

WELCOME!

This webinar is presented by a collaboration of Minnesota health plans working to improve antidepressant medication management in Minnesota. Thank you to Blue Plus, HealthPartners, Hennepin Health, Metropolitan Health Plan, Medica and UCare for their commitment to this issue.



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Mental Health of Refugees



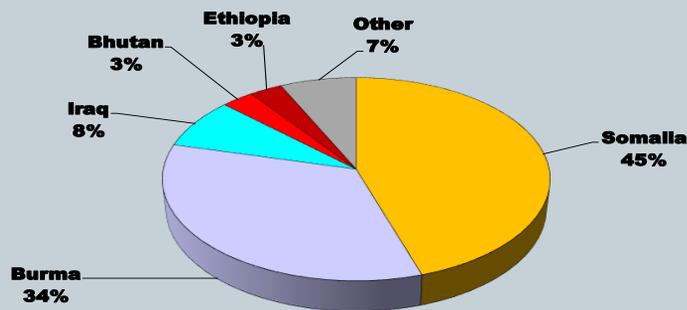
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SUMMIT GUIDANCE

Training Goals

- ❖ Increase awareness of diversity
- ❖ Expand definition of cultural competency
- ❖ Improve service quality for diverse populations
- ❖ Improve cross-cultural communication and decrease potential misunderstandings

Primary Refugee Arrivals, Minnesota 2014



"Other" includes Afghanistan, Belarus, Cambodia, Cameroon, DR Congo, Cuba, Ecuador, El Salvador, Eritrea, the Gambia, Honduras, Iran, Kenya, Liberia, Moldova, Nepal, Russia, Rwanda, Sierra Leone, Sri Lanka, Sudan, Tanzania, Ukraine, and West Bank

Refugees / Immigrants: Frequently Asked Questions

- **What is the difference between refugees and immigrants?**
 - *Refugees have fled their country because of a “well founded fear” of persecution, or a war, while immigrants have left their home country on their own will.*

Refugees / Immigrants: Frequently Asked Questions

- **Why do immigrants leave their country?**
 - Again, there are many reasons. It may be to find a better job, to reacquaint with family, to build a better life, to gain an education, to simply live in another place, among many other reasons.

Somali - General



- High value placed on community and generosity
- Somalis generally do not express their appreciation verbally.
- Strong adherence to Islam
- While Islam and the Somali language unite all of Somalia, the societal structure is markedly fractionated by membership in patrilineal clans
- Much of the current strife in Somalia is centered around clan disputes, as allegiance to the clan far outweighs allegiance to a united Somalia

Somali from rural areas - General



- limited exposure to urban ways of life, such as transportation systems, rental property, and government services
- Electricity, flush toilets, telephones, and kitchen and laundry appliances are all foreign concepts to most

Concept and construct of mental health



- The first idea is “madness” which in western term related to manic depression or severe forms of schizophrenia
- The second idea is not feeling well, or being well and this category varies depending on social issues. It is closely related to mild or moderate depression or anxiety
- Normal

Many Culture Specific symptoms and words for distress



- Taking off one’s clothes
- Singing when people are sleeping
- Sense of craziness –(ex., wali,)
- Feeling like my brain doesn’t work
- Too much air in the brain
- Not dead or alive
- Burning emotionally
- Feeling pain all over that can’t be expressed

Concept and Construct of Mental Health

- Individual possession by the sprit (Jinn, Zar ...)
- Concepts involving others causing you harm, such as "evil-eye," where excessive praise or attention can attract evil spirits to a infant or Adult, can be viewed as causing illness
- Ritualized dancing is used mostly for psychological disorders
- Religion and Koran

Perception

- **Ill ibtileysan yaa belaayo tilmaanta**
- An eye possessed (cursed) by demons points to only demons

Treatment Approach to Mental Illnesses from Somali Refugee



Traditional medicine is related to religion and other powerful beliefs in African culture.

- Traditional healers *and religious healers*
- *Traditional healers* Herbalists, bone-setters .

