



---

# Cultural & Linguistic Competence in Mental Health Care with Refugees

---

Joachim (Joe) Reimann, Ph.D.

Collaborating for Healthy Communication

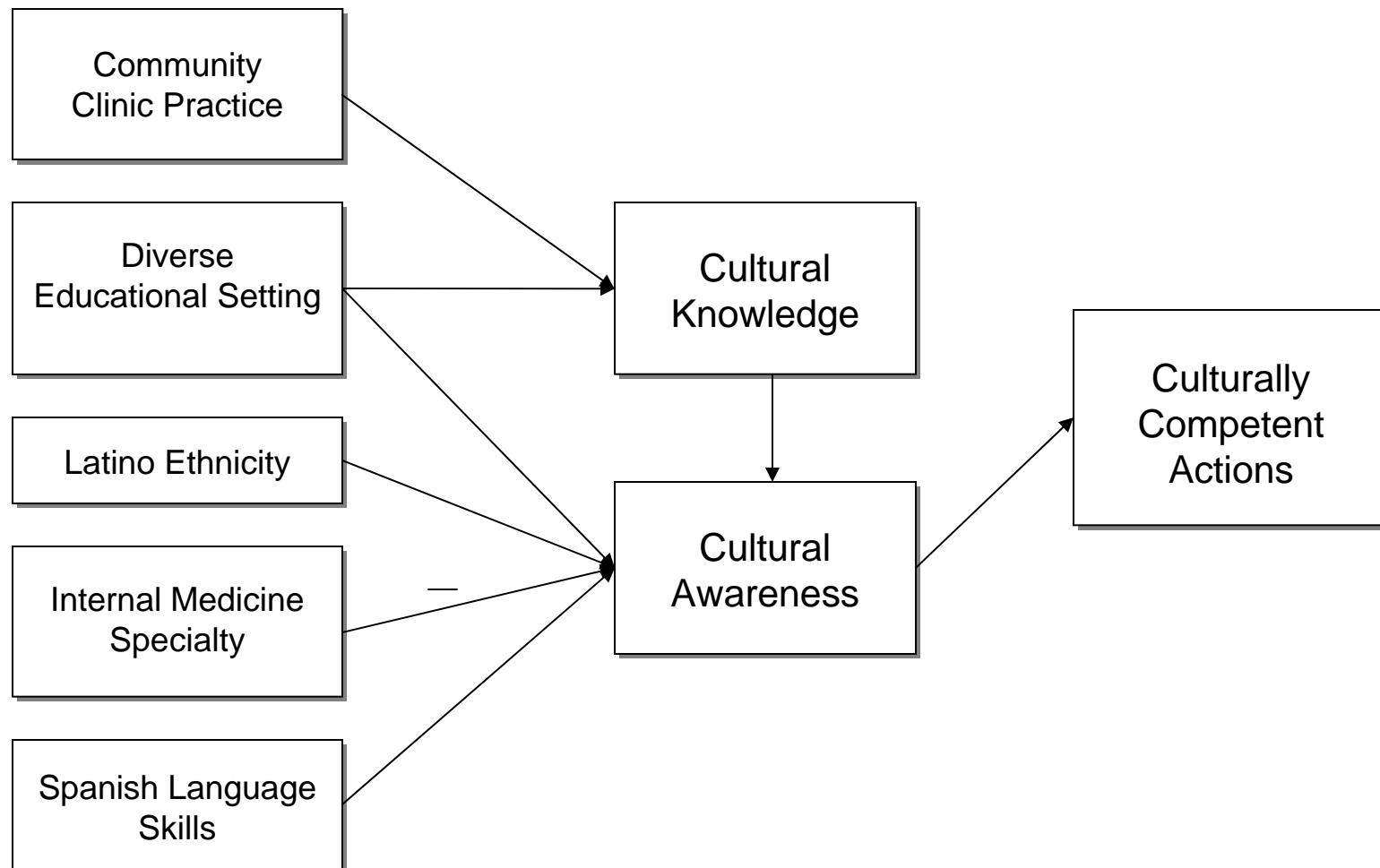
San Diego Refugee Forum

---

# Overview

- Cultural Competence Perspective
  - Typical Somali Refugee Stories & Experiences
  - Research Overview
  - Practical Issues in Clinical Encounters
  - Systemic Community Interventions, Prevention & Treatment
-

