

translinks

Newsletter of the Queensland Transcultural Mental Health Centre

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Issue 30, November 2005
Editor: Penny D'Ath

Welcome

As we near the end of 2005 and look back over the past year, placing our work in the context of the environment in which we operate, you could say that it has been a year of distraction. Regardless, we have continued to deliver our services and programs and from the updates by staff in this issue of *Translinks* you will see that it has been a busy time all around.



The QTMHC Team (Left to right): Back row - Greg, Kurene, Maria Teresa, Penny, Kate, Leifi, Faaua. Middle row - Losalia, Elvia, Deb, Lucy. Front row - Aloma, Rita, Polly & Lara

However, at times it was difficult not to be distracted by events related to mental health, immigrants, refugees and immigration detention which gained national attention and led to national enquiries such as the Palmer and Senate Enquiries. At the state level there have been enquiries internal and external to Qld Health resulting in major restructure and reform. At the community level we are dealing with the negative consequences of the anti-terror issues on community relations and mental health and wellbeing in Muslim communities and at the QTMHC level we have been dealing with our own review.

I have been offline for the past four months undertaking the QTMHC review. It has been timely to reflect, after 10

years in operation, on the Centre's work, the issues we are trying to address and whether the resources that we have available are being used in the most effective way. Most of all the review has been a validation of our work, with input from representatives from over 100 different organisations, as well as over 50 CALD consumers - the response has overwhelmingly been a positive one. We are hitting the right mark and it is quite clear that to ensure maximum impact of our work, resources for transcultural mental health are required at the district mental health service level in districts with significant CALD demographic. A report is with the Director of Mental Health for his consideration and we are awaiting the outcome.

As previously mentioned, 2006 marks the 10th year for the QTMHC and a big celebration is being planned to thank everyone who has been associated with the Centre and has contributed to its success. The QTMHC truly is the sum of the total amount of goodwill and spirit of collaboration and cooperation between the Centre and the many partnerships we have with ethnic community groups, multicultural sector organisations, mental health services and related agencies, community agencies and input from the many bilingual workers that we have working across our programs and projects. So mark the afternoon of Friday 3rd of March in your new 2006 diaries and details will be forthcoming.

From all of us at QTMHC we wish you a joyous and relaxing festive season and an auspicious new year.

Rita Prasad-Ildes
Manager
Email: rita_prasad-ildes@health.qld.gov.au

Staff

Rita Prasad-Ildes
Manager

Elvia Ramirez
Mental Health Promotion
Co-ordinator

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Clinical Services Co-ordinator

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Lara Denman
Lucy Tan (Dementia project)
Clinical Services Workers

Greg Turner
Education & Development
Co-ordinator

Penny D'Ath
Information & Resource Officer

Amala Amarasinghe
Administration Officer

Kate Lemerle
BRiTA Project Co-ordinator

Faalolo Kurene
Samoan Project Officer

Aloma Lane
Maria Teresa Montenegro-Vega
Consumer Participation
Workers



Our office will close Friday
23rd December 2005 and
we will re-open on
Tuesday 3rd January
2006.

Consumer participation

Our dynamic CALD Consumer Participation Workers Maria Teresa Montenegro-Vega and Aloma Lane have been very busy firstly supporting the organisation of the Mental Health Forum in July where the model of CALD consumer participation in mental health was released following a three year process; and later coordinating the **first implementation of the model of CALD consumer participation** in the planning of mental health services. A total of 28 consumers from five CALD communities, including eight consumer facilitators who received training and support, were engaged in a consultation on the prevention of mental illnesses. This consultation highlighted that QTMHC

needs to develop a more targeted approach in its prevention work by working with specific sub-groups within CALD communities and having a strong focus on family support. Maria Teresa and Aloma have also **presented the model of consumer participation** at the Supporting Diversity Conference in June and at the recent Diversity in Health Conference in Melbourne. Their papers described this very innovative approach to CALD consumer participation that is unique to Australia and overseas.



Mental Health Forum

For more information, contact Elvia Ramirez (Monday-Friday) or Maria Teresa and Aloma on Fridays.

