



photo courtesy of EMBARC

Cultural Competence Critical to Improving Mental Health Among Refugees

In recent months, media coverage of the global refugee crisis has skyrocketed. And while the conversation has mostly concerned the economic and social impact on host countries, the universal story among refugees is about trauma.

“It’s called the triple trauma paradigm: the trauma of living in conflict, the trauma of being forced to flee your home country and live in a refugee camp or insecure environment, and the trauma of adjusting to a new way of life in an unfamiliar country,” says Carly Ross, director of the Des Moines Field Office for the U.S. Committee for Refugees and Immigrants (USCRI), a non-profit that provides hands-on support to our nation’s newest arrivals.

This continuum of trauma — lasting decades for some — mostly goes unaddressed during the resettlement process. Instead, the focus is on helping refugees meet basic needs, such as housing and employment, as a means to self-sufficiency. All the while the effects of trauma percolate.

“In some cases, we see people again two or three years later when they are really struggling,” says Ross. “They’ve lost a job because they are unable to cope or they’ve even become suicidal.”

Elevating the Importance of Mental Health

Ross and others connected to Des Moines’ refugee communities are working to change the situation. For example, USCRI – Des Moines recently hired a full-time mental health coordinator. The organization has also partnered with primary care

providers to identify patients — within the first 30 days of resettlement — who could benefit from mental health services.

At the community level, USCRI – Des Moines partnered with several organizations, including the U.S. Office of Refugee Resettlement, to coordinate a Refugee Mental Health First Aid Training, held in November.

Individuals working in refugee communities were taught to recognize and assist individuals in crisis. This is particularly important as most refugees do not self-identify as needing intervention.

In September, the Des Moines Refugee Planning Coalition’s Health Sub-Committee, for which Ross is the chair, organized a Refugee Mental Health Mini-Conference held at Des Moines University. Attended by more than 200 providers and other stakeholders, the event was partially funded by Mid-Iowa Health Foundation.

“Refugees experience a level of trauma most of us can’t imagine. Educating providers on the refugee experience and its relation to mental illness is critical to helping providers understand how to deliver services that are culturally relevant,” says Suzanne Mineck, president of Mid-Iowa Health Foundation.

Key to cultural relevance is the knowledge that not every refugee will benefit from the Western, clinical approach to mental health.

Targeting Specific Needs

“Many refugees experience trauma as a collective identity. They need forms of healing that point toward the collective,” says Ross.

Henny Ohr, executive director of the Ethnic Minorities of Burma Advocacy and Resource Center (EMBARC) in Des Moines, agrees. “The social fabric of community is very important to mental health.”

Ohr’s organization is deeply embedded within the community of refugees from Burma. Guided by a refugee-led board of directors, EMBARC provides advocacy, programming and direct services for Iowa’s largest and most challenging refugee population. The majority of these initiatives stem from grassroots efforts.

“It’s important to let refugees lead and to act on their ideas. This encourages ownership and personal investment,” says Ohr.

Fleeing one of the longest civil wars in history, refugees from Burma have lived in camps longer than most (an average of 15 years), and the majority arrive in the U.S. with a feeling of helplessness and without an education or understanding of the modern world.

Afraid of going out, many refugees become isolated and depressed.

“Isolation and depression are especially prevalent in women. They are used to a culture where women help each other. Now they are alone in their apartments without the ability to work together,” says Ohr.

To combat this isolation, EMBARC engages women and girls in the shared activity of sewing through its Community Fabric Project. While the program teaches technical skills, the act of weaving with others and collaborating on projects boosts participants’ mental health.

“We are very intentional about doing what works for our community,” says Ohr.

Toward a Better Model

Other efforts by EMBARC aimed at improving mental health include educating refugees on the importance of engaging with the community and helping them meet their own daily needs in order to gain a sense of control. On the horizon is the formation of support groups around shared experiences. But really, says Ohr, improvements to mental health are mostly made through outreach; letting people know that someone cares.

“We are at step one with mental health,” says Ohr. “Eventually I would like to see a program similar to Health Navigator but with a mental health focus.”

Funded by Mid-Iowa Health Foundation and other stakeholders, the Health Navigator program trains leaders in the Burmese community on basic health care knowledge such as patient rights and when to use urgent care. The leaders then train others in the community. Still in its pilot stage, the learning circles have already attracted more than 200 participants.

“The Health Navigator project has been wonderful in terms of empowerment,” says Ohr. “We are giving people work, they are gaining confidence and knowledge is spreading. This strategy could work with mental health, too.”

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