Refugee Mental Health

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Definitions

- A refugee is someone who has been forced to flee conflict or persecution and has crossed an international border to seek safety. They cannot return to their country without risking their life or freedoms.
- When someone crosses an international border seeking safety, they
 often need to apply to be legally recognized as a refugee. While they seek
 asylum and await the outcome of their application, they are referred to
 as asylum-seekers.

Definitions

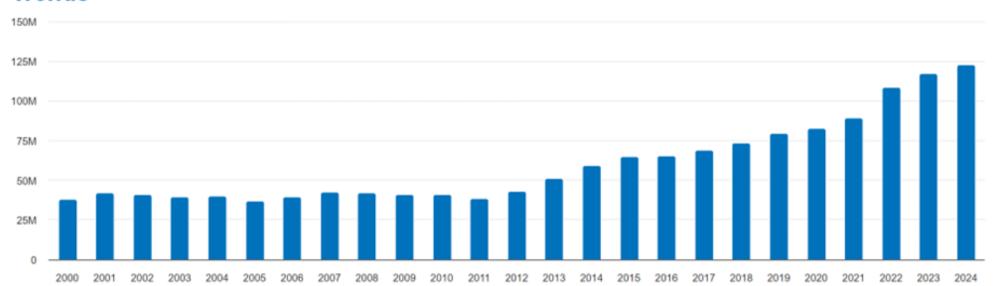
• Internally displaced people (IDPs) have been forced to flee their homes by conflict, violence, persecution or disasters, however, unlike refugees, they remain within their own country.

122.6 MILLION people

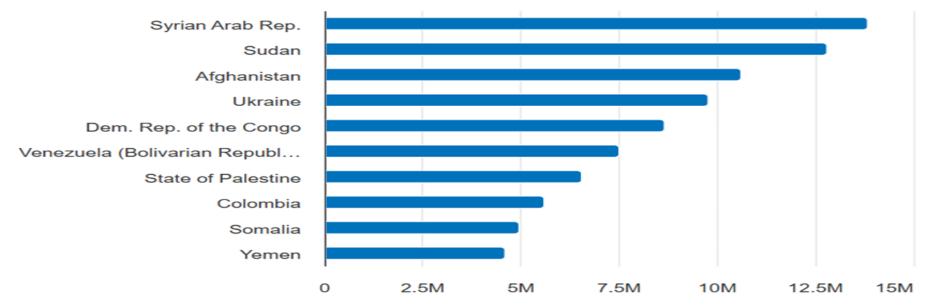
4.5% INCREASE compared to previous year

179 countries of origin





Country of origin (top 10)



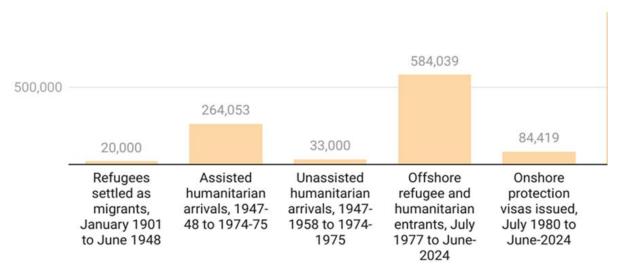
- 69 per cent of refugees and other people in need of international protection lived in countries neighbouring their countries of origin.
- Most refugees want to return home once it is safe to do so. In the first six months of 2024, 433,600 were able to.

- The average length of time that refugees spend in camps varies depending on the crisis. In protracted refugee situations - where mass displacement has affected a country for five years or more -, refugees may spend years and even decades living in camps and it is common to have entire generations growing up in the camps. One example is the Afghan refugee situation, now in its fifth decade.
- Most refugees (approx. 78%) live in cities as they can live autonomously and find employment.

• Some of the world's largest refugee camps are: Kutupalong-Balukhali expansion site (Bangladesh), Bidi Bidi refugee camp (Uganda), Dadaab and Kakuma refugee camps (Kenya), Azraq and Zaatari refugee camps (Jordan), Nyarugusu, Nduta, and Mtendeli refugee camps (Tanzania) and Kebribeyah; Aw-barre and Sheder refugee camps (Ethiopia).

Australia Data on Refugees

Kerugees since 1901



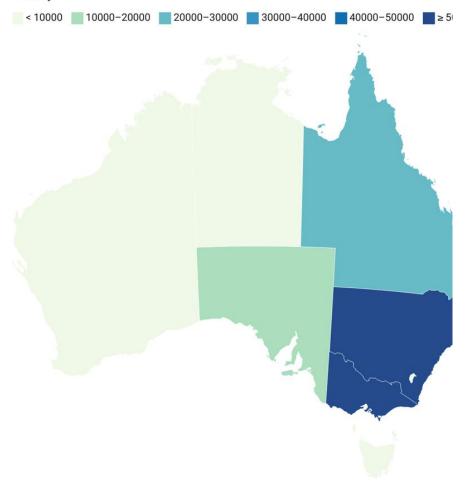
 Refugees come permanently to Australia either through the Humanitarian Settlement Program (HSP), Community Refugee Integration and Settlement Pilot (CRISP), Community Support Program (CSP).

