

REFUGEE MENTAL HEALTH: SCREENING, REFERRAL, AND NEW PROGRAMS

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MISSION AND VISION

MISSION

 The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

 The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and wellbeing.



Office of Immigrant Health



MISSION

In collaboration with Maryland local health departments and community providers, the Office of Immigrant Health works to:

- Ensure that newly arrived refugees, asylees, and other immigrants in all 24 jurisdictions
 of the State receive comprehensive health assessments, necessary referrals and followup care.
- Prevent the spread of communicable diseases among and resulting from the arrival of new refugees
- Protect the public health of Maryland residents.
- Refugee Health Programs at each local health department in Maryland at two Federally Qualified Health Centers: Baltimore Medical System, Inc. and Community Clinic, Inc.





REFUGEE MENTAL HEALTH



"Powerful and pervasive stigma prevents people from acknowledging their own mental health problems, much less disclosing them to others."

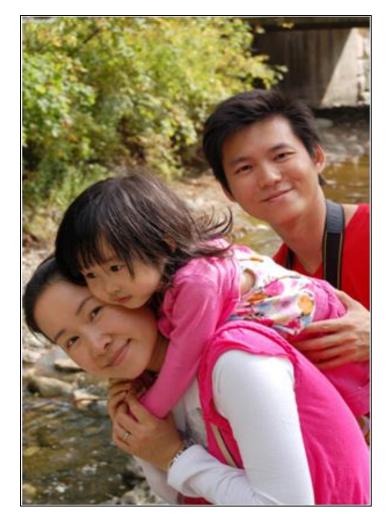


- Normalize
 - "Many people who have been through the kinds of experiences you have struggle to cope with the memories"
- Talk about symptoms (e.g. sleeplessness, sadness, troubling memories) not disorders (e.g. depression, anxiety, PTSD)
- Promote healing/recovery
- Talk about mental health in positive, non-judgmental terms (avoid words like "crazy" or using hand movements to signify mental illness)
- Be open



Refugee Mental Health

- Each year approximately 2200 refugees and asylees from around the globe arrive in Maryland
- Most adapt well to their new surroundings; however, some struggle with coping in their new community
- The Refugee Mental Health Program works with providers and refugees to ensure those who suffer are connected to appropriate care



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Refugee Mental Health Program Goals

- Screening
 - Through the Refugee Health Assessment, all new arrivals will be screened for depression, anxiety, and PTSD
- Assessment and Referral
 - Newly arrived refugees who screen positive will be referred for assessment, and if needed referred into on-going mental health care
- Education
 - Newly arrived refugees will participate in adjustment groups. Through these groups they will receive peer support, learn positive coping skills, and be introduced to the American mental health care system



Mental Health Concerns Seen in Refugee Populations

- Depression
- Anxiety
- Post Traumatic Stress Disorder
- Adjustment Disorders
- Schizophrenia, Bipolar Disorder, and other severe and persistent conditions



Strengths of Refugees

- Resiliency
- Hope
- Eagerness to learn/succeed
- Hardworking
- Curiosity
- Faith
- Resourcefulness



Refugee Mental Health 2.0: The Refugee Health Promotion Grant

- New activities
 - Community Listener program
 - Support groups for refugees post 8 months
 - Community level interventions
 - Community Hope Gatherings
- Continuing activities
 - Continue screening/surveillance/referrals
 - Continue adjustment support groups for all new arrivals
 - Continue education efforts





Source: Reuters.Com

SYRIAN REFUGEES

Trauma and Torture



Conflict in Syria

- 2011: Pro-Democracy protests (Arab Spring)
 - Protestors arrested/tortured
- Throughout 2011: Protests continue, turn violent, protestors met with violent crackdown from government
- 2012: Fighting reaches Damascus and Aleppo
- Islamic State and other militia groups take advantage of the unrest (public executions and amputations)
- Murder, torture, rape are used by multiple forces



