Queensland Transcultural Mental Health Centre

Working with refugees – key practice tips for mental health assessment and engagement

The following information is for mental health clinicians. It includes essential practice tips for working with someone who has had a refugee experience (including people who are seeking asylum).

1. Understanding the context

Defining characteristics of refugee experiences include trauma, loss, and deprivation. While there are likely to be some differences in presentation (e.g., somatisation, spiritual interpretations) – the construct of PTSD is broadly applicable across cultures.

Around 10% of adult refugees are estimated to have PTSD, which is increased to 25% for people who have experienced torture.[1] Suicide rates have been found to be elevated in some refugee populations and particularly amongst those who have been in immigration detention.[2]

a) What have refugees experienced before arriving in Australia?

- Experiences in their country of origin including persecution, imprisonment, harassment, torture, witnessing of killing, disappearance of family members, dispossession, and/or war.
- Experiences in exile including family separation, living in uncertain circumstances in refugee camps, exposure to violence, abuse or sexual assault.

b) Some consequences of refugee experiences:

- Psychological trauma.
- Social dislocation.
- Loss of sense of self and belonging.
- Insecurity and threat of violence.
- Stress associated with a lack of basic needs.

[1] Steel, Checy, Silove, Marnane, Bryant, & van Ommeren., (2009)
[2] Hedrick, Armstrong, Coffey, Borschmann., (2019)

- Poor health.
- Disrupted education and careers.

c) Stressors that are common to many refugees can include:

- Concern about the safety of relatives or friends in the country of origin.
- Separation from family members or grief over losing family members
- Difficulties with settlement – learning the language, gaining employment, knowing how to navigate services.
- Social isolation and lack of social networks.
- Uncertainty around future.
- Acculturation (process of adapting to the new culture).
- Limitations related to visa type (including access to health care).
- Work exploitation.
- Experiences of discrimination and racism or marginalisation.

Implications for practice:

Understanding the socio-political context and the experiences of refugees prior to coming to Australia will help you better understand a person's needs and anxieties.

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2. Skills for working with refugees

a) Minimising re-traumatisation

- Minimise the risk of re-traumatisation by avoiding settings or behaviours that could remind a person of their traumatic experiences.
- Physically prepare for the interview – ensure you allocate extra time, avoid extended wait times, avoid distractions that might give the impression you are 'too busy to care'.
- Explain your role, how you can help, and the nature of confidentiality.
- Avoid asking people to repeat traumatic stories.

Implications for practice:

Let the person control the interview process as much as possible – recovery from trauma involves helping a person regain a sense of control. This process can start with you (even though you may not be an ongoing care provider)

b) Cross-cultural communication

- Engage and learn how to work with interpreters – ensure you request the most appropriate interpreter (by ask about their preferences for dialect, gender, and ethnicity) and brief them beforehand.
- Describe your role, what you are going to do, and why you need the information.
- Ask what the person's expectations are about assessment, treatment, or care.
- Acknowledge and respect cultural differences and beliefs between yourself and the person.
- Avoid generalisations or assumptions about cultural groups (there is variety within each culture that is influenced by many factors such as education, urbanisation, social group, family, and personality).
- Check your understanding, use open questions, clarify, avoid jargon.

Implications for practice:

Demonstrate interest in a person's cultural background by asking questions – rather than making assumptions

c) Exploring issues around torture and trauma

- Many refugees may present with common problems such as grief, depression, anxiety, or stress – but the underlying issue may be their experiences of torture or trauma.

- People from refugee backgrounds infrequently disclose traumatic experiences. Yet an understanding of the extent of the trauma is relevant to diagnosis and management.
- Avoid asking directly about trauma experiences unless there is a clear benefit for the person in disclosing the specific details to you.
- The extent to which you enquire about experiences of torture and trauma will depend on whether you have established rapport and created a culturally safe space. Often, awareness of basic background information, such as knowing the country of origin and year of arrival will be enough to know the probability of a person having traumatic experiences.
- Shift the underlying approach during the interview from "What is wrong with you?" to "What happened to you?". Whilst understanding symptoms may be important, the richness of the information gained during an assessment will be in understanding the context in which symptoms developed.
- Expect presentation to be impacted by trauma experiences. Look out for numbing symptoms, withdrawal, avoidance of talking about the trauma, vagueness or changing topics, being overly focussed on current problems, or high levels of distress.
- Questions to establish a trauma history could include:
    - *"What were the circumstances of you leaving your country?"*
    - *"Terrible things have happened to people who have been forced to leave their country. I do not need to know the details about what you have been through, but have you had terrible experiences that might be affecting you now?"*

