

APRRN SEA RMHT Introduction to Refugee Mental Health 14th June 2012

Derina Johnson
Child and Youth Psychosocial Services



2010 / 2011 Statistics

- 43.7 million forcibly displaced people around the world - est. 80% refugees are women and children.
- 15.4 million refugees
- 837,500 asylum-seekers
- 27.5 million internally displaced persons (IDPs)
- UNHCR - by the end of 2010, three quarters of the world's refugees were residing in a country neighbouring their own



2

International Definition of Refugees

- a person who is outside his or her country of nationality or habitual residence;
- has a **well-founded fear** of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion;
- and is **unable** or unwilling to avail himself or herself of the protection of that country, or to return there, **for fear of persecution**
- 1951 Convention - Status of Refugees, UNHCR



3

"Refugees" vs "Economic migrants" What's in a name?

- According to UNHCR:
- "A migrant continues to **enjoy the protection** of his or her own government, even when abroad."
- More than 2 million migrants, both registered and undocumented, surviving in Thailand.



4

Why do refugees and asylum seekers leave their home countries?

- For the chance of a new and safe life.
- Aung San Suu Kyi - June 2012 - in Mae Sot Thailand:
- "I do not think you really need to 'return refugees back', because if conditions were right, refugees would go back of their own free will"



5

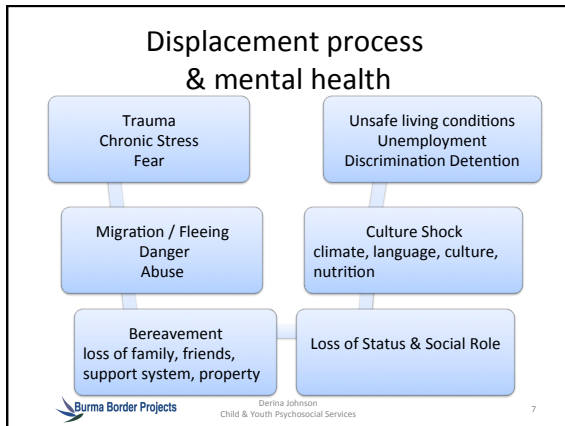
Journey faced by displaced people

- The three stage process of journey:
 - Situation leading to flight
 - The flight
 - Resettlement

What is "resettlement"?
= Safety/Protection? A better life?



6



Displacement & mental health

- Refugees and asylum seekers can experience high levels of distress before, during and after the migration (Silove et al., 1997).
- Ten times more likely to suffer post-traumatic stress disorder (PTSD) than the general population of resettled country (Fazel et al. 2005)
- Common mental disorders were twice as high in refugees (44%) compared with economic migrants (20%) (Lindert et al. 2009)

Derina Johnson
Child & Youth Psychosocial Services
8

In their words

- “We do not want to come and stay here. We want to stay in our own country and live happy lives. Here in this restricted area we have to follow the rules that have been set up for us, and it makes us feel so tight. I would not blame the people here who have suffered from mental health.”

Derina Johnson
Child & Youth Psychosocial Services
9

In their words

- ‘They have no job, no money, no ID and no documents, and their future is uncertain. These are the things occupying their minds, not the traumatic experiences of the past,’

Derina Johnson
Child & Youth Psychosocial Services
10

In their words

- “I felt I was losing my family life and my ambition... After I was released from prison I fled from Burma... I lived with people who were strangers to me: they didn’t know me very well and I didn’t know them very well.”

Derina Johnson
Child & Youth Psychosocial Services
11

In their words

- “The counselor changed my way of thinking... she also explained to me I am actually in a normal situation. She also let me cry out if needed... finally I realized that I partly overcome the stressful feeling and I no longer felt I was guilty... I do not mean I can relieve and settle 100 percent of my problems but I know I feel better.”

Derina Johnson
Child & Youth Psychosocial Services
12

Problems of Perception

- “People here think **counselling is just for serious mental problems** and that they **don’t need it for smaller stresses or depressions**. When Burmese people think of **mental health, they think of full psychosis**. They often **don’t understand** that mental health comes in many **different levels of severity**, so as soon as you mention **counselling**, they think you’re calling them **crazy**.”

