

heal

Home of Expressive
Arts and Learning



H.E.A.L.

Home of Expressive Arts in Learning 2012 Report

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Art works reproduced within this report were created in the Art for Relaxation classes; or taken in HEAL rooms. Pictures are reproduced with permission.

A word from the HEAL Coordinator

The service offered in HEAL is, by necessity, flexible and client-centered. HEAL offers Arts Therapy and Music Therapy to refugee young people, utilising activities like singing, playing musical instruments, clay play, drawing and sand play, to enhance and assist the therapeutic relationships. While the creative therapeutic may not be extraordinary, the work is unusual in that it occurs in a dedicated space on the school grounds. This often necessitates acceptance of quick changes of circumstance and rapid adaptation of plans. This has been evident in 2012, a busy year which saw the population of the school grow and the number of asylum seekers and those on bridging visas increase. An example of this 'on-the-spot' adaptability was when a therapist went to collect a child from class for a scheduled therapy session and learned that the visibly distressed girl had just received a message from home: their long awaited refugee visa had been granted! There was no time for long goodbyes - they were to move interstate the very next day. In this case, rather than go for an individual session, the therapist collected the three siblings from their classes and proceeded with farewell rituals with the three whole class groups, helping to settle the children and their class-mates. This flexible approach requires much of the HEAL staff but also relies on the patience and support of the teaching staff, for which we are grateful.

In 2012 the HEAL service has offered the usual therapy for groups and individuals as well as behavioural back-up for teachers, and time out for students. If a student is finding it challenging to complete work or participate in class, or is presenting with difficult behaviour in class, the teacher may call on HEAL and the student will be offered time out in the HEAL building, which has been found to be beneficial. It allows the other class members to work uninterrupted while the disruptive student has time out in the peace and safety of HEAL. It also allows space for a sleep practice, which a student suffering sleep deprivation from nightmares may find helpful.

The HEAL staff utilised refugee specific programs in 2012. For example, the Tree of Life narrative therapy and BRITA (Building Resilience in Transcultural Australians) were both used to good effect. Interpreters are utilised in HEAL, and much visual material is on hand to assist with communication and comfort in sessions, including picture cards, posters, books, maps and small figurines. Using Arts Therapy and Music Therapy facilitates good communication and therapeutic relationships and is popular and effective in enhancing availability for learning, emotional regulation and settlement.

Working with traumatised youths was challenging yet rewarding work in 2012, as ever. The therapy and assistance offered in HEAL is a safe container for sometimes fragile young people who have had big life experiences. The therapists need to be able to tolerate extremes of horror such as hearing of a boy's best friend being murdered beside him; or of a girl's experience of gang rape; or of the mutilation and death of someone's entire family. HEAL therapists are conversant with trauma theory and they also advocate for their clients by sharing information about trauma with school staff. We also learn a lot from our clients! As do tertiary students on placement from various institutions in the fields of Mental Health, Social Work, Psychology and Human Services. In 2012 we were happy to be ably assisted by Taraka Sticha from QUT (MSW) and Renee Stevens from UQ (MMH). We also provided Outreach Arts Therapy supervision to Woodridge State and High Schools.

HEAL staff have diverse and wide-ranging skills - all therapists have a Masters level qualification; apart from Music Therapist and Arts Therapists, staff skills include occupational therapy, teacher, artist, musician, philosopher, former refugee and past Milpera student. However, the most important attribute we all share is the passion to make a difference in the lives of the young refugees we meet, to help launch them into their new lives with the best well-being possible.

Jane Griffin



HEAL Mission Statement

HEAL's Mission -

To provide therapeutic services and research which provide relief from distress, and enhance education and cultural integration for culturally diverse refugee adolescents, to increase the possibility of experiencing the good mental health necessary to participate fully in the learning experience, in order to optimise settlement.

HEAL's Priorities -

1. Support refugee students by responding to mental health needs as they arise, and providing early intervention, via the creative art therapies in HEAL.
2. Support teachers of refugee students with challenging behaviours and attitudes, through informal and formal appointments in HEAL for those students.
3. Through the HEAL service, ensure that newly arrived refugee adolescents experience school as a safe place in which they can seek help, and assist them to learn to settle in their new country with dignity and independence.

HEAL's Principles for Action -

- Respect for human rights and dignity
- Strong school community involvement, understanding and support
- A holistic, person-centred approach
- Recognition of culturally and linguistically diverse needs
- A coordinated and collaborative approach
- Provision of advocacy services with a humanitarian focus
- An evidence based approach, with a commitment to ongoing research
- Sustainable action

Why do we need HEAL?

In the HEAL program an art teacher, art therapists, a music therapist and a bicultural teacher's aide work in the school setting, to enhance the well-being of newly arrived refugee students, to aid in settlement and ultimately improve learning outcomes. HEAL utilises the creative arts, that is, Art Therapy, Music Therapy and "Art for relaxation".

As an intensive English language preparation centre and settlement service for newly arrived immigrant and refugee students, Milpera State High School prepares students for transition to mainstream high schools. The Milpera school population includes a majority of refugee students, mostly from the Middle East, Africa and East Asia. Due to the unique system of continual enrolment and five or ten week student departures to mainstream high school, the school population varies, but in 2012 the student population remained around 200 to 250 throughout the year.

The refugee students of Milpera who have fled their countries include those who have been persecuted, and those who fear persecution:



(They are) both those who have personally experienced repression, persecution and terror, and those who have fled their homes to protect their family (or themselves) from a fate which they have reasonable cause to expect awaits them.

Menadue, Keski-Nummi, Gauthier, 2011, p.9

Settling in a new culture after difficult experiences is challenging. Davidson, Murray, & Schweitzer (2008) suggest psychological adjustment in the resettlement phase is impacted by a number of factors. The process of adaptation during resettlement is influenced by systemic and socio-political factors: there are complex influences on mental health and wellbeing outcomes, seen prior to displacement, after displacement, and during resettlement. Systemic factors, such as holding newly arrived refugees in detention, when they are already experiencing psychological upset, also contribute to distress (Davidson et al, 2008). Certainly HEAL therapists have seen first-hand the distress and worry caused by the detention system, and by the long waits for decisions concerning whether young people will be returned to the dangers of their home countries or not.

Research has found that living through traumatic events does not necessarily lead to post-traumatic stress disorder (Fletcher, 2003). It depends on various contributing factors. Reicherter and Aylward (2011) note the variety of psychological issues which may not necessarily be labelled “disorders”, but which have grave impacts upon people’s well-being and behaviour: extremes of war-related grief, for example, can result in anguish and influence social function; similarly, personal injuries and violations can cause anger, disillusionment, and inability to trust.(Reicherter & Aylward, in Chhang, Reicherter & Schaack (Eds), 2011).

