



Bridging Refugee Youth & Children's Services

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TESOL 2011-RCIS Academic Session- Refugee Mental Health

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TESOL 2011

RCIS Academic Session

Refugee Mental Health



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Overview of US Refugee Admissions Program (USRAP)

- ◆ Definition of a refugee
- ◆ Proposed Admissions for FY 2011
 - Countries of Origin
 - Refugee Groups





Definition

- ◆ A refugee is a person who is **outside** his or her country of nationality or last habitual residence and is **unable or unwilling to return** to that country because of **persecution** or a **well-founded fear of persecution** on account of **race, religion, nationality, membership in a particular social group, or political opinion.**



US Regional Projections FY 2011

AFRICA: Congolese, Somali, Eritrean	15,000
EAST ASIA: Burmese Karen & Karenni	19,000
EUROPE/CENTRAL ASIA: Religious minorities	2000
LATIN AMERICA/CARIBBEAN: Cubans & Colombians	5,500
NEAR EAST/SOUTH ASIA: Iraqis, Bhutanese, Iranians and Afghans	35,500



Bhutanese Refugees: Brief History





Timeline

- ◆ End of 19th cent. 200,000 Nepalese migrate to Bhutan
- ◆ Mid to-late 1980s things changed
- ◆ 1990 est. 107,000 Bhutanese refugees settled in 7 camps across Eastern Nepal
- ◆ 2007: Major resettlement efforts began



Mass Exodus 1990-1991





Assessment of Psychosocial Needs and Suicide Risk Factors Among Bhutanese Refugees in Nepal and After Third Country Resettlement

(A study conducted by Schinina, Sharma, Gorbacheva, Mishra -- IOM Migration Health Division/Mental Health and Psychosocial Section, January 2011)





Assessment & Results of Bhutanese Suicide Risk

- ◆ The Problem
- ◆ The Study
- ◆ Findings / Risk Factors
- ◆ Recommendations





Mental Health

State of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2002)





Reason for Mental Health Assessment

- ◆ Perceived disproportionately high number of suicides among Bhutanese refugees in camps and upon resettlement
- ◆ Need for a comprehensive plan of action to *prevent* suicides



Suicide Rates

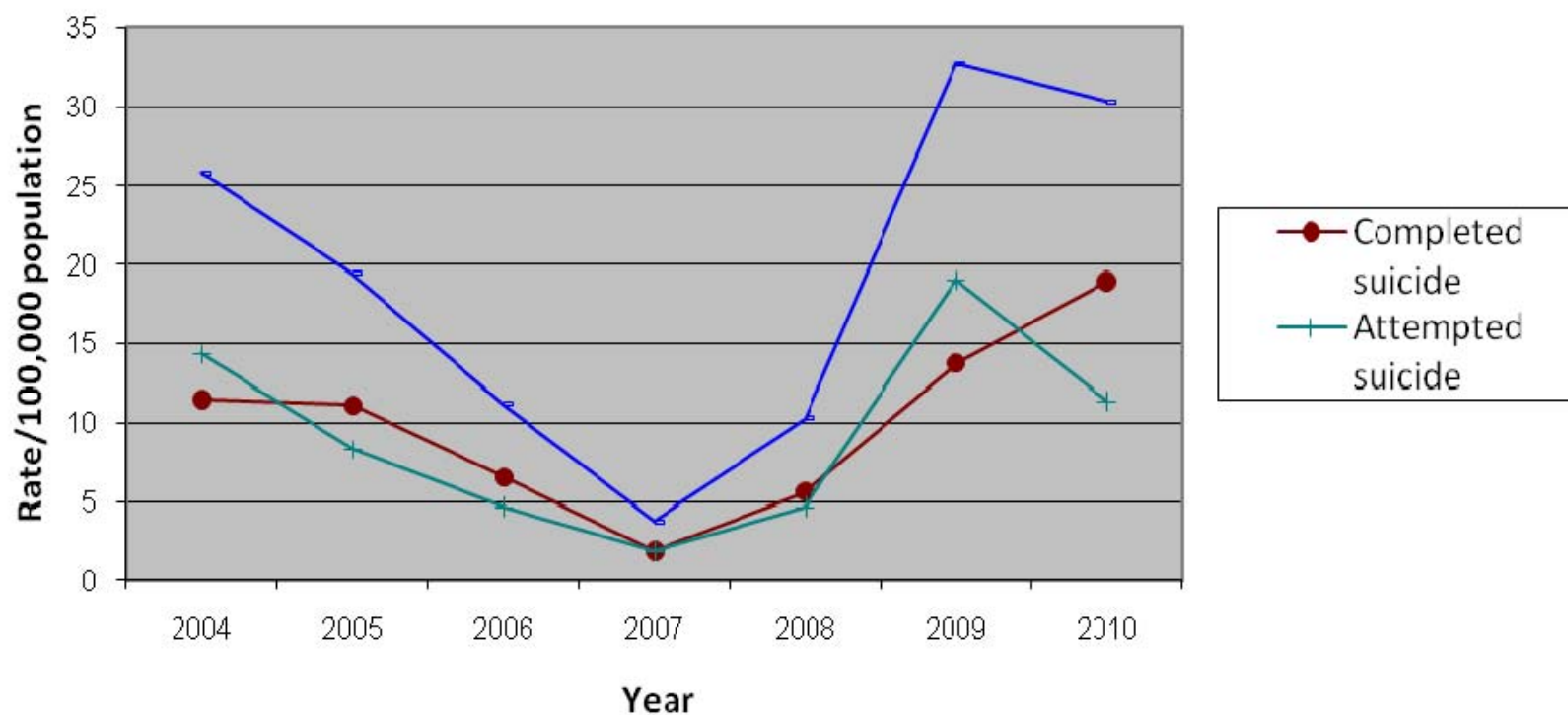
(per 100,000)

