



EVERYMIND

Refugees and asylum seeker suicide prevention key concepts

Mental health, mental illness and suicide are experienced differently across cultures. It is important to be mindful of our own perceptions and the impact it can have on how we communicate.



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About this resource

This resource contains key information about refugees and asylum seekers including challenges associated with their journey and resettlement. This resource also explores key concepts surrounding safe communication about mental illness and suicide.

USING THIS RESOURCE

This resource is designed to support suicide prevention in refugees and asylum seekers. It is recommended that this information is used in conjunction with advice from health professionals and other resources. A list of helpful resources is located at the end of this fact sheet.

WHO ARE REFUGEES?

A refugee is a person who is outside of their country of origin and is unable to return because of a well-founded fear of being persecuted because of their race, religion, nationality, or membership of a particular social group or political opinion (The United Nations Refugee Agency, 1967).

The United Nations Refugee Agency believes there are currently nearly 26 million refugees around the world who have been forced to flee their homes.

Defining refugees can be problematic as many people flee their country who would not normally be considered a conventional refugee. These people are considered to come from refugee-like backgrounds and may too have been through traumatic experiences.

WHO ARE ASYLUM SEEKERS?

An asylum seeker is any person who flees their own country to seek safety and asylum in another country.

People seeking asylum aim for recognition as a refugee and receive legal protections and assistance. When seeking asylum, individuals must demonstrate that their fear of persecution of staying or returning to their home country is well-founded to be granted asylum.

Seeking asylum is a human right. In Australia, the method of transport in which an asylum seeker arrives greatly affects how their request for asylum is processed and determines if they are held in detention, granted protection, and their visa entitlement.

DESCRIBING REFUGEES AND ASYLUM SEEKERS

The experience of seeking refuge or asylum does not define a person's strength, values or future. Describing people as having refugee or asylum seeker experiences can support a strengths-based approach to mental health and wellbeing.

RESETTLEMENT CHALLENGES

Refugees and asylum seekers face many challenges associated with their journey and resettlement. Visa status and recognition of citizenship can have an impact on entitlements, employment and access to services in the country of resettlement.

VISA STATUS

Visa status can have a significant impact on the experiences of refugees and people seeking asylum, and authorises their rights to work and access services.

Please see immi.homeaffairs.gov.au for further information on the types of visas available.

STATELESSNESS

A stateless person is an individual who does not have citizenship rights to any country and cannot freely access basic rights such as public health care, welfare and education. Stateless people do not have a passport or rights to travel. The cause of statelessness is often a result of government policies or laws that aim to target certain individuals or groups for political or religious views. Statelessness can also be transferred through families if one or both of a child's parents are stateless.

MENTAL ILLNESS AND SUICIDE

The following information explores key concepts and terminology surrounding mental health, mental illness and suicide.

Often there is confusion between mental health and mental illness. The below definitions highlight the differences between terms and the importance of using the correct terminology when communicating with other staff and clients.

Mental health

This is a positive concept relating to an overall state of wellbeing. Mental health increases the ability of individuals and communities to realise goals and potential, cope with the normal stresses of everyday life, work productively and contribute to society.

Mental illness

A mental illness is a clinically diagnosed disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia.

Suicide

The act of deliberately ending one's life. In some cases, it can be difficult to determine if a person intended their actions to result in death.

Suicidal ideation

Suicidal ideation refers to a person having thoughts of ending their own life. These thoughts may vary in intensity and duration from fleeting thoughts to a complete preoccupation with wanting to die. Although not all suicidal thoughts lead a person to suicide or attempt suicide, suicidal ideation should always be taken seriously.

Risk factors

Characteristics, relationships, circumstances or events that can increase the likelihood of suicidal behaviour. These factors may be present at an individual or family level, or broader social, cultural or institutional levels - although not all individuals or groups may be effected in the same way or to the same extent. Risk factors should not be confused with warning signs of mental illness or suicide.