# What Predicts Culturally Competent Actions?



Reimann JO, Talavera GA, Salmon M, Nuñez J, Velasquez RJ. (2004) Cultural competence among physicians treating Mexican Americans who have diabetes: A structural model. *Social Science & Medicine*, 59, 2195-2205.

# Common Expectation: “Cultures on Parade”



---

# Some Basic Steps Toward Cultural Competence:

1. Before anything else develop and on-going awareness of your own biases (we all have them);
  2. Learn about the cultural factors (language, beliefs, behaviors) of the groups you come in contact with;
  3. Learn to recognize when such factors are applicable to (or not applicable to) individual encounters (respect with-group diversity);
  4. As with any skill, keep up to date with new developments;
  5. Seek the help of skilled colleagues as “sounding boards;”
  6. Do not automatically consider beliefs or habits that appear odd or unusual as problematic;
-

# Typical Stories: Somali Refugees

- Home Country Trauma (e.g., '91 Civil War)
- Refugee Camps (e.g., Kenya, Ethiopia)
- Acculturation Stressors
- Adverse Experiences in the US
- Social / Media Exposure to War Images
- Additional Accidents / Losses
- Cumulative Trauma Reactions
- Positive Adaptation  
(e.g., kids in college)
- I Saw my Brother



---

# Cultural Incompetence: Examples

- *“Treatment notes from ---- show that the claimant’s symptoms are situational as the claimant was dressed colorfully and in bright colors ....”* (from an actual Social Security Administration Office of Hearings and Appeals Decision)
  - SSI denials based on lack of an extensive record of prior treatment
  - Psychotic ears
  - Time to fix that baby-making (Homeland Security Officer recommendation)
-

---

# Somali Research Notes

- History of torture prevalence among Somali refugees has been estimated at 36% - 47% (no significant differences in rates between men and women). Torture survivors were less often married, & older when they left country of origin. A higher number of traumatic events correlates positively with social & psychological problems (Jaranson, Butcher, Halcon, et al . 2004)
  - PTSD prevalence among Somalis at a Ugandan refugee settlement: 48% (Onyut, Neuner, Earl, et al 2009)
  - Higher prevalence of acute psychotic symptoms have been found among Somali refugee men at a community clinic (but not necessarily in the community *per se*): Possible reasons: early malnutrition, head trauma, and *khat* use (a flowering plant native to East Africa & the Arab Peninsula – contains an amphetamine-like stimulant) (Kroll, Yusuf, & Fujiwara, 2010)
-

---

## Project *Salaam*: Standard Multiple Regression: Predictors of Increased Personal / Emotional Difficulties

- Adverse experiences in country of origin ( $p < .0001$ )
- Adverse experiences in the US ( $p < .0001$ )
- Both home country & US adverse exp. ( $p = .003$ )
- General acculturation stress ( $p < .0001$ )
- Limited English proficiency ( $p < .0001$ )
- Poor general physical health ( $p < .0001$ )
- Being female ( $p = .008$ )

(Not significant: acculturation *per se*, age, education, income, generational status, ethnic / national origins or descent)

Total Regression: ( $R^2 = .40$ ;  $F = 13.82$ ;  $p < .0001$ )  $N = 360$

---

## Percentage of those who had PTSD- Consistent Symptom Profiles

- Adverse Events in US & Home Country: 54%
- Adverse Events in Home Country: 49%
- Adverse Events in the US: 35%
- No Adverse Events: 14%

---

# Predictors of PTSD Symptoms Among Somali Adolescent Refugees

- Trauma ( $p < .01$ )
- Resettlement Stress ( $p < .05$ )
- Acculturative Stress ( $p < .05$ )
- Perceived Discrimination ( $p < .01$ )
  
- Not significant: Gender, Age, Years in US, Arrive with Parents, Housing Adequacy, Parent's Fluency

Ellis BH, McDonald HZ, Lincoln AK & Cabral HJ (2008) Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting & Clinical Psychology*, 76, 184-193.