We need to adapt both our language and how we frame our methods



Derina Johnson
Child & Youth Psychosocial Services

13

Stigma & Discrimination

- Stigma is having a negative attitude towards someone who is seen as having socially unacceptable behaviors, characteristics or reputation.
- Discrimination is the unfair treatment directed towards those who are stigmatized.



Derina Johnson
Child & Youth Psychosocial Services

14

Common reactions to people with mental health difficulties

- ignoring or avoiding the person *f*
- believing the symptoms will just go away *f*
- locking the person away *f*
- being angry with him/her *f*
- arranging a marriage if they are unmarried *f*
- giving sleeping tablets or appetite stimulants *f*
- believing that you can cure the person or that you have all the solutions to their *f* problems.



Derina Johnson
Child & Youth Psychosocial Services

15

Stigma & Discrimination - MI

- Stigma and discrimination about mental illness can happen because of many **misunderstandings, confusion, and fear**

It results in:

- delays in seeking appropriate help for the problem
- distress for the affected person and their family
- ongoing social and economic exclusion for the affected person and their family.



Derina Johnson
Child & Youth Psychosocial Services

16

Mental Health

- Full performance of thoughts and emotions. Can meet demands of everyday activities, function well and have a role in community, develop and keep relationships with people
- Where is this perfect person?



Derina Johnson
Child & Youth Psychosocial Services

17

Mental Health - WHO

- A state of well-being in which the individual:
 - Realizes his or her own abilities
 - Can cope with the normal stresses of everyday
 - Can work productively
 - Is able to contribute to his or her community



Derina Johnson
Child & Youth Psychosocial Services

18

Mental Health Scale

- Where are you on the scale right now?
- Where were you coming in today?
- Where are you when you are with your family?
- Where are you when you are stressed?



Mental Illness

- Combination of physical, psychological, behavioural and imagining symptoms
- Differing degrees of severity and impact on life

Physical & Psychological Symptoms

- Physical symptoms - e.g. aches and pains, weakness, tiredness, sleep disturbance, and increased or decreased appetite.
- Psychological symptoms
 - a. Feeling symptoms – sadness, fear and worry.
 - b. Thinking symptoms – understanding, concentrating, memory, and judgment; suicide

Behavioural & Imagining Symptoms

- Behavioural symptoms - aggressive, increased or decreased talking, withdrawal from family & friends, self-harm / suicide
- Imagining symptoms - perceiving or experiencing things that are not actually real (although they seem very real to the person experiencing them). e.g hearing voices or seeing things not present

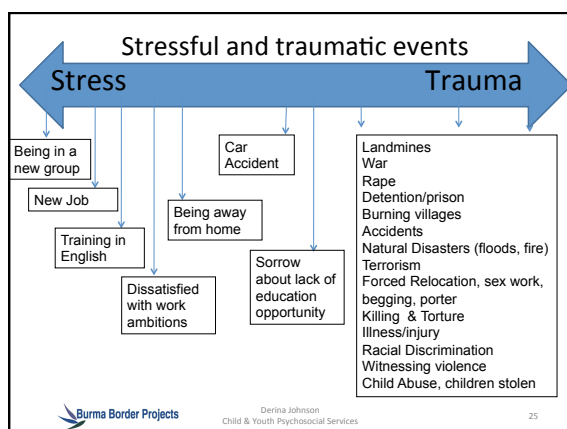
Mental Illness vs. Intellectual Disability

- Persons with an intellectual disability are often thought to be mentally ill, but they are not the same thing.
- Mental disabilities are usually present at birth or occurs during the period of development.
- Can occur due to brain trauma

**Most common mental health / psychosocial issue for people with ID is poor social skills.

Stress

- Stress can be defined as “a reaction to a common difficult or challenging situation or event.”
- Stress comes from unpleasant events and daily living situations
- Although stressful life events often contribute to the development of mental disorders, stress itself is not considered to be a mental disorder.



