

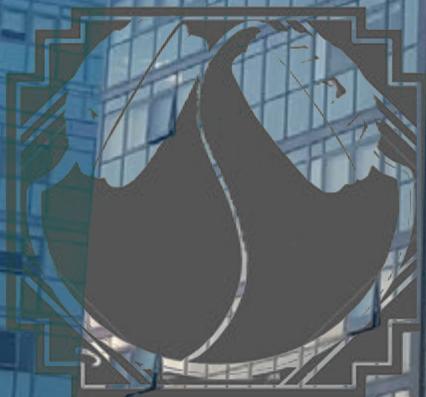
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# SOAPBOX SYDNEY QUARTERLY

№01 - AUTUMN 2020  
FREE (+AD FREE)

Homegrown  
Mental  
Health

Improve your  
city



# BUILD THE MIC

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Thank you to the following people; the reason this project exists. You cared enough to listen, which made the difference between idea and reality. You'll always be the original dysruptors.

Akram Zaki

Alex Kashian

Brian Crowther

Dylan Arjuna Hall

Georgia Frew

Haibi Hu

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Navid Haddadan Guia

Simon Hutt

Talin Agon

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## SUMMARY

- 3 To the reader
- 4 Redfern: Community and culture
- 5 The Soapbox Sydney mission
- 6 Caring for the next 30 years
- 7 Thinking point: The hike-ology of change
- 8 Interview with Izzy Calero - Activist & advocate
- 9 Pay it 'foreword' - a soapbox project
- 10 Changing the story of homelessness
- 11 History of adoption in Australia
- 12 Impact of parent conflict on child mental health
- 14 Queen of the jungle - Interview with director and actor Talin Agon
- 16 Dont let anger destroy your love life
- 18 Internationalperspectivees
- 19 Your invitation
- 20 Combatting social isolation - Create

“We aren’t potatoes. Well, I presume we aren’t all potatoes yet”



**Yearill Fam**  
Editor

**D**ear reader, what you have in your hands is the first edition of the first format of the microphone; Soapbox Quarterly. What is the mic and why should anyone care? Well the mic is a broadcaster of a particular message; that our physical and mental health, our relationships with ourselves and others, and how we spend our time on this earth do not need to be determined by forces beyond us. We can harness these ourselves, through small acts of courage, reaching out to each other genuinely, and gifting to one another the strength to endure, the space to exist.

This space is the mic, called the commons by some, where anyone can have their say, have their words enhanced by a crowd, and have an idea become refined from the ground upward. What we’re talking about is homegrown mental health - improving our city in any way we can - a word on a wall, a meal to a stranger. This is the principle behind this first edition, other editions, and other versions of the mic. I would dream to one day see the mic in form of a festival, self funded and free, with music and speakers, that so loudly proclaims that we want change that those upstairs will have to pay attention. The festival to not seek to draw attention to the bad, but to celebrate that we are able to make good out of bad, because of who we are as people.

When this happens, we can teach more to homegrow their mental health, teach more to include each other instead of fear each other, and create a humanist safety net that is protective and nurturing. We can teach each other to speak to one another with no agenda, other than to be ourselves; I am hoping to do this by this letter to you.

Capitalism has a place, it’s the reason we get to have iphones, medical breakthroughs and the laptop on which I write this to you, but I have seen the mental health need grow in this city at a staggering pace - there is something wrong with the existing formula, and we need a counterbalance so we don’t lose our humanity for the name of progress. Smithian policy requires we be divided for efficiency, and compete for quality. This works well for a

village with two potato farmers - through division and competition, villagers get the best quality potatoes for the best price, but it leads to our problem today when applied to people: We aren’t potatoes. Well, I presume we aren’t all potatoes yet.

I hope soapbox helps us discover such a counterpoint - perhaps the soapbox process is the counterpoint. I hope you catch a glimpse of this from the messages in the next few pages, the avenues to improve our city, and possibly dream up some of your own. You are the message on the mic.

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## FEATURED

# Redfern - Community & Culture

BY GEOFF TURNBULL - COUNTERPOINT

**R**edfern and Waterloo have been home for many Aboriginal families over the decades but the gentrification of the area has seen the number of Aboriginal families drop drastically.

You see it with young people coming back to Redfern to be part of the Redfern All Blacks, or coming back into the area just to be around people and an area they knew and felt at home in. They have been pushed out of the 'hood by a lack of affordable housing. Another dislocation of an Aboriginal community with all the stress and mental health issues that go with it.

Left unchecked, Redfern will go the direction of Fitzroy in Melbourne. Once the heart of the Aboriginal community in Melbourne, it is now made up of very expensive designer shops with brass signs that say "between these years such-and-such Aboriginal organisation was here".

Redfern, the heart of Aboriginal Sydney, could easily go the way of Fitzroy unless there is a concerted push to make sure there is a viable Aboriginal community in Redfern into the future.

There are, of course, Aboriginal families who have purchased in Redfern and Waterloo before the prices went crazy, and there are young Aboriginal professionals who can afford to buy into the area, but for a large number who grew up here there is little chance of returning and being part of the Aboriginal future of the area.

So as we start to talk about what the Aboriginal community gets out of the redevelopment of public housing in the area, it seems that we need to be talking about both Aboriginal social

housing and Aboriginal affordable housing.

