

# Refugee Mental Health

## *The Importance of Primary Prevention*

# Video Workbook

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This is the first of a series of training videotapes produced by the University of Minnesota's Refugee Assistance Program- Mental Health Technical Assistance Center, funded through a contract with the National Institutes of Mental Health in conjunction with the Office of Refugee Resettlement. The video workbooks have been updated by the MDH Refugee Health Program to promote continued use of these quality resources. Originals are available upon request.

## Acknowledgements

We are grateful to the many people who contributed to the development of the videocassette. In addition to those listed in the credits, we would like to acknowledge the assistance of the following individuals and organizations:

Video footage on refugees was generously donated by WCCO Television, Minneapolis, Minnesota. Special thanks go to Nancy Mate, Acting Director, Public Affairs, WCCO, for making this footage available. Likewise, slides were donated by the American Refugee Committee (ARC), Minneapolis, Minnesota, and the Ethiopian Refugees Mutual Association (ERMA), St. Paul, Minnesota. Robert Anderson, Laura Crosby, and Sarah Whitehouse (ARC) and Mimi Girma (ERMA) are acknowledged for their cooperation and generosity. The videocassette also made use of photographs published in Refugees, a monthly publication of the United Nations High Commissioner for Refugees.

The music used in the videocassette, Kalevala Melody, was performed by The New International Trio (Dick Hensold, Bun Loeung, and Barb Weiss), a Minnesota musical group specializing in Medieval, Cambodian, Celtic, and American swing music played on traditional instruments. Many thanks to Dick Hensold for this much appreciated contribution. We thank Phoua Thao, Home Health Services, University of Minnesota Hospitals and Clinic, for her helpful comments and insights on the Lao-Hmong traditional poem "Thaj Yeeb." This poem is reproduced in its entirety in the handout materials.

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## Dr. Amos Deinard



Amos Deinard, MD, MPH, has been on the faculty of the Department of Pediatrics, University of Minnesota, since 1969. Beginning in 1979, as the Pediatric Consultant to the Minneapolis Health Department's Bureau of Maternal and Child Health program, he became involved not only in the direct care of refugee children who were immigrating from the refugee camps of Southeast Asia, but in health care program planning and development as well. In addition, he was the Principal Investigator of a resettlement project and a project funded by the National Institute of Mental Health to create a technical assistance center that would provide mental health assistance to those State mental health programs that were serving large numbers of refugees (NIMH-TAC/MH). All of the print and videotape documents that were developed under the terms of the NIMH-TAC/MH contract are included in this collection.

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## Overview

This training package is the first in a series of videocassettes/workbooks designed to provide training on refugee mental health. The other topics covered in the series include the following: psychiatric interviewing of the refugee patient, psychological testing with refugees, and the use of interpreters in mental health service delivery for refugees.

The primary audience for this series includes mental health professionals in psychology, psychiatry, social work, nursing, and public health, or those currently in training for these professions. Possible secondary audiences include primary care givers (physicians and nurses), mental health paraprofessionals, refugee relief/resettlement workers and others involved in planning or delivering services to refugees, and informed lay persons such as refugee sponsors.

As an introduction to the series, the training package Refugee Mental Health: the Importance of Primary Prevention has its main purpose to describe how primary prevention programs can be developed to prevent mental disorders and ameliorate psychosocial stressors in refugee groups. The videocassette, which lasts approximately a half-hour, describes the refugee experience and introduces the concept of refugee behavior; it highlights common psychosocial stressors in refugees and outlines common mental disorders found in refugee groups. Viewers are introduced to the concept of primary prevention, which is described in contrast to clinical practice and further illustrated with the contributions of noted experts in the field of prevention research. The videocassette then focuses on suggestions for primary prevention that can be implemented in resettlement countries such as the United States and concludes with a role play of a staff meeting in a mental health center illustrating how to begin planning a primary prevention program.

The set of handouts included in this workbook summarizes important points for the viewers and thus provides a further opportunity for review and discussion. A transcript of the role-played staff meeting was enclosed to facilitate understanding of the discussion when viewing the tape, particularly in large training sessions. Also included is a set of additional supporting materials that can be used as handouts. Instructors can choose among them to meet the needs of their audience.

This workbook includes a list of suggested further readings for viewers to pursue on their own. Finally, included is a list of consultants from the University of Vermont's Primary Prevention Training Clearinghouse – Vermont Conference on the Primary Prevention of Psychopathology.