Trauma

- **Traumatic Event:** An event that overwhelms a person's ability to cope
- **Trauma Reactions:** Natural, normal physical, psychological, behavioral and emotional responses to a traumatic, abnormal event
 - When someone's world is changed
 - Sudden & unexpected events causing intense fear
 - Threat of physical harm or actual physical harm

Burma Border Projects | Derina Johnson | Child & Youth Psychosocial Services | 26

Normal functioning of the brain

When the brain functions well, there is connection and communication between its different parts

BUT when there is a trauma....

Burma Border Projects | Derina Johnson | Child & Youth Psychosocial Services | 27

After trauma: functioning of the brain

Normal links are **broken**,

Little connection or communication between **emotion and expression:**

Ability to express is inhibited

Burma Border Projects | Derina Johnson | Child & Youth Psychosocial Services | 28

Post Traumatic Stress Disorder Diagnosis

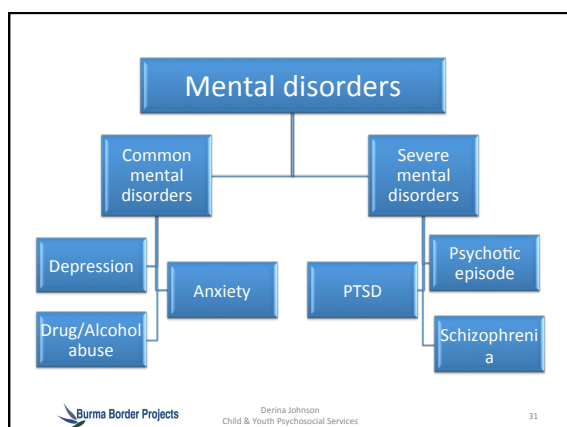
- Diagnosis is a multi-step process, however for most of us in the course of our work, it is most important that we can identify, understand & support
- NOT to diagnose or treat

Burma Border Projects | Derina Johnson | Child & Youth Psychosocial Services | 29

Important role of all those working with at-risk people:

- **Recognise** when people in their community are experiencing mental health difficulties.
- **Respond appropriately** to people experiencing a mental health difficulties.
- **Refer** for appropriate care.
- **Support** people and their families.
- **Promote** mental health within communities.

Burma Border Projects | Derina Johnson | Child & Youth Psychosocial Services | 30



Different contexts and situations can lead to mental distress / disorders – Also depends on the person and his faculty to cope with the difficulties of his life.

Depression

- Overwhelming sadness ⇒ “no emotion” / numbness.
- Appetite change: weight lost / gain
- Decreased energy, tiredness: Everything takes more energy than usual
- Loss of interest in normal daily activities – personal hygiene, clothing, sex
- Recurrent thought of death, suicide ideas or specific plan

Depression

- **LEVEL 1** Mild depression - Sadness, sleeplessness, sometimes anxious, lack of interest, no self-harm
- **LEVEL 2** Moderate - Symptoms impair a person's ability to work, sleep, eat, and function as he or she normally would
- **LEVEL 3** Severe - Intense negative feeling, psychotic symptoms may be present, delusion of harm, of guilt. Suicidal risk is HIGH

Symptoms of Anxiety

- Apprehension, fearfulness, terror
- Fear of losing control or going crazy
- Excessive worry, ‘over-thinking’
- Feeling restless and on edge
- Physical symptoms(e.g. skin complaints, stomach upsets, aches and pains)

Physical symptoms of anxiety

- Shortness of breath and tightness in the chest
- Palpitations and increased heart rate
- Sweating
- Shaking, trembling, or dizziness
- Muscle tension
- Physical disorders (e.g., skin complaints, stomach upsets, aches and pains)

Alcohol / Substance Abuse

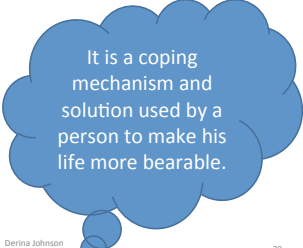
- Using alcohol or drugs does not mean that a person has a mental disorder.
- It becomes a disorder when the alcohol or drug use harms the person's physical, mental or social health.
- People with alcohol and drug problems often have other underlying mental health problems and use alcohol or drugs as a type of self medication

Detecting Alcohol and Drug Problems

- Most people do not present primarily for help with substance issues.
- Many will deny or minimize their use.
- If you do not ask, you will not find out. If you do not find out, the issues will not be helped.
 - Be gentle & bring hope for change
 - Offer care and support
 - Be patient, do not judge

Psychotic episodes

- Characterized by delusions (false beliefs), hallucinations, loss of contact with reality and bizarre behaviour
- Over time may develop into illness as schizophrenia, or it may only occur once in a person's lifetime.