Aboriginal social housing is needed for low-income families, and given that Aboriginal dedicated services are historically concentrated in Redfern, having a significant Aboriginal social housing community in Redfern and Waterloo makes sense. One of the concerns here is that the redevelopment is looking to reduce the size of houses so we need to make sure there are still places suitable for larger Aboriginal families to return to.

Having a social housing Aboriginal community and a professional private Aboriginal community, however, leaves no opportunity for those who have grown up in social housing and are just starting out or in low-paid jobs to be able to stay within the community. This is the area where Aboriginal affordable housing becomes crucial.

The Greater Sydney Commission has proposed that there should be 5-10 per cent of additional houses as affordable. Currently in the Waterloo redevelopment, the government is committing to 5 per cent.

So when discussions start as to what people want from the Waterloo redevelopment, should one of the asks from the community be that there should be 5 per cent of the redevelopment dedicated to Aboriginal affordable housing for working Aboriginal people, with a preference for those with historical associations to the area?

Counterpoint is part of a coalition in Redfern and Waterloo pushing the affordable housing agenda as part of the redevelopment in the area.

You can take action and start talking about housing affordability in this context with your MPs or friends and encourage the push towards the availability of affordable housing for Aboriginal people and others in our society. Formal feedback opportunities on the redevelopment plan for Waterloo are expected in early 2020.



# Soapbox

Quarterly

I  
SYD

## What we are:

Soapbox is an experiment in design: Mental health solutions through culture change.

Soapbox's principles operate when a resource exists and people volunteer their time or expertise to create something from it to benefit others.

We measure success by the quality of our every moment, and define it by sharing our success with others.

## What we want:

One conversation at a time, we seek to reinstate the humanity in our culture.

## Why:

Most current solutions alleviate the effect of our situation but do not treat the deep roots of the cause.

## How:

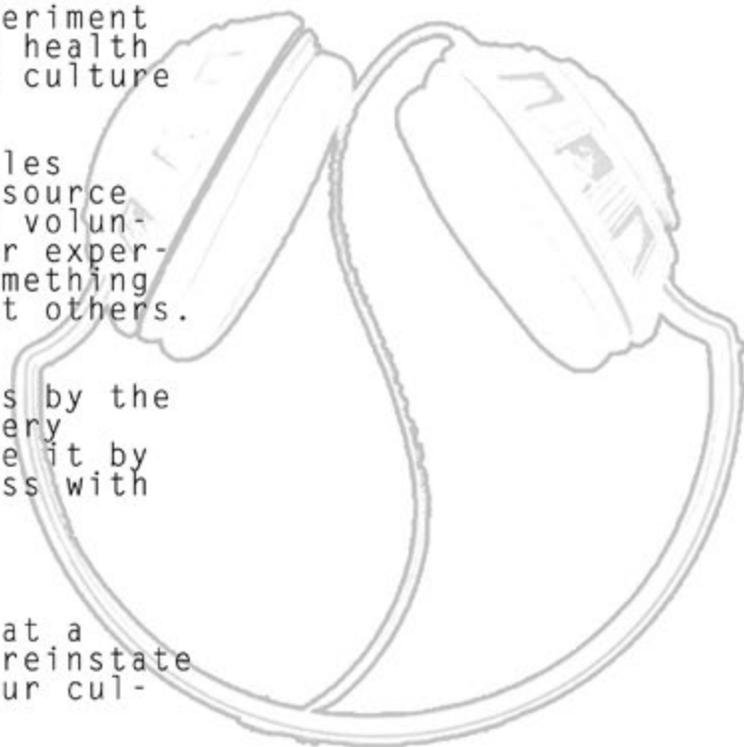
We don't claim to have the answer, but we wish to provide a space to safely create and test the myriad of solutions we dream up together.

We will be curious about the problem and access or create independent research.

We will link those with the capacity to dream with those with resources, such as time, popularity or finance, to create evidence based changes in the most visible way. Through this we will re-empower, person by person, the ability to improve our home, our city, our common spaces.

## Your invitation

If you believe in this vision, We invite you to be passionate about it. Come to the party; @soapbox.sydney, and enter your email. Invite others to build the mic!



## Supporting your elders



NAMRATA DHAMIJA

In this era, the elderly are vulnerable to social isolation and loneliness. It has been found that social isolation is directly linked to mental and physical health challenges such as depression, anxiety and on. Social isolation and mental illness are interrelated; when the person isolates, they tend to fall into mental distress and when they are in mental distress, they tend to isolate (Franklin et. al., 2011). This vicious cycle continues with older people as social contact decreases. Older people with mental illness tend to have less participation in the community which shrinks their social network in society.

Research states older people are more likely to go out less often. According to the latest Productivity Commission Report on Government Services (2015), in 2012 16.2 per cent of people aged 65 and over did not leave home or did not leave home as frequently as they would have liked. Among older Australians with a profound or severe disability, almost half (46.8 per cent) did not leave home or did not leave as often as they wished.

In order to address this issue our main aim is to understand and combat social isolation among older people by boosting social inclusion. I believe this can only be achieved if we focus on quality rather than quantity which means building connections which are stronger and more meaningful than just connecting with people. This strengthens the relationship by building trust to support older people to overcome social isolation.

You may have heard the saying “a little progress is better than no progress”. So, what can we do? Greeting older people around you when you pass them, just a ‘Hi’ or ‘Good Morning’ with a smile could make their day better. As technology makes everything easy, programs and strategies using social media should continue to be developed and implemented to support older people at risk of social isolation and loneliness this will enable users to actively choose the people with whom they will communicate and when.