# Recommended Handouts



# Psychosocial Adjustment and Refugee Mental Health

## Stages of becoming a refugee

- Pre-flight chaos
- Period of flight
- Refugee camps
- Final resettlement

## Common sources of stress during final resettlement

- Family stressors
- Occupational concerns
- Cultural barriers

## Psychopathology in Refugees

### Symptoms

- Almost all refugees will experience
- Target for primary prevention

### Disorders

- Only a minority of refugees will develop
- Target for treatment services

## Depression

### Typical Symptoms\*

- Depressed or irritable mood
- Disturbed sleep
- Fatigue and loss of energy
- Loss of interest in daily activities
- Difficulties with memory and concentration
- Frequent thoughts of death or suicide attempts
- Significant weight or appetite changes
- Feelings of worthlessness or excessive or inappropriate guilt

## Points to Remember

- Any of the above symptoms of depression can interfere greatly with the difficult tasks which most refugees face (learning a new language, seeking or keeping a job, and adapting to a new social system).
- A depressed refugee may initially complain about physical problems (aches, pains, and generally bodily dysfunction), rather than voice emotional or psychological concerns.
- Frequent physical symptoms may signal the presence of a mental disorder, in general, and a depressive disorder, in particular.
- Misdiagnosis of physical symptoms often results in unnecessary and costly medical procedures. These in turn emphasize and reinforce the physical symptoms, while the necessary psychological and psychiatric interventions are delayed. Without the correct help, the refugee patients may deteriorate further.

## Post-Traumatic Stress Disorder

### Typical Symptoms\*

- Recurrent recollections and nightmares about the traumatic event(s)
- Avoidance of thoughts, feelings and activities associated with the trauma
- Dissociative episodes
- Markedly diminished interest in significant activities
- Inability to recall important aspect(s) of the trauma
- Feelings of detachment or estrangement from others
- Restricted range of affect
- Sleep difficulties
- Irritability or anger outburst
- Difficulty concentrating
- Hyper vigilance
- Exaggerated startle response

### Points to Remember

- Both PTSD and, to an even greater extent, the isolated symptoms of this disorder are very prevalent in refugee populations.
- Refugee children and adolescents may also meet criteria for PTSD or suffer from some of its symptoms.

\*For complete diagnostic criteria and symptom descriptions, consult DSM-III-R.



# Brief Reactive Psychosis

## Typical Symptoms\*

- Florid presentation which may include incoherence or loosening of associations
- Grossly disorganized or catatonic behavior
- Confusion or delusions of persecution
- Delusions and hallucinations
- Short-lived episode, lasting less than one month
- Eventual return to previous level of functioning

## Points to Remember

- Brief reactive psychosis is always preceded by a recognizable stressful event and it is more common in refugees than schizophrenia.
- There is a general potential for overdiagnosing psychotic conditions in refugees. Because of the language barrier and/or ignorance of the refugee patient's culture and background, culturally appropriate experiences and behaviors may be misidentified as psychotic symptoms.

## Paranoid Symptoms and Disorders in Refugees

### Points to Remember

- Distrust, suspiciousness, and anger, as well as persecutory beliefs and even paranoid delusions, are frequent in refugee populations.
- Symptoms may range from transient paranoid thoughts that can be explained by a particular political situation affecting the refugee community to full-blown psychotic states requiring careful assessment and intervention.
- Refugees may be at risk for paranoid symptoms and disorders many years after their initial resettlement. This may be particularly true in the case of refugees who remain isolated because of limited abilities to communicate with the mainstream group or through lack of support systems within their own groups.

\*For complete diagnostic criteria and symptom descriptions, consult DSM-III-R.

# Primary Prevention of Mental Disorders in Refugees

## Cowen's Three Structural Requirements for Primary Prevention\*

- 1) Primary prevention must be group-oriented
- 2) Primary prevention must be targeted to groups not currently maladjusted, even though, because of their life experiences, they can be at risk for mental disorders.
- 3) Primary prevention programs must be based on theory and empirical research.

## Bloom's Model for Developing Primary Prevention Programs\*\*

- 1) Identify a stressful life event or set of such events that appear to have undesirable consequences. Develop procedures for reliably identifying persons who have undergone or who are undergoing those stressful experiences.
- 2) Study the consequences of those events and develop hypotheses on how to eliminate or reduce their negative consequences.
- 3) Implement and evaluate experimental preventive intervention programs based on those hypotheses.

## Points to Remember

- Primary prevention focuses on populations, rather than individuals.
- It attempts to reduce the number of new cases (i.e., incidence) of mental disorders.
- It is targeting to those with high symptom levels rather than those with actual disorders. (Secondary and tertiary prevention programs are designed to serve those with significant maladjustment.)