- Population of Syria in 2010: 21.5 million (Source: World Bank)
- Number of deaths in the Syrian Civil War: ~191,000 (Source: USA Today)
- Number of individuals displaced from Syria: 3.9 million (Source: United Nations High Commission for Refugees)
 - Great majority have fled to Egypt, Turkey, Iraq, Jordan, Lebanon, Turkey
 - 24,000 are living in North Africa



Mental Health Impact

- High levels of trauma, torture, loss (recent)
- 31% have severe emotional disorders (Source: International Medical Corps)
- "The level of loss and trauma...is far higher than anyone else I've ever worked with," --Annie Sparrow, Assistant Professor of Global Health/Deputy Director of the Human Rights Program at New York's Mount Sinai Hospital

https://www.youtube.com/watch?v=xpG3jLGGkvc





Source: Reuters.Com

CONGOLESE REFUGEES

Sexual and Gender Based Violence

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- 18 years of (most recent) armed conflict
 - Brutal colonial history
 - Dictatorship
 - Resources
 - Regional fighting (Rwanda)
- Refugees in resettlement caseload are from North and South Kivu, in Eastern DRC
 - Banyamulenge and Tutsi are dominant ethnic groups in the diverse caseload
 - Young: 55% under 18; 75% under age 25
- Over 470,000 refugees have fled to Uganda, Tanzania, Rwanda, Burundi, and South Africa
- (Source: Center for Applied Linguistics)



Sexual and Gender Based Violence

- High rates of Sexual and Gender Based Violence (SGBV)
 - Result in higher rates of PTSD
- SGBV and mental health are highly stigmatized
- Services in countries of asylum:
 - Gender and reproductive health activities
 - Group discussions
 - Counseling
 - Home visits
- SGBV in countries of asylum (collection of firewood/abusive or coercive relationships/'survival sex')
- Men and boys are also targets for rape/reluctance to report



- Physical Symptoms
 - Physical injuries resulting from violence
 - Psychosomatic symptoms (headaches, gastrointestinal distress)
- Emotional Symptoms
 - Tearfulness
 - Significant mood swings
 - Dissociation
 - Social Isolation
 - Avoidance
 - Self medication



https://www.youtube.com/watch?v=8dXAGOO5980





Source: Pittsburgh Post-Gazette

BHUTANESE NEPALI REFUGEES

Suicide Prevention



Bhutanese Nepali

- 19th century migration of Nepali families into Bhutan (Lhotshampa)
- Maintained language, religion, and culture
- 1950's-1980's: Policies made it increasingly difficult for Lhotshampa to remain in Bhutan
- 1989: Forced departure
- 1989-2007: Refugee camps in Nepal
- 2007-Present: Resettlement





- Began arriving in the United States in 2007
- Approximately 107,000 lived in refugee camps in Nepal (1989-2007)
- Since 2007: 75,000 have been resettled to the United States (15,000 to other nations, notably Australia and Canada)
- 2,767 Bhutanese refugees have been resettled in Maryland (Sept. 30, 2007-Oct. 1, 2013)



Suicide and Bhutanese Nepali

- Global suicide rate: 16/100,000
- US suicide rate: 12.4/100,000
- Bhutanese Nepali in refugee camps in Nepal:
 - 67 'certified' suicides/64 'uncertified': 2004-2011
 - 53 suicide attempts
- Bhutanese Nepali refugees in the United States:
 - 46 reports of completed suicide between Feb. 2009-Mar. 2015
 - No reliable data on suicide attempts



Refugee Vulnerabilities

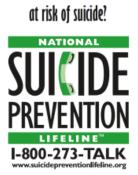
- Pre-flight: Torture, victim of/witness of violence
- Flight: Displacement from community/uncertainty
- Post-flight: Rejection by host community, economic instability
- Resettlement: Economic instability, integration, family dynamics/inter-generational conflict





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Are you or

someone you love

Get the facts and take appropriate action.

