



# Mental Health in Resettlement and Adjustment

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# *Mental Health in Resettlement and Adjustment*

## ***New Americans:***

Ordinary people under extraordinary stress



# *New Americans*

## **Multiple areas of adjustment that overlap:**

- Social adjustment
- Cultural adjustment
- Legal issues
- Mental health
- Physical health
- Personal adjustment: loss, separation, identity crisis



# *New Americans*

## **Environmental losses (individual)**

- Loss of Material Possessions
- Loss of Value of Education and Professional Experience
- Loss of Roots and Connection to Cultural and Social Traditions
- Loss of Connection to Family and Friends



# *New Americans*

## **Environmental losses (individual)**

### ***Negative Response:***

- Feeling that life was useless
- Focusing on the past
- Difficulty finding your niche in the future
- Acculturation difficulties



# *New Americans*

## **Internal Losses (individual)**

- Loss of Ease of Communication
- Loss of Independence and Self-Sufficiency
- Loss of Security and Stability



# *New Americans*

## **Internal Losses (individual)**

### ***Negative Response:***

- Feeling powerless, unable to control or even predict future
- Lack of trust in the system
- Isolation and Confusion
- Overuse and Pressure



# *New Americans*

## **Internal Losses (individual)**

- Loss of Status
- Loss of Self-Esteem and Personal Identity



# *New Americans*

## **Internal Losses (individual)**

### ***Negative Response:***

- Drinking/Drugs/Gambling
- Family abuse
- Adultery
- Mental Health problems
- Physical illness



## *Irreversible loss and hope for the future*

- Many refugees have experienced irreversible loss
- They may be able to learn how to live with that and still have hope
- We need to learn how to tolerate ambiguity and deal with balance both parts at once

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# ACCESSING AND UTILIZING HEALTH SERVICES IN A NEW COUNTRY

## ***ISSUES WE WILL ADDRESS INCLUDE:***

- *Areas which are frequently cultural*
- *Areas which masquerade as cultural barriers*



# ACCESSING AND UTILIZING SOCIAL SERVICES IN A NEW COUNTRY

- *There are barriers in our work that are related to **cultural differences** and there are other obstacles that may look as such*
- *We need to **differentiate** between the two*
- *We are **more similar than different** and being different can be an advantage*
- *We can **use both similarities and differences** to learn, understand, build trust, and help*



# ACCESSING AND UTILIZING SOCIAL SERVICES IN A NEW COUNTRY

## Aspects which are frequently cultural

- *norm and pathology*
- *explanatory models of disease*
- *manifestations of sick role.*
- *approach to Western medicine and acceptability of treatment options*
- *communication and decision making patterns among family-patient-doctor*
- *issues of death\dying\afterlife*

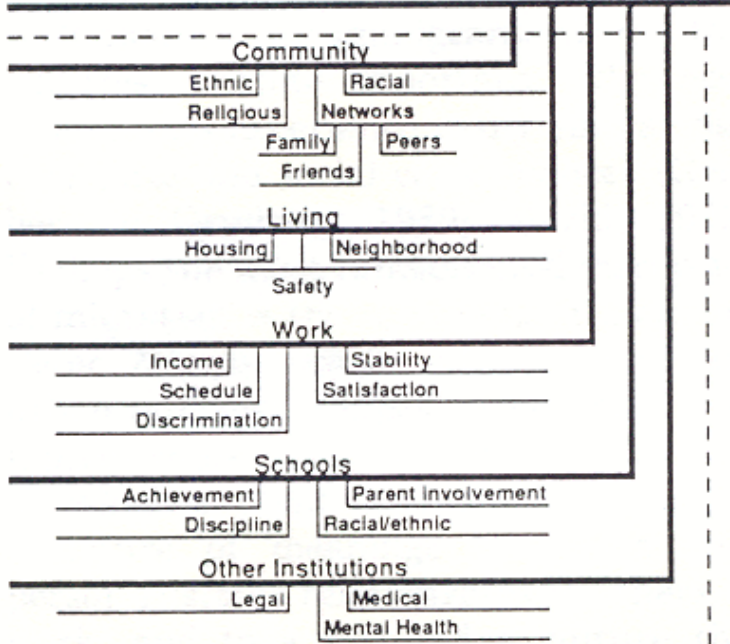


# ACCESSING AND UTILIZING SOCIAL SERVICES IN A NEW COUNTRY

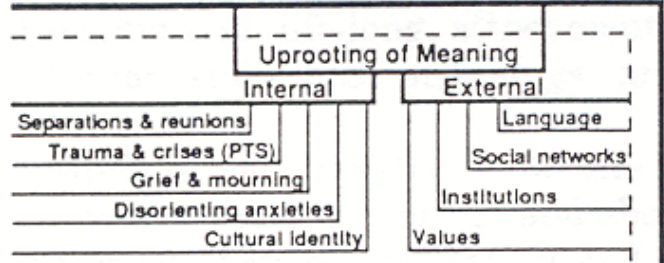
## Barriers, which masquerade as cultural