Estimates for the first three columns based on official sources; next two columns from Department c Affair's Historical Migration Statistics, Table 4.1.

Chart: Refugee Council of Australia • Source: Combined sources • Created with Datawrapper

Humanitarian settlement by state or territory

Total number settled on humanitarian visas in the past 10 financial years, by currenterritory



The age of people who settled on humanitarian visas

Total number settled over past five financial years, by age group

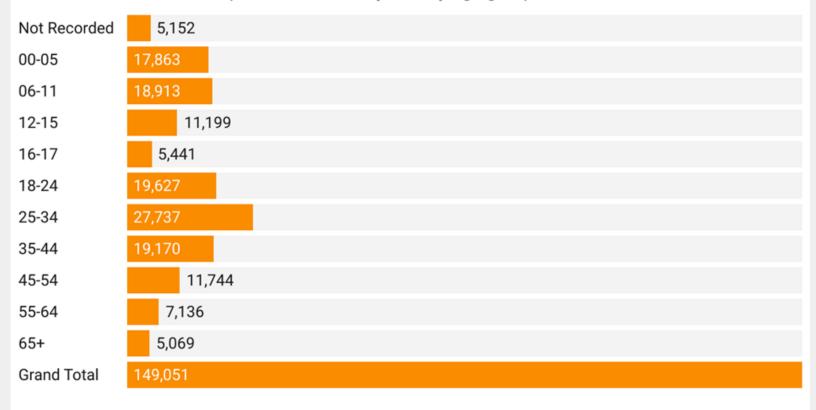


Chart: Refugee Council of Australia • Source: Department of Home Affairs, Last 10 Financial Years by Migration Streams • Created with Datawrapper

Phases of migration

- Pre-migration: Encompasses the activities that occur in the community before leaving their home.
- Trans-migration: Includes the activities that occur in the process of fleeing from home to some place of safety.
- Post-migration: Defines the activities that occur after flight that hopefully will provide safety. That might be registering at a refugee camp
- Integration and settlement: the new host country being the new home.

Role of HSP, RAHAC, Phoenix Centre

- HSP: Support is delivered through an individualized case management approach tailored to each client's needs, strengths, and goals.
- RAHAC: The clinic facilitates limited physical health screening for people arriving in Tasmania from a refugee background and assists with navigating RHH services if needed.
- Phoenix Centre: Provides individual mental health and wellbeing support, mental health promotion, prevention and early intervention, and capacity building activities to people from a Culturally and Linguistically Diverse (CALD) background.



Socio-ecological model: Looking at the risk factors, protective factors gaps and where to from here

• The socio-ecological model was created to visually illustrate individual, family, organization, community, and societal factors that influence individual mental health and well-being.

Mental Health & Well-being: A Socio-Ecological Model



Societal*

Children's well-being is influenced by their parent's mental health knowledge

collaboration across agencies

Social connections

help manage daily

stressors & adversity

Personal characteristics

Coping skills

Harsh discipline has

negative repercussions

ACEs influence

family relationships

Social roles

promote identity.

connections &

healing

Social exclusion & unfair treatment based on personal characteristics can negatively affect emotional well-being & psychological resilience CENTER FOR LEADERSHIP EDUCATION



University of Minnesota **EXTENSION**

Poverty leads to poorer mental health outcomes

Resource allocation shapes opportunities

Strong ties to cultural & social identity are protective of well-being

The economic conditions into which a person is born & raised can shape their overall quality of life

Government regulations & incentives can build relationships &

Policy

Government investment of time, money & resources dictates

Family norms, values & expectations can be stressful & also help us feel loved

Research & reporting

People are

shaped by

their social

environment

gaps are barriers to

understanding

mental health

Societal conflict, political crises, migration, displacement, war & civil strife heighten risk

Environmental forces &

disasters can have detrimental

Rapid changes in

technology impact

development

Media messaging

shapes how people

perceive & respond to

mental health

necessary for child wellbeing & has important policy implications

Housing

Laws, policies, impact &/or build resilience regulations, resources & money directly & indirectly impact mental health