Adjusting to life as a school student in Australia offers another layer of complexity. Milpera students often arrive with significant gaps in their education, having received no schooling at all, or only intermittent school. These students without age-equivalent education are particularly at risk, as they must become adjusted to the new country and the new high school environment, while gaining English language skills in order to move on to their local mainstream high schools. Failure to progress through the school at the same pace as their peers can lead to feelings of hopelessness, family conflict and low expectations for the future. The refugee experience can also make it very difficult to study and engage in the cognitive demands of school life, as concentration is impacted by traumatic stress symptoms.



In 2012 there were increasing numbers of Milpera students who had one or both parents missing or deceased due to war, and many unauthorised boat arrivals, mostly boys who fled danger unaccompanied by parents, seeking asylum.

Experiencing grief, displacement and lack of significant connections are serious complications along the path to well-being, which can interfere with the ability to learn and settle well, unless assistance is offered.

The observation made at Milpera is that the adolescent refugee’s need for psychological support increases along with the complexity of circumstances. Research reveals the negative impacts of childhood exposure to violence and maltreatment, and the detrimental impact upon neurobiological development as well as social and psychological functioning (Schechter & Willheim, 2009).

According to a recent US report, there is increasing concern about the worth of possibly ineffective and irrelevant current mental health programs offered to refugees. Interventions offered tend to rely on individualistic western approaches and focus on single personal identity trauma, rather than recognising the complexity of cumulative trauma with a personal and collective focus (Kira, Ahmed, Mahmoud & Wassim, 2010). While offering multi-component creative methods to improve outcomes for children of trauma, HEAL recognises the need to work with a cultural lens; that is, the HEAL therapists value the young person's unique worldview.

HEAL therapists also follow evolving ideas about well-being. Research shows that it is possible to positively impact well-being with a focus on engagement, relationships, achievement, meaning and positive emotion (Seligman, 2011).

The anecdotal evidence seen with our clients supports this finding and these focus areas all loom large in HEAL's work. Arts Therapy and Music Therapy are successful and appropriate with traumatised youth. HEAL therapists use 'trauma-informed practices' such as those described by Cathy Malchiodi and William Steele (Steele & Malchiodi, 2012, p.xix):

Because the experience of trauma is often one of terror, and being vulnerable and powerless to do anything about one's situation, trauma-informed care must engage children and adolescents in sensory, neurosequential experiences to help restore a sense of safety and bring about a renewed sense of empowerment.



HEAL clients -

Students are referred to HEAL by classroom teachers who use a HEAL referral form, (see Appendix 4) or students may self-refer, by talking to Music or Art Therapists. The HEAL room is a welcoming space in which students can get to know therapists in the breaks, and learn what HEAL is about. As well, on arrival at Milpera, all students from particular backgrounds (those considered vulnerable) are screened by HEAL to assess need for service. These include those who have bridging visas, those who are unaccompanied minors, and orphaned children in particular. Milpera also has a fortnightly Welfare Meeting which identifies and discusses support for "at-risk" students with a welfare team including HEAL therapists.

HEAL connections -

Referrals are also received from outside agencies which have contact with the school, such as Mercy Family Services, who assist unaccompanied minor refugees; MDA (Multicultural Development Agency), ACCESS and Multilink, refugee settlement agencies; Harmony Place, multicultural mental health service; QPASTT (QLD Program of Assistance for Survivors of Torture and Trauma); Life Without Barriers; and other services. Referrals are also made to these agencies from HEAL, as appropriate, and often when a client is soon due to exit Milpera.





A History of HEAL

Music Therapy -

Music therapy (MT) started in 2003 at Milpera via a practicum placement for MT students studying at University of QLD. In 2004 a grant was received from the Queensland Gambling Community Benefit Fund to conduct a research project to investigate the benefits of short-term music therapy on the classroom behaviours of refugee students. Positive findings led to the establishment of a part-time position in 2005.

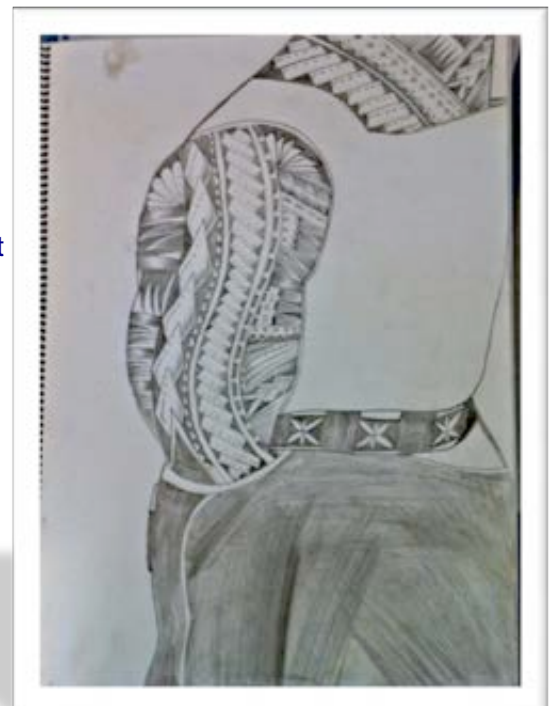
Music therapy is the creative and planned use of music and musical experiences to attain and maintain health and wellbeing (Australian Music Therapy Association). It focuses on meeting therapeutic aims and may address physical, psychological, emotional, cognitive or social needs.



Arts Therapy -

Arts Therapy (AT) commenced at Milpera in 2004. It began when ESL teacher and Registered Arts Psychotherapist, Jane Griffin, introduced creative therapy to Milpera, working with whole class groups in various classrooms. It was soon decided that some individual and small group work would also be useful, and so a dedicated therapy space was needed. A major achievement for the HEAL program was the development of a partnership with private enterprise (including major sponsorship by Brisbane Developer, OPD) to secure a demountable building specifically for the HEAL program, placed on the school grounds.

Art Psychotherapy is the focused use of visual arts and play activities within the therapeutic relationship to meet developmental, emotional and psychological needs, and is based on the understanding that the creative process is healing and life enhancing. In HEAL psychotherapeutic methods are combined with art and therapy practice.



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In HEAL, psychotherapeutic methods are combined with art therapy practice.

Art for relaxation...

...evolved from the original whole class Art Therapy groups.

While the focus in AT became small groups and individuals, the benefits of Art for Relaxation with whole class groups had been observed and so was maintained in HEAL. An art teacher provides relaxing and enjoyable art activities for various class groups in the HEAL building, three days a week.



Art for relaxation provides self-expression, focus, and relaxation through directive art activities, with outcomes including the satisfaction of creativity, team-work, and fun.