BRiTA Co-Facilitators ready to brighten the lifeskills of CALD young people

As you would have realised by now, the *Building Resilience in Transcultural Australians (BRiTA)* Program has two components, the program for adolescents and the program for primary school students. This update will focus on **BRiTA for adolescents**. Following the completion of the development of BRiTA in early 2004, a total of 12 workers completed a two-day training

course to become co-facilitators of the BRiTA Program. Participants were from the child and youth mental health, youth, education and mental health promotion sectors. We now have a highly motivated and skilled team that is planning to run the BRiTA Program in locations such as Charters Towers, Ipswich-Inala, Brisbane North and Brisbane South, including Milpera State High School. If you are interested in referring young CALD people or would like more information, please contact Elvia Ramirez via email: elvia_ramirez@health.qld.gov.au.



Mental Health Promotion, Prevention and Early Intervention Program

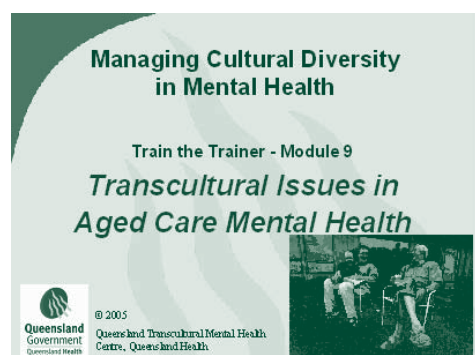
The MHPPEI position has been managing the projects under the MHPPEI and consumer participation umbrella and exploring relevant statewide and local infrastructures to link in and partner with. In recognition of the importance of connecting with CALD communities, the position has also been organising information and discussion sessions with those who have an influence in the communities, namely **community leaders**. These sessions focus on the mental health system in Australia, mental illnesses and ways to prevent and deal with them, and create a safe space where diverse perspectives are exchanged and knowledge reciprocated. Findings from these sessions and from consumer consultation keep informing our **MHPPEI planning**. For example, CALD consumers and community leaders have indicated that we need to work more with those at risk of having mental health disorders and particularly focus on strengthening families. Simultaneously, in order to increase the understanding of mental health services about the diverse cultural perspectives of mental health of the most relevant CALD groups in Qld, the position has continued organising, in partnership with the TCCS, the **cultural seminars**. The most recent cultural seminars were on the Bosnian community perspective in August and the Chinese community perspective in November. Videotapes with presentation handouts of nine of the 10 seminars are available for loan. Contact Elvia for further information.



Chinese seminar presenters

Education and development update

Once again 2005 has been a busy year for the education and development program. While Greg was off-line carrying out other duties for the first half of the year the Co-ordinators' position was capably filled by Clarissa Wilson. One of Clarissa's first tasks was to bring a fresh look to the presentation slides used in the *Managing Cultural Diversity in Mental Health* and *Introduction to Transcultural Mental Health Train-the-Trainer* courses. Clarissa also updated statistical content utilising the 2001 census details as well as introducing some new evidence based literature into the courses. Clarissa also facilitated this years *Introduction to Transcultural Mental Health* course which had record levels of attendance and Clarissa and Greg ran five one-day Train-the-Trainer courses for staff of Bundaberg Mental Health Service. As well as these activities Clarissa provided numerous short training sessions to a range of mental health services, various government and non-government agencies, university students, and community groups. Although Clarissa admitted that she didn't initially realise the amount of work required in the part-time position she rose to the challenge and did an excellent job. Many thanks Clarissa.



In August another module was added to the *Managing Cultural Diversity in Mental Health* Train-the-Trainer program. The final aspect of development of module 9, *Transcultural in Aged Care Mental Health*, was a formal review conducted by Dr Michael Leong, former Director of the Aged Care Mental Health Service at the PA Hospital. Members of the Reference Committee also provided valuable review feedback. In late October a validation trial was conducted with 22 participants from various multicultural aged care services involved. The review was extremely positive and this new Train-the-Trainer module is now available to be delivered free to Qld Health staff and at a cost-recovery fee to other agencies. I would like to thank all who were involved in the development, particularly Lynne Halliday formerly with the Aged Care team at Mental Health Unit, members of the Reference Group, Dr Michael Leong and contributing writers.