Implications for practice:

Be aware that trauma impacts how a person presents, including how willing they may be to engage with you. Interpretations such as 'non-compliance', "disengagement", "maniupulative behaviour", may be possible signs of trauma.

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d) Normalising reactions and using a strengths-based approach

- Many people don't realise their symptoms are common responses to distressing events. They may be fearful that they are unwell or have mental illness – which in turn, can be an added stressor (given the stigmatising nature of mental illness in many multicultural communities).
- Explain symptoms as normal reactions to extreme stress. Explain that people react differently to traumatic events. Explain the link between physical and psychological trauma.
- Acknowledge the person's distress and validate the emotional pain.
- Identify the major issues the person may have to deal with or may need help with.
- Ask about the usual ways a person from their cultural background might cope with a similar situation. Identify personal strengths and help them recognise examples of resiliency within themselves.

3. General assessment tips

- Assessment should cover potential contributing factors to mental health symptoms and related problems.
- Priority could be given to understanding the current stressors for the person, particularly those stressors that are salient to their daily functioning (and the resolution of which may have a direct impact on mental health symptoms).
- Ensure some rapport is established before asking about suicide. Ask about suicide in a non-judgemental manner but be clear. For example, *"When people experience the difficulties you have, they can feel they don't want to be alive. Do you ever have such feelings or thoughts?".*
- Before finishing the assessment, ensure the person feels anchored in "the here and now" and safe enough to leave.

4. Key areas of assessment for refugees[3]:

CONSIDER	MAY INDICATE
Country of origin	• Nature and likely duration of exposure to hardship, privations, violence, conflict • Familiarity and previous availability of services
Country (countries) of transit	• As above
Date of arrival	• Likely settlement stresses • Need for orientation and information • Need for refugee health assessment
Means of arrival	• Traumatic journey to Australia • Asylum seeker and detention history
Migration status	• Benefits and entitlements available • Relevant services • Asylum seeker and detention history • Cultural backgrounds
Preferred language	• Interpreter requirements – dialect, ethnic group considerations
Religion (preface with explanation for enquiry)	• Beliefs and practices that need to be accommodated in care
Family composition and family functioning	• Family links • Missing family members • Stresses and psychological reactions can be anticipated regarding separation, death, concern for family members left behind • Emotional and practical support available • Need for referral for migration assistance, tracing services • Indicators to promote assessment of other family members
Trauma history	• Duration and severity of exposure to traumatic experiences and likelihood of psychological (and physical) effects • Importance of consideration of gender • Implications for family functioning and health of other family members • Need for referral(s) • Anxieties that may manifest in medical setting
Current stresses	• Need for settlement support and material needs – housing, economic concerns • Need for psychological support • Relevant referrals
Social resources and support	• Need for links to community/services • Need for one-to-one professional relationship
Psychological health	• Screening will indicate areas to follow up • Referrals for specialised assistance • Options for most appropriate response (including client's interest in sharing psychological concerns)

[3] Experiences of Torture and Trauma: Psychological and Physical Effects, Management and Psychological Approaches

5. Making effective referrals

- Inappropriate referrals, or referrals that are not well facilitated will often result in the person coming back to services, perhaps more unwell than before.
- Get the person's consent to make a referral.
- Explain what services are and how they will help (explain any limitations to what services can provide and if there are waiting times).
- Check that the service you are referring to are reputable and appropriate to the needs of the person.
- Give clear instructions about 'where to from here' including writing down contact details and explaining what to expect.
- Be aware about financial limitations or other barriers such as caring duties or stigma on a person's willingness to link with other service providers.

Implications for practice:

Provide 'warm' referrals by introducing the person you are referring to services and anticipate and remove any barriers that may prevent a person from accessing services.