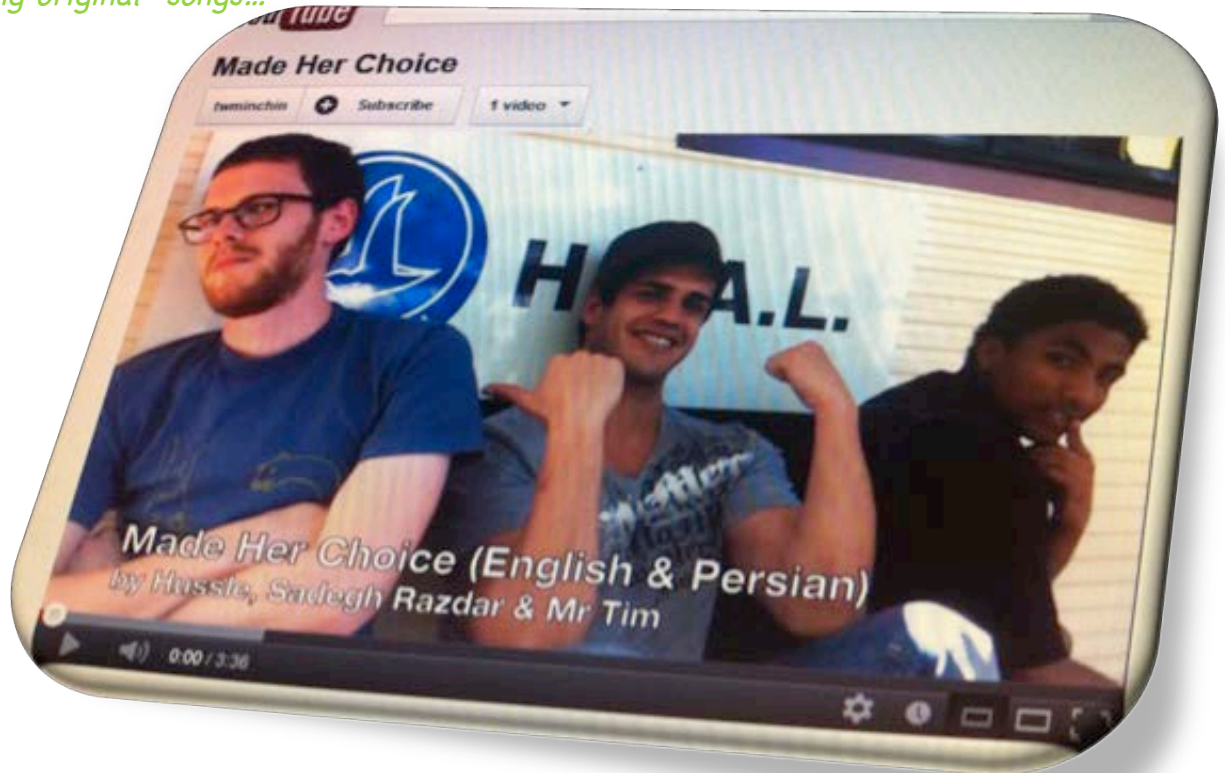


Activities in HEAL

Some Music Therapy activities used in sessions -

- Lyric analysis
- Song-writing, song-parody
- Instrumental/vocal improvisation (with percussive instruments,
- Drums, keyboards, guitar, vocal sounds)
- Rapping and musical games
- Learning how to play guitar or keyboard
- Listening to musical favourites
- Sharing songs from their original culture or religious background
- Dancing
- Performance during exit parades / school year events

Recording original songs...



Some Art Therapy activities used in sessions -

- Sculpture using clay, play-doh, plasticine.
- Painting with acrylics & water-colours
- Sand-play using symbols
- Collage on paper, boxes, and so on
- Construction using wood, fabrics.
- Drawing with pencil, charcoal, crayons, etc
- Photography, digital art
- Doll, puppet and mask making
- Creating group murals
- Story-telling, acting, singing
- Autobiographical story and poetry-writing

Volunteers -

While it would be unethical to have volunteers in therapy (due to the confidential nature of the work), the HEAL Program welcomes community volunteers in the 'Art for relaxation' classes, where their gentle guidance helps create the friendly and safe space needed for taking risks in art-making. As well, in the HEAL lunch room, we are grateful to volunteers who bring gifts to HEAL: bikes, guitars and Jocelyn's delicious cookies, which are tangible acts of kindness we receive.

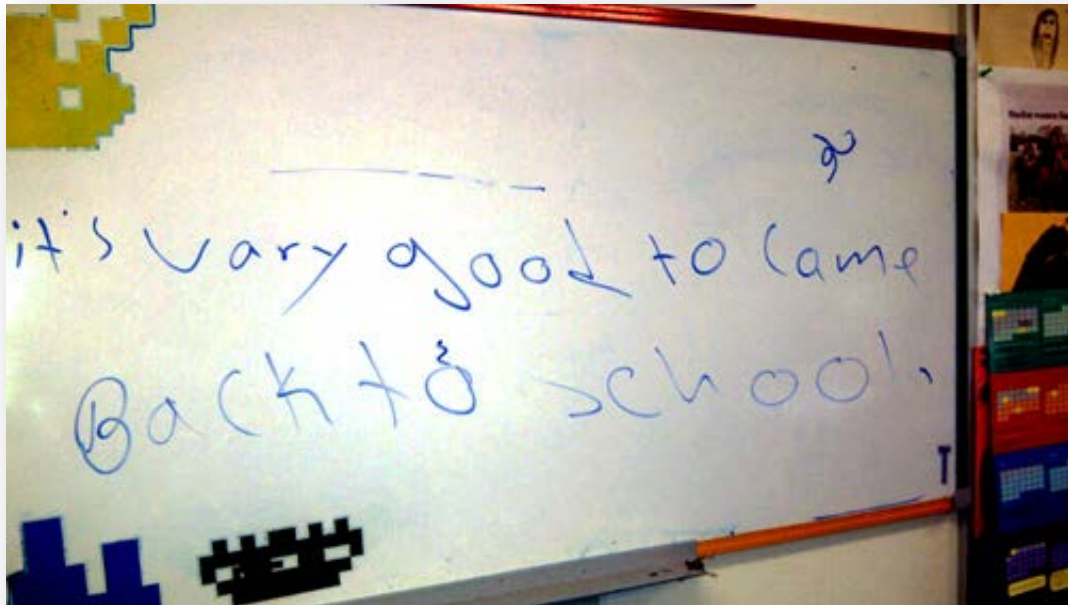


Outcomes



Coming to HEAL is a popular activity. Although the art and/or music making can be enjoyable, psychotherapy may sometimes involve some painful and uncomfortable feelings for the participant, and yet it has been observed that students are willing to attend, and express disappointment if they miss an appointment. This indicates the enjoyment found in HEAL participation.

The time spent in HEAL is obviously appreciated by the participants who often request extra time and express gratitude for gains made and relationships formed. They often visit months or years after attending HEAL, to express their thanks.