Also in the field of aged care has been the development of a Self Directed Learning multimedia program on *Transcultural Issues in Aged Care*. The development of this program was funded by the Aged Care Unit, Queensland Health. The project was managed by Greg Turner and Penny D'Ath with the content development by Greg. This has been QTMHC's first venture into the world of multimedia education and provided Penny and Greg with numerous challenges and a steep learning curve. The CD-Rom can be used on all modern computers and provides participants with written information and knowledge, and utilises video segments, journal articles, activities and learning checks. This transcultural health program consists of four segments which cover Culture and Ageing, Language and Ageing, Transcultural Mental Health Issues for Older Persons, and Transcultural Mental health interventions for Older Persons. A booklet, designed and developed by Penny accompanies the CD-Rom and provides the user with clear instructions on how to use the program for maximum benefit. The project is in the process of completion and following review and validation will be available in 2006. Enquiries regarding the purchase of the program should be directed to Penny D'Ath at QTMHC.



In line with the QTMHC restructuring with stronger links with District Mental health Services, staff from regional districts are strongly encouraged to utilise the QTMHC education programs by contacting the Education & Development Co-ordinator to arrange for training to be provided locally. The QTMHC education handbook can be viewed and downloaded from the QTMHC website. Local training can consist of full-day Train-the-Trainer workshops, or shorter direct training sessions utilising material from a number of the modules.

Greg Turner
Education & Development Co-ordinator
greg_turner@health.qld.gov.au

Promoting stronger families

Fausia Oaiga la Mautu

What is ahead?

After all the information sessions held in the community where it would be true to say that most Samoans living in Queensland have heard about the project, it is the right time to reflect on the issues and needs raised at these meetings. Therefore, there is a shift from general meetings to specific group meetings. Women found it difficult to share openly when their husbands were present while men asked so many questions challenging the law from the Samoan cultural perspective. The workers are now focusing on delivering the message in the most efficient way to help women and children, without neglecting the men.

a) Women. Mrs Faamomoi Su'a (Community facilitator in Logan) is now organizing a special session for women only. She has already made an announcement on the radio and a number of women from Woodridge and Logan have shown interest in attending these meetings. The Women Against Violence Service and others will do presentations on the day. Mrs Agnes Faletagoai (Community Facilitator in Caboolture) is arranging a women's meeting on the Northside where they will discuss family issues from the women's perspective, at the same time, services will be invited to provide presentations. Mrs Losalia Situlia (Community facilitator Inala/ Ipswich) is going to do the same in Inala and Ipswich. She will also invite police, women's services and domestic violence prevention services to provide presentations.

b) Men. Men will have small group discussions too, but mainly focussing on anger management, good husband/ father, genuine Christian, and being a responsible leader. Services will also be invited to those meetings to explain their services to men. Most men are afraid of services because they have no knowledge of what is available to them, while others think they are for white or English speaking people only.

c) Leaders. Meetings are also arranged for Church and Community leaders to attend. These meetings will focus on building trust and good understanding between the services and leaders of the community. There is a great need for leaders to learn about services and for the services to trust the ability and the cultural expertise of leaders. Most leaders do not respond when they are called, others are not willing to help because they have no knowledge of the law, and the services available. There will be a big change if the church leaders understand why they are asked to be involved, and when they know their part to play in any cases. The main goal is to strengthen relationships and to build healthy families within the Samoan community.

Faalolo Kurene

Project Co-ordinator

faalolo_kurene@health.qld.gov.au



Training provided by Qld Police Service to the Samoan Facilitators in October, 2005

Support for aged people from all backgrounds: Multicultural Dementia Project

Dementia is a term describing a group of symptoms of which two or more occur together. Common symptoms include confusion, frequent forgetfulness, short term memory loss, mood and personality changes, and difficulties in using and/or understanding language. Due to memory loss, you might find that many CALD elderly may revert to using their native language, and lose the ability to communicate in English. Access to services and residential care is difficult for CALD older people due to barriers in language and diet. As a result, many CALD elderly remain at home and are cared for by their family members. In addition, many family members may prefer to care for their elderly loved ones, as it is part of their culture.