Warning signs

Warning signs are behaviours that may indicate a person has an increased or imminent risk of suicide.

Trauma

Trauma generally refers to a mind or body reaction to an intense, stressful or shocking experience that exceeds a person's ability to cope. Trauma can be an individual experience, with the potential for people to react differently to similar life events based on their previous exposure, background and other protective or risk factors. Trauma can also be a collective experience, involving whole communities of people or passing from one generation to the next within families.

CONSIDERATIONS WHEN COMMUNICATING WITH REFUGEES AND ASYLUM SEEKERS

- Be aware of how culture can impact conversations about suicide
- Work in partnership to identify specific needs and ensure cultural appropriateness
- Include family members or key support people in conversations
- Use interpreters where needed.

COMMUNICATING ABOUT MENTAL ILLNESS AND SUICIDE

How we communicate about mental illness and suicide can impact the way in which we view these issues. It is important to consider how we communicate about mental health, mental illness and suicide to ensure positive communications that deflect from stereotypes and stigma.

The following information is adapted from *Mindframe* - a national program supporting safe media reporting, portrayal and communication about suicide, mental ill-health, and alcohol and other drugs.

Consider the language you use

Issue	Problematic	Preferred
SUICIDE		
Presenting suicide as a desired outcome	<ul style="list-style-type: none"> ✗ 'successful suicide' ✗ 'unsuccessful suicide' 	<ul style="list-style-type: none"> ✓ 'died by suicide' ✓ 'took their own life'
Associating suicide with crime or sin	<ul style="list-style-type: none"> ✗ 'committed suicide' ✗ 'commit suicide' 	<ul style="list-style-type: none"> ✓ 'took their own life' ✓ 'died by suicide'
Sensationalising suicide	<ul style="list-style-type: none"> ✗ 'suicide epidemic' 	<ul style="list-style-type: none"> ✓ 'increase rates' ✓ 'higher rates'
Language glamourising a suicide attempt	<ul style="list-style-type: none"> ✗ 'failed suicide' ✗ 'suicide bid' 	<ul style="list-style-type: none"> ✓ 'suicide attempt' ✓ 'non-fatal attempt'
Gratuitous use of the term 'suicide'	<ul style="list-style-type: none"> ✗ 'political suicide' ✗ 'suicide mission' 	<ul style="list-style-type: none"> ✓ refrain from using the term suicide out of context
MENTAL ILLNESS		
Certain language sensationalises mental illness and reinforces stigma	<ul style="list-style-type: none"> ✗ Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad' 	<ul style="list-style-type: none"> ✓ A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental illness	<ul style="list-style-type: none"> ✗ Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness 	<ul style="list-style-type: none"> ✓ A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness	<ul style="list-style-type: none"> ✗ A person is 'a schizophrenic', 'an anorexic' 	<ul style="list-style-type: none"> ✓ A person 'has a diagnosis of', or 'is being treated for' schizophrenia
Descriptions of behaviour that imply existence of mental illness or are inaccurate	<ul style="list-style-type: none"> ✗ Using words such as 'crazed', 'deranged', 'mad', 'psychotic' 	<ul style="list-style-type: none"> ✓ The person's behaviour was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help	<ul style="list-style-type: none"> ✗ Using words such as 'happy pills', 'shrinks', 'mental institution' 	<ul style="list-style-type: none"> ✓ Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists
Terminology used out of context adds to misunderstanding and trivialises mental illness	<ul style="list-style-type: none"> ✗ Terms like 'psychotic dog', using 'schizophrenic' to denote duality such as a 'schizophrenic economy' 	<ul style="list-style-type: none"> ✓ Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

Further information

Conversations Matter: conversationsmatter.com.au

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors: startts.org.au

Asylum Seeker Resource Centre: asrc.org.au

NSW Transcultural Mental Health Centre: dhi.health.nsw.gov.au/transcultural-mental-health-centre