Mental Health Issues with Immigrants and Refugees

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CST Mission:

To provide rehabilitative services, including clinical services, to survivors of torture and foreign domestic violence from all countries: to educate the public, politicians, and professionals on the needs and rehabilitative resources for survivors, and to publish research on various aspects of rehabilitation
CST Specialized Services:

- Psychological Evaluation
- Individual supportive psychotherapy
- Group therapy
- Psychiatric Evaluation
- Case Management
- Basic Resources
- Career and Education Counseling
- Trainings
Client Center Approach

- Case Management
- Individual Therapy
- Psychiatry
- Psychological Evaluation
- Medical Evaluation
- Court Testimony

C & T Client
Immigrant Experience

- Immigration
  - Voluntary
  - Involuntary - refugees/ asylum seekers
Immigrant Experience

- All immigrants experience loss
  - Loss of country and (usually) language, therefore also loss of cultural referents
  - Often also lose access to family, friends, possessions, familiar places
CST Immigration

- Country and Culture are part of our identity
  - Successful adjustment to immigration requires a re-formation of identity
  - Losses must be grieved
Refugee Experience

- While most immigration is voluntary, refugees are fleeing from something, eg
  - War
  - Persecution
  - Imprisonment
  - Threats

- Because departure is involuntary and often with little forewarning, losses are more profound, grieving more complicated
Refugee Experience

- Stressors commonly include
  - Hiding, fear of discovery, arrest
  - Imprisonment
  - Death/disappearance of family, friends
  - Loss of home and possessions
  - Loss of employment, career, SES
  - Repeated relocation
  - Experiencing/witnessing violence
  - Malnutrition
Survivor Experience

- Many forms of torture
  - Beating/Cut
  - Burning – Heat, Chemical, Electrical
  - Suspension
  - Painful Positioning
  - Suffocation
  - Sexual
  - Psychological – Isolation/Sensory Manipulation, Mock Execution, Witnessing Violence
Responses to Trauma

- **Acute Stress Disorder**
  - Occurs within 4 weeks, lasts no less than 2 days, no longer than 4 weeks

- **Posttraumatic Stress Disorder**
  - Exposure to event threatening death or serious injury to self or other
  - Response involved intense fear, helplessness or horror
PTSD

- Reexperiencing
  - Recollections
  - Dreams
  - Feelings
- Avoidance of Trauma Triggers
  - Thoughts, Feelings, Conversations
  - Activities, Places, People
  - Detachment or Restriction of Feelings
PTSD

- Persistent Hyperarousal
  - Sleep difficulty
  - Irritable/Angry
  - Difficulty Concentrating
  - Hypervigilance
  - Exaggerated Startle
Beyond PTSD

- Anxiety
  - Panic Attacks
- Somatiform Disorders
- Domestic Violence
- Substance Abuse
  - Other forms of acting out
- Depression
  - Suicide
Beyond PTSD

- Disruption of Identity
- Shame
- Inability to Trust or Feel Safe
- Social Isolation
- Apathy
- Hopelessness
- Helplessness
Beyond PTSD

- Physical Disabilities
  - Loss of parts of body, or use of them
- Injuries Requiring Ongoing Medical Management
- Chronic Pain
Mental Health Issues: Children & Youth

- Common misconception/myth of children's reaction toward trauma:
  - They were too young to remember
  - They react the same way as adults

- Common signs & Symptoms of Depression:
  - Sadness or hopelessness
  - Irritability, anger, or hostility
  - Tearfulness or frequent crying
  - Withdrawal from friends and family
  - Loss of interest in activities
  - Changes in eating and sleeping habits
CASE STUDY

The client is a 28 year-old, heterosexual, single female from Eritrea. The client arrived to the United States in May, 2013 from Sudan. She was forced to leave her home country to seek refugee due to the ongoing political uproar within the country. The client is currently residing in Sunnyvale, CA in a transitional housing sponsored by Catholic Charities. The client is bilingual and speaks fluent Tigrinya and Arabic. She is diagnosed with Post-Traumatic Stress Disorder and Major Depressive Disorder. During the case management assessment, the client was 3 month pregnant (first pregnancy). She is only allowed stay at the transitional housing for two months. She desires to work, but due to her symptoms you realize that she is unable to focus or concentrate. Additionally, due to her refugee status, she lacks support and continues to carry with her the cultural stigma of mental health or the idea of such services. The client lacks trust, but is very dependent on you for all services. Lastly, one of the main stressors she identified to you was her amputated right arm, in which the client had lost at the age of five due to an aircraft bombing.
What are some of her main basic needs that you would address?

How would you work with her in establishing rapport since her cultural stigma about mental health has created a barrier?

How would you address the client’s employment issues? And what resources or linkages would you explore with the client?

What additional assessment questions would you ask to further help you address the client’s needs? if any?

What additional resources would you recommended?
Questions?