



Refugee Mental Health



Internal Medicine Grand Rounds

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Objectives

- **Refugees and Displaced People Today**
- **Mental Health in Refugee Populations**
- **Treatment**



Refugee

To receive refugee status, one must prove a well-founded fear of persecution based on race, religion, nationality or membership in a particular social or political group. When they arrive in the United States, their legal status is intact.



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Asylum Seeker

One who is seeking refugee status based on a well-founded fear of persecution due to race, religion, or nationality membership in a particular social or political group.

Legal status not intact.

• Refugees and Asylum Seekers Worldwide as of December 2009

- **World Total: 14 million**
- **Middle East/North Africa: 6.4 million**
- **Africa: 2.8 million**
- **Europe: 0.5 million**
- **East Asia: 0.9 million**
- **South and Central Asia: 2.6 million**
- **Americas: 0.8 million**
- ** World Refugee Survey 2009*

Refugee numbers in the United States

- About 85,000 per year admitted during the past decade
- Numbers dramatically decreased after 9/11 but are not almost back to pre 9/11 levels
- 550,000 living in United States currently

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Denver Area Refugees

- **Average of 2,500 refugees/year come to settle in Colorado.**
- **Most Stay in Denver metro area**
- **Greeley, Colorado Springs, Boulder, Summit County**

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Origins of Denver Area Refugees and Asylum-Seekers

- Iraq
- Afghanistan
- Bhutan
- Burma
- Eritrea
- Ethiopia
- Sudan
- Mexico

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Stages of Migration in Refugees/Asylum Seekers

- Pre-Migration
- Migration
- Post-Migration/Resettlement

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Pre-Migration

- **Socioeconomic status varies**
- **Exposure to trauma/war/persecution**
- **loss**



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Migration Stress

- **Lack of basic necessities for life**
- **Trauma**
- **Loss (family members, support network, homes and possessions, professions)**
- **Life in Refugee Camps**





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Post-Migration/Resettlement Stress

- New Culture
- New Language
- Job Skills
- Financial
- Loss of family/friends/support network/socioeconomic status
- Discrimination

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Post-Migration/Resettlement Stress

- Loss of Hopes, Dreams, Expectations

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Acculturation

- **Acculturation-process of change that occurs when an individual comes into contact with a foreign culture**
- **Different approaches, different outcomes**
 - **Biculturalism or Integration**
 - **Assimilation**
 - **Separation**
 - **Marginalization**
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Mental Health Strengths

- **Resilience from having overcome multiple obstacles in past**
- **Strong family values promote an effective informal social support network in many refugee communities**

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Common mental health Problems

- Depression
- PTSD
- Somatization
- Adjustment Issues
- Anxiety/Panic Attacks
- Traumatic Brain Injury
- Co-morbid medical problems are common

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Tasks for the Clinician

- Show interest in patient's background/ethnic group/country
- Stress confidentiality, especially with interpreter present
- Elicit client's beliefs/explanations for current presenting problems
- Provide concrete help
- Be flexible

Major Depression Criteria (DSM-IV TR)

5/9 Following symptoms for at least two weeks:

- 1. Depressed Mood**
- 2. Loss of interest or pleasure**
- 3. Significant change in weight or appetite**
- 4. Insomnia or hypersomnia**
- 5. Psychomotor agitation or retardation**
- 6. Fatigue or loss of energy**
- 7. Feelings of worthlessness or guilt**
- 8. Impaired concentration/ability to make decisions**
- 9. Thoughts of suicide or self-harm**

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Posttraumatic Stress Disorder (DSMIV-TR)

- A. Exposure to traumatic event involving actual or threatened death or serious injury. Person's response involves intense fear/helplessness/horror
- B. Symptoms are re-experienced
 - Recollections
 - Dreams
 - Feeling as though event is recurring

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Posttraumatic Stress Disorder (DSMIV-TR)

C. Avoidance of stimuli associated with trauma/numbing of generalized responsiveness

- Avoiding thoughts/feelings/conversation
- Avoiding activities/places/people
- Amnesia for traumatic event
- Decreased interest
- Detachment
- Restricted affect
- Foreshortened future

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Posttraumatic Stress Disorder (DSMIV-TR)

D. Symptoms of increased arousal

- Difficulty sleeping
- Irritability/anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

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Treatment

- Empathic Primary Care Physician
- Case Management
- Medication
- Psychotherapy (stigma, time, transportation permitting)
- Resolution of asylum claim

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Unique Treatment Concerns

- Will talking re-traumatize the client?
- How much can I bear to hear?
- Case Management Approach
- Home Visits/Social Functions
- Gift Giving/Receiving
- Gender of the therapist/patient
- Communicating With Clients Through Interpreters

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Medications for Depression

- SSRI's are generally first line
- If no response, either switch to a different SSRI or try medication from a different class (bupropion, venlafaxine, mirtazapine, nortryptaline).
- If partial response, consider augmentation with bupropion

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Medications for PTSD

- SSRI's (fluoxetine, paroxetine and sertraline all have been shown to help in RCT's)
- Prazosin for nightmares

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Benefits for Clinicians

- Thankful patients
- Deepen our ties with the rest of the world

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When to refer to psychiatry

- Flashbacks with psychosis
- Severely impaired functioning due to mental health problems
- Patient request
- Depends on provider comfort