The needs of CALD Family Carers' caring for a family member with dementia cannot be underestimated. In the last three months, the project has focussed on providing support to CALD Family Carers in the program. Together with our two partner agencies (Islamic Women's Association in Brisbane, and Multicultural Communities in Gold Coast), a series of initiatives were rolled out, including training, monthly support groups, educational seminars, workshops, and a weekend camp at Noosa for carers and their families. The grandchildren of our clients were also involved in the weekend camp, with provision of psycho-education and experiential based workshops.

For further information, please contact Lucy_Tan@health.qld.gov.au.

TCCS Update

The last few months have been a very busy time for the service with accreditation, the review and increasing numbers of referrals.

Team members update

Thanks to Katayoon Haghseresht for filling in for Polly while on leave and welcome to Lara Denman who will fill in for Deb in TCCS, while on leave for the next 6 weeks.

We are also pleased to welcome the following new bilingual mental health consultants:

- Mr. An Nguyen, Social worker (Vietnamese background)
- Ms. Viet Tinh Nguyen, Social Worker (Vietnamese background)
- Mr. Toan Nguyen, Psychologist in training (Vietnamese background)
- Ms. Tanja Borovac, Psychologist (Croatian background)
- Mr. Patrick Phipps-Ellis, Cultural Consultant (Burmese background)

Training for Bilingual Mental Health Consultants

There has been ongoing training on documentation and legal issues and risk assessment training for bilingual workers. The last training for the year is in December about Early Psychosis information and assessment.

Training provided by the TCCS team

- In-service for the staff of Gold Coast Hospital
- Two Mental Health Orientation sessions for the staff of Princess Alexandra Hospital
- 3rd Year Psychiatry Registrar Training

For further information, please contact polly_nip@health.qld.gov.au.

What's on.....

13th - 15th January 2006 - *Landscapes of youth.*

Venue: Stockholm, Sweden. For more information, email: fredrick.stiernstedt@sh.se.

9th - 10th February 2006 - *National investment for the early years (NIFTeY) 2006 conference*

Venue: Sydney, Australia. For more information, Ph. (02) 9437-9333 or email: louise@conferenceaction.com.au.

10th - 12th February 2006 - *People in place in people: 1st international symposium on environment, behaviour and society.*

Venue: Sydney, Australia. For more information, Ph. (02) 9351-8765 or email: EBSSymposium2006@arch.usyd.edu.au.

15th - 17th February 2006 - *10th Australasian conference on child abuse and neglect*

Venue: Wellington, NZ. For more information, email: accan@avenues.co.nz.

17th - 18th February 2006 - *Rural and remote mental health conference: Best practice in the bush - Dream or delusion?*

Venue: Albany, WA, Australia. For more information, email: sandra.lonie@health.wa.gov.au.

2nd - 4th March 2006 - *4th National homelessness conference*

Venue: Sydney, Australia. For more information, Ph. (02) 6292-9000 or email: afho@confco.com.au.

6th - 8th March 2006 - *Early childhood intervention Australia: 7th Biennial national conference*

Venue: Adelaide, Australia. For more information, Ph. (03) 6224-3773 or email: info@cdesign.com.au.

30th - 31st March 2006 - *Qld Suicide and self-harm prevention conference 2006*

Venue: Brisbane, Australia. For more information, Ph. (07) 3404-3058 or email: spconference@communities.qld.gov.au.

26th - 28th April 2006 - *Partnerships towards recovery: 2006 VICSERV Conference*

Venue: Melbourne, Australia. For more information, Ph. (03) 9482-7111 or email: conference2006@vicserv.org.au

Mental Health Act Fact sheets & FAQs

Information available on Involuntary assessment; involuntary treatment; classified patients; forensic provisions; MHRT, patient rights; provisions assisting victims of crime and statement of rights.

