The Culture of Wellbeing

Project Report

October 2017

Project Background

Centacare FNQ has been providing settlement support to new arrival refugees and migrants for thirty years. Over this time it has worked with many people who have experienced trauma or torture in their country of origin or during their journey to safety. Having limited access to mental health services and counselling prior to arrival in Australia, many migrants and refugees are reluctant to access mainstream mental health services. In Cairns there have been a number of incidents of suicide with the Bhutanese community and both Bhutanese and Burmese communities present with signs of depression, anxiety and suicidal ideation however few are comfortable with referrals to counselling services.

The project was therefore designed to address concerns that people within CALD, and particularly refugee background communities are not accessing mainstream counselling and mental health services. In some cases this is due to additional access barriers, including use of interpreter and service delivery time constraints and service’s cultural capacity to take referrals. In other cases people are reluctant to seek mainstream support due to stigma associated with mental health and counselling. The lack of culturally appropriate options also contributes to community reluctance.

For many the concept of counselling is not well understood or accepted resulting in a need to look at alternative approaches to mental wellbeing. In most capital cities there are specialist torture and trauma services that offer alternative therapies and approaches alongside more traditional counselling models. However in regional areas torture and trauma services, if they exist at all, are often limited to counselling. In Cairns the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), a Brisbane based services, previously provided specialist counselling however due to reduced client numbers discontinued provision of service in 2016. The objective of the project was to provide an opportunity for participants to discuss traditional approaches to health and wellbeing, to try different techniques and to establish sustainable opportunities for different cultural groups to participate in practices that promote wellbeing.
Project outline

The project used group work to bring communities together to discuss traditional approaches to health and wellbeing and to look at ways of sharing practices within Australia. Workshops provided opportunities for community members to connect and try different techniques that promote wellness drawing on the strengths, knowledge and skills of those in the groups. Groups were facilitated by a community development worker with a background in torture and trauma counselling from the Multicultural Services team and a counsellor from the Counselling team. Bi-cultural workers provided language support and advice to ensure that the activities and the workshops were culturally appropriate.

In total 20 workshops were held for 3 different cohorts within the target groups:

- Burmese group (mixed gender) – 5 workshops
- Bhutanese elders group – mixed gender – 5 workshops
- Bhutanese women’s group - 10 workshops

The Wheel of Wellness (see example below) was used as a framework for workshop discussions and each workshop focused on one of the Wheel of Wellness themes. Workshops provided an opportunity to introduce the group to a new technique or practice to promote wellbeing.

Pictorial example of Wheel of Wellness
Participant Groups

After community consultation, the Bhutanese and Burmese communities were chosen as the main target groups, being the two most recently arrived refugee groups to Cairns. Based on cultural advice workshops were divided by gender, where appropriate, to ensure that all participants were in a comfortable and safe environment. See table of workshops below:

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<tr>
<th>Workshop</th>
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<th>Main Activity</th>
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<td>Bhutanese Women</td>
<td>Basket Weaving</td>
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Workshops

Burmese Community

The first session held for the Burmese community was well attended. Participants spoke of having a religious tradition of healing the mind through meditation and mindfulness. However discussions focused on the Australian healthcare system and particular issues and concerns that the community were experiencing. Participants were not very open to looking at concepts of wellbeing and instead wanted to discuss more practical settlement tasks. This reflects the fact that the Burmese community in Cairns is still quite small and at an early stage in their settlement journey. Participants also demonstrated very little acceptance of counselling and most were adamant that counselling was not appropriate for their community.

Based on cultural advice the sessions were mixed gender, however the men dominated discussions and the women were reluctant to speak out. Participants greatly reduced after the first session and the female participants did not attend subsequent workshops. While feedback suggested there were multiple factors for the drop off in attendance, the primary reasons appeared to be competing activities (ie: TAFE classes and appointments) and the perceived lack of relevance of wellbeing activities. Participants prioritised addressing issues with the health care system and were also
concerned with citizenship, reuniting with family overseas, employment, starting their own businesses and learning English. Addressing these practical concerns were seen as the first stage in addressing “wellbeing”.

Participants trialled yoga, walking and group fitness activities run by Cairns Regional Council. Fitness and sport were areas highlighted by participants as beneficial to wellbeing. Participants expressed interest in joining a Gym however expressed reluctance based on cost and ability to access with limited English skills. The facilitator was able to negotiate discounted memberships with a local gym who provided the group with a free trial and demonstration. This helped the group feel more comfortable and welcome within the gym and resulted in four Burmese participants obtaining a membership.

