Refugee/Migrant Youth Speak Out about Mental Health Stigma
Who is a refugee?

A refugee is a person fleeing his or her country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, political opinion or membership in a particular social group.
Additional Terminology

- **Immigrant** – Person who moves to another country permanently
- **Migrant** – Person who moves for economic reasons
- **Asylee/Asylum Seeker** – Person who has crossed an international border in search of protection, but their claim has not yet been determined
Born and Raised in a Refugee Camp

- War and/or persecution forces refugees out of their homes
- Refugees flee to a neighboring country
- Refugees often are met with hostility in the neighboring country as well
- UNHCR provides basic shelter and food
- Camps are often fenced and refugees may not leave
- Little opportunity for employment and education
- Lack of proper healthcare

The average stay in a refugee camp is **15-20 years**
Trading the Known for the Unknown

Prior to Resettlement, refugees may have...

- Belonging
- Familiarity
- Community
- Faith
- Cultural Traditions
- Identity
- Sense of Self
- Work

- War
- Trauma
- Loss of loved ones
- Fear
- Anxiety
- Lack of safety
- Poor health
- Uncertainty
Crisis Migration vs Formal Resettlement

Less than 1% of the global refugee population is accepted for resettlement.

- Refugee resettlement is the strictest route of US immigration
- 18-24 month process at minimum
Resettlement Application Process

1. Verify refugee status with UNHCR
2. Paperwork
3. Interviews
4. US Security checks
   FBI, DHS, State Department, National Counterterrorism Center
5. Biometrics
   Fingerprints & iris scans
6. Current medical clearance
7. Orientations
8. Travel arrangements/loan
Refugees in the US

- Legal and employment authorized from the day they arrive in the U.S.

- Have the same rights as citizens and are eligible for Medicaid and other financial assistance programs

- After five years in the U.S. may seek to become naturalized citizens
The federal resettlement period is 30-90 days

An overwhelming, exhausting, confusing period for refugees.

Often hard to realize some feelings may be more serious mental health concerns.

Caseworker teaching about the stove
Culture Shock Cycle

- Honeymoon
- Culture Shock Crisis
- Adjustment
- Integration

Time in a new culture
Refugees are unaware of what services exist in their new schools and communities.

As such, refugees generally do not seek out services because they do not know what exists.

Services and programs need to be introduced and proactively offered.
Nebraska: The Middle of Everywhere

Countries of origin recently being resettled in Nebraska are:

- Sudan
- South Sudan
- Burma (also known as Myanmar)
- Bhutan
- Somalia
- Democratic Republic of Congo
- Syria
- Iraq
- Afghanistan
- Eritrea
Working Cross-Culturally

Definition of culture: Learned beliefs and behaviors shared among groups. Includes thoughts, styles of communicating, ways of interacting, views on roles and relationships, values, practices, and customs.

Culture should not be considered “exotic” or about “others”.

Our own culture is usually invisible to us. We tend to think of our own culture as human nature.
The Cultural Iceberg

Easy to see

Language
Folklore
Fine arts
Dress
Literature
Food
Holidays and festivals

Difficult to see

Beliefs and assumptions
Self-concept
Relation to authority
Core values
Manners
Interpretations
Family roles
Bias
Body language
Family values
Gender roles
Approaches to health and medicine
Humor
Concept of cleanliness
Notions of modesty
Concept of justice
Competitiveness
Expectations
Attitude toward the school
Pride
Attitude toward the environment
Childrearing practices
Work ethic
Thought patterns
Personal space
Aesthetics
Gestures
While information about cultures can aid understanding, it is important to realize that a person from a particular culture may not always share all of the same beliefs or traditions associated with that culture.

Each person is unique, and there are many factors that alter a person’s cultural identity, including socioeconomic status, education, age, religion, gender, and lifestyle.
Struggles of Refugee Youth

- “3rd Culture Kids” – not feeling fully Home or American culture

- Pop Culture Confusion – entertainment versus reality

- “Parentization” – role confusion in the home
  - Parents rely on English speaking children who can often drive
  - Parents feel responsible for the refugee situation their children are in
  - Parents want to give children things they didn’t have
  - Parents unable to give advice/guidance for unfamiliar system

- Lack of Discipline – parents told what not to do, but not given useful replacement suggestions
Common Refugee Approach to Healthcare

- Many refugees approach medical care from an emergency perspective rather than as a preventative health care measure.

- Believe that medications are to "cure" sickness and therefore may not stay compliant with medications for chronic conditions.

- May consult with traditional healers and religious leaders along with modern medicine.
  - Can you intentionally incorporate these in any way?
Cultural Concepts of Mental Health

- Many refugee cultures do not have a formal concept of mental health other than being “crazy”
- Many cultures connect mental health symptoms with spirituality
- Mentally ill people were often tied or locked up due to safety concerns and a lack of available services
Common Refugee Mental Health Issues

- PTSD
- Depression
- Anxiety
- Somatization Disorder
- “Self-Medication” → Substance Abuse
  - May lead to domestic abuse or neglect
- Seasonal Depression
Clients Who Came to the U.S. as Refugees

- “Refugee” is not a diagnosis

- Clients should not necessarily be referred back to their resettlement agency when help is needed; partnering with resettlement agencies can be helpful for cultural information and interpreter connections, but it’s best for specialized services to be provided by trained specialists (such as mental health professionals)
Treatment Challenges

- Cultural Stigma
- Lack of Transportation
- Interpreter Issues
  - Lack of Availability
  - Lack of Certification
  - Lack of Consistency
- Financial Worries / Lack of Insurance
  - Providers not accepting Medicaid
Interpreter as Cultural Liaison

- Explain purpose of appointment and terminology to interpreter beforehand (medical terminology may not have a ready-made equivalent in the native language)

- Interpreting is not word for word; do not be surprised or suspicious if an extended dialogue occurs

- Schedule time to debrief with your interpreter after appointments (5 minutes) if possible – they may have noticed something unusual

- Interpreters may be shy to share their opinion unless asked directly and privately
Communication Tips

- **Check for understanding.** Make the patient repeat back what they have heard in their own words.

- Make them **repeat back** follow up care and/or dosage instructions.

Always speak directly to the patient – do not speak in third person to the interpreter.
Service Level Adjustments

- Schedule extra time for refugee appointments
  - Interpretation extends the appointment time
  - Explanation of concepts and diagnosis takes additional time
- Take gender of provider & interpreter into consideration
- Don’t be afraid to acknowledge cultural awkwardness
- Compare mental health services to physical health services; discuss somatic symptoms
- Use story-telling and proverbs (“narrative teaching”) rather than linear logic.
- Ask client about what they would do at home, and what they may also be able to try here
Successful Approaches

Mediation
While many home cultures do not have therapy or psychiatry, mediation is common. A community leader’s assistance may be sought to work through relationship or behavior issues.

Coping Strategies
The life of a refugee will likely continue being stressful after resettlement. Teaching concrete coping strategies (such as breathing exercises) is effective.

Group Support
Community support groups centered around an activity
Strengths and Protective Factors

- Resilient and resourceful survivors
- High capability of dealing with trauma
- High degree of interdependence on cultural community
- Strong religious beliefs and support
- Strong cultural identity and ethnic pride
- Strong attachment to extended family
Online Resources

Translated medical information
https://www.healthreach.nlm.nih.gov/

Health-specific refugee cultural backgrounders:
https://www.cdc.gov/immigrantrefugeehealth/profiles/

General refugee cultural backgrounders:
http://www.culturalorientation.net/learning
Any Questions?

A bundle of belongings isn’t the only thing a refugee brings to his new country.

Einstein was a refugee.