---

---

## Related Results – Predictors of Depressive Symptoms Among Somali Adolescent Refugees

- Trauma ( $p < .05$ )
- Years in US ( $p < .05$ )
- Perceived Discrimination ( $p < .01$ )
  
- Not significant: Gender, Age, Arrive with Parents, Housing Adequacy, Parent's Fluency, Resettlement Stress, Acculturative Stress

Ellis BH, McDonald HZ, Lincoln AK & Cabral HJ (2008) Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting & Clinical Psychology* 76, 184-193.

---

---

# Top 20 Personal Difficulties Reported by Survey Sample

- Thoughts about financial problems (68%)
- Difficulty expressing feelings (57%)
- Difficulty working (55%)
- Feelings of helplessness (52%)
- Difficulty concentrating (52%)
- Nervousness (52%)
- Feeling detached from others (51%)
- Difficulties making decisions (46%)
- Feeling discouraged (44%)
- Fits of anger (40%)
- Restlessness (39%)
- Low energy level (36%)
- Loss of interest in fun things (36%)
- Thoughts of death (36%)
- Getting tired easily (34%)
- Headaches (34%)
- Loneliness (34%)
- Irritability (32%)
- Anger toward self (30%)
- Don't enjoy life any more (30%)

---

# San Diego's East African Groups: Practical Considerations

## **Systemic**

- Language: (attention to dialect – e.g. Brava, - not just a country's primary language);
- Interpretive Issues (mechanical process vs. cultural broker);
- Few providers are knowledgeable about these groups;
- Provider attitudes about client motivations;
- Limited information regarding demographics (who gets to be a “minority”?);
- Collaboration / Competition between “minority” groups;

## **Client**

- Collectivism: (individual “weakness” = failure of larger family & social units);
  - Community suspiciousness about others in greater society;
  - Patriarchal Cultures? (Depends on who is ‘sick;” wellness is a family project);
  - Advice from religious leader (e.g., Imam) may be most acceptable;
  - Primary Care / medications more acceptable;
  - “Crazy” associated with psychotic features;
  - Generational splits in the community.
  - Dietary changes with acculturation & associated health problems;
-