\* Cowen, E.L. (1982). Primary prevention research: Barriers, needs, and opportunities. Journal of Primary Prevention, 2, 131-137.

\*\* Bloom, B.L. (1982). Epilogue. In S.M. Manson (Ed.), New directions in prevention among American Indians and Alaska Native communities, (pp.377-394). Portland, OR: Oregon Health Sciences University.

# Transcript of Staff Meeting

## *Example*

- Okay, next on our agenda is a discussion about how we might go about developing a primary prevention program. I think after our training last week that we were all in agreement that that was something we'd like to do. Right? We also said that we'd begin this session by doing some brainstorming about some of the issues that we thought were particularly relevant to our community.
- I have given this a lot of thought lately and see intergenerational conflict as a key issue- I get more complaints from parents about how their kids are so disrespectful.
- That certainly is an issue a lot of us see.
- And I think that it is a big factor in the issues of depression that we see in the clinic.
- Depression is another prime candidate for a primary prevention program.
- A lot of older refugees seem to isolate themselves and do not get involved outside of their homes.
- I think that that's also a problem for the widowed and single parent refugee woman.
- We're getting quite a list here – intergenerational conflict, depression, isolation, lack of social support.
- That's our job right now. I'd like to get a real large list of our particular concerns that are particularly relevant to our community. Then we can narrow it down later.

**This staff has taken the first steps towards planning a primary prevention intervention. You can do the same with your staff. What are the most important problems refugees in your community face? Begin your planning with a brainstorming session, and then begin to narrow down the list.**

- I keep bringing us back to the problem between teenagers and parents. I think that we should concentrate our efforts there.
- I'm agreeable to that. What's our next step?
- Hypothesis generating, according to Bloom's model.

- So, what are ways to reduce intergenerational conflict? If we could solve that problem, parents everywhere would be grateful!
- It seems to me that a starting place would be developing programs for the schools that would involve parents more, so that they are exposed to their new cultures, just as the kids are.
- But that is not the only way to solve the problem. The kids also should know the values of their parents. Cultural activities for the kids are also important.
- Yeah, and that's where we should involve the MAAs (Mutual Assistance Associations)
- I'd like to keep this discussion a little practical. We all know the problem of limited budgets. So we need to target a small group of kids we know who need the program. The principal at Central High has a list of refugee kids who have been causing considerable trouble, in fact, her suspects there may be some drug dealing.
- That would be a good group to target for treatment services, but remember our assignment is primary prevention, and so with that in mind we have to remember Cowen's structural requirements.
- We could still work with kids at Central, but we'd have to change our clinical focus and look instead at an at risk group of refugee kids, not those already identified as maladjusted. But, Nathan is right, we do have limited funds, so maybe we should target just one of the refugee groups at Central. When we show that our program has benefits that can be measured, we'll be in a better position to get outside funding.
- Let's get more specific. What would be some of the components of a program to reduce intergenerational conflict between Central High students and their parents?

# Thaj Yeeb

## *Traditional Lao-Hmong Oral Poem*

### I

Recently, as a young one,  
I sought refuge in this part of the world,  
But will greatly miss that distant land  
    For countless days and for as long as I  
shall live

### II

Recently, as a young one,  
I sought refuge in this part of the world,  
Without mother or father,  
Without younger or older brothers.  
It weighs upon my mind and heart,  
Making me restive and suddenly I have to walk,  
To hum my complaint that I'm without mother  
or father,  
Without younger or older brothers.  
If only I could fade into nothingness,  
Or change into a June beetle or cicada,  
And sit upon the highest vine or tree and sing  
incessantly.

### III

Recently, as a young one,  
I sought refuge in this part of the world,  
Without mother or father,  
Without younger or older brothers.  
If only I could lose myself, or die and be reborn  
As a pair of falcons or a pair of swallows,  
Strong wind currents would speed my safe  
return  
    And my homeward flight.

### IV

My mother and father are likely humming their  
own unhappiness:  
    Why did our offspring flee?  
    Why did he go to the other side of the  
world?  
    Why is he keeping silent? Why has he  
forgotten his parents?  
And I can imagine what difficulty my parents  
are having  
Surviving in the jungle through all the seasons  
and for the  
    Rest of their lives.  
Shaking like rustling skins of garlic, like the  
rustling  
    Of dry leaves.  
Perhaps the day will come while I am yet  
young,  
When I can return and suddenly appear to my  
parents,  
To my younger and older brothers.  
Would we again be complete: Would all of us  
still be there?

