



# Saint Sophie's

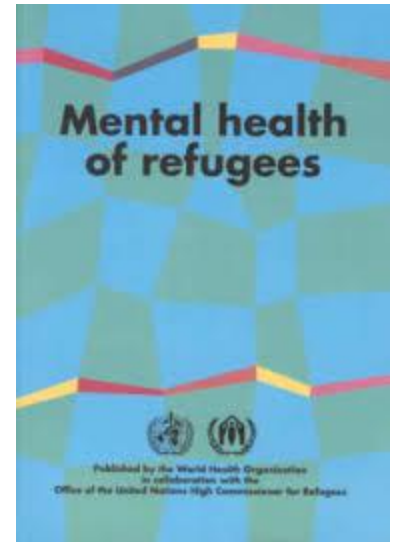
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Psychiatric Center

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# “The Talk on Mental Illness in Refugee Population”

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# Objectives

1. Identify the importance of focusing on refugee population's mental health
2. Discuss major risk factors for mental illness that are unique to the refugee population.
3. Discuss culturally sensitive care for this patient population.



# Why the focus on refugee population's mental health?

- In 2005 36 million refugee population in the US, anticipated increase to 81 million by 2050.
- The foreign-born population US is roughly 43.3 million, and that number is anticipated to increase to 78 million by 2065 (Nicholson, 2017).
- In 2018 FY, 22,491 refugees settle in the US (Ceiling 45000) (Rush,2019)



# Cont.

- Midwest regional states (MN, Idaho and ND) are among the top 10 states in the US that resettled the most refugees in the 2016 fiscal year.
- In ND, 71 out of 100,000 residents were refugees during 2016 (Refugee Processing Center, 2016).
- Between 2010-2014, there is an increase of 60,000 immigrant in Minnesota totaling 437,544 (Johnson, 2017)



# Cont.

- Refugee are 1.5 to 2 more times at risk for developing mental illness such as PPD, MDD, when compared to non-immigrants.
- Refugee women have approximately 42% PPD prevalence rates when compared to the 10-20% prevalence rate present in the general population (Firth & Haith-Cooper, 2018; Mukherjee et al., 2016).



# Cont.

- The higher incidence is r/t exposure to civil war, persecution, domestic violence, poverty, inadequate health care, lack of social support, migration induced stress, low socioeconomic status (Firth & Haith-Cooper, 2018; Dennis, et, al., 2017)
- There is a lack of focus on mental illness in the U.S and lack of resources, screening tools and treatment options for Minority population like refugees. (Lieberman et al.,2017).
- Brief discussion about my dissertation.





# MENTAL HEALTH

## Mental health issues among asylum seekers

**5X**

Asylum seekers are 5 times as likely to attend with a psychiatric condition compared to Irish medical card holders

**3X**

Asylum seekers are 3 times more likely to be assigned a diagnosis of anxiety compared to Irish medical card holders

**10X**

Asylum seekers are 10 times more likely to suffer post-traumatic stress disorder compared to the general community.



# Cont.

- Prevalence of mental illness is probably higher (more focus on mainstream population)
- Refugees living in hard-to-reach areas.
- Immigration status (affect their ability to participate in research d/t fear of deportation)
- Poor health literacy



# cont.

- The number of displaced persons is at its historical highpoint due to the ongoing refugee crisis.
- Increase in diversity in Fargo and Moorhead.
- Background knowledge in risk factors and cultural beliefs barriers for mental illness enhances the provider's ability to provide the best possible care/better patient outcome.



# Major risk factors for mental illness that are unique to the refugee population

- Immigration status
- Exposure to war or Victims of torture
- Healthcare disparities
- Language barrier
- Socioeconomic status
- Cultural influence



# Migration effect/Immigration status

- Pre-immigration proceedings
- The uncertainty of migrant status alone produces a great deal of stress and, when combined with the increased prevalence of previous traumatic experiences, places refugees at a higher risk for mental health ailment (Anderson et al., 2017; Goodman et al., 2017).
- Fear of deportation



# Cont.

- Difficulty adjusting new environment.
- No family/community support
- Fear of the unknown of what will happen to the loved ones they left behind. (Firth & Haith-Cooper, 2018).



# Exposure to war or Victims of torture

- Approximately 5,000, 000 individuals in the US are victims of torture (commonly experience by refugees).
- Victims of torture can lead to both physical and mental disabilities which can go untreated (Jesuthasan, et al., 2018).
- About 50% of refugee women who were tortured reported sexual torture and being raped in the presence of their families (Miles & Garcia-Peltoniemi, 2012).



# Cont.

- Victims of torture (beaten with clubs, batons, fists, sexually assaulted, confined in boxes, burned, electrified, or experienced genital mutilation).
- Refugees are ten times more likely to have post-traumatic stress disorder when compare to the general population



# Cont.

- Suffers from physical, social, mental, and emotional illness (suffer from chronic pain, hearing loss from trauma or gunshots, and multiple broken bones) (Jesuthasan, et al., 2018; Miles & Garcia-Peltoniemi, 2012)
- Amnesia caused by the trauma from being tortured (makes it difficult for mental illness intake).
- All of which predispose then to mental illness (anxiety, depression, PTSD)





# Healthcare disparities

- Lack of Access to Healthcare Services (ACA).
- Long waiting list.
- Immigration status determines one's ability to have health insurance coverage.



