

From Surviving to Thriving: Refugee Journeys

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Wellbeing from the refugee lived experience
perspective

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Wellbeing is a complex concept and a broad term that can be used in different ways. I would like to define it in a way that makes sense to me. I hope that such a definition fits the purpose of this symposium and allows me in the end to draw important policy implications that will go some way in the development of mental health policy and programs for refugees and humanitarian entrants.

My approach is based on the Refugee Communities Advocacy Network (RCAN) concept of refugee lived experience. Refugee lived experience is an approach that places refugees and their lived experiences at the centre of thinking. This refugee lived experience approach requires that policy, program development, service delivery and decision-making processes ensures refugees can actively participate and influence the final outcome of their hopes, aspirations and dreams.

My approach is informed by my own personal experience. I came to Australia 15 years ago through Australia's humanitarian program. I had been a refugee for 15 years in Ethiopia and Kenya before coming to Australia. I have experienced war, displacement and the destruction and dislocation that are the consequences of war. In addition, I have experienced the hopelessness and desperation of living in refugee and displaced-persons camps with little or nothing at all.

I have experienced settlement and the difficulties that come with it. I became my community's spokesperson in Canberra only because I could speak some English when I arrived in Australia. I have a good understand of settlement challenges. In addition, I have

developed a very sophisticated understanding of settlement policy and service delivery through study and work.

I am also involved in refugee advocacy at various levels. Some advocacy I participate in happens at the grassroots level. Some happens at higher levels. For example, I went to Geneva earlier this year to attend the United Nations High Commissioner for Refugee (UNHCR) Annual Consultations. I am also a member of RCAN which advocates on behalf of refugee communities at the state and national levels.

My point here is that the following analysis and emerging policy principles are grounded in the refugee lived experience perspective.

The approach to the definition of wellbeing has to be holistic and has to take into account the entire spectrum of the refugee lived experience for it to reflect the current psychological, physical, social, economic and legal status of the refugee in the settlement process. The problem here is that wellbeing needs to be defined in such a way that it fits into the framing of this symposium so that eventually mental health policy development can translate into programs and services that better meet the current needs, hopes, aspirations and dreams of refugees and their communities.

My approach to defining wellbeing is to breakdown wellbeing into four components. These four components will generate some policy and program ideas that can be directly applied to promote refugee mental health. These components are community resilience, self-representation, social connectedness, and spirituality.

Community resilience, for the purposes of this symposium, is not about a group of people bouncing back from tragic and overwhelming experiences such as war and related traumas. I think of resilience as the internal and external resources that people draw on to navigate their everyday lived experiences. The settlement experience is complex and diminishes the internal and external resources individuals and their communities could draw on to help them survive and thrive.

The settlement experience is overwhelming because of the intersectionality of various aspects that seem to operate in such a way that they diminish internal and external resources. For example, gender, age, intergenerational conflict, cultural shock, unemployment and difficulties finding suitable accommodation can work together simultaneously to diminish internal and external resources that are available to individuals and communities leaving them more vulnerable than ever before.

In addition, the legal status of individuals and groups can lead to further serious vulnerabilities. The situation of people seeking asylum is a good example of how legal status can diminish resilience. Immigration policy is deliberately geared towards further diminishing the capacity of people seeking asylum to live in Australia not because they have done anything wrong but because their suffering and disempowerment would discourage others from coming to Australia to seek asylum. The recent proposed changes to the process of obtaining Australian citizenship are another example that demonstrates how the legal status could be used to make people more vulnerable. If the proposed changes go through, many refugees will never become Australian citizens.

The second component of wellbeing from a lived experience perspective is self-representation. Here I am not talking about taking a selfie or how one creates a particular persona on social media. Nor am I concerned here about refugee voices and refugee narratives that come with that. Self-representation is about the ability and the capacity for refugees and their communities to influence decision-making, policy, program and service delivery processes. It is also about democratic systems and institutions being open to genuinely engage with refugees. In this definition refugees are not passive story tellers. Rather, they are actively engaged in legislative, policy and decision-making processes so that the outcome of these processes reflect their hopes, aspirations and dreams and therefore promote their resilience.

The third aspect of wellbeing from the refugee lived experience perspective is the social relational aspect. Most refugees come from collectivist societies which emphasis social connections. It was these social connections that individuals drew on to secure their economic, social, physical, psychological and spiritual wellbeing. Contrast this with Australian society where the individual is the centre of every aspect of societal thinking producing an atomised society. The individual is expected to rely on their skills, knowledge and understanding of the world around them to make rational decisions that improve their wellbeing. The individualistic nature of the Australian society is not a problem for refugees in itself. However, refugees find it difficult to socially connect with neighbours in their neighbourhood because Australians don't connect with their neighbours in the same way people in a collectivist society connect with those who live around them. Refugees and most other migrants from collectivist backgrounds can easily be isolated and excluded. This

often intersects with unfamiliarity with the new social and physical environment. Therefore, it is very difficult for refugees to draw on skills, knowledge and understanding of the world since it is not clear how applicable these attributes are in their new environment. In addition, many refugees come to Australia without family or settle where there is no established community with similar background. This further intensifies the sense of disconnection and dislocation.

Finally, spirituality is an important component of wellbeing that receives little attention. From refugee lived experience perspective, spirituality is not about religion. I am not talking about organised religion like Islam, Christianity or Buddhism. I am here more concerned about those attributes of a person that are metaphysical. Those aspects of our being that enable us to be ourselves and give us the capacity to thrive regardless of our immediate circumstances. These attributes include but not limited to self-esteem, self-worth, self-respect, values, beliefs and our worldview. When our self-esteem and self-worth is challenged through the rejection of our values, beliefs and worldviews, we are reduced to lesser human beings. The outcome is usually confusion and loss of self-confidence.

From the refugee lived experience perspective, therefore, wellbeing can be defined as the ability and capacity of refugees and their communities to draw on their internal and external physical, social and spiritual resources to navigate their daily lives influencing outcomes and achieving their hopes, dreams and aspirations through actively engaging with all aspects of the society they live in.

The refugee lived experience approach to wellbeing has policy implications. These policy implications can be represented as principles for developing refugee mental health policy and programs. These principles are:

1. Policies and resulting programs should be enablers. They should enable refugees to draw on internal and external resources that promote individual and community resilience;
2. Policy and program development processes should be democratic and open to ensure refugee self-representation is realised;
3. Mental health policy should be activist in nature and promotes systemic advocacy on behalf of refugees to demonstrate the impact of institutional policies and programs on the mental health and wellbeing of refugees;
4. Policy development and emerging programs should promote social connectedness and social inclusion;
5. Policy and program outcomes should emphasis the promotion of metaphysical attributes such as self-esteem, confidence and a sense of purpose.

I am confident that the application of the above principles in the development of refugee mental health policy and programs be it in the form of developing a refugee mental health manifesto or strategy, will improve wellbeing outcome for refugees. These principles are grounded in the lived refugee experience and therefore capture and reflect what is missing in mental health policy. These principles, if applied holistically, have the potential to meet the needs, hopes, aspirations and dreams of refugees and their communities.