Toward a Multicultural Understanding of Mental Health

sue.johnston@mnchurches.org
612-203-03213
MENTAL HEALTH
HEALTH

BODY

MIND

EMOTIONS

SPIRIT
Healthy

Well

Cold

Pneumonia

Emphysema

“Under the weather”

Sick

Seriously ill

Body

HEALTH
# Continuum of Mental Health

<table>
<thead>
<tr>
<th>MIND:</th>
<th>CLEAR-THINKING</th>
<th>CONCENTRATION DIFFICULTIES</th>
<th>CONFUSED</th>
<th>HALLUCINATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTIONS:</td>
<td>CALM</td>
<td>STRESSED</td>
<td>TRAUMATIZED</td>
<td>DISTRAUGHT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GRIEF STRICKEN</td>
<td>AGITATED</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DEPRESSED</td>
<td></td>
</tr>
<tr>
<td>SPIRIT:</td>
<td>TRUSTING</td>
<td>TROUBLED</td>
<td>CYNICAL/ BITTER</td>
<td>LOSS OF MEANING</td>
</tr>
<tr>
<td></td>
<td>MEANING</td>
<td></td>
<td>DISTRUSTING</td>
<td></td>
</tr>
</tbody>
</table>
MENTAL HEALTH = STAYING STRONG

- Activities of daily living (eating, sleeping)
- Engagement in productive activity (Job searching, working)
- Maintaining satisfying relationships with family, friends, community
- Adapting to change
- Coping with adversity
It is normal to be disturbed when one has experienced disturbing events.
PREVALENCE:

- 30-60% of refugees worldwide suffer from PTSD
- Refugees are at substantially elevated risk for: depression, anxiety, pain related to psychological disturbance, substance abuse, traumatic brain injury
- Distress is often chronic
  - [Link](http://www.ptsd.va.gov/professional/pages/ptsd-refugees.asp)
- “It is established that an average of more than 50% of refugees present mental health problems ranging from chronic mental disorders to trauma, distress and great deal of suffering.”
  - [Link](http://www.who.int/hac/techguidance/pht/mental_health_refugees/en/print.html)
Specific populations

- Bhutanese refugees: 3 out of 4 have had PTSD at some point in life (Medicine, Conflict & Survival, 24 (2008) 5-15)
- Karenni refugees: depression 42%, anxiety 41%, and PTSD 4.6% (Science & Medicine, 58 (2004) 2637–2644)
- Iranian, Iraqi, Lebanese, Somali, Columbian, Salvadoran, Ethiopian, Angolan and Bangladeshi 8 years after exile: 50% PTSD (The Journal of Nervous and Mental Disease, 185 (1997) 39-45)

See: An Annotated Bibliography on Refugee Mental Health, 2005
www.refugeewellbeing.samhsa.gov
“….social and work functioning were well preserved in the majority of respondents”

SO WHY BE CONCERNED ABOUT MENTAL HEALTH?

- Can disable people from resettling optimally
  - Can interfere with job search, retention
  - May be related to retaining housing
  - Integrating children into school community
SO WHY BE CONCERNED ABOUT MENTAL HEALTH?

- **Health consequences**
  - **PTSD:** cardiovascular, gastrointestinal, and musculoskeletal disorders
  - **Depression:** heart disease, increased risk of death from stroke, respiratory illnesses, cancer, multiple sclerosis, and Parkinson's disease
  - **Anxiety:** commonly linked with lung and gastrointestinal illnesses, arthritis, allergies, thyroid problems, and migraine headaches

http://www.johnshopkinshealthalerts.com/reports/depression_anxiety/2678-1.html
WHY BE CONCERNED?

- People are suffering needlessly
  - Early intervention is important in preventing future disability and prolonged suffering
  - We do have resources in this state to address these difficulties
    - “linking” to culturally acceptable services is the problem
WHY DON’T WE SEE IT THEN?