It is a coping mechanism and solution used by a person to make his life more bearable.

Schizophrenia

- Mainly affects young people before 30 years of age.
- Both men and women are affected equally by schizophrenia, and symptoms may develop rapidly over several weeks or more slowly over several months.

Community Descriptions from Thai-Burma border

- Wandering alone
- Inappropriate hygiene and toilet use
- Talking to self
- Sudden change in moods – laughing and crying
- Easily angry and irritated
- Dresses inappropriately – not wearing clothing
- Not following the rules of the community
- Playing a role of past job, playing the role of someone else – believes this is real
- It is easy to see they are out of control

Psychosomatic disorders

- There is a strong relation between mental health difficulties and physical complaints.
 - How do you feel in your body when nervous / worried?
- Although the symptoms cannot be linked to any medical reason – they are very real for the person experiencing them

Suicide

- To end their pain / suffering
 - Chronic illness (cancer, AIDS)
 - Chronic mental illness (depression, PTSD, etc.)
 - Chronic problems (poverty, racism, no job, no money, etc.)
 - Recent acute issue (break up with boyfriend, loss of loved one, etc.)
- Due to psychiatric issues
 - Hallucinations commanding them to kill self

Derina Johnson
Child & Youth Psychosocial Services
43

Suicide - Remember

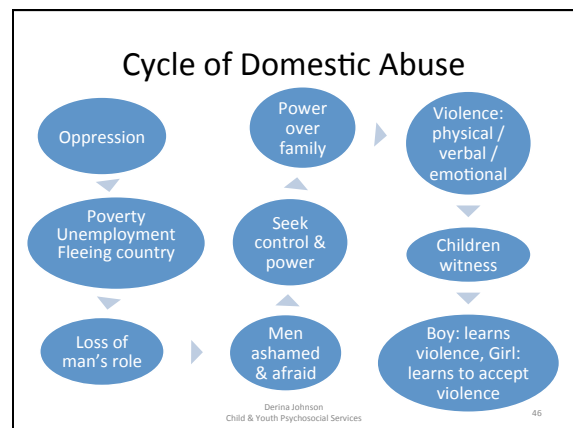
- Suicidal thinking is one of the few exceptions where confidentiality has to be broken in order to keep the person safe.
- Person cannot be rescued, only be supported
- Sometimes suicide is an impulsive action and there may be no warning signs that the person is thinking of suicide.

Derina Johnson
Child & Youth Psychosocial Services
44

Gender Based Violence Definitions

- Terminology: Gender Based Violence (GBV)
 - Sexual and gender based violence (SGBV)
 - Violence Against Women (VAW)
- Any harmful act perpetrated against a person's will, based on socially ascribed differences between males and females
 - sexual - physical - harmful traditional practices -
 - socio-economic - emotional & psychological

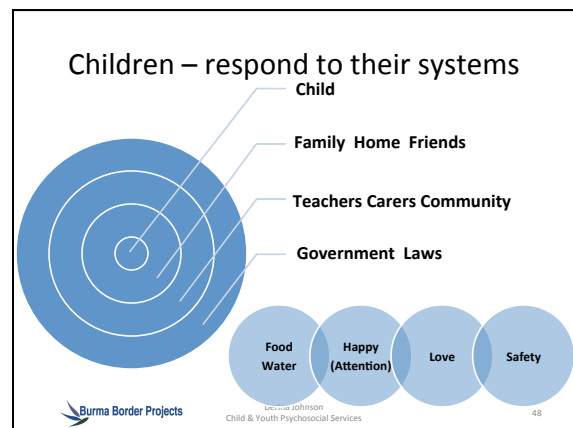
Derina Johnson
Child & Youth Psychosocial Services
45



Reproductive mental health

- The Mental Health of a mother Impacts:
 - Unborn baby's growth and well being
 - Newborn well being and development - Feeding, growth, contentment, weight gain etc
 - Infant's own mental well being and ability to learn
 - Mother's ability to cope with other problems

Derina Johnson
Child & Youth Psychosocial Services
47



This thing called 'Western Mental Health'

Imposition or intervention?



