



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



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*

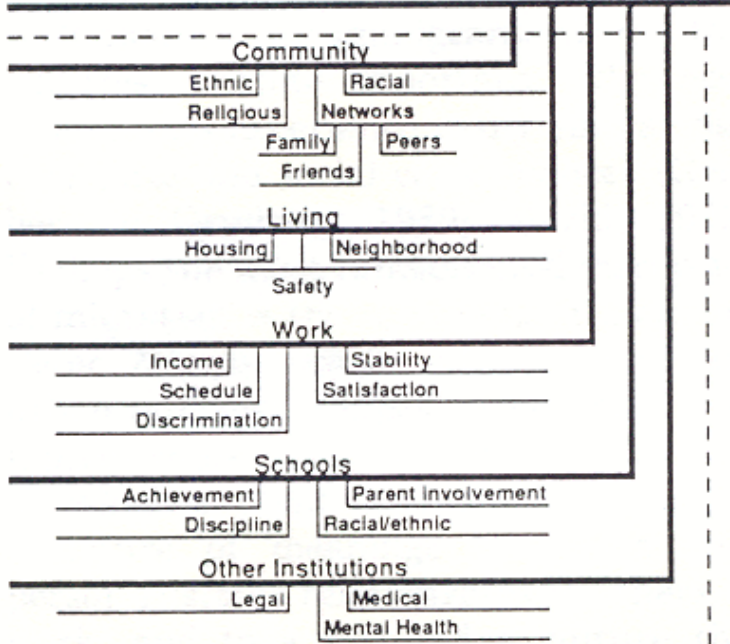


ACCESSING AND UTILIZING SOCIAL SERVICES IN A NEW COUNTRY

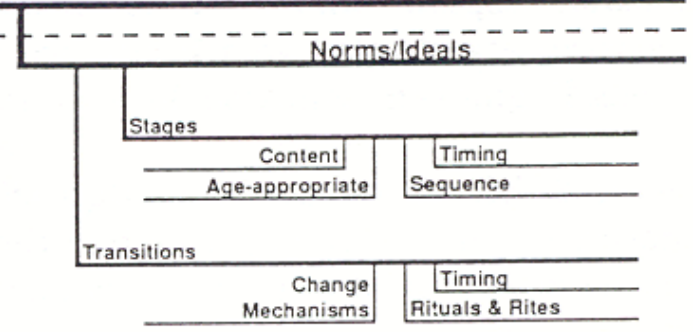
Barriers, which masquerade as cultural

- *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*

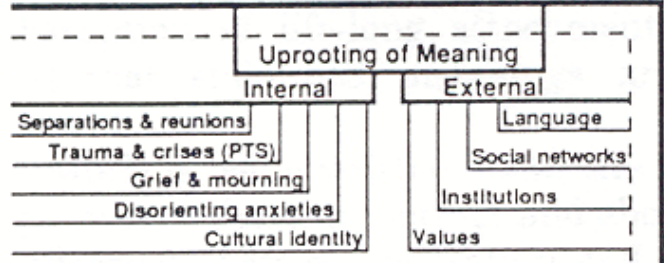
ECOLOGICAL CONTEXT



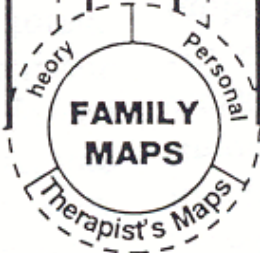
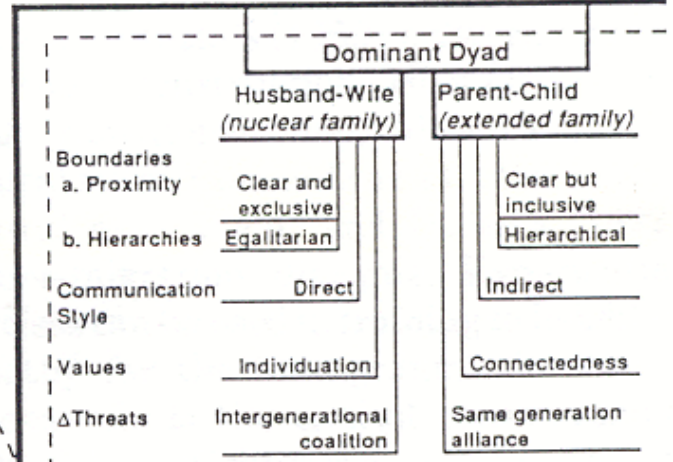
FAMILY LIFE CYCLE



MIGRATION/ACCULTURATION



FAMILY ORGANIZATION



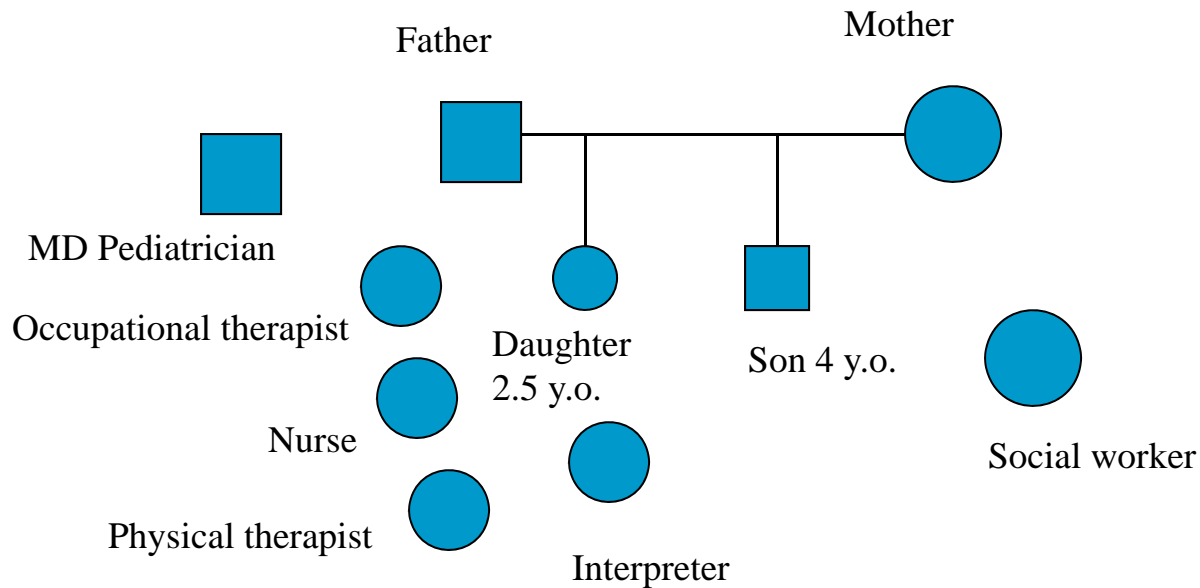


What to do?

- *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