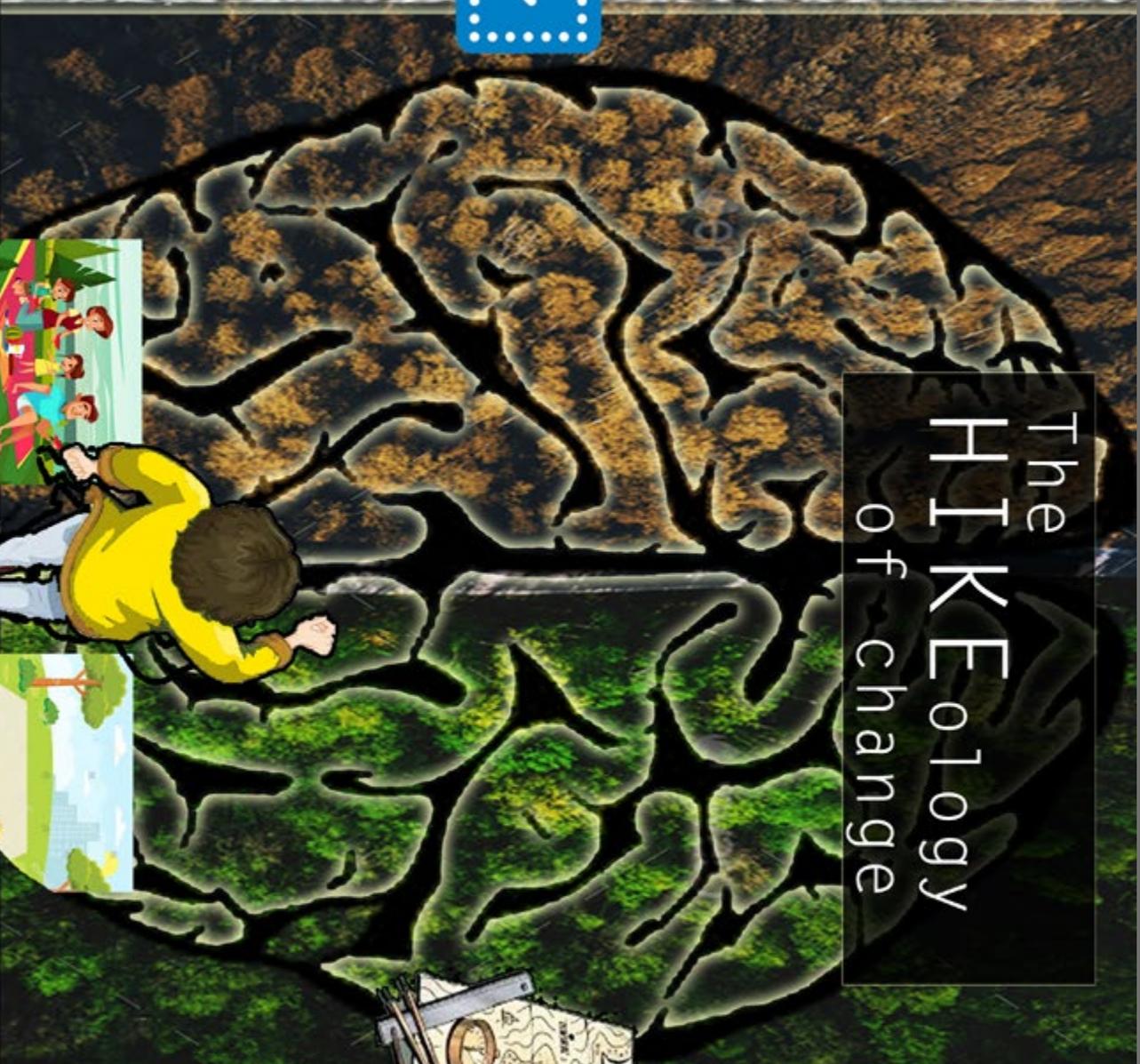
Keep their role “active” rather than “passive” in our lives which means engage with them, go out for lunch and dinners, talk about the history which they have seen, and we can hear their experiences to cherish those memories.

Franklin, A., & Tranter, B. (2011). Housing, loneliness and health. AHURI Essay Housing, loneliness and health, 164(Feb), 1-30.

Productivity Commission (2015). ‘Report on Government Services’, Chapter 13, Australian Government, Canberra, 67.



# The HIKEology of change



It's easier to do,  
It's familiar to you,  
It's what others expect of you...

Why change?  
wellbe

INTERVIEW  
WITH IZZY  
CALERO

## “Be patient with yourselves”

*Soapbox: What is the reason mental health issues in Sydney are so high?*

Izzy: I think mental health issues exist everywhere. It's a problem that everybody faces at least once in their lifetime. The scariest thing is that not everyone is diagnosed and, without an official diagnosis, it's very difficult to get support. And the reason I feel it is very high in Sydney is that there is a lack of conversation. Unfortunately, a lot of people feel it's not worthy of talking about it. Lack of knowledge about the issue is also detrimental. Moreover, acquiring that required knowledge about mental health issues isn't easy at all.

*What can people do about it?*

I am a representative of youth so I will be telling about how young people can contribute. A lot of people think that social media such as Facebook, Instagram are a negative influence, but I really do believe these platforms can be a blessing! Using these platforms, young people should be talking about the issues without having a fear of people judging them. They should never shy away from sharing their stories. More people can learn about these problems when a lot of public discussions happens.