- We aren’t looking
- We aren’t hearing their symptoms
- They aren’t telling
We aren’t looking

- One survey of refugee health programs in metro areas in the U.S. found that only 1/3 of the sites evaluated for mental health issues (Vergara, Miller, Martin, & Cookson, 2003) (National Child Traumatic Stress Network White Paper II)

- We don’t know:
  - how to look for it
  - how to talk about
  - what to do if we find it
WAYS TO LOOK

What are we looking for?
What are we looking for?

- Symptoms related to post-trauma stress that make it hard for the person to function:
  - Persistent reexperiencing of the traumatic event
    - Nightmares
    - Can’t stop thinking about or seeing the events
    - Can’t feel safe, even though they are safe
    - Things in daily life cause them to think about the trauma: exposure to people in uniforms, buildings that look institutional, medical devices, sirens, sounds, etc
    - Chronic pain not explained by physical exam
  - Persistent symptoms of increased arousal
    - Exaggerated startle response
    - Can’t sleep
    - “Keyed up and jumpy”
    - Can’t eat because nauseated/chronic gastrointestinal upset
    - Chronic pain
  - Persistent avoidance of stimuli associated with the trauma
    - Refusing to go near or participate in people places activities that remind them of the trauma
    - Feeling numb/not having feelings
What are we looking for?

- Symptoms related to depression
  - (1) Self-report or report from others that they feel sad or empty (crying a lot or unusually irritable)
  - (2) lack of interest in or pleasure from activities
  - (3) significant weight loss/no appetite, for children, not gaining with
  - (4) trouble sleeping- can’t get to sleep or sleeping too much
  - (5) seeming to behave in either an overly restless or a slowed down manner most of the time
  - (6) Complaining of fatigue or loss of energy nearly every day
  - (7) feeling worthless or guilty
  - (8) Difficulty thinking or concentrating
  - (9) recurrent thoughts of death or suicide
What are we looking for?

- Symptoms related to anxiety
  1. Excessive worry or anxiety
  2. Can’t control it, cope with it or relax
  3. Feels tense, restless or “wound-up”
  4. May complain of muscle pain related to tension
  5. Fatigued or worn-out all the time
  6. Irritable
  7. Difficulty concentrating or remembering things
  8. Difficulty sleeping: Can’t get to sleep or stay asleep
TRAUMA IS:

A direct, personal experience of an event that:
• Involves actual or threatened death, injury or threat to self (torture, sexual assault)
• Witnessing another person experiencing such events
• Learning about unexpected or violent death, serious harm, threat of death or injury experienced by a family member or other close associate
• The person felt intense fear, horror or helplessness
WAYS TO HEAR

Have you heard?
List of idioms of distress

- Thinking too much
- Cold hands
- Weakness
- Dizziness
- Can’t remember
- Hot under the skin
- A hole in my heart
- A spell cast
- Weak heart
- Sore neck/ “It comes to my neck
- Noise in the brain/air in the brain
- Suffering that is still going on
- Memories follow him
- Burning emotionally
- STRESS
WAYS TO HELP THEM TELL US

- NORMALIZE!!
- Associate with health
- Stay symptom focused
- Don’t say the M word (mental health)
  - Be cautious when suggesting psychologist, psychiatrist, mental health counseling: they might hear “crazy”
- Education
WHAT TO DO ABOUT IT: REFERRAL

- Making a good referral is a delicate art
- Consider:
  - How would this symptom be treated in their home country?
- Refer to a variety of treatments:
  - Acupuncture (May be covered by health insurance)
  - Physical therapy
  - Art therapy, storytelling, dance and music
- Culturally sensitive mental health providers
REFERRAL: OFTEN A PROCESS AND NOT AN OUTCOME

Consider ways to link
• Doctors
• Casemanagers
• Employment counselors
• Others?????
AND NOW……..

LET’S ASK THE EXPERTS!!!