### V

Regretfully I must conclude by saying  
That as a young one separated from my  
parents  
I must live like the rest of you,  
And make a new life in order to endure.

**Author unknown**

**Translation by Tou-fu Vang and Timothy  
Dunnigan, Ph.D.**

# Primary Prevention Programs for Refugees

## *Selected Examples*

The following list of primary prevention programs is simply illustrative, by no means all-inclusive; likewise, the list does not constitute an endorsement of any of these programs. Instead, the list is intended to present viewers with examples of the refugee mental health problems that are being addressed currently through primary prevention programs.

### **Buddhist Ritual Activities as Foundation for a Mental Health Program for Khmer Children in Foster Care. Catholic Community Services, Tacoma, WA.**

This mental health promotion program was designed to reduce the negative consequences of unaccompanied Khmer children's substantial losses. The program used foster placements in ethnically similar homes, with its main components including the use of traditional Theravada Buddhist ceremonies and rituals to honor the dead, as well as consultation with Khmer Buddhist spiritual leaders. For every unaccompanied minor, three ceremonies were used during their first year of resettlement: Ban Skol (a memorial for absent family members), Pratchun Ban (an annual family reunion of living and deceased relatives held yearly in Tacoma during late September or early October), and a religious observance for absent family members held in conjunction with the Khmer New Year in April. This program was described more fully by Williams (in press).

Contact persons: Julianne Duncan, Lutheran Social Services of Washington, 19230 Forest Park Drive N.E., Seattle, WA 98155. (206) 365-2700.

Sean Kang, Southeast Asian Counseling Services. (206) 627-2442.

### **Primary prevention and the promotion of mental health in ESL classroom: A handbook for teachers. East Providence, RI: American Council for Nationalities Service (1986).**

This handbook by J. Donald Cohon, Ph.D., Moira Lucey, Michael Paul, and John LeMarbre Penning was developed to address the social adjustment and mental health problems of refugees in an ESL classroom setting.

Contact person: Michael Paul, International Institute of Rhode Island, 421 Elmwood Avenue, Providence, RI 02907, (401) 461-5940.

### **Cultural Bridges Program, American Refugee Committee, Minneapolis, Minnesota.**

- 1) "First Steps for Women Project." Volunteers work with mothers isolated at home. Project focus is to decrease isolation and help these women gain access to learning opportunities. Volunteers function as role models, mentors and friends. In addition to the work of the volunteer mentors, independent living skills classes are provided for the participating refugee women twice a week. Childcare and transportation are provided.

- 2) "Saturday Scholars Project." Designed to serve the needs of Southeast Asian refugee youth, ages 14-19, this project provides volunteer mentors who assist students with homework, act as role models, friends, and "a door into the world of American work and educational opportunities." Activities expose students to 20 different occupations in the course of a year. Twice during the school week, the project also makes available a drop-in study center where students can obtain special help with homework.
- 3) "Active Elders Project." This project addresses the isolation of older refugees, their special learning problems, and their need for help in coping with loss and cultural change. Volunteers assist in planning weekly activities which include a social gathering time, English instruction, and a field trip or instructional activity.

Contact person: Jean Egbert, American Refugee Committee, 2344 Nicollet Avenue, Suite 350, Minneapolis, MN 55404, (612) 872-7060.

#### **Little Havana Activities and Nutrition Centers of Dade County.**

This program was designed to decrease isolation and improve the social adjustment of elderly Cuban refugees. The program is built around congregate meals which afford opportunities for the elderly to meet and interact with others. Multiple artistic, instructional and recreational activities are included. This program also provides transportation, routine preventative health screenings, and social support services.

Contact person: Miguel Guerrero, Social Worker, 700 S.W. Eighth Street, Miami, FL 33130, (305)858-2610.

# **Primary Prevention training Clearinghouse Consultants Vermont**

## *Conference on the Primary Prevention of Psychopathology*

The following individuals are available to provide consultation by telephone to clientele of the Clearinghouse. Please note that many have indicated the best times at which to reach them.

**George W. Albee** (University of Vermont) 802/656-2670

Anytime – leave call back message

Teaching primary prevention courses at undergraduate and graduate levels. Politics of prevention. Sources of support and resistance. History of intervention.

**Martin Bloom** (Virginia Commonwealth) 804/229-2816 (home)

Mondays, Wednesdays, or Fridays all day.

Weekends are usually ok, as well.

Social work; Teaching primary prevention as a class, both introductory overview and some advanced practice/consultation topics. Includes: history, theories, practice methods, research and evaluation, elementary epidemiology, cost/effectiveness issues, and minority content in prevention.

