Culturally sensitive approaches in the treatment of refugees.

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OBJECTIVES

• Understand the special needs of refugees, understand cross-cultural similarities and differences.
• Review available Best Practices for refugee Mental health interventions such as active collaboration with interpreting staff, employing community liaison approaches in service settings.
• Buffalo Bhutan Refugees community: unique set of challenges that these people have.
• Future directions for mental health interventions with refugee clients.
Myths about refugees

• “They” decided to come to America.
• Children of refugees are happier than parents.
• It is always better - danger is over.
• Being a refugee equals a PTSD.
Complexity of the Refugee Resettlement Process

- Overall, refugees show greater levels of psychological disturbance than the general population.
- The largest focus to date has been on the pre-migration experience.
- In fact, the trauma is frequently not a past, but remains ongoing phenomena, with family and friends often remaining in refugee camps or combat zones.
Complexity of the Refugee Resettlement Process

• In addition, refugees must learn to navigate an entirely new community, while simultaneously coping with the loss of homeland, family and way of life.

• Mental health symptoms in resettlement appear to have a curvilinear pattern.
Complexity of the Refugee Resettlement Process

- Worse outcomes in resettlement have been linked with post-migration experiences.

- These changes and challenges can be understood as taxing five core adaptive systems: safety, attachment, justice, identity-role, and existential meaning.
BEST PRACTICES

- Migration experience.
- Bio-psychosocial models.
- Resettlement is a stage-like unfolding of challenges.
- Minimize power differentials between health professionals and local healing and support systems.
- "Familiar model" of psychotherapy - access to regular, bicultural workers and cultural liaison officers.
- Target culturally homogeneous client samples.
- Interpersonal Therapy in group formats and Narrative Exposure Therapy.
Training models

1) Mental Health First Aid (MHFA) developed in Australia.

- It was introduced in the U.S. in 2008 and to date, more than 175,000 people from all 50 States have completed training.
- The goal of MHFA is to impart the knowledge necessary to provide support to people with mental illness.
Training models

2) Connecting Cultures

- Focus on values or “what is important to the client”.

• Objectives of the WHO Mental Health Action Plan 2013–2030 in creation of “comprehensive, integrated and responsive mental health and social care services in community-based settings”.
• What can we do here in Buffalo?
• Buffalo has been a vibrant city of resettlement for many years.

• Officials say there are now 20,000 refugees in Buffalo.

• According to a study by the Partnership for the Public Goods, Erie County resettled 9,723 refugees from 2003-2014: from Burma (4000), Bhutan (1,800), Somalia (1,800) and Iraq (1,200).

• In 2016 Buffalo resettled closer to 300 Syrian refugees.
Information about the refugees:

- The Cultural Orientation Resource Center (http://www.cal.org/co) has compiled culture profiles which provide a basic introduction to the social structure, language, geography and history of various cultural groups.

- The International Rehabilitation Council for Torture Victims (http://www.irct.org)
Nepali-Bhutanese refugees - Background
• 5,000 Bhutanese refugees live in Pittsburgh, the largest community of refugees in the area.
• New York State has resettled 5,741 Bhutanese refugees who were living in the camps in Nepal.
• 1,800 refugees from Bhutan settled in Buffalo.
Challenges

• The Bhutanese community in the U.S. has limited mental health literacy and experiences language barriers.

• Tend to deal with distress individually or with close family or friends.

• These individuals seldom have the tools and proficiency necessary to assist in suicide prevention.
Challenges

- They do not want to be labeled a “mental patient”
- Stigma: personal - a stigmatizing attitudes and beliefs held by an individual and perceived - an individual’s beliefs about the views of others.
- As a result people who struggle stay isolated and untreated and the outcome can be devastating.
According to a 2012 CDC study, the suicide rate among Bhutanese refugees in the U.S. was 20.3 per 100,000 people, compared to 12.4 per 100,000 people among the general U.S. population.
Understanding Bhutanese Refugee Suicide Through the IPTS (interpersonal -psychological theory of suicidal behavior)

- Thwarted belongingness and perceived burdensomeness.
- For men: employment and providing for their families.
- For women: stressors such as illiteracy, family conflict, and being separated from family members.
- For both: deteriorating health.
TOPIC CONTINUED:

- IPTS specifies not only a desire, but also, the capacity for suicide to be present for suicide to occur.
- “acquired capability” is developed through repeated exposure to painful and provocative experiences.
- Trauma and/or posttraumatic stress disorder is associated with an increased risk of suicide among refugees. High incident rate of suicide attempts (40%) was found among refugees with PTSD.
TOPIC CONTINUED:

• Bhutanese refugees who had experienced their house or shelter being burned down had 4 times greater odds of reporting suicidal ideation.
• Torture-survivors found that the method of torture corresponded to the suicidal ideation or attempt method.
• Refugee experiences of trauma, fear, and life threat could plausibly contribute to suicide risk through their contribution to an acquired capacity for suicide.
Connecting to community

- Bhutanese Nepali Hindu Community (BHNC)
- Sanatan Dharmic Tatha Sanskritik Seva Samaj.
- Jericho road family medicine clinic.
Cross-cultural psychiatry: University of Massachusetts
Hussam Jefee-Bahloul, MD

1) Very personal Individual approach.
2) DO NOT RUSH TO MEDICATE.
3) Screening for treatment at the community based programs (PFA, MHFA).
4) Be aware of somatic presentation.
5) Addressing demoralization and hopelessness.
6) Acculturation.
7) Approach beyond immediate relief.
Pittsburgh (5000 refugees)

- Resettled 5000 refugees.
- Squirrel Hill Health center.
- Bhutanese Community association of Pittsburgh.
- More information can be found at Fusion.net/story.
REFERENCES.


• Connecting Cultures: A training model promoting evidence-based psychological services for refugee. Train Educ Prof Psychol. Author manuscript; available in PMC 2015 Nov. https://www.ncbi.nlm.nih.gov/pmc/articles

• A mysterious mental health disorder is afflicting Bhutanese refugees in America /http://fusion.net/author casey tolan/


• Mental health in the Syrian crisis: beyond immediate relief Hussam Jefee-BahloulEmail the author Hussam Jefee-Bahloul, Andres Barkil-Oteo, Tanja Pless-Mulloli, Fouad M Fouad Published: 17 October 2015
“The world breaks everyone, and afterward, many are strong at the broken places.”

-Ernest Hemingway-