A persistent and difficult problem
Working with complex issues with asylum seekers and refugees

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Difficulties and challenges that refugees and asylum seekers experience

1. Pre-migration traumatic events
2. Challenges in country of refuge
3. Resettlement difficulties
Pre-migration traumatic events (Tribe, 2002)

Causes

- war
- human rights abuses (oppressive regimes, imprisonment, torture)
- Persecution on grounds of politics, religion, gender or ethnicity
Consequences

- Internal displacement
- Extreme poverty and deprivation
- Gender-based violence
- Loss of
  - Country
  - Culture
  - Family
  - Education/Profession/Social status
  - Language
  - Friends
  - Plans for future
Resettlement challenges

- Struggle to adapt to new culture psychologically and socially.
- Social and economic strain
- Separation from families
- Role changes in the family
- Social alienation, discrimination and status loss
- Lack of family and community support
- Poor physical and mental health
- Emergence of PTSD symptoms
- Acculturative stress
Specific challenges in refugee mental health  (Kirmayer et al., 2011)

- Communication difficulties because of language and cultural differences;
- The effect of cultural shaping of symptoms and illness behavior on diagnosis, coping, and treatment;
- Differences in family structure and process affecting adaptation, acculturation and intergenerational conflict;
- Aspects of acceptance by the receiving society that affect employment, social status and integration.
Common mental disorders (UNHCR/WHO, 1996)

- depression;
- psychotic episodes;
- mental disorder due to long-term psychosis;
- mental disorder caused by hurtful and frightening events;
- mental disorder caused by beatings or other injuries to the head;
- emotional disturbances associated with intense fear and worry;
- emotional disturbances related to poor sleep.
Potential predisposing factors for psychological health problems (Canadian Task Force on Mental Health Issues, 1988, Kirmayer et al., 2011)

- Separation from family and community
- An unwelcoming host community
- Prolonged or severe suffering prior to exile
- Being elderly or adolescent
- Lacking knowledge of the host language
- Loss of socio-economic status
Hindering factors to treatment (Mirdal et al., 2011)

- Factors related to the patient
- Factors related to therapist
- Factors related to interpreters
- Factors that are external to the therapy
Factors related to patient  
(Tribe 2008, Mirdal et al., 2011  
Kirmayer et.al., 2011)

1. Counselling and psychotherapy are unknown to most clients
2. Cultural and religious interpretations of mental illness
3. Language barrier
4. Low literacy
5. Fear of shame and stigma
6. Pressure from community
7. Severe comorbidity
8. Lack of motivation
Factors related to therapist: Common errors (Mitchell, 2014)

1. Failure of the therapist to establish a mutually agreed upon objective.
2. Therapist assumes an all knowing attitude.
3. Poor timing
4. Accepting the invitation to take the pain
5. Failure to recognize and respond to the client’s stage of change.
Implications for an appropriate mental health service
(Hassan et al., 2016)

- Professionals should be careful not to over-diagnose and avoid psychiatric labelling as these can be alienating and stigmatizing;
- A shift of emphasis from vulnerability-based assessment and intervention frameworks to resilience and recovery-based approaches, recognizing refugees and asylum seekers as active agents in their lives in the face of adversity;
- Building a solid therapeutic alliance with clients will allow both practitioner and client to navigate among diverse explanatory models and sources of help (e.g. religious, family and community resources);
Implications… cont’d

- Clinical interventions need to go hand in hand with interventions to mitigate difficult living conditions, and strengthen community-based protection mechanisms, to help individuals regain normalcy in their daily lives.

- Interventions aimed at improving living conditions and livelihoods may significantly contribute to improving the mental health of refugees and asylum seekers perhaps more than any psychological and psychiatric interventions;
Risks to mental health professionals
(Mirdal, 2002)

1. Avoidance
2. Overinvolvement
3. Vicarious victimization
4. Stress-related “burnout”
References


