Using a Culturally Informed and Collaborative Approach in the Delivery of the IPMHA for the Refugee Population

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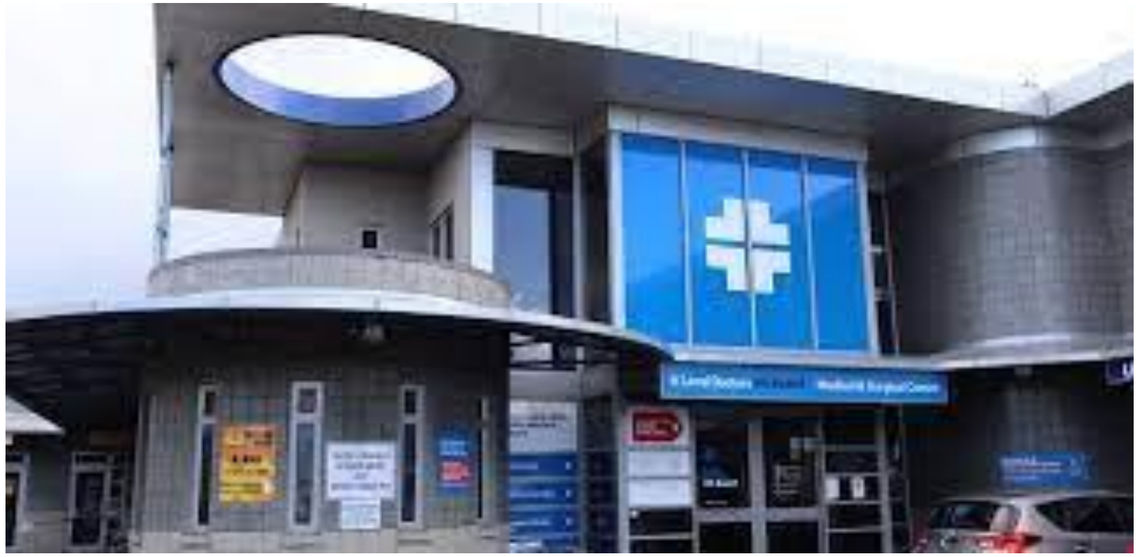
Introduction and Background

HIP – Sue George

Psychologist – Zahra Howell

Local Doctors Mt Roskill
Mount Roskill, Tamaki Makaurau



Refugees – Definition

Quota refugees:*

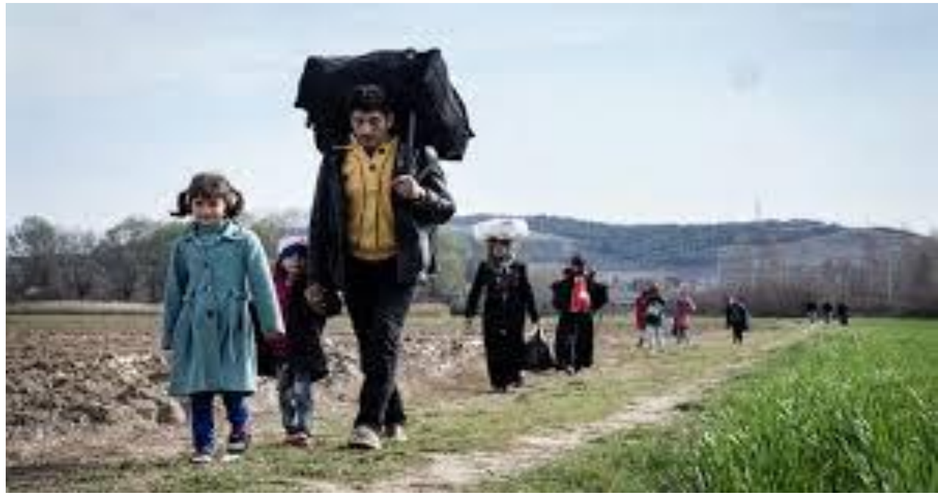
- **1500** refugees annually
- Granted Permanent Residence status
- Six weeks at the Mangere Refugee Resettlement Centre (MRRC)

Family Reunification

Asylum seekers :*

- Interview with Immigration
- Appeal with Immigration and Protection Tribunal

If claim approved then :Convention refugees



(New Zealand Immigration, 2023)

Challenges that Refugees Face:

1. **Stressors in the country of origin ***
2. **Stressors during transition– refugee camps ***
3. **Post-settlement stressors***
   - Loss of social network, isolation
   - Unemployment
   - Loss of previously valued social roles and role-related activities – Changes family roles
   - Financial difficulties
   - Housing issues
   - Separation from loved ones- loved ones being in danger
   - Discrimination, separation, isolation – Gender important – Women more visible signs*
   - Difficulty accessing resources – Unfamiliar with NZ health and mental health system
   - Language barriers
   - Acculturation difficulties; culture shock
   - Stigma in relation to seeking help
   - Somatic based complaints*

(Hsu, Davies, & Hansen, 2004)
(Carswell, Blackburn, & Barker, 2011)
(Rosseau, Mekki, & Moreau, 2001)
(Hinton et al., 2012)
(Nickerson, et al., 2011)

Challenges that Refugees Face

- Specialized services such as Refugees as Survivors NZ in Auckland – long waitlist

- And also GP/HIP is usually their main point of contact

What can we do?