**Lynne A. Bond** (University of Vermont) 802/656-3160

Anytime, days

Developmental and community psychology, prevention and promotion in infancy and early childhood, Maternal-child programs, and general training resources in prevention.

**Gilber J. Botvin** (Cornell Medical Center) 212/472-4961

Tuesdays and Thursdays – in the afternoon

Developmental and clinical psychology; Public health, health promotion and disease prevention, substance abuse prevention, and program evaluation.

**Emory L. Cowen** (University of Rochester) 716/275-8793

Reach on Tuesdays and Thursdays

Rationale and conceptual substrate and goals of primary prevention in mental health. Development and evaluation of primary prevention programs for children:

- a) class-based skill or competence training programs such as social problem solving and self control training
- b) programs based on changes in class environment (jig-saw or peer teaching)
- c) programs for children at-risk by virtue of exposure to stressful life events (e.g., parental divorce).

**Maurice J. Elias** (Rutgers) 201/932-2444

Wed and Thurs; messages can be left at any time.

Clinical/community, school & developmental psychology. Undergraduate & graduate lecture courses, seminars, field study courses & internships relating to prevention and applied & community



psychology. Planning, developing, monitoring, and evaluating of social problem solving and other preventative interventions, especially school and CMHC based.

**Margaret J. Gatz** (University of Southern California) 213-743-4160

Older adults, aging; program evaluation and needs assessment.

**Stephen E. Goldston** (UCLA Center for Preventative Psychiatry) 213-206-1110

After 9:00 a.m. Pacific Coast Time

Organizing and teaching a course in primary prevention, teaching methods lectures, field experiences, readings in primary prevention, current prevention research projects, and teaching units on

- a) bereavement
- b) mental health needs of hospitalized children
- c) severe and persistent loneliness

**Benjamin H. Gottlieb** (University of Guelph) 519/824-4120

Can leave message and he will get back to you.

Measurement of social support, design implementations and evaluation or interventions involving mobilization and/or augmentation or social support, and stress and coping.

**James G. Kelly** (University of Illinois at Chicago) 312/413-2643

Community psychology and public health; Teaching of prevention; design. Implementation and evaluation of prevention, particularly community based and ecological approaches; consultation; citizen participation and prevention; interdisciplinary approaches to prevention.

**Jean Ann Linney** (University of South Carolina) 803/777-4301

Mon-Wed: 9-10:30, Mon: 1:00-3:00

School based prevention, evaluation and research of preventative interventions, prevention of substance abuse, implementation issues, teacher training, training and working with paraprofessionals as change agents, organizational consultation vis a vis intervention.

**Raymond P. Lorion** (University of Maryland) 301/454-6408 (or 6561)

Design of preventative intervention research and evaluation of preventive outcomes. Strategies to prevent emotional and behavioral disorders in children and adolescents. Strategies to assess needs and respond to risk for substance involvement in children and adolescents.

**Jonathan S. Raymond** (University of Hawaii) 808/948-7587

6 hour time difference from East Coast

Behavioral epidemiology and social psychology; Addictions, community mental health, cross-cultural aspects of primary prevention, social ecological frameworks.

**Carolyn Swift** (Stone Center Wellesley College) 617/235-0320 x2838

Community Mental Health; Consultation and education. Prevention program, child sexual abuse, rape, domestic violence.

**Betty Tableman** (Michigan Dept. of Mental Health) 517/373-3627

Development of state prevention programs through DMH, development of local prevention programs through community mental health; local level intra-agency coordinated community planning for prevention services, infant mental health services. Stress management training for low income women, children of disordered adults, comprehensive health education including problem solving training.

**Roger P. Weissberg** (Yale University) 201/432-4530

Mon-Fri 10:00-4:30

Clinical/Community Psychology; Teaching primary prevention in mental health, community-based interventions in the schools. Research on promotion of social competence in children and adolescents, and prevention of delinquent behavior and substance abuse.

**Martha Jean Welch** (Southern Illinois University) 618/692-3960

Schedule is variable. Try AM on Wed-Th-Fri

Nursing. Psychology; primary prevention at both the undergraduate and graduate levels. Particular interests include stress management, assertiveness, psycho-social factors that adversely affect people, such as prejudice, poor housing, poor health care, and limited income; and the philosophy of primary prevention and that of nursing. Also interested in evaluation and research in reference to primary prevention

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**\* Updated resources are currently being collected by the Refugee Health Program at the Minnesota Department of Health and will be added to the workbook when available.**