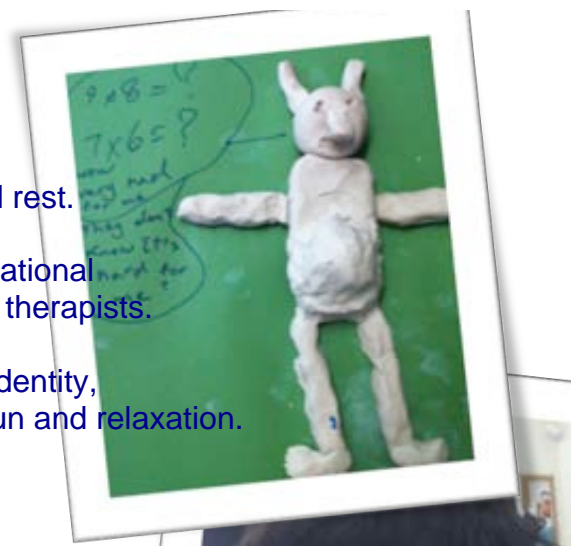


Music and art therapy at Milpera form an integrated, supportive program that has been found to enhance students' learning ability and to support class teachers. Outcomes which have been noted by participants and staff include:

***Enhanced well-being of students -**

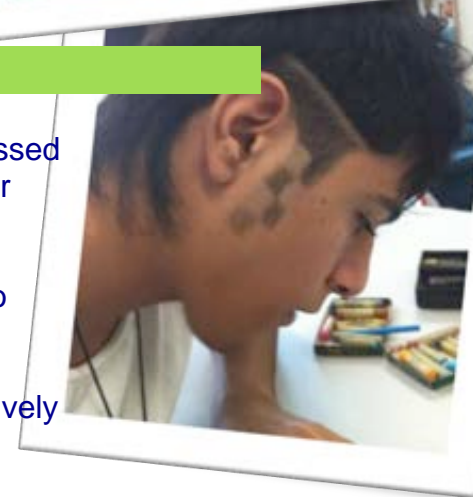
- Building confidence, self-esteem, sense of identity and assertiveness through gaining a sense of mastery and pride in a creative product or performance
- Improving social skills & peer relationships across cultures by working creatively in groups
- Reducing the symptoms of trauma such as hyper-alertness, sleep disorders and anxiety (among others) by providing a vehicle for self-expression & creativity, and giving psycho-education regarding trauma.
- Further building English language skills within and outside the classroom through song writing, song singing, story writing, story-telling, poetry, and performances.
- Improving fine and gross motor skills while learning to hold pencils, paint brushes, sculpting, dancing, and playing instruments.
- Developing impulse control and improving attention through a safe therapeutic relationship using creative activities which are highly attractive to adolescents, and focusing on emotional regulation.
- Supporting students through transitions between rooms/ teachers/ school cycle changes and assisting students in their process of individual and collective closure when leaving Milpera to transfer to local high schools.

- Offering a safe and quiet space for self-reflection and rest.
- Providing the HEAL classroom as a supervised recreational space during daily breaks, to connect with peers and therapists.
- Creatively exploring issues of adjustment, loss, and identity, and building resilience as well as providing time for fun and relaxation.



*Support to staff within the school -

- Offering relief for teachers by having a safe place for distressed students who need to leave class due to non-engagement or non-compliant behaviour.
- Making mental health resources and information available to teachers as needed.
- Raising staff awareness of specific needs that can be effectively addressed through Music or Art therapy.
- Providing feed-back concerning students' needs and issues.
- Collaborating in their learning process as part of the school curriculum.
- Participation in school activities and provision of activities for things such as mental health week , International Women's Day, etc.
- Assisting with acceptance of the closure process when students are due to leave Milpera to go on to their local high-school or TAFE.



HEAL Staff Survey

In 2012 the HEAL team ran some focus groups using randomly selected staff participants to discuss HEAL work, current practice and future directions. Participants were asked to complete surveys, reflecting on their opinions of the service. *100% of respondents* responded positively both when asked about having HEAL in the school and about relationships between students and HEAL therapists.

HEAL is a successful program which is appreciated by students and staff alike.



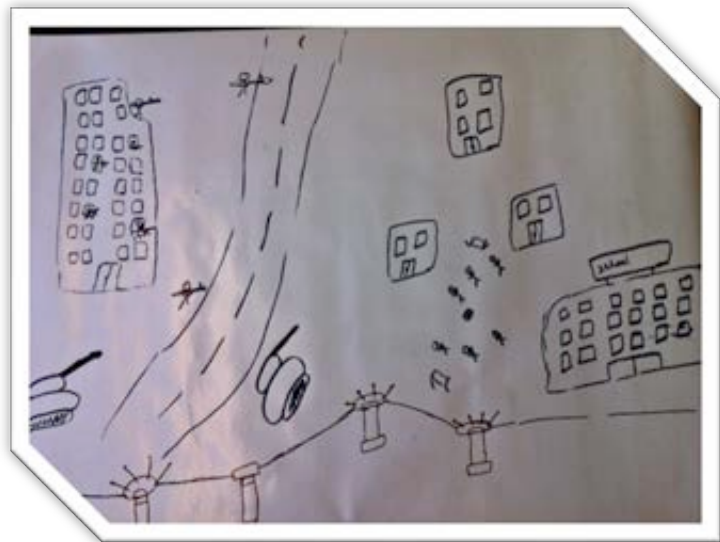
2012 in Review

Art Therapy -

In 2012 there were two part-time positions in art therapy. These were held by:

- Arts Psychotherapist, Jane Griffin (four days per week)
- Arts Psychotherapist, Bethany Mahadeo (two days per week)

Work was mostly done with individuals or small groups.



HEAL was fortunate to have two tertiary students learning and working in HEAL:

- Taraka Sticha, Masters of Social Work (QUT),
- Renae Stevens, Masters of Mental Health-Arts Therapy (UQ).

Their valuable contribution enlarged our capacity for service.



The majority of students were seen due to screening assessments, and others by self, teacher or agency referral. The main countries of origin for participants were Afghanistan and Africa, followed by Iran, including Kurdish peoples. (See Fig1)