Available in: Arabic, Bosnian, Chinese, English, Italian & Vietnamese

DOWNLOAD FROM: www.health.qld.gov.au/mha2000/factsheets.asp

Introduction to transcultural mental health 2006

- | | |
|--|---------|
| 1. Cultural factors in mental health and mental illness | 7 March |
| 2. Language matters in mental health care | 8 March |
| 3. Transcultural assessment and diagnosis | 4 April |
| 4. Transcultural treatment issues | 5 April |
| 5. Migration and settlement issues in mental health | 9 May |
| 6. Developing culturally responsive mental health services | 10 May |
| 7. Acculturative stress, trauma and mental health | 6 June |
| 8. Transcultural issues in child and youth mental health | 7 June |

CALL FOR REGISTRATIONS! FOR MORE INFORMATION, REFER TO THE FLYER INCLUDED IN THIS NEWSLETTER

The BRiTA Project: Building resilience in transcultural Australians, Primary School Program

After successfully gaining funding from QUT, Brisbane City Council, and Queensland Health, the “BRiTA” Project is adapting the original version for upper primary school-aged children in school settings. After doing the preliminary research and re-working the program content last year, this year has focused on piloting the new program with support from six Brisbane primary schools.

Five schools within the Catholic Education sector, and one state school, have taken part in the pilot. Two schools (Craigslea State School and St Joseph’s Primary) ran the program each week during Term 3, plus initiating a whole-school strategy aimed at raising understanding of multicultural issues associated with children’s resilience, or their ability to cope with difficult life circumstances. One school spent Term 3 working towards a Multicultural Festival involving the whole school, and the other school introduced a variety of lunchtime social activities designed to build bridges between children from various cultural backgrounds. Another two schools ran the BRiTA-PS Program in their Year 5 and 6 classes during Term 3, and the remaining two schools took part only as control schools, not implementing any resilience-building activities.

Evaluation of the program is currently under way, with questionnaires completed by both students and staff before and after the program. Early results indicate that, in 3 of the 4 schools where “BRiTA-PS” was run, teachers reported positive improvements overall in the school, compared to the two control schools which both deteriorated in measures of school climate. Acceptance of cultural diversity improved in all of the BRiTA schools, and significant increases were reported in levels of trust within the school community.

Results on the students’ measures are not yet available. However, with the assistance of a Moreton TAFE student doing a placement with QTMHC, interviews were conducted with students, teachers, other school staff, and parents. Students consistently reported learning new skills in managing their feelings and expressing themselves more confidently, solving problems with their peers as well as their families, and understanding others in their class. Teachers reported greater understanding and acceptance amongst the children, with less bullying and more positive relationships. Other school staff also reported noticing more positive relationships between the children who participated in the program.

Submissions for further funding to support the further development of BRiTA have been made to a number of sources throughout this year, with the aim being to secure adequate funding to conduct a national pilot of the program. In addition, a training program for group facilitators was conducted in November, with plans under way for each to conduct at least one group with adolescents early in 2006. Further training is planned for next year.

For more information, please contact Dr Kate Lemerle (Project Co-ordinator) or Elvia Ramirez (Mental Health Promotion Co-ordinator).

Dr Kate Lemerle
Project Co-ordinator
kate_lemerle@health.qld.gov.au



an eight-session program
for promoting resiliency
lifeskills in children
from diverse cultural
backgrounds

BRiTA-PS

Building Resilience in Transcultural Australians

Primary School
Classroom Version

© QLD TRANS CULTURAL MENTAL HEALTH CENTRE 2005

QTMHC Library new additions

Books

Australian Institute of Health and Welfare. (2005) *A picture of Australian's children*. AIHW: Canberra: 119. (CHIL.20) www.aihw.gov.au/publications/index.cfm/title/10127

Cox, M. and Ogilvie, K. (2005) *Agencies supporting the housing of refugees, asylum seekers and migrants. ASHRAM 2005 directory. A guide to housing services, support, fund raising and advocacy for refugees, asylum seekers and migrants in the greater Brisbane area*. Queensland Shelter: Brisbane: 65. (DIRE.5)