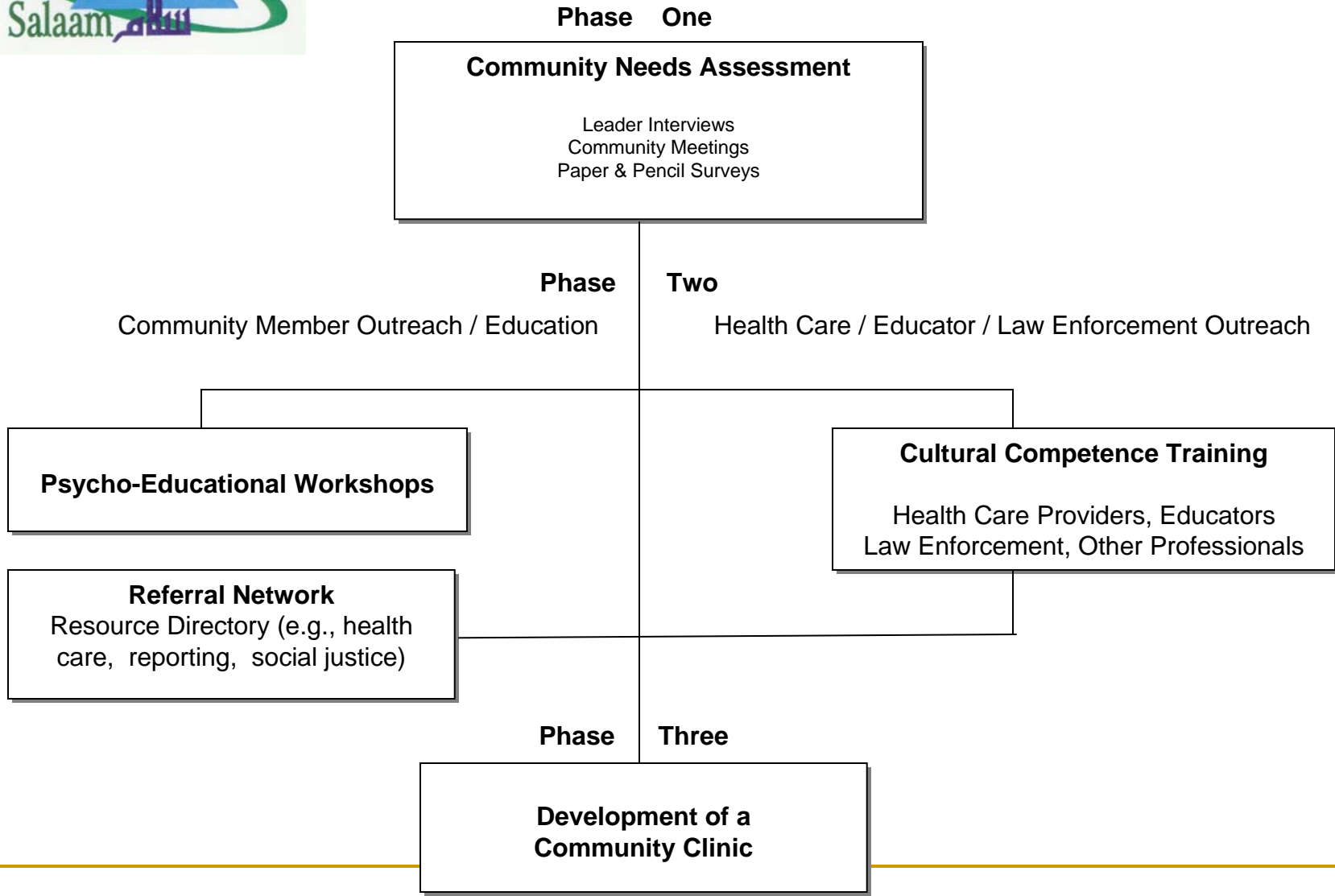
---

# ACCESS Psychosocial Rehabilitation Approach

- Comprehensive assessment (systemic with a focus on current practical needs);
- Coordinated medical & mental health restoration (e.g., neuropsychological exam & physical evidence of closed head trauma);
- Psychotherapy (as one component in the broader approach);
- Considering family / community resources and support systems to help increase functioning;
- Acculturative / social skills development (e.g., ESL, vocational training, how to deal with government agencies, schools);
- “Talent discovery” & development activities to improve self-esteem;



## Project *Salaam*: Assessment & Intervention Model



---

# ACCESS Community Health & Research Model

## ■ Integration of Health & Mental Health Research

- e.g., links between psychosocial stressors and tobacco use, obesity, diabetes, heart disease, etc.
- e.g., links between diabetes & depression
- e.g., links between metabolic irregularities & certain psychotropic medications

## ■ Integration of Health & Mental Health Intervention

- e.g., screening for mental health in primary care and vice versa
- e.g., coordination between medical & mental health care
- e.g., coordination with CBOs,

## ■ Integration of Research & Practice in Health & Mental Health

- e.g., maintaining aggregate clinical data that facilitates grants writing
- e.g., linking academic, and service organizations in equal partnerships
- e.g., directly transitioning evidenced based approaches to enhance best practices

# Wrap-Up

- Final Questions & Comments
- Thank you – participants, clients who have shared their stories, organizational partners

Friends, Partners, and Supporters