*What is being done about it?*

I feel the conversation we are having now is important. There are more people also having the conversation, but I don't think its enough. There are organisations like Beyond Blue, Headspace and more incredible organisations. They dedicate their whole work to making a little bit easier for those people suffering from their mental health. However, I definitely just think that more individuals do really need to do their part to make it a better environment for everyone else.

*What is a particular area that needs more attention or support?*

I would say the transgender community. I don't know too many transgender people myself. But after working with organisations for about 12 months now, in regard to bettering our community, I definitely have to say that the transgender and gender diversity community are in really in need of extra support. A lot of the time they fly under the radar. I feel it's awful how people can be so dehumanising to such a diverse community. There must be enough support for them.

*What are the challenges in advocating for LGBTQI community?*

As an activist, sometimes, I feel challenged because I am never sure if I am angry or empowered by my position. A lot of activities and advocacy I have done in past months, so it really does affect one's mental health when you are investing so much time to ensure the community is safer, healthier and happier. So, you need to focus on yourself and make sure that you are safe and healthier too.

*What are the strengths of advocacy in this field?*

As I mentioned, sharing the story and having a conversation is a huge strength. Advocacy and activities are always essential to fight against injustice. For example, marriage equality was a result of that strength.

*What makes you passionate about mental health care and also drives you to invest in ones mental health?*

I have a lot of people in my life that struggle with their mental health, obviously myself included. My dad went through some horrible experiences a few years ago. My partner, my best friend, every person in my life, and as I mentioned everyone struggles with mental health at least once in their lifetime. But, I have some very important people in my life that have had their fair share of battles. And also I am a human rights activist, and I see due to system lot of people fall through the gaps. All these are the driving forces.

*What can family members and friends do to help someone out?*

Listen and respect the person.

*What would you say to someone who is having trouble coming out?*

Be patient with yourselves. There is no rush to come out. Also, be patient with the people around you. Because not everyone going to understand straight away and you cannot expect them to as much as I expect them to understand.

*What are some of the unique mental health challenges that the LGBTQI community face?*

Internalised homophobia. One of my best friends went through a short period where he was like, 'I am disgusting. I am horrible because I am gay'. As human being our biggest enemy is ourselves. So yes, internalised homophobia is the unique mental health challenge.

*What is your opinion on the soapbox model?*

I do think Wellbe/Soapbox is quite brave and it's very empowering to have an organisation put out so much of their time and energy into a project like this. As a young person that has battled with my mental health for seven years. I am definitely grateful, and a lot of people would be grateful once they know about it.





## CHANGE THE STORY OF HOMELESSNESS

**H**omelessness is not just “house-less-ness”. Experiencing homelessness means not having stable or secure housing, or a place to call home. The Australian Bureau of Statistics (ABS) reported that 116,000 people were homeless on census night in 2016, representing 50 homeless people per 10,000. This includes those sleeping on the streets, in cars, at crisis centres and in overcrowded accommodation. This is an increase of 14 per cent from last census in 2011, and in our local community the situation is even worse, with Sydney’s homeless population having increased more than three times faster than the national rate.

Milk Crate Theatre brings communities together and works with a strengths-based approach for a positive impact on participant well-being. We work within the Social Model of Disability, believe in the dignity of risk, and facilitate programs that are not based in respite or therapy, but have a firm focus on the arts to enable and build capacity. We actively seek out exciting contemporary practitioners who possess the insight and competency to challenge and inspire our participants in expansive new ways. Our social worker provides participants with encouragement and support to grow their skills and meet responsibilities for achieving in a team. She facilitates connection with other supports in the community where needed. In all of Milk Crate Theatre’s work, participant wellbeing comes first.

“I have been attending Milk Crate Theatre for 2 years, Milk Crate has given me so much creativity, collaboration, not to mention a Social Worker ..... I can’t express just how grateful I feel in my heart I received a family, a support, a future!” – MCT participant.

**M**ilk Crate Theatre uses performing arts to change the story of homelessness. We provide creative opportunities for participants to build confidence, skills and social connections to help make positive life changes. Our programs are run for, with and by members of the community who have a lived experience of homelessness and the complex issues associated including people with mental health, financial, emotional and physical support needs, addiction, trauma, and domestic violence.

Milk Crate Theatre works within a Community Arts and Cultural Development (CACD) model, meaning our work is community centred and collaborative. Professional practicing artists facilitate programs and projects where participants are encouraged to contribute ideas, share stories and engage in creative expression within a safe and supported environment. We believe that by bringing communities together and working from a strengths-based approach, we can make positive impact on participant wellbeing.

There are several ways to get involved with Milk Crate Theatre and contribute to changing the face of homelessness through performing arts. If you identify as having a lived experience of homelessness or the surrounding complex issues, we encourage you to come along to our workshops; we are always on the lookout for volunteers; and finally, a simple and long-lasting affect option is to donate and of course being an audience member at one of our shows. You can find further information on our website, [www.milkcratetheatre.com](http://www.milkcratetheatre.com) and our other social links:

Facebook: [facebook.com/MilkCrateTheatre](https://www.facebook.com/MilkCrateTheatre)

Instagram: [@milkcratetheatre](https://www.instagram.com/milkcratetheatre)

Twitter: [@milkcratetheatr](https://twitter.com/milkcratetheatr)



# HISTORY OF ADOPTION IN AUSTRALIA

MOHAMMED HASAN  
SHAHRIAR SUMON

The history of adoption in Australia can be traced back to the 1920s when the legislation on adoption was enacted and by mid-1940's adoption practice became very common in the country (Higgins, 2012). According to the Australian Institute of Health and Welfare (2012), during 1971-72 around 10000 forced adoptions of Aboriginal children took place. It is estimated that approximately 1 in 15 Australians got affected by this.