WORLD	U.S.	AUS	NEPAL*	JHAPA District	CAMPS	Post Resettlement	Resettlement in the US	Resettlement 2009 - 2010
16	11.1	10.5	10.6/ 29.9	16.3	20.76	27.3	31.5	35



Trends 2004-2010

Figure 1. Trend of suicide among Bhutanese refugees aged above 11 years, 2004-2010
refugee camps, Nepal





Who is at Risk?

- ◆ Victims of gender-based violence (GBV)
- ◆ Members of vulnerable families (>3 special needs in the family)
- ◆ Untreated mental illness in the family including history of suicide or attempt
- ◆ Untreated mental illness in the individual (primarily depression)
- ◆ Alcohol abuse
- ◆ Separated families



Stressors

- ◆ Conflict in family (Resettlement-related or not)
- ◆ Excessive burden of responsibility
- ◆ Separation from traditional support networks
- ◆ Lack of social support
- ◆ Limited mental health resources
 - Psycho-pharmacological vs. counseling and psychotherapy



Characteristics of Suicides

- ◆ Impulsivity
- ◆ Hanging 99%
- ◆ Shame
- ◆ <40 (in US); >40 (in camps)
- ◆ Excessive responsibility





Addressing the Problem

- ◆ GBV victims should be resettled within supportive family networks
- ◆ History of suicide treated with care
- ◆ Families with more than 3 identified vulnerabilities need a support system
- ◆ For agency, caution in burdening one single individual / esp. non-traditional providers with responsibilities



Cultural Orientation

- ◆ Address “emotional illiteracy”
 - focus on feelings and resilience factors / stress-management
 - Encourage cross-generational discussions
- ◆ Produce a video addressing role shifts
- ◆ Increase training for CO trainers
- ◆ Add a 5-hour course pre-departure
 - Emotion Management, Peer Support and Referral, and Suicide Prevention



Next Steps

- ◆ Enhance level of information on refugee populations
- ◆ Popularize MHPSS services in the camps
- ◆ Organize prevention campaigns
- ◆ Train staff on psychosocial support
- ◆ Address findings of this report with resettlement agencies, service providers
- ◆ Establish courses on emotion management / suicide risk post- arrival
- ◆ Establish a hotline



Recommendations Cont.

- ◆ Establish a universal protocol for mental health care for refugees
- ◆ Develop a curriculum / train staff in psychosocial approaches
- ◆ Build capacity of mental health providers in trans-cultural models and cultural competencies
- ◆ Provide specific CO and coaching upon arrival for families



Resources

- ◆ *Proposed Refugee Admissions Report To Congress (US Dept. of State)*
- ◆ *Refugee Resettlement in the U.S. (PRM Fact Sheet)*
- ◆ *Assessment of Psychosocial Needs and Suicide Risk Factors Among Bhutanese Refugees (IOM)*



Websites

- ◆ <http://www.state.gov/g/prm/rls/147254.htm> (Refugee Resettlement Fact Sheet)
- ◆ <http://www.state.gov/documents/organization/148671.pdf> (FY 2011 Report to Congress)
- ◆ Bhutanese Assessment by IOM
<http://www.iom.int/jahia/Jahia/activities/by-theme/migration-health/migration-health-assessments/cache/offonce/>



THANK YOU