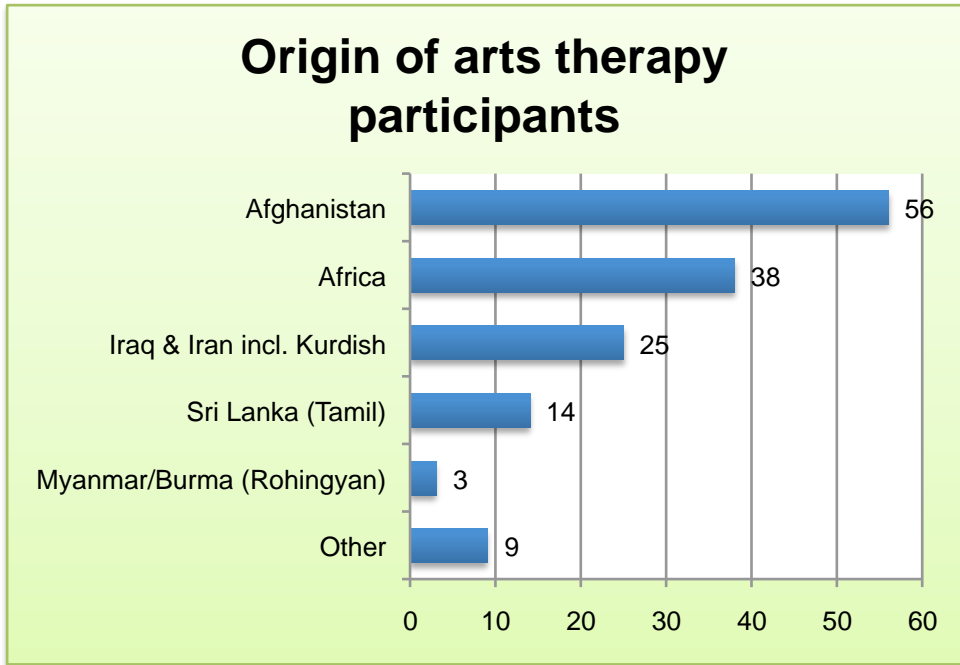


Figure 1: Origin of arts therapy participants

Approximately 145 participants were seen in Arts Therapy. The most common reason for therapy was that a child was "Sad/ distressed", followed by those who were "Worried". See Figure 2, which shows the top referral reasons. Figure 3 shows the family situations of participants, who are often here without parental support.

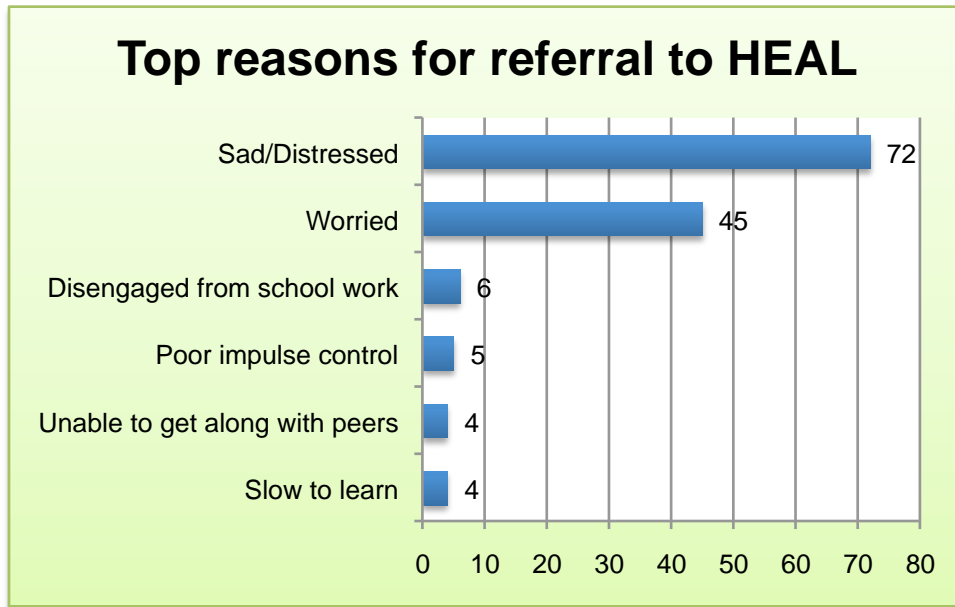


Figure 2: Top reasons for referral to HEAL

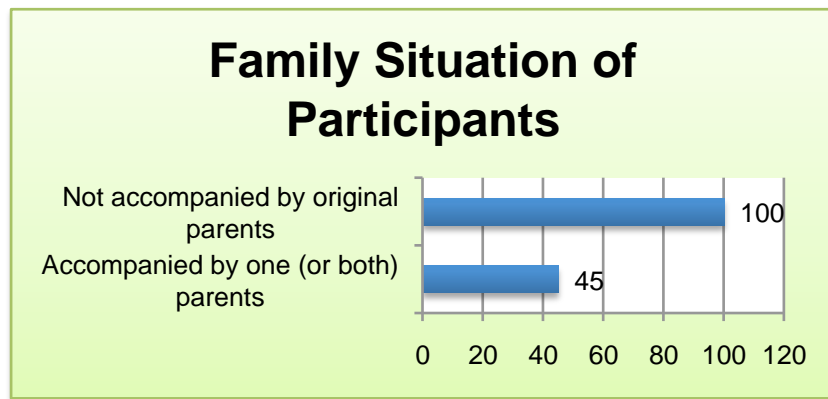


Figure 3: Family situation of participants

The work done in Arts Therapy was focused mainly of grief and loss, but also on managing symptoms of stress, such as difficulty concentrating or sleeping. A great deal of psycho-education about trauma was shared to assist the young people who were suffering traumatic stress symptoms, particularly those who had been tortured, jailed or witnessed the death of close friends or loved ones.

Much work was done using drawing, painting and clay, but the sandplay was also useful in 2012, as was poetry and writing, which were particularly utilised by the Persian and Afghan participants. Young people were interested in learning about their new country and the differences in cultures, and so the issues of displacement and settlement were often a subject of enquiry in the Arts Therapy sessions.

We had some new ideas in Arts Therapy in 2012. We were fortunate to have the addition of yoga to HEAL as Renae Stevens is a Yoga instructor. (The link between the body and the mind is well proven and trauma theorists are becoming increasingly interested in this link. In HEAL we have seen the way memories are carried in the body, and we work towards helping survivors understand their somatic symptoms to reclaim their well-being). Renae carried out a project combining Arts Therapy and Anti-Gravity Yoga which was found to be helpful to young people. A new screening instrument was utilised, based on ideas provided by Marina Bakker, a consultant with Education QLD International (EQI). As well, organised by University of QLD and EQI, the HEAL Coordinator supervised two Masters of Mental Health students at Woodridge State High and State Schools, assisting in introducing Arts Therapy to the vulnerable students at those locations. This was successful and it is hoped Arts Therapy will now continue in those two schools.



Music Therapy -

The HEAL music therapy service was provided by Tim Minchin, Registered Music Therapist, 3 days per week for the entire school year. This was made available to students in a range of settings including whole class, small groups and individuals.

Whole class...

In total, 24 entire class groups participated in the music therapy program across the four school terms. Each weekly session ranged from 35–70 minutes and included approximately 315 students of both refugee and non-refugee backgrounds.

Twelve of these groups programs were targeted towards social skills, communication, self-expression and music for enjoyment. Interventions included group singing, songwriting, instrument playing and improvisation. Although not all students were from a refugee background, most (if not all) were newly arrived in Australia and were experiencing some difficulties with settlement. Many of the activities focused on interaction with the aim to build connections and friendship between students in the class. The foundation class (students with little no prior formal education) attended weekly music therapy in three terms. During this time many challenges were faced and overcome, in developing teamwork, listening and turn taking. The nature of these music therapy interventions allow for full participation without requiring strong English language skills, which is important for CALD students. Further to this, some vocabulary building and comprehension was also encouraged through song singing as words were learned and meanings discussed as a group.