**RECOMMENDATIONS:**

That the connection between practical settlement goals and wellbeing in the early stages of settlement be acknowledged.

That consideration be given to gender specific group work to engage Burmese women in wellness activities in the future.

**OUTCOMES:**

Four Burmese participants acquired discounted memberships to a local gym after a tour and demonstration.

**Bhutanese Elders**

Most programs targeting the Bhutanese community have tended to attract members of the community who are under 50. Culturally it is the responsibility of younger family members to look after their elders and attempts to empower older community members were seen as questioning their capacity to look after their elders. This formed a barrier to engaging Bhutanese elders and there were concerns that the elders may not engage and may not feel comfortable to speak out.

The reality was actually quite different. The elders were keen to engage and had a wealth of knowledge and wisdom to share. They spoke of how they had leadership roles in the community in the camps, but how since arriving in Australia they no longer played that role. This had an impact on their self esteem and self confidence. They were able to identify a range of things that made them happy, from religion and spirituality to multiculturalism and being in nature. For many just coming together and connecting with each other made them happy. The holistic approach of the “wheel of wellness” resonated with their traditional approach to wellness.

The participants also spoke openly about life stresses including:

- concerns and expectations of children and grandchildren
- intergenerational conflict/relationships
- changes to the citizenship test and separation from family

Activities reflected traditional practice as well as a strong connection to nature and included gardening at the community garden, star weaving, Yoga and a visit to the Manoora community hub to see what activities they offered.
Many of the Bhutanese elders have farming backgrounds and were particularly interested in gardening and growing vegetables. In Australia, not all the participants had access to their own gardens so introducing them to the Manoora community garden gave them an opportunity to garden together. This also fitted with their love of being outside. To ensure the sustainability of this linkage some gardening equipment was purchased so that participants could join the community garden and be allocated plots.

Weaving is a traditional activity within the Bhutanese community. A session was held with the group to introduce the 1 Million Stars for Domestic Violence Art project that raises awareness about domestic violence. The session gave the participants an opportunity to use traditional skills to contribute to a community issue. Some of the more talented weavers took this project beyond the session and continued to make stars for the project in their own time.

A practitioner in Trauma Informed Yoga conducted a chair yoga session for the participants. While most were aware of yoga from the camps in Nepal, very few had had an opportunity to practice it themselves. They were particularly interested in how yoga can help with injuries and aches and pains as a result of hard manual labour in Nepal. Attending regular yoga classes is quite expensive and difficult for some of the elder members of the group to access. The yoga session therefore focused on poses that could be practiced at home.

The final session for the Bhutanese elders was an outing to the Manoora Community Hub. The group met at a local shopping centre and then walked to the Hub. Here they shared food, laughter, singing and dancing with other community members attending the Hub. This has led to a stronger sense of belonging in the community and they now know the people who run the Hub and attend the Hub and feel comfortable to engage in activities there.
Bhutanese Women

Using the Wheel of Wellness as an entry into discussions, the women spoke of isolation, of feeling disconnected in Australia, of family tensions, intergenerational conflict and relationship issues. They also spoke of internal strength and communal strength when they had an opportunity to come together. This was seen as a gap in the community as there was no regular women’s group since the Bhutanese Women’s Weaving Group had been returned back to the community and discontinued. The women spoke of most of the “community leaders” being men and the difficulty in getting their issues acknowledged and prioritised. They believed that their husbands and families do not support them to have their own group, however their families encourage them to attend groups held by Centacare FNQ. The women view a Bhutanese Women’s Group as an opportunity for women of all ages to come together and laugh, reflect, share stories and practice their culture.

The women also identified walking and being active as contributing positively to their wellbeing. They were also interested in yoga and crafts, but the activity was less important than the opportunity to come together. The lack of opportunity to practice their English was also seen as a barrier to better interaction with the Australian community. Volunteers were organised to spend the first part of every session practicing conversational English.

As with the other groups, the women took a more holistic view of wellbeing. They did not seem to compartmentalise activities in the same way as Western cultures. As a result, they requested practical issues, like learning English and parenting be included alongside more traditional wellbeing activities like Yoga and art.

Sessions were organised that focused on walking, yoga and crafts as well as a specific session around understanding technology. One area that was causing many of the women a great deal of stress was parenting within Australia. In particular the influence of technology and how to control it, especially

RECOMMENDATIONS:
That the Bhutanese community has an opportunity to continue with gardening and growing vegetables.
That the elders are able to continue to practice yoga.
That there are further opportunities for elders in the Bhutanese community to meet with and learn from elders in other communities, such as Aboriginal and Torres Strait Islander.
That Bhutanese elders have an opportunity to regain their leadership role in the communities.