- *Communication problems on part of MD/providers/personnel*
- *Language barrier, poor use of interpreters*
- *Common histories of trauma, loss, political or war violence*
- *Frank disagreement of clients and their families with professional recommendations*

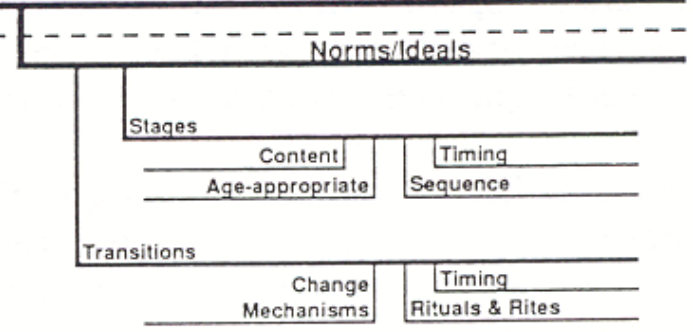
### ECOLOGICAL CONTEXT



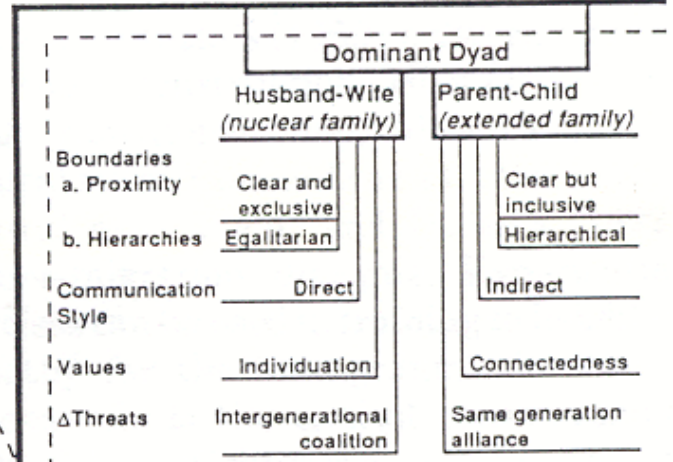
### MIGRATION/ACCULTURATION



### FAMILY LIFE CYCLE



### FAMILY ORGANIZATION





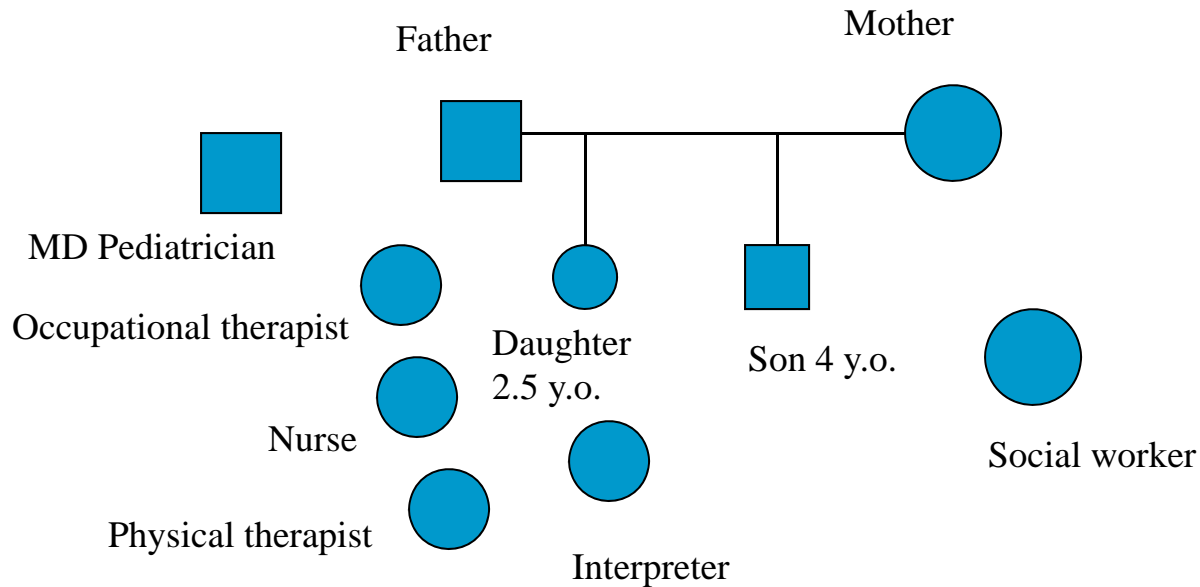
# What to do?

- *Try to separate “cultural” issues from other problems*
  - *Use professional interpreters whenever possible*
- *Look at yourself and you will find both differences and similarities*
- *Use both similarities and differences to learn, understand, connect, develop trust, and help*



# *Identifying cultural issues in work with refugee families*

Refugee family with a sick child: *Angry father*



# *Identifying cultural issues in work with refugee families*

## Angry Russian Family