Crime and Misconduct Commission. (2005) *Policing domestic violence in Queensland. Meeting the challenge*. Crime & Misconduct Commission Qld: Brisbane: 91. (DOME.4) www.cmc.qld.gov.au/library/

Enneli, P., Modood, T. and Bradley, H. (2005) *Young Turks and Kurds. A set of 'invisible' disadvantaged groups*. Joseph Rowntree Foundation: York: UK: 63. (TURK.2) www.jrf.org.uk/knowledge/findings/socialpolicy/0075.asp

Grant, J. (2005) *Taking action - human rights and refugee issues teaching resource*. VFST: Melbourne: 110. (REFU.27) www.survivorsvic.org.au/publications.htm

Hall, L. (2005) *Dictionary of multicultural psychology: issues, terms, and concepts*. Sage Publications Ltd: UK: 179. (DICT.2)

Jones, J. (2005) *A framework for effective community-based suicide prevention - Draft for consultation*. Commonwealth Govt Dept of Health & Ageing: Canberra: 132. (SUIC.18)

Kreger, A. and Hunter, E. (2005) *Unfenced road ahead: a review of rural and remote mental health service delivery and policy. A report for the Mental Health Unit, Queensland Health*. Qld Health: Brisbane: 86. (RURA.7)

Multicultural Affairs Qld. (2005) *Report on the implementation of the Multicultural Queensland Policy 2003-2004*. Dept of the Premier & Cabinet: Brisbane: 41. (MULT.14) www.premiers.qld.gov.au/multicultural/

Multicultural Affairs Qld. (2005) *Queensland multicultural resource directory 2005-06*. Qld Government: 160. (DIRE.4)

NSW Refugee Health Service. (2005) *Working with refugee families and children*. NSW Refugee Health Service: NSW: 18. (REFU.23) www.refugeehealth.org.au/

Videos

Creasey, H. (2004) *Understanding the brain and behaviour*. Victoria. (English) (VID096)

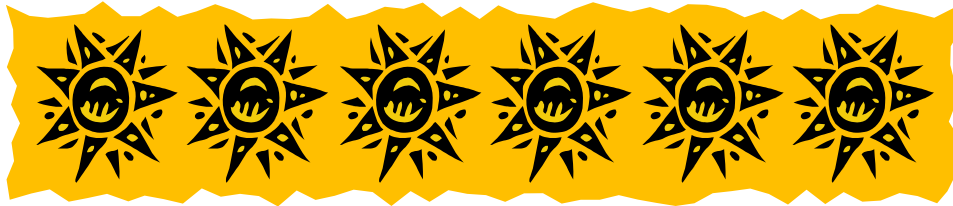
Multicultural HIV/AIDS and Hepatitis C Service. (2003) *Everybody's business. A resource in HIV, AIDS and Hepatitis C for multicultural Australia*. MHAHS: NSW. (English, Indonesian, Thai, Somali) (VID098) www.multiculturalhivhepc.net.au

Audio

Australian Multicultural Foundation. (2005) *Caring for a person with dementia*. Commonwealth Dept of Health & Ageing: Melbourne. (cantonese, chinese, english, greek, italian, maltese, polish, russian, turkish, vietnamese) (Aud012)

If you would like to borrow any of the above items or use the Resource Library please contact Penny D'Ath on (07) 3240-2833.

CALL FOR REGISTRATIONS!



Introduction to Transcultural Mental Health 2006

Queensland Transcultural Mental Health Centre (QTMHC)

This highly regarded course is delivered by the QTMHC in partnership with the School of Mental Health and the University of Queensland, Department of Psychiatry. The course is a series of eight interactive "train the trainer" workshops complete with training notes, power point slides and handouts. Participants may enrol in any or all of the workshops as an elective postgraduate subject or for professional development.

