



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while they were engaging with a service. Several interviewees had been distressed by being told by intake that they were ineligible for a service, being waitlisted, or being transferred from practitioner to practitioner (within or between services). Interviewees tended to see these aspects of flexibility as within the control of the individual practitioner, whereas a few recognised that service-level resources and structures had a greater role in determining such parameters.

*[B] and then they couldn't do help much. Then I was transferred to [C] and from there to [D]. So it's like a little tour."* (Betoto)

- *"The more I repeat the same thing that they ask me I get more depressed.... So every time I went or somebody new came I would not talk"* (Betoto)
- *"I'm feeling suffering and they can't provide the service because of some reason and some formality"* (Rumi)
- *"It's not good for young people to let them wait .... Speak to them directly without put them in the waiting list ... they need the help at that time"* (Aisha)

→ When working with young people who have been refugees, be mindful that many may benefit from flexibility in matters of intake parameters, outreach, session scheduling and length, intervention timeframes, as well as maximal continuity of care. At a broader level, where possible, advocate to your service about these structural considerations.



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### **About Project TYRES - Talking with Young Refugees about Experiences of Services**

Project TYRES followed on from a study of service providers' perspectives on what works and what doesn't work when engaging young people from refugee backgrounds in mental health services (E. Colucci, H. Minas, J. Szwarc, G. Paxton and C. Guerra, 2012, *Barriers to and facilitators of utilisation of mental health services by young people of refugee background* <http://refugeehealthnetwork.org.au/wp-content/uploads/Barriers+and+facilitators+pdf+final.pdf>). Most of the young people's recommendations above were also voiced by the service providers interviewed in the prior study about how best to engage refugee youth, thus further strengthening the case for implementation of these recommendations.

Project TYRES interviewees were 9 females and 7 males aged 18-25 years, born in nine different countries: Iraq, Iran, Afghanistan, Sudan, DR Congo, Ethiopia, Tanzania, Côte d'Ivoire and Pakistan. They had lived in Australia for periods ranging from 1 year 6 months to 12 years 3 months. None were current asylum seekers; all had their refugee status recognised. Nearly all interviewees had seen multiple practitioners or participated in multiple services.

Some of the interviewees' experiences of services reflect their distinctive histories as refugees and of growing up in cultural backgrounds quite different to the majority of young Australians. In other respects, the issues they identify about engaging with mental health services are similar to those recounted by youth generally.

While this document focuses on implications for practitioners, the young people also identified barriers to and facilitators of service accessibility and responsiveness that are more pertinent to the decisions of policy makers and service agencies. These will be reported in other materials prepared for the consideration of those parties.

This project was conducted by Madeleine Valibhoy, Josef Szwarc and Ida Kaplan from the Victorian Foundation for Survivors of Torture (Foundation House), which has many young clients who have experienced torture or other traumatic events related to their refugee backgrounds. The project was funded by the Sidney Myer Fund and William Buckland Foundation.

For additional information about the study or for further practice-oriented resources, contact [valibhoym@foundationhouse.org.au](mailto:valibhoym@foundationhouse.org.au) or [m.valibhoy@gmail.com](mailto:m.valibhoy@gmail.com). Further recommended reading:

- Centre for Multicultural Youth - *Good Practice Guides* – e.g., available here: <http://www.cmy.net.au/publications/culturally-competent-intake-and-assessment>
- Victorian Settlement Planning Committee - *Good Practice Principles Guide for Working with Refugee Young People*: [http://www.dhs.vic.gov.au/data/assets/pdf\\_file/0009/642960/Good Practice Principles Guide for Working with Refugee You.pdf](http://www.dhs.vic.gov.au/data/assets/pdf_file/0009/642960/Good_Practice_Principles_Guide_for_Working_with_Refugee_You.pdf)
- Foundation House - *A Guide to Working with Young People who are Refugees*: <http://www.foundationhouse.org.au/wp-content/uploads/2014/07/WorkingwithYoungPeoplewhoareRefugees.pdf>