How We Respond

- **Find out whether they are from immigrant or refugee background/ what category?**
- **Information giving – rights, services, orientation**
- **Normalisation - Shame/stigma is a significant stressor**

How we respond: Address postmigration stressors

- **HIP + Therapist working together: Holistic plan, paying close attention to post migration stressors – Here and Now and being client-centred**

- **Explore how they express and explain their distress (cultural idioms of distress and explanatory models)**
  - **Somatic/Body based concerns**: Working closely with the GP – e.g., health, somatic, pain issues, Health coach?

(Alemi, et al., 2017)
(Rasmussen, Keatley, & Joscelyne, 2014) (Rasmussen, et al., 2015)
(Hinton et al., 2012) (Kananian et al., 2017)
(Wilson, 2004) (Rasco & Miller, 2004)

How we respond: Address postmigration stressors

- **Connecting to right services and coordinating* –** mainstream services such as Awhi ora to help with issues such as housing/work and income
  - Complimenting specialised services – working together with RAS

- **Simple behavioural strategies** (e.g., exposure to news, walks, eating, sleep, English practice)

- **Use of culturally and linguistically appropriate resources:**
  - Translated handouts- navigator – 5 ways to wellbeing
  - Use of interpreters – Explain the importance of this and not having children as interpreters

- **Encouraging receiving social support from family, local friends, and non-local friend***

(Wilson, 2004)

- **Advocacy* -** Social and political views of refugees in society (e.g., spoilt, leeches, victims, etc.) can influence how they are treated by professionals) - Informal conversations -Lunch rooms!

Holistic – Trauma informed Approach

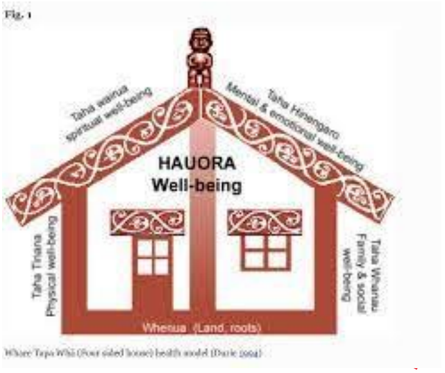
Prioritise addressing post-migration problems to create a sense of stability and safety rather than a sole focus on symptoms

Sense of safety and having basic/social needs met = pre-condition for the subsequent therapy *

Supporting these groups is not simply a question of addressing “symptoms” that fit the predefined categories. A holistic model of treatment needs to be used to respond to contextual issues .

What can I do (my scope) and when to refer to other agencies

(van der Veer & Waning, 2004)



References

Alemi, Q., Weller, S. C., Montgomery, S., & James, S. (2017). Afghan refugee explanatory models of depression: Exploring core cultural beliefs and gender variations. *Medical anthropology quarterly, 31*(2), pp. 177-197.

Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological wellbeing of refugees and asylum seekers*. International Journal of Social Psychiatry, 57(*2), 107-119

Hinton, D. E., Rivera, E. I., Hofmann, S. G., Barlow, D. H., & Otto, M. W. (2012). Adapting CBT for traumatized refugees and ethnic minority patients: Examples from culturally adapted CBT (CA-CBT). *Transcultural psychiatry, 49*(2), 340-365.

Hsu, E., Davies, C., & Hansen, D. (2004) Understanding mental health needs of Southeast Asian refugees: Historical, cultural and contextual challenges. *Clinical psychology review, 24*(2), 193-213

Kananian, S., Ayoughi, S., Farugie, A., Hinton, D., & Stangier, U. (2017). Transdiagnostic culturally adapted CBT with Farsi-speaking refugees: A pilot study. *European journal of psychotraumatology, 8*(2), pp. 2-10.

New Zealand Immigration. (2023, July 31). *Refugee and protection statistics pack*. https://www.immigration.govt.nz/documents/statistics/statistics-refugee-and-protection.pdf

Nickerson, A., Bryant, R., Silove. D., & Steel., Z. (2011). A critical review of psychological treatments of posttraumatic stress disorder in refugees. *Clinical Psychology review, 31(3*), 399-417

Rasco, L., & Miller, K. E., (2004). An ecological framework for addressing the mental health needs of refugee communities. Routledge,

RASNZ. (2018). Working with clients from a refugee background. New Zealand Psychological Society, Auckland, New Zealand

Rousseau, C. Mekki, A., & Moreau, S. (2001). Trauma and extended sepration from family among Latin American and African refugees in Montreal. Psychiatry: Interpersonal & Biological Processes, 64(1), 40-59

Te Pou (2010). Therapies for refugees, asylum seekers and new migrants: Best and promising practice

guide for mental health and addiction services. Auckland: Te Pou o te Whakaaro Nui.

van der Veer, G., & Waning, A. (2004). Creating a safe therapeutic sanctuary. In J. P. Wilson (Ed.), Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims (pp. 187-221). New York, NY: Routledge.

Wilson, J. P. (2004). Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims. New York, NY: Routledge.

Thank you