

**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

- **Partners:** Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Dr. Michael Hollifield

- **Funders:** Robert Wood Johnson Foundation, The Bill & Melinda Gates Foundation, M.J. Murdock Charitable Trust, United Way of King County, Seattle Foundation, Medina Foundation, and the Boeing Employees Community Fund

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

Durable Solutions



Repatriation



Integration



Resettlement

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



The Refugee Experience and Mental Health



Causes of Poor Mental Health and Mental Illness



Endogenous

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

Causes of Poor Mental Health and Mental Illness

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

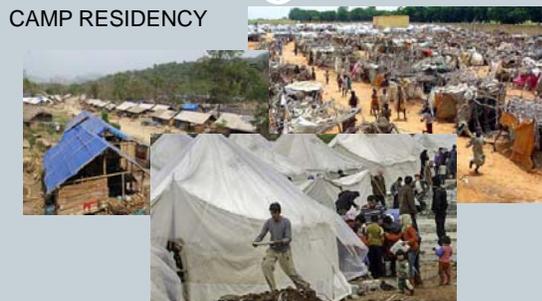
Why?

- Critical predictor of developing exogenous depression
 - External Stressors and Loss
- Critical predictor of developing PTSD
 - Previous trauma
 - Intensity, frequency, duration

Triple Trauma Paradigm



Triple Trauma Paradigm

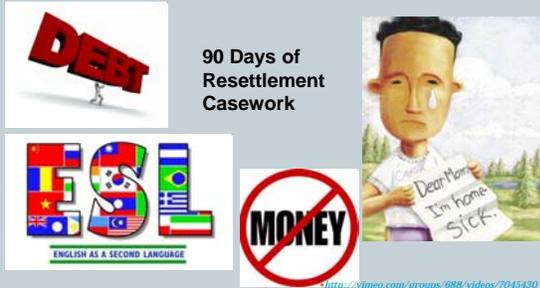


Triple Trauma Paradigm

RESETTLEMENT



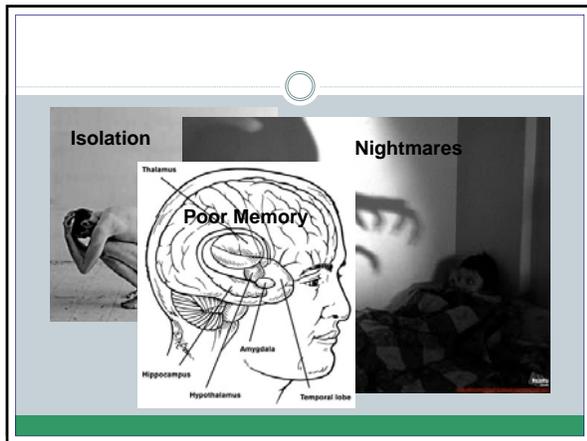
Common Resettlement Challenges



<http://vimeo.com/groups/688/videos/7045430>

Results





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

© Cartoonbank.com

© Original Artist
Reproduction rights to this image from
www.glasbergen.com

Copyright 2005 by Randy Glasbergen
www.glasbergen.com

"Could we up the dose?"

"I've got this exciting job."

"Look at it this way. If your problem belonged to someone else, it wouldn't seem like any big deal at all!"

GLASBERGEN

I vs. We

I vs. We

Provider Level

- 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

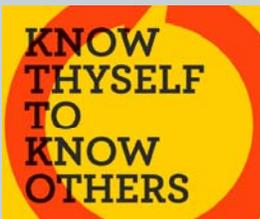
Provider Level

- 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



Temperament / 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

- Refugee Health Technical Assistance – NEW - <http://www.refugeehealthta.org/>
- Ethnomed – www.ethnomed.org
- Center for Applied Linguistics – www.cal.org
- Bridging Refugee Youth & Children Services – www.brycs.org

Questions?

Questions and Contact

- Beth Farmer, LICSW
206-816-3252
bfarmer@lcsnw.org