2006 Training (8:45am - 4:30pm)	
1. Cultural Factors in Mental Health and Mental Illness	7 March
2. Language Matters in Mental Health Care	8 March
3. Transcultural Assessment & Diagnosis	4 April
4. Transcultural Treatment Issues	5 April
5. Migration & Settlement Issues in Mental Health	9 May
6. Developing Culturally Responsive Mental Health Services	10 May
7. Acculturative Stress, Trauma and Mental Health	6 June
8. Transcultural Issues in Child & Youth Mental Health	7 June

Venue

Large Conference Room, Dawson House, School of Mental Health, The Park Centre for Mental Health, Wacol, Queensland.

Fees

Nil for Queensland Health, \$100 (+ \$10 GST)/workshop for non government.

Enquiries

Greg Turner
QTMHC Education & Development Co-ordinator
Ph. (07) 3240 2833
Email: greg_turner@health.qld.gov.au

Registration

Penny D'Ath
Ph. (07) 3240 2833
Email: penny_d'ath@health.qld.gov.au

REGISTRATION FORM
INTRODUCTION TO TRANSCULTURAL
MENTAL HEALTH

2006 PROGRAM

I wish to register for the 2006 *Introduction to Transcultural Mental Health* Program. I understand that each workshop requires my attendance for the full day (i.e. 8.45 a.m. to 4.30 p.m.). Fees for non-Qld Health employees are \$100 (+ \$10 GST) per workshop and free to Qld Health staff.

NAME: _____ **SIGNATURE:** _____

NAME OF SERVICE/AGENCY: _____

POSITION: _____ **PROFESSION:** _____

WORK ADDRESS: _____

WORK PHONE: _____ **WORK FAX:** _____

EMAIL: _____

SUPERVISOR'S NAME: _____ **SIGNATURE:** _____

I wish to attend (please circle):

Workshop 1 (7 March)

Workshop 2 (8 March)

Workshop 3 (4 April)

Workshop 4 (5 April)

Workshop 5 (9 May)

Workshop 6 (10 May)

Workshop 7 (6 June)

Workshop 8 (7 June)

Fax completed Registration form to: (07) 3240 2282

OR email to: penny_d'Ath@health.qld.gov.au

OR mail to: QTMHC
PO Box 5767, WEST END Q 4101

The Bosnian Community in Australia

This article was developed by a group of Bosnian women experiencing mental health difficulties who form a support group based at Harmony Place. They include: Ajka, Asima, Dervisa, Jasmina, Mejra, Mersija, Rahima, Samija, Selma, Serifa and Zlat. It involved 12 hours of group discussions facilitated by Jasmina Joldic, Bicultural Community Worker of the Multicultural Community Participation in Mental Health Project.



In a multicultural country like Australia, there are a large number of different communities present. One of the recently established is the Bosnian.

Recent statistics reveal that currently, there are 8000-9000 Bosnians living in Queensland, the majority are located in the Brisbane-Gold Coast region. Despite the fact that the Bosnian community has existed for a number of years, it used to be a part of the Yugoslavian community which consisted mainly of Serbians and Croatians. In this community, Bosnians were a minority.

Unfortunately, the year 1992 saw the rise of aggression towards Bosnia and Herzegovina and large numbers of Bosnians and Herzegovinians were forced to flee their beloved country. However, Bosnia was internationally recognized as an independent state by the United Nations in the same year. The war forced Bosnians to scatter all over the globe, to Europe, America and all the way to Australia. Around 300,000 Bosnians resided in Germany for periods of up to 6-7 years before being forced to seek a new home yet again. Throughout all these misfortunes, Bosnians continued to prove themselves as hard working and sincere people.

Finding themselves in completely new living conditions and surroundings, Bosnians preserved their culture but attempted to assimilate themselves to the new cultures and living circumstances of these countries. As the Bosnian community in Australia increased in size it began to gain its own independence. However, like any other refugees who arrive in a new country, the Bosnian people found themselves facing a range of problems due to the cultural differences.

It is crucial to note that their situation and problems were intensified by the fact that they have had the experience of war and now are forced to live with those memories. In addition, these problems also grow due to their lack of knowledge of the English language. All these issues lead to mental problems such as posttraumatic stress disorder, depression, and feelings of isolation.