Another 12 classes participated in the music therapy exit-class program, as they were in their final term of secondary school preparation at Milpera. Preparing for moving to a new school (or in some cases, TAFE) can bring out a range of emotions including fear, nervousness, sadness, excitement and happiness. The music therapy program aimed to provide a safe place for these emotions to be explored, and gave the group members an opportunity to share and support each other. A common approach to this was to rewrite the words to a class-chosen song (known as song parody), to express their hopes, fears and achievements as a group. Once complete, the classes learned their song and developed a performance to present in front of the entire school at the Exit Parade. This allowed the class to share what they had created, thank members of the school community, and show off their singing abilities (in English!).



Individual & small groups...

A total of 49 students participated in music therapy in either individual or small group settings. They generally accessed the service via the HEAL screening process, classroom teacher referral or self-referral at the HEAL building. Of these, 45 were from a refugee background, and 4 were of non-refugee background.

Figure 4 shows a geographical breakdown of students by region. African nations represented were primarily Democratic Republic of Congo (11), Somalia (7), Sudan (6), as well as Ethiopia, Eritrea, Burundi and Tunisia. The 'other' category comprised of one student from each Philippines, Cuba and Greece. Approximately one-third of students were female and two-thirds were male (figure 5).

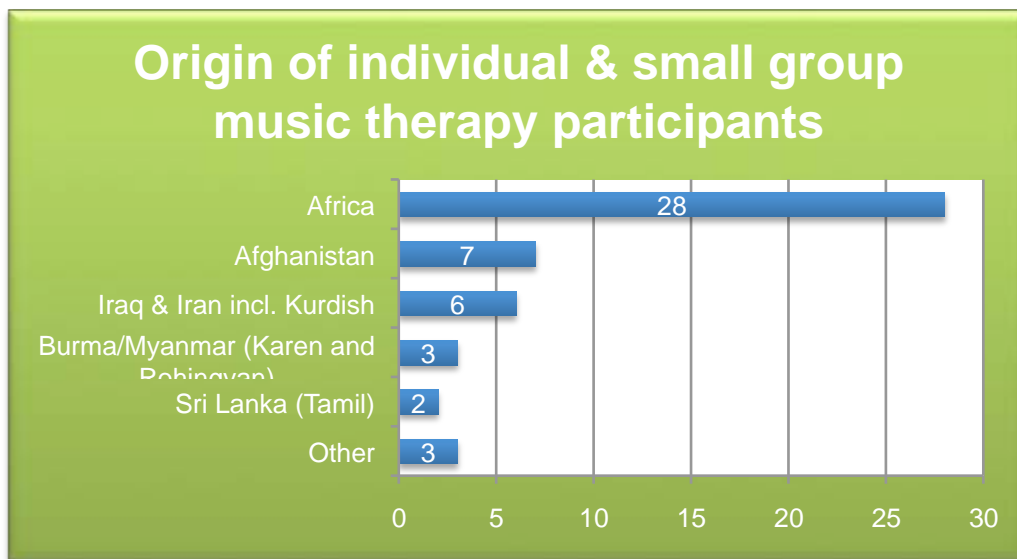


Figure 4: Origin of individual & small group music therapy participants

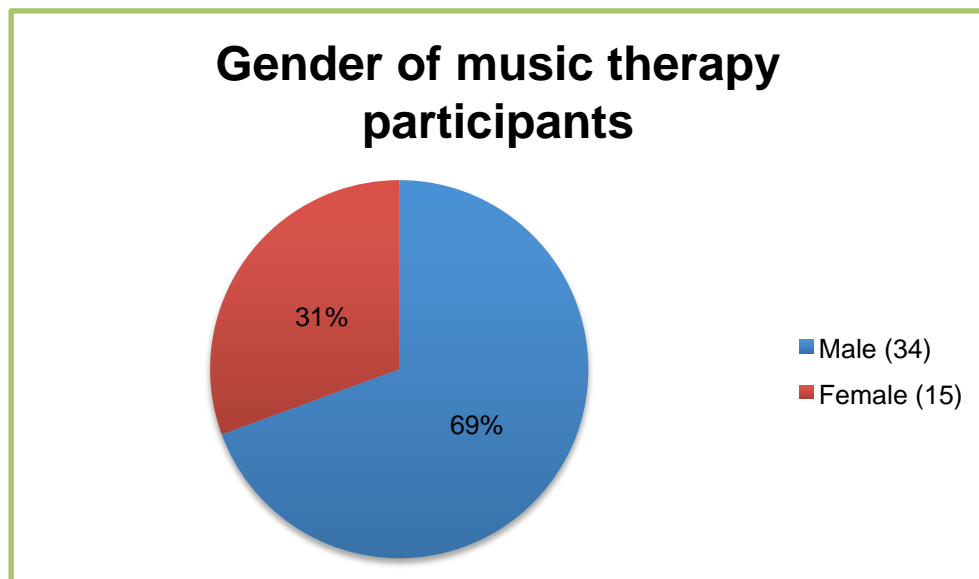


Figure 5: Gender of music therapy participants

Combined Music & Art Therapy Groups -

Three six-session programs combining music therapy, art therapy and bodywork (e.g. yoga) were conducted throughout the year. They were facilitated by Tim Minchin (music therapist), Renae Stevens (art therapy student), Taraka Sticha (social work student) and Eli Moore (MDA project co-ordinator). Students explored themes such as communication, emotional expression and teamwork in a multimodal creative setting, allowing for greater depth and breadth to the subject matter.

Individual & small groups...

Students in individual or small group music therapy, participated in a program specifically tailored to their needs. For many it was a chance to explore their own creativity through music making in a supportive and contained environment. Much of this work was focused on empowering students through building self-esteem, self-confidence and encouraging emotional expression. In some cases, music (often found by browsing YouTube video clips) was merely a catalyst for discussion on issues such as relationships, identity, culture and future aspirations.

Three hip-hop recording projects were also carried out, with original songs written and recorded using the recording facility at Milpera. Students involved took on much of the responsibility of managing the project and performing on the tracks.