Although adoption practices in the country have gone through considerable changes over the years since the 1970s, still many thousands of people involved suffer the effects of forced adoption (Higgins et al., 2016). The impacts could be long-lasting and diverse, and these are mostly emotional and psychological (Higgins et al., 2016). Kenny et al. (2012) found out that the issues faced by these people are: depression, anxiety-related conditions, personality disorders, post-traumatic stress disorder (PTSD; including complex PTSD), complex or pathological grief and loss, as well as abandonment, identity and attachment disorders etc. Accordingly, the needs of individuals influenced by forced adoptions are diverse and continuous. The requirement for long term support is paramount for complex trauma-related issues. The representation of Aboriginal people is the highest on every possible key indicator of social and economic disadvantage (ABS, 2013). Almost 35% out of home care children are from the indigenous population (AIHW, 2015).

University curriculums, as well as professional development programs, lack in providing training regarding the impact of adoption (Porch, 2007). There is also a lack of clinical writing documenting models of appropriate intervention utilising contextual analyses.

To address diverse support needs, there must be collaboration between training organisations and mental health providers to maintain effective relationships with a broad network of relevant services (Higgins et al., 2016). These may include Aboriginal and Torres Strait Islander Services, peer-support groups, counsellors, mental health practitioners, advocacy groups, record tracing services.

The practitioners must consider some important elements when working with adoptees. The practitioner should be self-aware and also need to understand how their assumptions might be affected by their own attitudes and values. Silverstein & Kaplan (1988) mentioned seven core issues in adoption, which practitioners must understand. These are rejection; guilt and shame; grief; loss (both primary and secondary losses); identity; intimacy; and mastery and control. Also, there is a range of support services available which must be utilised and referred to the clients.

The services which are available in New South Wales are as follows:

Adoption Information Unit, Department of Family and Community Services – 1300 799 023

Origins (NSW) – 02 9725 7723

Post Adoption Services (NSW) – Benevolent Society – 1800 236 762

Relationships Australia NSW – 1300 364 277

Salvation Army – NSW Special Search Service Tracing Services – 02 9211 6491 and 1300 667 366





Research article

# The Impact on Children's Mental Health Due to Parental Conflict

DEEPA ARCHAYA

Mental health is important in order to live a healthy and balanced life. Our feelings, thought processes and behaviours are often determined by our mental health. Having good mental health means one can fully enjoy one's life, have the ability to challenge adversity, achieve life goals and maintain healthy personal and social relationships. The science of child development has shown that the base of sound mental health is developed in early stages of child development which includes a relationship with parents, caregivers, relatives, teachers and peers (Center of the Developing Child, 2013). It also shows that the children facing difficult life circumstances such as family stress or parental relationship issues such as divorce and inter-parental conflict contribute to significant short-term or long-term mental health challenges (Harold, Acquah, Sellers, Chowdry & Feinstein, 2016).

The Australian Institute of Family Studies [AIFS](2019) shows that the divorce rate in the year 2017 was 2.0 per 1000 Australian population. The rate of divorce of parents having children under 18 years is 47.1% (AIFS, 2019). The rate has fallen significantly from 1975 which was 67.6%, but its impact is still significant. The research conducted by Young Minds Matter in “the second Australian Child and Adolescent Survey of Mental Health and Well-being” shows that the prevalence of mental health disorders such as Social Phobia, separation anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, major depressive disorder, attention-deficit/hyperactivity disorder and conduct disorder among 4-17 years was found higher on children who live with single parents (majority were divorced parents). The reason behind such results might be certain negative circumstances such as parental mental health problems, family dysfunctions, conflict, abuse and poor socio-economic conditions (Lucas, Nicholson & Erbas, 2013).

Meanwhile, we can witness some couples who maintain a toxic relationship for the best interest of a child in term of security, stability and quality time with both parents said Fiona Bennett (Counsellor at Relationships Australia). Living in continuous exposure to parent’s conflict can be more hazardous than living with divorced single parents (Baker & Chambers, 2011). Any types of parental conflict could be harmful to children because of the negative emotion shown by the child’s attachment figures (Baker & Chambers, 2011). The research conducted by Australia’s National Research Organization for Women’s Safety [ANROWS] (2017) shows that involvement or exposure to inter-parental conflict generates a significant impact at various levels. Firstly, living in a conflicting environment escalates the risk of a child being abused. Also, the children are prone to negative impacts on social, emotional and educational outcomes. Since, the parents themselves are going through stressful situations, the child may be exposed to neglectful, manipulative or abusive parenting behaviour (ANROWS Compass, 2017). The reports say the consequences of such behaviour include intense levels of traumatic stress, anxiety and behavioural problems. Children might also generate difficulties to gain trust with partners in future and may become abusive in adulthood (ANROWS Compass, 2017).

Considering abovementioned consequences on the mental health of a child, one should give a chance to working issues out effectively, or to learn to do so. Couple-based therapy and education based on the Gottman Method for Healthy Relationships could be a great resource to resolve conflict within a partner (Psycho-

logy Today, 2019). The Gottman method of therapy works to develop understanding and skills to create a mental map of a partners world and learn strategies to manage conflict when it arises.