These disorders are commonly found in people with specific needs such as the elderly and men. It is a known fact that Bosnians and Herzegovinians are generally conservative when it comes to discussing mental disorders. The notion of stigma is commonly associated with mental disorders and persons who suffer from psychological changes often choose not to talk about the problem. This leads to feelings of loneliness and rejection from the rest of society. Consequently, these issues make recovery even harder to achieve. The following are other common occurrences:

People who arrive from war zones, have often been betrayed by their own "friends" and homeland. Having lost their trust in humanity, these people have difficulties forming new relationships and acquaintances. They also suffer from insomnia, nightmares, difficulties concentrating and memory loss, feelings of fear, helplessness and nostalgia. Often, these feelings are accompanied by guilt of having survived the war and recurrent memories of the past that are triggered by pictures and sounds.

Due to the fact that Bosnians are very family-oriented people they spend the majority of their time with family and friends. They also acknowledge that one of the most effective ways of battling the consequences of traumatic experiences is to become and stay active and participate in social activities. These are essential to all suffers but especially important to the elderly whose independence is limited and thus they're forced to stay at home and are isolated from the rest of the community.

Bosanska Zajednica u Australiji

U Australiji kao multikulturalnoj državi postoji veliki broj različitih zajednica a jedna od novijeg datuma je i Bosanska zajednica.

Posljednje statistike pokazuju da u Queenslandu živi oko 8000 - 9000 Bosanaca a najveći broj je lociran u Brisbane(u). Iako ta zajednica postoji dugo godina, ona je bila dio Jugoslovenske zajednice koja je brojala najveći broj Srba i Hrvata dok su Bosanci bili najmalobrojniji.



1992 godine kada je izvršena agresija na Bosnu i Hercegovinu kao međunarodno priznatu državu i članicu Ujedinjenih Nacija, veliki broj Bosanaca i Hercegovaca je bio priseljen napustiti svoja vjekovna ognjišta. Rasuli su se širom svijeta od Evrope preko Amerike do Australije. Njihovim dolaskom u Australiju Bosanska zajednica postaje samostalna i mnogobrojnija.

Kao i druge izbjeglice kad se nađu u novoj sredini tako i Bosanci nailaze na raznovrsne probleme prouzrokovane razlikama u mentalitetu i kulturi. Njihova situacija je otežana zbog preživjelih ratnih strahota i memorija sa kojima ovdje žive kao i nedovoljnim poznavanjem engleskog jezika. Sve to dovodi do psihičkih problema kao što su na primjer posttraumatski stres, depresija, izolacija itd. To je naročito izraženo kod ljudi koji imaju neke specifične potrebe kao što su starije osobe.

Kada se govori o bilo kom obliku duševnih bolesti, generalno govoreći Bosanci su prilično konzervativni. Stigma je česti pratilac mentalnih oboljenja i osobe koje pate od psihičkih poremećaja obično ne govore o sebi što opet dovodi do toga da se osjećaju osamljeni i odbačeni od svijeta. To naravno otežava njihov oporavak.

Osim toga česte su slijedeće pojave:

- Ljudi koji dolaze iz ratnih područja, izdani od svojih komšija i "prijatelja", izgubili su povjerenje u ljude tako da teže sklapaju nova poznanstva i prijateljstva
- Kao posljedice rata i preživjelih trauma javljaju se nesanica, noćne more ili potreba za previše sna
- Gubitak koncentracije kao i losije pamćenje
- Osjećaj straha, bespomoćnosti, čeznje a ponekad i osjećaj krivice što su oni preživjeli rat
- Podsjećanje na minule događaje vraćanjem slika i zvukova

Posto su Bosanci veoma porodični ljudi, koji najveći dio svog vremena provode sa porodicom i prijateljima s kojima dijele i dobro i zlo smatramo da je jedan od efektivnijih načina savlađivanja posljedica traumatskih događaja da ostanemo ili postanemo aktivni.

Značajnu ulogu ima bilo koji oblik druženja što je posebno potrebno starijim osobama koji zavise od drugih pa su uglavnom izolovani kod kuće.

Ajka, Asima, Dervisa, Jasmina, Mejra, Mersija, Rahima, Samija, Selma, Serifa, Zlata