

# Refugee Mental Health Info for Cosponsors

## Most common mental health concerns for refugees

- Post-traumatic Stress Disorder (PTSD)
- Depression
- Anxiety
- Adjustment Disorder
  - Also - panic attacks and not sleeping and psychosomatic symptoms (physical ailments and symptoms as a result of mental health issues)
  - If client is not sleeping, refer to Primary Care for support and sleep aids first

***It is important, however, to remember that not all refugees have mental health problems. Just because someone has witnessed and experienced traumatic events, does not mean they necessarily have PTSD, etc.***

## Western model for therapy and mental health services

- Does not always “translate” for our clients
- Even the word “mental health” is stigmatizing
  - Difficult to admit problems
  - May deny to keep from family and self do to cultural stigmas
- The thought of sitting in a room one-on-one with a stranger and working through details of their life is not only foreign, but can also be misunderstood and therefore viewed as not helpful
- Many (not all) clients are resistant to taking medications as they see this as either admitting they have a problem or in some instances they believe the medication will make them worse
- Explaining the model and process before bringing a client to an appointment/assessment is helpful for expectation management

***Just because there is resistance, does not mean that you should not encourage and pursue mental health services if you feel they are necessary or would like an assessment to be sure, especially if there is a history of mental health problems.***

## When to pursue mental health professionals

- When a client expresses they that need extra support
- When a client is exhibiting behaviors that are concerning and more chronic:
  - Not sleeping
  - Not eating
  - Unable to get out of bed or leave the house
  - Paranoid/Hyper-Vigilant
  - Audible/Visual/Tactile hallucinations
  - Constant panic attacks
  - Expresses or threatened violence of self or others

- When client's overseas medical documents indicate diagnosis and prescribed medications - even if the client may no longer be exhibiting the same mental health concerns, it is still best to have the client assessed

### **When is it an emergency**

- When a client has expressed suicidal thoughts in the present/has expressed a plan
- When a client has expressed homicidal thoughts
- When a client is incoherent, unable to respond, flat affect
- When a client is expressing hallucinations - visual, audible, tactile
- When a client is acting erratic, exhibiting bizarre behaviors, sexually defiant behaviors, violent behaviors
- When there is a real or perceived need for immediate professional assistance

### **What to do in a mental health emergency**

- Have a plan ahead of time - create a mental health emergency like you would a medical emergency plan
- Call 911 - explain that it is a mental health emergency that needs a mental health professional present when responding
- Research local emergency mental health centers in your area - there is usually a crisis mobile unit who can respond to certain crises. If there is, this is the best first step when you cannot transport the client yourself.
- Bring the client to the emergency room and explain that this is a mental health emergency. The general emergency room will assess and admit the client to emergency psychiatric if they deem necessary

### **What to expect if a client is admitted to a psychiatric hospital**

- Client will stay for at least 2-3 days (depending on when admitted and when they can be properly evaluated)
- Client will have a team working on their treatment plan in the psych hospital - it is important to stay connected with the hospital and advocate for the client
  - Ex. interpretation, food restrictions, cultural nuances,
- Be a part of the treatment and discharge plan if possible
- Ask questions in order to understand where the client needs to follow up, what medications they need to take, what precautions need to be made, etc.

### **Non-emergency Mental Health Services**

- Seek out local mental health services - may take some research and trial and error
- Ask for interpretation services - in person translation is best, but many will only offer phone translation
- Try to find a clinician who has experience working with clients from other cultures
- Try to match the services with the symptoms
  - Example 1: Substance abuse counseling center may not be best fit for someone who only has depression even though the agency may treat depression as well

- Example 2: acute service agencies may not be best fit for clients with generalized anxiety disorder

### **Adjustment period**

***It is important to also keep in mind that refugees often have an adjustment period when certain symptoms may appear that will later dissipate once certain factors are in place. This includes: employment, learning the language, meeting new people and being able to send money to their family.***

### **Before assuming that there is an acute mental health problem, it is always best to try to gather more information:**

- Listen and empathize with the client.
  - Is this a global distress issue having to do with the stress of adjustment, of getting a job, of paying the rent, of learning English, of missing loved ones, of uncertainty of where loved ones are? These stressors are very common in recently resettled refugees. Or, is it a true mental health problem?
- Ask questions, be curious, engage in conversation.
  - “What is going on? What made you upset today? What happened?”
  - “Tell me how you are feeling”
  - “How long has it been going on?”
  - “Have you been treated for this issue in the past? With medication?”

### **Stages of cultural adjustment**

1. Honeymoon -excitement, anticipation, hopefulness, eagerness
  2. Hostility- frustration, anxiety, anger, depression, fear, mistrust
  3. Humor- learning new things, understanding culture, meeting new people, feeling more comfortable
  4. Home- feeling adjusted, comfortable, hopeful, positive, able to cope, teaching and supporting others
- This topic is presented during CORE to all new refugees - topic: Stress and Coping
  - Produces a wonderful discussion
  - Encourage clients to remember these stages as they adjust to life in the U.S.
  - Encourage them to think about their feelings and be reminded that over time they will adjust and things will become easier.
  - Explaining this research does not change or fix their problems and feelings, but it does normalize their feelings and acknowledges that they are very real and powerful and yet temporary.

- It is important for you all to keep these stages in mind as well as you are working with clients.

### **Preventive mental health tips, services and programs**

- Very important to ensuring clients overall positive mental health
- Ensuring that clients are not isolating, introducing them to new people
- Communal activities \* important in many cultures
- Helping them link with others from their culture
- Bringing them to familiar places or feeding them familiar food
- Ask them what they like to do, what hobbies and jobs they had at home.
- Do they like sports, dance, cooking, crafts?
- Do they have skills that you could help them access resources for?
- IRIS programs

***Recently at a mental health seminar at Yale, we learned that one of the most important indicators of positive mental health for refugees is “having a friend”. Employment was also a strong indicator. Sleep is also important!***

### **Points to remember**

- **Not all refugees have mental health problems or concerns**
- Listen and empathize
- If the main problem is not sleeping well often a PCP can prescribe sleep meds and may be a good first option, especially if the person is not interested in therapy at the moment
- Focusing on preventive mental health is key
- When you think there is a problem or concern, talk with the client, **gather more information**, then seek professional help -follow your gut
- Realize that there may be resistance to the western model of mental health
- Remember the cultural stages of adjustment
- Have a plan for what to do in a mental health emergency
- Reach out to IRIS for support

### **Online resources:**

- Excellent for general refugee mental and physical health information, including Webinars:  
<http://refugeehealthta.org/physical-mental-health/mental-health/>  
<https://gulfcoastjewishfamilyandcommunityservices.org/refugee/>

- To find a local provider: State of CT Dept of Mental Health and Addiction Services. Will also evaluate and triage:  
<http://www.ct.gov/dmhas/site/default.asp>
- Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians:  
<http://www.unhcr.org/55f6b90f9.pdf>