Stigmatizing, discriminatory environments

Good family functioning is

People & communities have different mental health needs

harm clients Cross-sector collaboration strengthens outcomes, access & referrals

instability leads to poorer Built environment & well-being systems impede

Educational opportunities shape long-term development

mental health management

Policies influence the way that people navigate the help they need with their mental health

Social well-being is a

Services support

community

connections

Positive health

role models

influence

health

public, not private,

Community

services

determine the

ability to

address mental

health/illness

experience

The COVID-19 pandemic & HIV stigma cause stress & isolation

> Norms shape how we feel about mental illness, stress & belonging

> > Law enforcement practices have unintended consequences on some communities

Inability to meet basic human needs has far-reaching consequences

Communities

Disadvantaged neighborhoods, discrimination & violence are linked to mental health risk factors

Organizations Local partnerships & mental health service

delivery are important components of Provider advocacy successful programming & collaborative service positively influence outcomes

Interpersonal

Developmental parenting supports positive parent-child relationships

Family & peers serve as significant natural support systems

Positive, high quality relationships matter **Individual**

Social isolation is damaging to health Biological/genetic factors

Adaptability

Identity & purpose

Complex, Dynamic Development

Leadership & life skills

Stress response

*The sociocultural layer in this model was subject to a scoping narrative literature review

Based on The Ecology of Human Development (Bronfenbrenner, 1979) To learn more visit z.umn.edu/mhecomodel

Tasmania's Multicultural Action Plan

- Tasmania's Multicultural Action Plan 2025-2029 was released on 28th March 2025.Theme: Embracing Diversity, Fostering Belonging.
- SMHS specific responsibilities.-
- 1) DoH's Statewide Mental Health Services will increase mental health related resources available in other languages. DoH will continue to provide interpreting and translation services in accordance with Multicultural Language Service Guidelines for Tasmanian Government Agencies
- 2) DoH's Statewide Mental Health Services will: Collaborate with the sector to develop specific mental health initiatives to ensure that mental health services are culturally safe and appropriate for the different population. Promote DoH-approved online learning resources (Culture, Language and Health) training to Community Sector Organisations.
- 3) DoH's Statewide Mental Health Services will continue to provide Mother and Baby Unit and Perinatal Mental Health Services.

SMHS Strategic Priorities 2024-2027

- Growing Connections
- Operational Imperatives
- Collaborate with Primary Health and wellness clinics to promote mental health in the community.
- Strategic Choices
- Review our cultural appropriateness, ensuring a welcoming supportive and inclusive approach to statewide mental health (e.g. Aboriginal and Torres Strait Islander, LGBTIQA+, CALD, Disability).
- We will seek to learn from traditional ways of connecting using contemporary means.



- Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: findings from the first wave data of the BNLA cohort study Wen Chen, Brian J Hall, Li Ling, Andre Mn Renzaho
- Impacts of social integration and loneliness on mental health of humanitarian migrants in Australia: evidence from a longitudinal study Wen Chen, Shuxian Wu, Li Ling, Andre M N Renzaho
- Stress, trauma, and posttraumatic stress disorder in migrants: a comprehensive review Lineth H U Bustamante, Raphael O Cerqueira, Emilie Leclerc, Elisa Brietzke

- Prevalence of and risk factors for mental disorders in refugees Domenico Giacco, Neelam Laxhman, Stefan Priebe
- Dynamic contributions of socioeconomic status to mental health with the resettlement process among refugees Weiqing Jiang, Guangduoji Shi, Yanzhi Li, Ciyong Lu, Lan Guo, Weihong Zhang
- The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers Susan S Y Li, Belinda J Liddell, Angela Nickerson



- Loneliness and social isolation amongst refugees resettled in highincome countries: A systematic review Thomas P Nguyen, Mariam Al Asaad, Michelle Sena, Shameran Slewa-Younan
- Trends and determinants of mental illness in humanitarian migrants resettled in Australia: Analysis of longitudinal data Demelash Woldeyohannes Handiso, Eldho Paul, Jacqueline A Boyle, Frances Shawyer, Graham Meadows, Joanne C Enticott
- https://pmc.ncbi.nlm.nih.gov/articles/PMC7505461/

- https://immi.homeaffairs.gov.au/settling-in-australia/humanitarian-settlement-program/specialised-and-intensive-services
- https://mrctas.org.au/humanitarian-settlement-program/
- https://immi.homeaffairs.gov.au/settlement-services-subsite/files/hsp-csp-crisp-comparison-document.pdf

- https://www.homestasmania.com.au/housing-andhomelessness/housing-connect/humanitarian-settlement-programand-housing-connect
- https://mch.umn.edu/resources/mhecomodel/
- https://www.refugeecouncil.org.au/resettlement-statistics-australia/2/