# Language barrier

- The language barrier is also a significant factor that can impact the overall health and well-being of refugees.
- Professional interpreters (in person, telephone).
- The language barrier is a significant factor that is said to exacerbate refugees' lack of willingness to access healthcare services

(Baffour, 2017).

# Socioeconomic status

- Strong correlation with poverty and mental illness (one of the main reasons for migration) (Ljungqvist, Topor, Forssell, Svensson, & Davidson, 2016; Do et al., 2018; Firth & Haith-Cooper, 2018).
- Patriarchal culture (husband breadwinner) lost d/t migration.
- Increase incidence of mental illness in low-income families vs middle class families.



# Cont.

- 2.5 times higher risk of developing mental health disorders (anxiety and depression) (Baffour, 2017; Freedman, 2018).
- low socioeconomic status 27% PPD vs 14% higher socioeconomic status (Doe et al., 2017).



# cont

- Little to no educational background predispose them to low income jobs (cycle).
- Increase focus on meeting their basic needs vs seeking mental illness treatment.
- Lack of transportation (can't afford a car)



# Cultural influence

- Open discussion on mental illness (developing countries vs US).
- Poor perceptions of mental health (influence by cultural beliefs/values).
- Medication is bad for you



# Cont.

- Inner struggles of cultural beliefs (US okay to seek help vs weak, taboo/abomination or curse, sorcery, cultural traitor, dishonor.
- Eg (Motherhood).



# Cont.

- female genital mutilation (performed in 98% of Somalian women, leads to a permanent mental and physical scar for victims, increase risk for anxiety do (Johnson-Agbakwu, Helm, Killawi & Padela, 2014)
- Idea of patriarchal culture (women have minimal input on their healthcare decision, housewife, no education, no financial independency increase risk for abuse) (Johnson-Agbakwu et al., 2014).





# PEOPLE WITH MENTAL ILLNESS

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- ✓ deserve support
- ✓ deserve empathy
- ✓ go through different symptoms
- ✓ use all types of coping mechanisms

- ✗ are lazy
- ✗ are attention seeking
- ✗ experience the same exact things
- ✗ are all on medication

# MYTH:

Mental health conditions are rare in the Philippines because Filipinos are naturally resilient.

# FACT:

Mental health problems are actually very common.



In NCR, around 32% (roughly one in three people) suffer from a mental health problem.

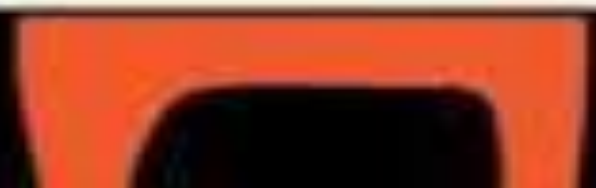
According to the National Statistics Office (NSO), mental health illnesses are the third most common forms of morbidity for Filipinos, with 88 cases of mental health problems reported for every 100,000 Filipinos.

A 2010 national census found that 1.4 million people with identified disabilities showed that mental disability accounts for 14 percent of all disabilities.





"You have a mental disability? You seem perfectly normal to me."



# Description of Anxiety/Depression

- Heartaches
- Feeling of trembling and pressure in their hearts (my heart feels heavy)
- Physical exhaustion



# Cont.

- Increase irritability (low tolerant for their kids).
- Feelings of distress
- Feeling overwhelmed or over-emotional



# Providing Culturally Sensitive Care: Why is this important?

- Due to the increase in the number of minority populations in the US, the need for healthcare providers to provide culturally sensitive care is vital (Govere & Govere, 2016).
- Culturally sensitive care: one understand and appreciate the social-cultural background of clients, their families, and the environment in which they live.
- This will lead to a meaningful, cost-effective, and higher quality care.
- Culturally sensitive training benefits: (improving HCP attitudes, knowledge, and skills, patient satisfaction (Govere & Govere, 2016).

# How to approach the “talk” of mental illness?



# What can we do as providers?

- Be an advocate for conditions like (Unemployment, Poor housing, Food insecurity, be involve in healthcare policies)
- All the above creates significant barriers to health care access thus contributing to poor health outcome. (Asgary & Smith, 2013).





# Summary

1. As HCP, the talk on mental illness should always be incorporated in our day-to-day interactions with our patients especially vulnerable population like refugees.
2. We must be aware of various risk factors for mental illness (which varies based on the patient's ethnicity, cultural beliefs, socioeconomic status).
3. Providing culture sensitive care should be on an ongoing basis.
4. Do not be afraid to talk about mental illness with any patient regardless of their cultural background and beliefs.



Please say NO.



THANK

The word "THANK" is rendered in large, 3D block letters. Each letter is held by a small, white, cartoonish character with a rounded body and thin limbs. The characters are positioned behind the letters, appearing to support them. The letters are colored in a gradient: 'T' is red, 'H' is orange, 'A' is yellow-orange, 'N' is yellow, and 'K' is bright yellow.

YOU

The word "YOU" is rendered in large, 3D block letters. Each letter is held by a small, white, cartoonish character with a rounded body and thin limbs. The characters are positioned behind the letters, appearing to support them. The letters are colored in a gradient: 'Y' is light green, 'O' is a vibrant lime green, and 'U' is a darker green.

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