

Snapshot

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Immigrant and refugee mental health

Best practices in meeting the needs of immigrants and refugees

Compared to their native counterparts, immigrants and refugees are at higher risk for developing mental health problems due to previous trauma and/or the stress of migration and resettlement; such as war, violence, poverty, and acculturation.

Mental health issues including major depression disorder, post-traumatic stress disorder, and general anxiety disorder are common among newly arrived immigrants and refugees. While many immigrants and refugees are resilient, traumatic experiences and migration stressors have a great impact on their mental well-being.

Barriers and service gaps

In addition to common barriers to receiving mental health services – such as lack of transportation, child care, information, and health insurance – immigrants and refugees face additional barriers that limit their use. These include:

Language

Few services are available for immigrants and refugees in their native languages. Translated written materials are sometimes available; however, immigrants and refugees may not be literate in their native language. Mental health conceptions also vary from culture to culture, making translation of mental health concepts and terms complex and challenging. As a result, it is difficult to provide meaningful written materials or assessments in different languages.

Stigma

Stigma of mental illness is especially pervasive among immigrant and refugee communities where being mentally ill translates to being “crazy.” Individuals with mental health issues are often isolated and ostracized by the community especially when symptoms are severe.

Also, information about someone’s mental health issues can spread quickly in close-knit ethnic communities, potentially damaging a family’s reputation. For example, in some communities, mental illness is perceived as hereditary and can damage an individual’s likelihood of getting married.

Cultural considerations

Be familiar with cultural conceptions of health and mental health

Many cultures have a holistic view of health and well-being and believe in spiritual causes for illness, such as the loss of one’s soul in the Hmong culture or the “evil eye” curse in the Somali culture.

Hire and support bilingual/bicultural service providers

Immigrants and refugees are more likely to seek services from bilingual/bicultural service providers who share the same background as they do. Bilingual/bicultural

What are somatic symptoms?

Somatic symptoms are physical symptoms of psychological distress, such as physical pain, headaches, lack of sleep, loss of appetite, nausea, dizziness, and fatigue.

Why are somatic symptoms prevalent among immigrant and refugee populations?

- Mental health is not recognized in many non-western cultures and emotional symptoms are not perceived as indicators of a potential health issue.
- In some cultures, the expression of emotions is discouraged and interpreted as a sign of weakness.
- Emotional symptoms are more stigmatizing and easier to suppress than somatic symptoms.

service providers bridge the language gap and understand clients' needs and issues in a cultural context. They are often more successful at incorporating both western and traditional treatments, as well as educating clients about western mental health. Unfortunately, there is an extreme shortage of service providers who can meet the demand.

To encourage the growth of bilingual/bicultural service providers, efforts should be made to attract and recruit bilingual/bicultural individuals to the mental health field. Providing support during education, licensing, and practice is important. Mentorships are effective for training future bilingual/bicultural service providers, as well as exchanging knowledge of cultural mental health concepts.

Use interpreters who are trained in the mental health field

When bilingual/bicultural service providers are not available, interpreters are commonly employed to close the language gap and assist in providing culturally competent services. Interpreters may also include paraprofessionals and translators.

It is critical to use professional interpreters who are knowledgeable in mental health. The following are recommendations for service agencies:

- Ensure interpreters understand and abide by confidentiality agreements. Within a closely-knit ethnic community, it is possible for interpreters and clients to know each other. Keeping mental health information confidential is essential in building trusting relationships and providing effective services to clients.

- Match clients with an interpreter who has similar characteristics (e.g., ethnicity and gender).
- Consistently use the same interpreter for each client to build a trusting relationship.
- When using interpreters, extend appointment times to ensure clients have enough time to build a relationship with service providers. The translation process during appointments limits the amount of time clients have to interact and get to know service providers.
- Outline clear roles and responsibilities for interpreters.
- Ensure interpreters have the necessary supports to manage their own mental well-being because listening to a client's story may evoke memories of their own traumatic experiences.
- Ensure interpreters have a manageable caseload to avoid burn out.
- Provide on-going mental health training and professional development opportunities to educate and retain interpreters.
- Allow time before and after appointments for service providers and interpreters to discuss and explain mental health beliefs and to reflect on what occurred during the appointment.