Getting a proper understanding of the healthy and unhealthy way of arguing might also help to resolve arguments in a relationship. Some tips for healthy discussions are: staying composed and flexible, valuing the opinion of your partner, stop talking when reaching high levels of distress, express your emotion time and again, and apologizing by admitting mistakes. Meanwhile, there are some tips to be avoided such as attacking each other, wanting to win, saying too much, avoiding conflict and fighting under stressful conditions.

To conclude, mental health is the key to a healthy relationship and a happy family. So, one should always take care of their emotional health on a day to day basis. Small changes in daily habits such as exercising, having a balanced diet, connecting with friends and family, being grateful to life and good sound sleep helps to get relief from stress and keep one’s mental state stable (Xiong, 2018).



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**“Getting a proper understanding of the healthy and unhealthy way of arguing might help resolve arguments in a relationship”**

QUEEN OF THE JUNGLE

Talin Agon

# THE PAPER ROSE



OFFICIAL SELECTION  
**First-Time  
Filmmaker  
Sessions**  
2019

OFFICIAL SELECTION  
**Queerbee LGBT  
Film Festival**  
2019

OFFICIAL SELECTION  
**LGBTQ Shorts  
Film Festival**  
2019

OFFICIAL SELECTION  
**Adelaide  
International  
Youth Film Festival**  
2019

NEWS MAGAZINE 14

# QUEEN OF THE JUNGLE



**T**alin Agon is a Sydney-based actor featuring in short films including *The Ghost of Kelly Winters*, *Life of the Party* and director of *The Paper Rose*.

*Soapbox: What is the meaning behind The Paper Rose?*

Talin: The Paper Rose showcases two generations; a teacher and school children. It's about being honest of who you are. Although the teacher is encouraging the children to be themselves, the children get to know the teacher is also wearing a mask, and help her along the inner journey to self acceptance.

*Was making this film a challenge?*

We made this film on a shoestring budget and did not have enough resources so we had to "shape" and "shift" a lot of time to make it work.

*What do you believe are issues prevalent in our society?*

I believe society is not accepting easily, there is shame, bullying, loss and grief and with this movie, we wanted to provide inspiration to all the people in society who feel isolated or segregated, especially youth.

*Is isolation a big issue in the city?*

Yes it is, as people from the LGBTQI community are disjointed/disconnected from a large part of society. It is considered as a "taboo", people are not interested to talk about this openly. I have a friend, who is gay, who did not get involved in this movie because of the uncertainty of whether society would accept him after this.

I believe this movie is a good medium to shift perspective by creating characters who we do not judge.

*What can be done?*

We can contribute a lot to evade this taboo such as organising social events or open monologue nights. Also screening LGBTQI movies can be a great approach for this.

I played a character in "Life of the party" in 2016 and for the first time was introduced to the struggle of being part of LGBTQI community. People need to wake up and be empathetic and understand the issue. Working on this movie helped me to understand the community better, be empathetic and sensitive, and this knowledge wasn't available to me before this movie, when I played this character. You get in character and, to process these thoughts, you experience that pain and I want to tell these stories again and again because people need to wake up and listen.

*Did you have any similar themes in your latest film?*

"The Ghost of Kelly Winters" was intense and heavy as this movie talks about the impact of trauma if left unattended or not dealt with. This girl does not go out for a year because of the trauma she had from her loss.

Finally, she goes out for Christmas party after one year and she feels utterly alone at this party and the repressed emotions come out in quite a horrifying way.

I think the importance of healing through trauma cannot be understated, we're all told to some degree to toughen up, harden up, get on with things, but sometimes the things we are silent about come out in other ways. Take time, be brave, be honest.



We have three basic survival reflexes, namely: **Fight, flight and freeze**

**ANCA RAMSDEN**  
Clinical Psychologist

# 2020 Don't let anger destroy your love life

**H**ere is how it works: Bob's wife has had enough. Worn out by his aggression and rage, she is finally ready to leave him after 25 years of marriage. Bob recalls as a young child trying to make himself invisible, keeping very quiet and staying out of his father's way. He was terrified of his father, who would regularly take out his frustrations on his young son in a drunken stupor. When Bob got to his teenage years he was strong enough to beat his father up – this happened only once, after which he left home. He could never understand why his own mother didn't leave his father and didn't protect him when he needed it most. He vowed he would never be like his father.

He fell in love and married his sweetheart, but a few years into the marriage Bob's anger started surfacing. He was critical of his wife, calling her stupid and making jokes at her expense. She had to be a stay at home mom, dinner was ready by six pm every night- the family lived by Bob's rules. And he showed little interest in their three children, parenting was left up to his wife.

Bob was reserved in his therapy sessions – he had learnt as a child to be withholding. He was given simple physical movements to trigger his amygdala to release his survival reflexes. The movements included for example moving his head from right to left and back again; and stretching his achilles tendon by pushing his heels out. He also selected specific emotions that he considered to be problematic for him and that he wished to have better control over. He chose the emotion 'resentment' at his first visit.

After completing the physical movements and contemplating a feeling of resentment Bob felt sleepy and his eyes closed. He dozed off for a few minutes. When he opened his eyes he felt spacy. He was given a grounding exercise to stop this dissociative state. He felt more relaxed

at the end of his session and left for home. The session was a success – Bob had started his journey to recovery from childhood trauma.