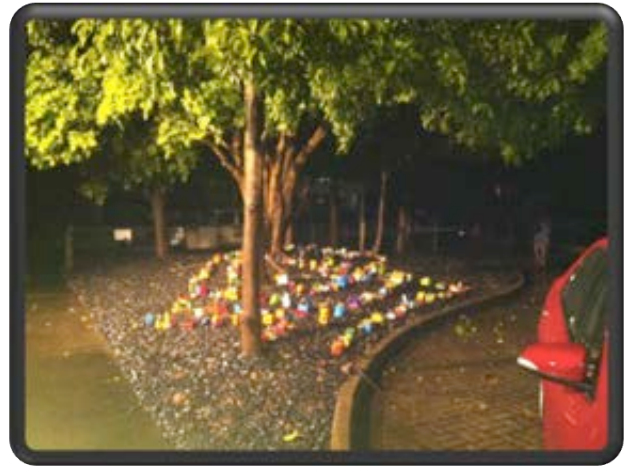
*****Music therapy highlights*****

- Energetic performances by exiting classes in all four Exit Parades, featuring musical styles such as rock, pop, country, folk, hip-hop, and dance. The students worked very hard together, often surprising their peers, teachers and families with what they were able to achieve.
- The thundering drum circle workshops during Boys 2 Men Day. Two groups, each of about 40 male students (including some helpers from St Joseph's Gregory Terrace) came together to create a rumble that shook the building and could be heard all over the school.
- The "Breakdancing Boys", with self-choreographed performances at Boys 2 Men Day and Term 2 exit parade. The audience gasped with surprise as the boys flipped and spun each the across the stage!
- Live performances and showcasing of the hip-hop projects at Boys 2 Men, Exit Parades and Back To Milpera Day. "Made Her Choice" is an original song about love gone sour, and since being uploaded to YouTube has over 500 views.

Art for relaxation classes -

2012 was an incredibly creative year with art teacher Liana Trujillo. Many different art materials were used to create a variety of art pieces. Students were enthusiastic, curious and ready to learn.

The students made clay houses and then painted them and decorated them, creating the project: *Milpera City: The Houses Of Clay*.



We were invited to exhibit them during Refugee Week through Art In the Margins in the city, as well as at the Brisbane Festival and also at St Ita's school. They were widely admired, as the presentation of many small buildings offered colourful visual impact.

Students also made clay tiles, writing welcome messages in their own languages. *The Wall of Welcomes* was created for the entrance of the school. This project is ongoing.

Room 20 and 15 made papier mache masks, as a project with Multicultural Development Association for National Youth Week and they will be in an exhibition in March 2013.

Students also made people and animals in clay. We worked on paper collage, still life drawings, landscapes, paper sculptures wrapped in wool, looked at Surrealism and Cubism, made bulls eyes, tessellations, paper mosaics and many other creative and wonderful things.

The art department also bought a pottery kiln, which was used continuously for firing ceramic pieces made in class.



Students enjoyed the exploration, learning, experimenting and relaxation of using many different modalities in the art room in 2012.



Funding

The HEAL Building was donated to the school via private philanthropy and, while the therapists' salaries sometimes include some government contribution, this is in the form of payment of a teaching salary to Jane Griffin (HEAL Coordinator and Registered teacher) and one-off gifts at other times.

Therefore funding of salaries for the other therapists is sought continually and it is necessary to acquire some financial sustainability for HEAL. Salary funding to date has come from various sources at different times. For example, the successful submission to the Community Gambling Fund paid for Music Therapy during the year of the UQ Music Therapy Project, 2004. The HEAL Program was entered in the Education QLD Showcase Competition in 2005, and received recognition for "improving student outcomes", plus winnings of \$20,000, which was applied to therapist salaries in HEAL in 2006.

In 2007 some State Government funding was used, such as funds from DETA Central Office to employ a half-time AT, and this was supplemented by private philanthropy from organisations such as the P & C of a local Catholic Primary School, Christ the King, and a donation from Fednav Limited. In 2008, some funding came from HTM Wilson. In 2009 and 2010, funding was



generously provided by Ceres Capital in the form of salary for the initial HEAL Coordinator, (Bethany Mahadeo) two days per week, and a gift of money towards building a Healing Garden. Thanks to Lisa Weber/ Domagala for her assistance with this.

Bill Griffin of OPD generously provided an amount of funding in 2010, and a one-off payment was received from Education QLD. A large number of individuals from the school's volunteer force gave donations to assist with salaries.

In 2011, 2012 we were fortunate to be able to utilise some donations of materials and moneys from various people and organisations who came to our aid after the flood. The P & C of Milpera State High School was generous in their support, as were a number of Milpera friends, volunteers, and family members of staff.



FHEAL (Friends of HEAL) Foundation begins...

In order to assist with salary money for the HEAL therapists, a Foundation is being set up: *FHEAL - Friends of HEAL Foundation*.

It is now an incorporated company, and it is expected next will come Deductible Gift Recipient (DGR) Status. We are fortunate that the Chair of the Board is Adele Rice and Board Members include Lisa Siganto, Tim Medhurst, Bill Griffin, Janelle Patterson, and Toni Scott. Thanks must go to Corrs Chambers Westgarth Lawyers for their legal assistance, our Auditor Chris Shay of Crowe Horwath, Taraka Sticha social worker/artist for our signature art piece, and Heidi Minchin, graphic designer, for our great logos!

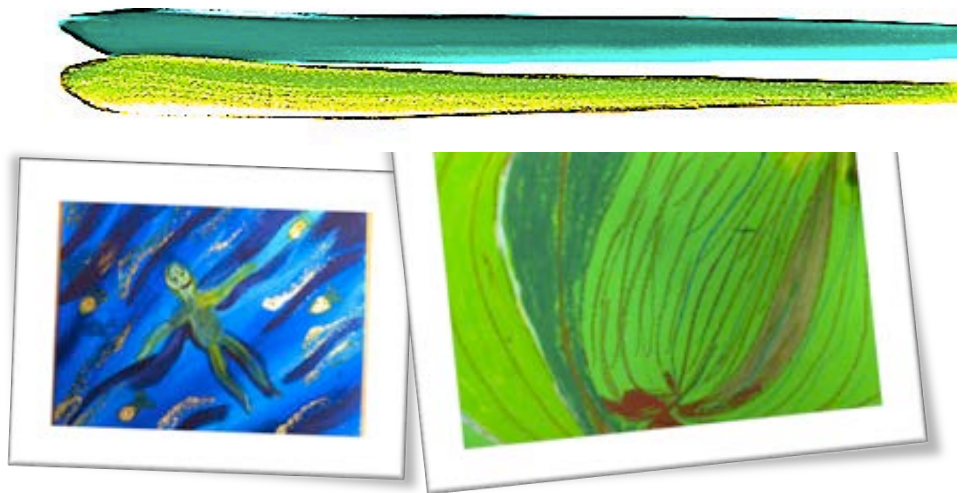
The purpose of the Foundation is to assist newly arrived refugees who have suffered hard times, by providing Music Therapy, Art Therapy, and creative interventions via raising funds for HEAL therapist salaries. Alongside the Board, a group of passionate people are working on ensuring that HEAL funding is accessible in the future.

We look forward to our friends' and colleagues' involvement and support of the FHEAL Foundation in the years to come.

Recommendations

1. That the HEAL Program be continued in the present format at Milpera, offering both Arts Therapy and Music Therapy, including a HEAL Coordinator, supporting refugee adolescents.
2. That we work on financial sustainability for therapist salaries to ensure continuity of the HEAL program for 2013 and onwards, through the FHEAL Foundation.
3. That the HEAL Program continue to be extended as possible to other schools with high refugee populations and continues contact and partnerships with community services.