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge

- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life



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आत्माहत्या

राष्ट्रिय

रोकथाम

ताइफ्ताइन १-८००-२७३-८२५५ www.suicidepreventionlifeline.org सत्यलाई पत्ता लगाउनुहोस् अनि सही कार्रवाई गर्नहोस

आत्माहत्या चेताउनीका लक्षणहरु

मानसिक स्वस्थ्य तालिमप्राप्त व्यक्ति अथवा राष्ट्रिय आत्माहत्या रोकथाम को लाइफलाइन १-८००-२७३-८२७५ मा तुरन्त जतिसक्दो चाँडो सम्पर्क गरी सहयोग लिनुहोस् यदि तपाई वा तपाइले चिन्नु हुने जो-कोइको निम्न लिखित लक्षणहरू देखा परे:

- चोट लगाउने वा आफूलाई मार्ने धन्कि अथवा चोट लगाउने वा आफूलाई मार्न चाहने विषयमा कुरा गर्ने
- बन्दुक, चक्की वा अरु माध्यमको पहुँच तालास गरी आफूलाई मार्न उपायहरु खोज्ने
- मृतु, मर्नू वा आत्महत्याका विषयमा लेखने वा बोल्ने जब यो कार्यहरू उसका लागि असाधारण देखिन्छन्
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TRAUMA INFORMED CARE

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What is trauma informed care?

- "Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma"
- "Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment."

(Source: <u>http://www.traumainformedcareproject.org/</u>)



Trauma Informed Care

- Aims to avoid re-victimization
 - Appreciates many problem behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background









आशाविहीन, अर्थहीन, अथवा



एक्लो भएको महशस ग

1-800-273-8255 अग्रजी भाषा योवन नसक्तुहुने शरणापीहरुने यस फोनमा सम्पर्क बडा तालिम पाप्त डोभाषको प्रयोग गर्नहन सिफारिस गरिन्छ,

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www.refugeehealthta.org/suicideprevention मा हेन्होस् ।

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- Crisis Centers and 911 call centers are staffed with professionals who are trained in triage and determining if a situation is in fact an emergency
- If a patient is in immediate danger of harming self or others, call 911
- The Suicide Prevention Lifeline is available 24/7, and has access to interpretation: 1-800-273-8255; this call center will route you to the nearest Crisis Center
- Call a crisis center if...
 - You believe the patient is a danger to self or others;
 - The patient has expressed a desire to harm self;
 - You do not feel comfortable sending the patient home in current state.

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Intercultural Counseling Connection's Resource List

http://www.interculturalcounseling.org/professionalresources

 Refugee Health Technical Assistance Center Suicide Prevention Toolkit

http://refugeehealthta.org/physical-mental-health/mentalhealth/suicide/suicide-prevention-toolkit/

 Pathways to Wellness Refugee Mental Health Bibliography

http://gulfcoastjewishfamilyandcommunityservices.org/refug ee/2013/08/30/refugee-mental-health-bibliography/



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 - <u>https://www.iom.int/files/live/sites/iom/files/What-We-Do/docs/Mental-Health-Assessment-Nepal_Final_11March.pdfCDC Report</u>
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 <u>Stakeholder_Report_October_22_2012_Cleared_-For_Dissemination1.pdf</u>
- Office of Refugee Resettlement: Unpublished Data
- Florida Center for Survivors of Torture: Addressing Mental Health, PTSD, and Suicide in Refugee Communities
- Center for Applied Linguistics: Refugees from the Democratic Republic of theCongo: http://www.culturalorientation.net/learning/backgrounders
- Maryland Office of Refugees and Aylees
 - MORA Abstract FY 2008-2012 <u>http://www.dhr.state.md.us/blog/?page_id=3506</u>
 - MORA Arrival Data 2013 (unpublished)



Please stay in touch!

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