Religious healers can be divided into two groups:

- Traditional Koranic healer
- Sufi healers

Cause of Mental Illnesses in the Somali Refugee

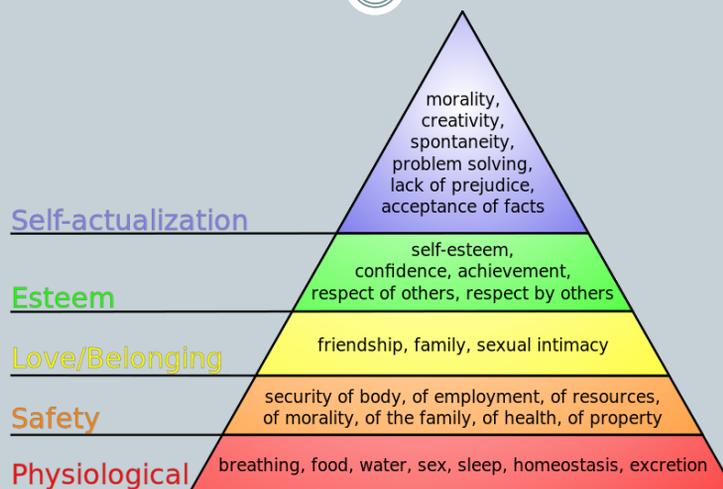


- ***Pre immigration stressors (Fight or flight mode).***
 1. Many Somali adults and children witnessed a family members or a friend murdered or tortured during war.
 2. Often Somali men experienced torture and Somali women experienced both torture and rape that was intended to terrorize them into submission.
 3. As result, many suffer from traumatic memories, flashback, depression, and anxiety Escape from war, forced separation from family, torture, bereavement and political oppression may make refugee more vulnerable to mental disorders

Refugee Camps (survival mode)

- There is the after effects of trauma from violence
- There was also a constant threat of attacks in the refugee camps as well as sexual violence such as rape
- Lack of running water, food shortage and lack of employment
- sense of loss, low self-esteem and helplessness.

Maslow's hierarchy



Post immigration stressors



1. Migration may also cause emotional problems through acculturation problem, lack of employment, and inability to pay bills.
2. Multiple stressors such as reunification of families who are still overseas or missing, and feeling isolated.
3. Unexpected difficulties of fitting into the new country, being unable to speak host country's language

Health Impact of Post-migration Stressors



- Daily stressors moderate the impact of war trauma on long-term mental health outcomes of refugees (Miller & Rasmussen, 2010)
- Multiple post-migration stressors negatively impacts long-term adjustment (Porter & Haslam, 2005)

Psychological Implications

- First hand experience of trauma
- Witnessing family member or others experience trauma
- Loss of loved ones
- Loss of belongings and assets
- Disruption of education and careers
- Perceived loss of self-esteem and self-worth
- Loss of status (feeling worthless)

Common Illnesses Encountered

- Traumatic symptoms, PTSD
- Depressive symptoms (demoralization)
- Panic attacks
- Other anxiety disorders
- Bipolar disorder
- Psychosis disorders

What Prevents them from Using Services

- **View that mental illnesses** are caused by spiritual possessions are as real to the east African refugee as objective empirical scientific views are to the western society viral infections, chemical imbalance, Genes.
- **Concealment** *distancing and secrets.*
- **Trust.** The ambiguity that is associated with mental illness is great. There is wide spread fear of being detained and hospitalized
- **Cultural mismatch.** Attribution, severity, definition
- **Stigma.**
- **Reliance on General Practitioner (GP).**
- **Language barrier**
- **Misconception about Therapy**
- **Misunderstanding** *about Medication.*

Client and Family's Reports

- A person not "being him or her self"
- Irritability of anger
- Lack of motivation to work or engage goal directed activities
- Trouble sleeping
- Spending time alone, keeping alone, lost or staring
- Talking to myself
- Bad or scary dreams
- Too many thoughts or can't stop thinking
- Bad memories that come back
- Worry about family and friends back home

Client and Family's Reports

- Worry about more loss in the future
- Worry about children
- Feeling of fear from the past still with me today
- Excessive complaints about living situations
- Passive suicidal thoughts
- Low risk group for suicidality as a result of devout religious beliefs.
- Religion as a protective factor is worth considering when assessing for suicide risk in major depressive episodes.