OUTCOMES:
Several participants have joined the community garden and been allocated plots.
Participants have an understanding of simple yoga postures that can be practiced at home.
The participants feel comfortable to participate in activities that operate out of the Manoora Community Hub and are able to walk there.
Negotiations with the Ethnic Communities Council Queensland has resulted in a Leadership Program being implemented in Cairns specifically for Bhutanese Elders.
when many of the women did not understand the technology themselves. The technology session focused on children’s access and usage, how it affects them, online safety and practical strategies to limit exposure and set boundaries. This session uncovered a significant gap in understanding the basics of technology.

As all the group were keen walkers, two walking sessions were organised. One to the esplanade and the second to the Botanic Gardens and the #wearecairns exhibition at the Tanks Art Centre. Some of the women then felt comfortable to get together on the weekends and walk to the Botanical Gardens. Walking is an activity that many of the women do to keep fit and healthy and this provided an opportunity to introduce them to some recreational spaces in Cairns that were in walking distance.

A trauma informed yoga session was organised for the group. The women found this session particularly useful in being able to focus on themselves instead of just the needs of their families. They expressed feeling relaxed and peaceful after yoga and stated that pain and tension was relieved. The majority of the group requested further opportunities to practice yoga and two more sessions were organised. Focus was on yoga poses that the women could do at home.

The women were also interested in learning new skills. The final two workshops engaged a local PNG woman with a weaving business who taught the women to weave baskets with coconut fronds. Some of the women were aware of changes coming regarding plastic bags and were keen to weave baskets to use as an alternative. A few of the women showed particular skills and talent in basket weaving and have been invited to participate in demonstrations with the trainer.
Conclusion

The Wheel of Wellness framework provided a holistic entry to discussions around wellness and one that had meaning across cultures. Using the framework avoided any negative connotations associated with mental health or counselling. The participants who benefited most were those who had been in Australia for longer and were further along in their settlement journey. Addressing practical issues and basic needs are critical to wellness and for those who were recently arrived; it was difficult to look at other areas of wellness without first addressing practical concerns. Centacare FNQ recommends that if similar programs are implemented in the future that they target communities who have been in Australia beyond two years.

Most participants were able to articulate practices that made them happy. For many the practice in itself was secondary to the social connection of coming together to do the activity/practice. For new arrivals of refugee background knowing about activities and knowing how to link into them is a significant barrier to participation. For example many of the elders were unaware that the community garden existed, however even if they had known they may not have felt comfortable to participate or felt they had the English language skills to enquire. Likewise the Burmese men really wanted to join a gym and there are many gyms in Cairns, however they didn’t feel they had an understanding of how gyms operate in Australia and lacked the confidence to ask.

In some cases, discussions around wellness can progress in unexpected directions and lead to unconventional outcomes. Discussions with the Bhutanese women around family relationships and

**RECOMMENDATIONS:**

That sustainable options are explored for establishing a Bhutanese Women’s group that meets on a regular basis.

That further opportunities are explored for the women to practice their English with native English speakers.

That the women are linked in to opportunities to develop their basic computer and technology skills so that they are able to better understand their children’s technology usage.

**OUTCOMES:**

The women have an understanding of basic yoga postures that can be practiced at home.

The women now feel confident to walk independently to the Botanical Gardens and other recreational parks in Cairns.

Some of the women have continued basket weaving and are participating in weaving demonstrations with Weave n Art.

Centacare FNQ has organised a series of workshops for women that will take place in January next year to teach the women basic computer skills and how to understand technology.

Centacare FNQ is now facilitating an ongoing Bhutanese women’s group with a focus on creative art and crafts. Volunteers are attending this group regularly to give the women an opportunity to practice their English.
parenting led to a session on the impact of technology on children and how to put in place boundaries around technology. From this session it became abundantly clear that the women were never going to be able to influence their children’s use of technology until they understood how to use it themselves. This in turn has led to some basic computer/technology training with a female trainer who is herself, from a migrant background.

Ultimately, wellness is complex and inter-related and addressing mental health through counselling is only one, very small part of the puzzle. For former refugees and migrants who may have had a difficult pre-migration experience there are many barriers to participating in practices that create connection and build wellness. These barriers can be reduced through group work and community development practice, which can form an important bridge to social connectedness and community wellness. A community that is physically and mentally healthy is a resilient community.