We have three basic survival reflexes, namely fight, flight and freeze. These three reflexes each have corresponding emotions: the fight reflex causes us to feel anger, the flight reflex causes us to feel fear and the freeze reflex causes us to feel apathy and to dissociate. Whenever we feel threatened our survival reflexes are automatically activated, even if we are not consciously aware of this.

The sleepy feeling Bob experienced in his session is a form of dissociation, which is caused by the freeze reflex. A.R.T. was helping Bob to recover from the trauma of his childhood by triggering the release of this survival reflex. In every A.R.T. session Bob would experience some dissociation, but over time the dissociative response became reduced until he no longer felt it at all.

Throughout his childhood Bob had been conditioned into a permanent state of stress, with the accompanying feelings of anger, fear and apathy. Through A.R.T. this conditioning is cleared from his nervous system. He was now free for the first time in his life to respond to his life experiences in a positive and confident manner.

#### Starting a new life

After several months of therapy his wife noticed that he was friendlier, more easy going, more helpful around the house and more engaged with their children. He had not had a fit of rage in months. There was laughter in the house – no more walking on eggshells.

Bob noticed that he wasn't flying off the handle anymore, he now had the time to think before he responded. He was feeling more comfortable in himself, the constant tension in the pit of his stomach was gone. He was feeling happier and more loving towards his family – Bob was developing healthy attachment to the important people in his life. He was released from the prison of childhood trauma.

Anca Ramsden is a Clinical Psychologist (MA, Clin Psyc, HED Teaching Diploma, certified Auditory Integration trainer), with over 27 years experience working with adults and children both in a hospital setting (adult psychiatric out-patients and child and family units) and in private practice.

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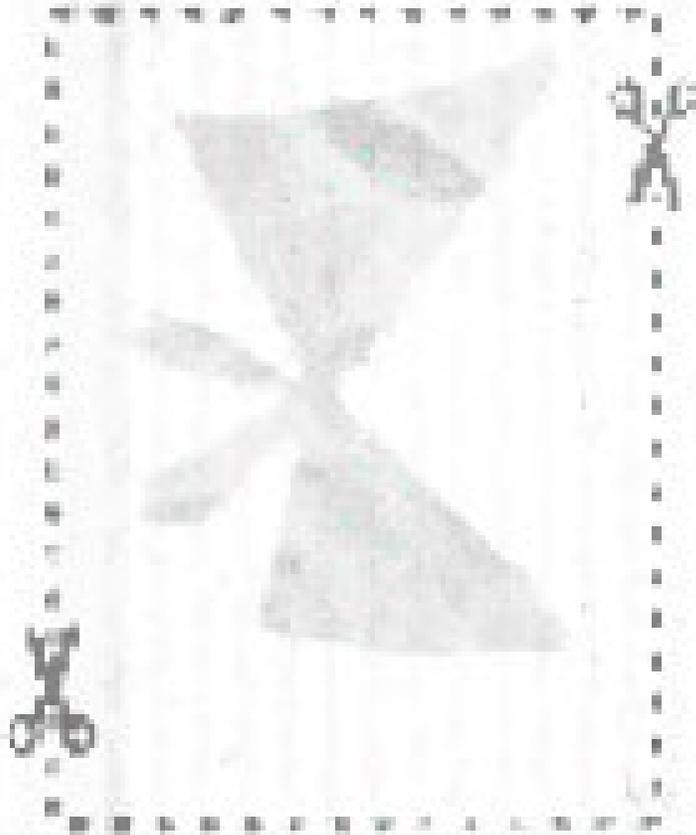
.....  
**“He is now free for the first time in his life to respond to his experiences in a positive and confident manner”**

**“There was laughter in the house - no more walking on eggshells”**





# Be a dYsruptor



<https://soapbox.sydney>

build the mic

# International Perspectives



IRENE GAYANE

**I**nternational students' mental health is an issue that has not received adequate attention in Australia. Despite their significant presence and impact on the national economy, international students as a group have been one of the most oppressed groups in the country. With nearly 900,000 students enrolling in educational programs in Australia yearly, this group accounts for more than \$32 billion in the economy. Among the numerous reasons why Australia is a popular choice for education are safety, cultural diversity, high-quality health care and education. However, in reality, the quality of some of these factors is questionable warranting a need to question the Australian government's character.

International students, individuals who leave their home countries to pursue educational opportunities in different countries often face similar strains and challenges as their domestic counterparts upon arrival and commencement of their university or college studies. These stressors and challenges include anxiety related to unfamiliarity with their new environment, academic pressures, financial issues, homesickness, relationship/social concerns and feelings of isolation. These issues contribute to the development of mental health problems among students.

However, international students grapple with additional unique challenges and pressures which intersect with and aggravate the challenges mentioned above. Considering issues pertinent to international students' well-being, the context in which we analyse these issues must be highlighted. Firstly, international students come to Australia and to the specific community of the institution in which they

have enrolled. They must perform and adjust to an already existing educational standard as well as a cultural, social and political context that predates their arrival. It is also crucial that we acknowledge existing issues such as racism, discrimination and particularly in Sydney and other main cities, as well as the individualist culture that can be frightening to both domestic and international students who come from a collectivist background. The recurring political themes around immigration and concerns about terrorism also inform and shape international students' lived experience in Australia and affect their overall adjustment.

