Pathways to Wellness: Integrating Refugee Health and Well-Being

Refugee Mental Health: Cultural and Contextual Considerations

Creating pathways for refugee survivors to heal

Thank You

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Learning Objectives

- Who is a refugee?
- Context of being a refugee in the United States
- Why Mental Health Matters
- Why it Might be Different
- Cross-over into regular healthcare
Mental Health Approaches to the Refugee Client: Cultural and Contextual Considerations

Who is a Refugee?

A refugee is a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country..."

UNHCR, Article 1, The 1951 Convention Relating to the Status of Refugees

Refugee  Asylee  Immigrant
42 million displaced people worldwide
16 million of them refugees and asylum seekers (others are IDPs)
Average of 120,000 proposed for resettlement to a 3rd country in a given year
70,000 proposed in USA in 2013
10% of all immigration to the U.S. is refugees
Causes of Poor Mental Health and Mental Illness

**Endogenous**
- INSIDE the Body
- Biological
- Genetic
- Chemical
- Schizophrenia, Bipolar Disorder, some depressions, etc.

**Exogenous**
- Outside of the body
- Things that influence mental health
- Family
- Outside Events
- Large Disruptions
- Lack of Hope
- Resettlement

Refugees Have Poorer Mental Health
- Higher rates of depression
- Higher rates of anxiety problems, including post-traumatic stress disorder
- In some case, like PTSD – 10x the rate
**Why?**

- Critical predictor of developing exogenous depression
  - External Stressors and Loss

- Critical predictor of developing PTSD
  - Previous trauma
  - Intensity, frequency, duration

**Triple Trauma Paradigm**

**FLEEING**

**Triple Trauma Paradigm**

**CAMP RESIDENCY**
Triple Trauma Paradigm

RESETTLEMENT

Common Resettlement Challenges

90 Days of Resettlement Casework

Results

Poor Sleep

Anxiety

Sadness
Despite This

Refugees are under-represented in community mental health agencies

WHY?

Challenges Related to Health Care

- Medical care may have been infrequent, non-existent, or only in life-saving situations
  - IMPACT: View of when to go to the doctor or preventative health care
- Medicine may have been inaccessible or different
  - IMPACT: Injection vs. pills, taking pills every day, herbal medication used instead
- Common diagnosis – especially those for chronic illnesses – may be unknown.
  - IMPACT: No understanding of what they have been diagnosed with
Challenges Related to Health care

- No interpreters at pharmacy
  - IMPACT: Client does not get medicine or does not know how to use medicine
- No ability to navigate the system
  - How to make a phone call
  - How to use a bus
  - How to ask for charity care

Challenges Related to Delivering Mental Health Services

What is ‘Mental Health’?
**Client Level**

- Different experience with the Mental Health system (psychiatric hospitals, oppressive use of system, etc.)
- Different repercussions of having a “mental health” issue
- No experience with effective treatment

**Differing Causes / Different Solutions**

**Provider Level**

- Most community mental health is oriented towards a WESTERN cultural model
  - Individual
  - Focus on feelings
  - Biomedical Model
Western-Dominated Paradigm

- Tools to screen and assess are rarely normed on cross-cultural populations, especially those that are foreign-born
- Interpreters are expensive and hard to find
- Therapists are unsure how they feel/understand aspects of culture (arranged marriage, perceptions around spirits, witchcraft, ghosts, etc.)
- Few translated documents

I vs. We

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Provider Level

- Therapists don't know how to deal with the level of client's trauma
- Therapists are often unwilling to deal with the critical case management/self sufficiency needs that re-traumatize clients
- Therapists have had no training in how to deliver services to foreign-born populations and are nervous they will not be able to do a good job

A Good Treatment Plan Follows A Good Assessment

What Might You Need to Know to Do a Good Assessment for a Refugee/Asylum Seeker?

When Delivering Care Cross Culturally

- Know Yourself (What are the shared attitudes, beliefs, and norms of your own culture)
- Know something about the culture
- Get to Know the individual
- Be willing to be flexible in your approach
### Family History
- Were both parents alive during childhood? If deceased, at what age? From what?
- Siblings? Alive or dead?
- Parents education
- Parents employment
- Overall childhood experience
- Level of deprivation
- Current separation
- Current responsibilities to those separated from

### Personal History
- Educational opportunities
- Previous employment
- Pre-morbidity
- Possibility of deceased or missing family members including children
- Age of marriage
- Hx of marriage and current state
- Age when traumatic event(s) started

### Experiences / Level of Disruption
- Migration experience
- Camp experience
- What was life like before
- What is life in USA like now
Temperrament / Resilience

- How would you describe yourself? Have you been different since ____? If so, how?
- What has helped you to survive so far?
- Do you think things will get better?

Functioning

- How many hours a night are you sleeping?
- What do you do during the day?
- Do you have friends, people you can talk to or do things with?
- Are there things you used to do that you can’t do anymore?

Causality

- What do you think is causing…?
- What do you think will make ‘X’ better?
- Who can help you with ‘x’?
Discussion

Approaching the Topic of Mental Health

Discuss SYMPTOMS
NORMALIZE

Explain what MENTAL HEALTH MEANS in the U.S.

Offer SUPPORT
Explain in detail about CONFIDENTIALITY

Give CONTROL and POWER

Considerations in Treatment Planning

- Anticipate building trust and credibility by meeting tangible needs first
- Blend traditional and western approaches
- Refer to community-based services
- Be humble enough to do what works
- Educate other systems and advocate for the client
- Go at client’s pace (unless their functioning or symptoms demand otherwise)
- Respect their experience and what they have to teach us about survival
Resources

- Ethnomed – www.ethnomed.org
- Center for Applied Linguistics – www.cal.org
- Bridging Refugee Youth & Children Services – www.bracs.org

Questions?

Questions and Contact

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