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Appendix 1

Link to Government policy –

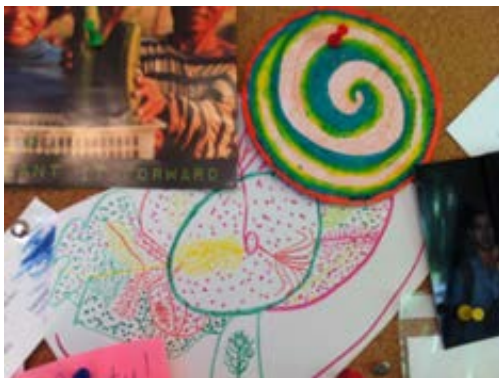
HEAL aligns well with the nation's mental health service delivery plans. An example is **The Fourth National Mental Health Plan (NMH Plan) - Commonwealth of Australia, 2009**. This plan provides an agenda for collaborative government action in mental health 2009-2014. In reading the summary of priority areas, outcomes and actions, it is clear that HEAL relates closely to *Priority area 2: Prevention and early intervention*.

This Priority includes:

- Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.*
- Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.*
- Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.*

The Fourth National Mental Health Plan (Commonwealth of Australia, 2009)

HEAL is an early intervention mental health service for highly vulnerable newly arrived young people of refugee background. HEAL understands the importance of having staff in areas outside health with skills to recognise mental health problems, with knowledge about the mental health system, who are able to access support through advice and referral, as recommended in the NMH Plan. HEAL offers on-site therapy, in the school, where, for the refugee students, learnings about their new life are unfolding.



The NMH Plan suggests that all transcultural mental health services should make use of professional interpreting services; HEAL therapists certainly use interpreters as required, and are also well aware of the impact of exposure to traumatic events, grief and loss on the young people who are referred. This includes issues related to gender sensitivity, religious difference and questions of culture.

The bilingual workforce are partners in HEAL, as are the school community including Nurse, Guidance Officer, Home Liaison Teacher and School Administration, along with outside agencies who provide community and support

services to new arrivals, with whom HEAL works when accepting referrals, consulting, or making referrals.

HEAL aligns well with the National Mental Health Policy, 2008, as it offers service delivery which is culturally safe for CALD (culturally and linguistically different) clients, appropriately-tailored, evidence based, and respectful.

HEAL also links closely with the **National Standards for Mental Health Services , 2010**, particularly Standard 4 which requires mental health services to consider the cultural/social diversity of clients and meet their needs, and those of their carers and community, throughout all phases of care, to be responsive to diversity.

HEAL also adheres to **Department of Education and Training, QLD** policy, which emphasises the importance of social and emotional learning. A particular policy of interest is SMS-PR-035: **Supporting Students' Mental Health and Wellbeing**, (QLD State Govt, 2010) which is concerned with students' social and emotional well-being in the school environment, and recognizes the importance of an inclusive learning environment which provides early intervention, skills for emotional good health, and links to helping agencies. Other important Education QLD Policies, such as SMS-PR-012: **Student Protection**, and CRP-PR-009: **Inclusive Education**, also inform the work done by the HEAL therapists.



Appendix 2 - Referral Form Used by Teachers

HEAL PROGRAM: REFERRAL FORM FOR REFUGEE STUDENTS



Milpera student's name:..... Sex: M /F
Referring adult:.....Class-room.....
Date:.....

Reasons for referral (please tick one or more): Please note these are not definitive diagnostic categories but simply your observations or feelings about what you see.

- Sad/ distressed
- Worried
- Fearful
- Attention seeking
- Slow to learn
- Disengaged from school work
- Difficulty maintaining attention to task
- Difficulties with language skills
- Shows little interest in others
- Poor impulse control
- Quick to anger
- Aggressive, often in conflict
- Taunts/ threatens other students
- Unable to get along with peers
- Withdrawn, socially isolated
- Possible family issues
- Somatic symptoms
- Self-harming
- Other.....

Comments- e.g: regarding background; daily physical appearance; any known physical/medical lissues; particular strengths; work in class; etc:

Please write on back of form if more space needed.

To be completed by Therapist:

D.O.B.....Ethnicity.....Home Language.....:

Other factors -

Other support services known to be accessed by the student (eg:QPASTT, MFS):
.....

Intervention recommended:

Music Therapy with..... Art Therapy with

Both Outside referral to.....

Signed:..... Date:.....

Appendix 3 - 2012 HEAL STAFF

Tim Minchin, Music Therapist



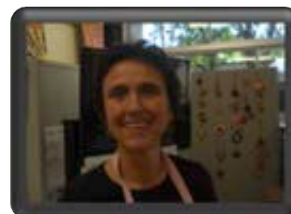
Jane Griffin, Arts Psychotherapist,
HEAL Founder, HEAL Co-ordinator

Bethany Mahadeo, Arts Psychotherapist ,
Occupational Therapist



Abdul Ibrahim, Therapy Assistant,
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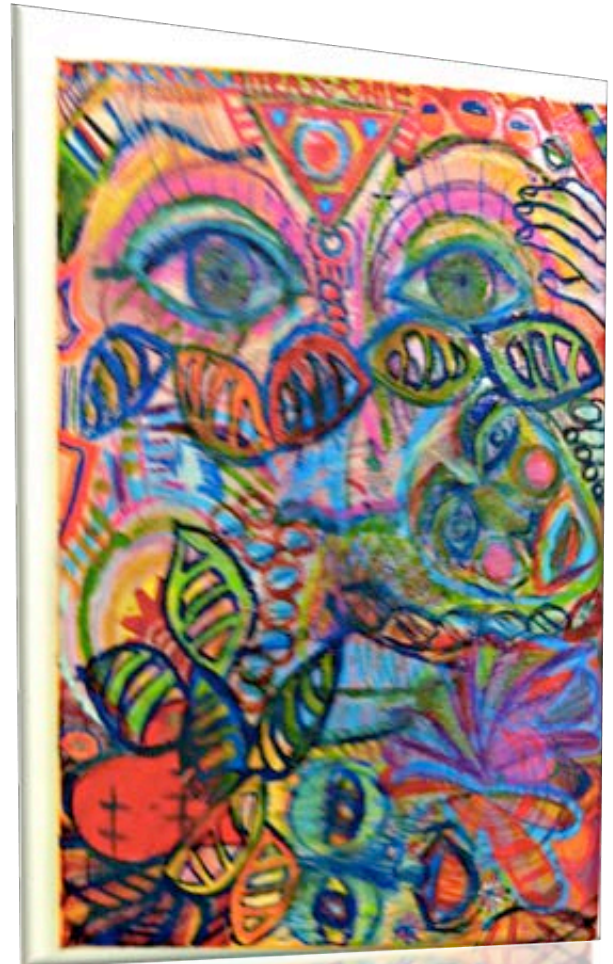
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on the FHEAL website - www.fheal.com.au

on the HEAL Facebook page - www.facebook.com/2HEAL