Social isolation and anxiety are but two issues that affect international students' overall adjustment to life in Australia. From the perspective of a current international student and person of colour, it can be challenging to integrate/socialise in this community. Although Australia appears to be highly diverse, racial undercurrents exist which often hinder international students from attempting to socialise. Hence, most international students learn to live with an unfulfilled desire to belong/fraternise, which is often mingled with a crippling fear of rejection.

In addition, international students, like other residents in Australia, are prone to financial issues that can occur suddenly and influence their standard of living. Also, due to strict student visa work restrictions, it can be almost impossible to navigate such situations as the system is not designed to regard complex human situations. Moreover, without a streamlined qualification recognition process, many international students with professional qualifications are excluded from numerous opportunities to increase their skills and secure gainful employment as employers are often not keen to recruit international students.

Also, as international students do not enjoy Medicare coverage, they are left to rely on overseas health coverage which, although expensive, does not provide enough coverage or in some cases, none for crucial needs such as psychologist fees, birth control, optical needs, etc. This is not in line with Australia's obligations in the Universal Declaration of Human Rights to provide equal opportunities and healthcare to all persons regardless of residency status, race, age, etc.

These challenges and numerous restrictions pose severe health risks for international students. On the other hand, it is difficult to secure accurate statistics of anxiety, depression and other serious mental health issues among international students due to low reportage based on a fear that if their condition is revealed, this may threaten their educational plans and residency in Australia. Results from a recent study proved that domestic students were almost three times likely to report about their mental health only six weeks before succumbing to suicide.

It is incumbent upon us as individuals and institutions to identify and address prejudice, discrimination and other forms of oppression we see in our society. We must understand our roles in curbing and/or perpetuating the adverse effects these entrenched sociopolitical structures can have. We must also institute ways in which we can sensitise ourselves and our own communities while welcoming international students and ensuring that they have equal opportunities to live and thrive in Australia.

# COMBATTING SOCIAL ISOLATION: CREATE

GREG WOOD

**W**hat inspired the establishment of CREATE?

Greg: The journey to manifest CREATE began when I worked on a series of jobs which eventually landed me a role at the Northshore hospital. I was immediately drawn to the atmosphere there and wanted to grow and do more in this environment. I eventually had the opportunity to work in a community hub that addressed issues relating to aged care, youth and drugs and alcohol issues as a department of health worker which allowed me to learn and expand my skills.

The community hub closed down due to organisational changes and left me having to move around Sydney twice to maintain the provision of such services and to the point where there was little to no support. CREATE was birthed in the process of this shuffle as I had a deep passion to sustain the availability of mental health services to these groups and more.

Overall, our participants who are mainly people living with disability and our care community inspire me. Their stories inspire me. I am honoured to listen and bear their issues with them. Their day to day lives inspire me and in return, I want to inspire them to a level where they become integrated into the community as independent, free-thinking and not weighed down by the dark cloud that I also often experience. And until then, I want to infuse and keep alive hope that this is possible.

What are some of the main challenges that CREATE faces in today's socio-political system?

There are several. One of them is an issue with the current health and hospital systems which always take the same sides over most issues. This results in the disregard of the mental health field, although it is required that it be given the same attention as other forms of disability. This makes it difficult for people living with mental health issues to access the same level of support available to people living with physical disabilities. Although this is gradually changing, there used to be a huge gap, which led us to prioritise mental health.

Also, as one of the main issues that CREATE is targeting is social isolation and stigmatisation of people living with mental health issues, it is important that we encourage the break down of barriers that reinforce these issues. Social isolation is a big thing in Sydney and in my opinion, it is mainly people living with disability that keep the silo walls up to avoid discrimination, rejection and also to maintain the individual experiences that each group identifies with. It is time to bring those walls down while both maintaining and acknowledging the unique group experiences. Barriers only perpetuate the general struggles of people living with disabilities.

One of our programs tackle this isolation through a weekly café gathering where carers and people living with mental health issues are able to dine together and mingle. We all look forward to these weekly meetings and have seen drastic improvements in our participants' lives as they attend. Its wonderful!

What is unique about CREATE, and what support can the community contribute to addressing social isolation and stigmatisation?

It is essential to engage with and support people living with mental health issues in our sphere of contact and community. Encouragement and respect go a long way.

Also, to participate and/or provide support to CREATE Northshore's work in Sydney, contact Greg Wood via [greg.wood@health.nsw.gov.au](mailto:greg.wood@health.nsw.gov.au)



## Current projects:



**Wellbe Counselling & Psychology:** A bulk-billing mental health service that provides care to over 1500 clients per month across 9 locations in Sydney, at no cost to the client.



**Pay it foreword:**  
Turning second-hand books into units of social currency.



**Soapbox Quarterly:**  
A free magazine that serves as an open invitation for readers to take back agency over their mental health.

## Your invitation to Soapbox Quarterly:

Through the magazine you are provided, free of charge, a chance to extend your impact as an organisation.

This publication is designed to empower its readers through behaviour activation and hope. Its the news but systems-based, grass-roots and solution-focussed

An article submission will therefore have three components  
a. description of a current issue in Sydney  
b. How your organisation is contributing to a solution  
c. What can the reader do in their daily lives to improve on this issue.



## Planned projects:



**Soapbox Sydney Event:** A live edition of the above format, with additional content such as competitive project pitches, food stalls, guest speakers, community canvas, live music and giveaways

I, \_\_\_\_\_, will  
improve my city.