When interpreters are unavailable, family members and/or spiritual/religious leaders are often used to translate. While it may be convenient, this is generally discouraged because family members and spiritual/religious leaders tend to lack mental health knowledge and interpreter training, which is crucial in helping clients understand their symptoms, diagnosis, and treatment. Also, when a family member or spiritual leader is present, clients may be less willing to disclose certain information that they consider shameful or stigmatizing.

Collaborate with other health care providers

Immigrants and refugees are more likely to seek care from general health practitioners than from mental health providers, primarily because it is less stigmatizing. In addition, immigrants and refugees frequently seek care from general health practitioners to relieve somatic symptoms, such as physical pain, headaches, and lack of sleep. Somatic symptoms are common among immigrants and refugees. They are more widely accepted as indicators of a health problem than mental or emotional symptoms and typically are the first signs of a mental health issue.

General health practitioners can serve as a gateway to mental health services; however, the referral process can be confusing and complicated. To reduce access barriers it is important for providers to work with one another to provide coordinated services when serving immigrant and refugee populations.

In an effort to reduce issues that may arise due to contradicting or different health beliefs, health care service providers should also partner with traditional and spiritual healers from the community, such as a shaman or imam. They can work together to understand traditional and western health practices and provide appropriate and comprehensive services.

Integrate traditional health and healing practices

It is common for immigrants and refugees to use traditional and religious healing methods before turning to western health care, or in combination with western health services. Service providers should be aware of traditional and religious health and healing practices and be supportive when clients use these techniques.

Service providers should be familiar with traditional healing methods of their service population to understand the different kinds of treatment clients are receiving. For example, in the Hmong community, many continue to use traditional therapies to relieve physical pain, such as dermal abrasion, massage therapy, acupuncture, and herbal therapy. Some of these techniques have been mistaken for physical abuse because they can bruise,

scar, or redden the skin. Providers can also support clients by encouraging traditional healing methods or integrating them into service plans.

Effective therapy/service models

Psychoeducation

Education about mental illness, called psychoeducation, can help immigrants and refugees increase their knowledge and awareness of western mental health concepts and practices. It also has the potential to reduce stigma within immigrant and refugee communities.

However, providing culturally competent psychoeducation is challenging due to the limited culturally relevant resources and tools and the difficulty in translating mental health concepts. Service providers and facilitators need to be resourceful and thoughtful when presenting mental health information to immigrant and refugee communities.

Group therapy

Group therapy interventions have proven effective for immigrants and refugees from collectivistic cultures, where the family or a collective group is valued over the individual. One-on-one talk therapy can seem threatening and intimidating.

In collectivistic cultures, it is common for families to be the first source of support for personal problems or health concerns. Family group therapy is especially effective for elders because they tend to hold more traditional beliefs and are more reluctant to seek help and disclose information to those outside of the family.

All clients in a therapy group should be the same gender and ethnicity and share the same mental health issue. Facilitators should be bilingual and have similar characteristics to their clients.





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Home visits

Home visits are a useful strategy for collecting and sharing information with immigrant and refugee clients. Home visits can serve multiple purposes, including sharing information about available services, providing psychoeducation, and conducting outreach. Home visits help eliminate transportation and child care barriers and allow clients to be in a non-threatening environment.

Home visits are most effective when done by bilingual providers or with the assistance of an interpreter. Providers, interpreters, and clients should all be matched by gender.

Medication

Medication is a familiar form of treatment across many cultures and is most effective for relieving somatic symptoms. However, psychotropic medication is regarded negatively among immigrants and refugees. It is usually only accepted when symptoms are severe and all other resources have been exhausted.

Non-compliance rates of psychotropic medication are high among immigrants and refugees due to language and literacy barriers, discomfort with side effects, and perceptions of the effectiveness of the medication when results are not immediate. In addition, medication is seen as ineffective when the illness is attributed to spiritual causes.

Overall, when prescribing medication for mental health issues, service providers should thoroughly inform immigrant and refugee clients about their options related to medication, the risks and benefits associated with the medication and the proper procedures for taking the medication, and be sensitive to clients' concerns about the side effects.

Additional resources

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