Presentation of Depression

- Feelings of deep frustration and/or desperation with life circumstances
- Somatic symptoms or prominent complaints related to disrupted sleep, lack of energy, headaches, abdominal pain, gastrointestinal problems, gross body aches, arthritis and back pain, pain all over the body.
- Patients may request imaging or other techniques that seem tangible or verifiable in assessing their problem

Building Relationship

- First meeting: establishing rapport, be social
- Demonstrate interest and respect for culture, traditions and family structure
- Utilize family strengths and belief system
- Interpreter
- Language barrier
 - Phrases of courtesy:
 - ✦ <http://media.hsl.washington.edu/ethnomed/courtesyphrases/index.html>
 - Greetings: www.youtube.com/watch?v=PQ4itxQOZOo&feature=related
 - Introductions: www.youtube.com/watch?v=RSRVGQ_xQXU

Reframing Depression

- Address stigma by framing symptoms in culturally sensitive way—focus on physical rather than emotional
- Integrate aspects of belief system
- Associate feelings/symptoms with events to simplify understanding (proverbs). Such as:
 - How they felt in Somali and how they feel now
 - Things are not the way they want it to be
- Look for simple solutions
- Continue to build trust

How to engage them



- Help them understand the benefit of treatment and the consequences if not addressed
- Find out their concerns, such as privacy, and help them address those concerns.
- First find out how they plan to approach the issue.
- help them understand how Western mental health treatments complement traditional healing practices.

What Works



- Address psychosocial stressors such as goal directed activities like employment along with mental illness.
- Simplify concepts in a way that client can relate to.
- Incorporate some cultural elements in the treatment approach.
- CBT seems helpful to many refugees, and they can easily relate to it. Other approaches can be useful as well.
- Employ both insight and behavior-based approaches.

Coping Mechanism

- ***Family and Community Support***

- family members as their major support system.
- Friends often can substitute family members as support, especially, when they feel unable to share the information with their immediate family members

- ***Religion***

- **Religious support such as attending mosque**

- using prayers,
- reciting and reading Koran
- practicing rituals

- **Ceremonies and social gathering.**

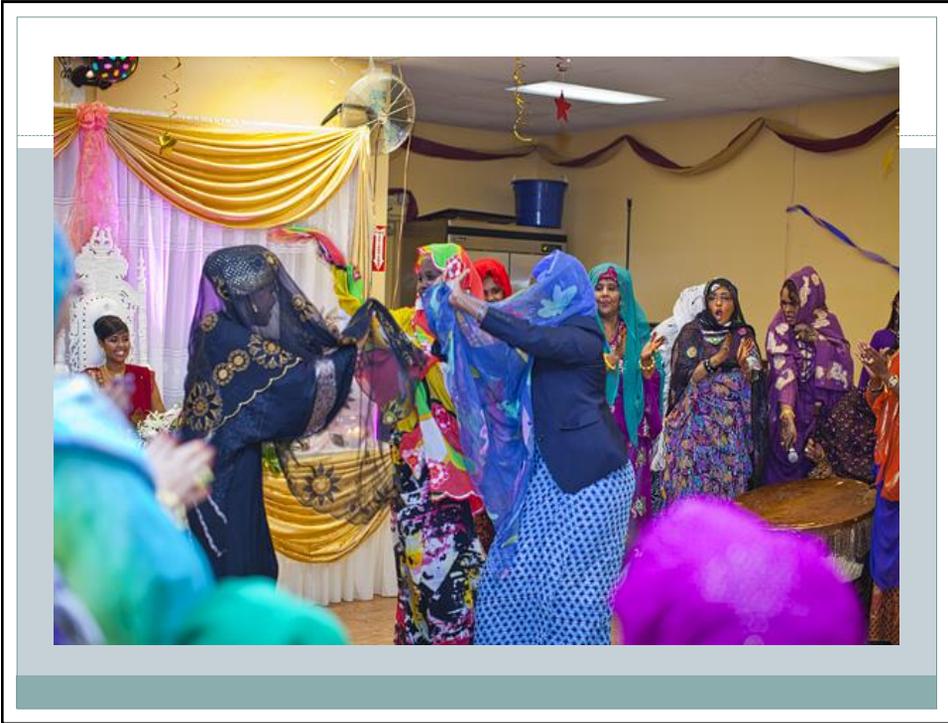
- Social gatherings such as weddings, women's gatherings, and religious events, are some of the events maintained by the Somali in the host country.
- Telephone calls from family, friends, and people dropping by relive their sense of loneliness, sadness, and distress

Social Support

- **Nin waalan walaalkis ba u miyirqaba**

- An insane man, his brother is sane for him.





Contact us!



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Improving Antidepressant Medication Management Provider Toolkit

Antidepressant Medication Management



Provider Toolkit

Tools to increase antidepressant medication adherence and reduce racial and ethnic disparities in depression management.



<http://www.stratishealth.org/pip/antidepressant.html>