Derina Johnson
Child & Youth Psychosocial Services

49

Diagnosis challenges (Kosovo)

- Turner et al (2003) - half of 842 Kosovan refugees in UK: post-traumatic stress disorder, with substantial comorbid depressive disorder and anxiety disorder
- However according to Summerfield (2003):
- Subjects did not see themselves as having any mental health issues... & "there was no interest in counselling... Work, schooling and family reunion as their major concerns."
- "Recovery seen as happening in social world as opposed to in the space between their ears."



Derina Johnson
Child & Youth Psychosocial Services

50

Author's response to criticism

- "Newly arrived refugees will often see their problems initially in terms of past experience (e.g. war-violence or torture) rather than emotional impact
- They need security and safety.
- However, it would be illogical to conclude that they are thereby free of psychopathology. It is not a case of either one state or the other." (Turner,2003)

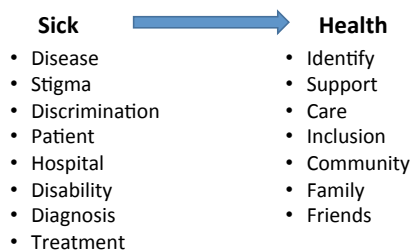
Combination of social & psychological = psychosocial



Derina Johnson
Child & Youth Psychosocial Services

51

Psychosocial Programs: Shifting focus from:



Derina Johnson
Child & Youth Psychosocial Services

52

Psycho-education

- Knowledge is power
- Stress / Trauma, Stress-related illnesses, trauma symptoms, what is and isn't mental health, 'crazy'
- Facts and explanations linked to prior knowledge and understanding
- Counselling is not "taking someone's problems as your own and fixing them"
- Relief is often a primary reaction



Derina Johnson
Child & Youth Psychosocial Services

53

Models of Mental Health Care

- "Go as a friend, share what you have and look for resources" (Fries, 2003)
- Everyone can contribute healing and peace to severely damaged communities and individuals.



Derina Johnson
Child & Youth Psychosocial Services

54

Mental Health Care Programs

Psychological

- Psychiatric support
- Supportive counselling
- Training
- Advocacy

Social

- Practical support
- Community education
- Community mobilisation
- Community Activities
- Advocacy

Derina Johnson
Child & Youth Psychosocial Services

55

Community mental health models

- Where mental health care is closely linked to the culture of the community.
 - Entire community is involved – in care and knowledge = buy in
- Western models - adapted to suit local culture & tested for appropriateness to the new setting
- Traditional methods & practices (traditional healers, faith healers, religious healers) - evaluated & promoted if appropriate and effective

Burma Border Projects

Derina Johnson
Child & Youth Psychosocial Services

56

Attitudes towards traditional healers

- “The majority of people who seek treatment for mental health concerns consult faith healers. Data on these people is missing, and they did not get proper treatment.”
- Who (2006) WHO-AIMS Report on Mental Health System in Myanmar

Burma Border Projects

Derina Johnson
Child & Youth Psychosocial Services

57

Key components to success of mental health programs

- Ownership of the mental health program by community / village leaders
- Help comes from familiar and trusted community
- Thorough training of MH staff leads to increased self-assurance & confidence in dealing with issues
- Understanding & subsequent buy-in by leaders & families of mental health issues relating to adults, youth & children in their communities

Burma Border Projects

Derina Johnson
Child & Youth Psychosocial Services

58

Mental Health helping techniques

Self-Help:

- Relaxation techniques
- Problem solving
- Exercise
- Distraction – sing dance
- Avoid alcohol or drugs

Helping others:

- Psycho-education
- Listen & give time
- Show kindness
- Show understanding of feelings – empathy
- Don't discriminate – treat with respect

Derina Johnson
Child & Youth Psychosocial Services

59

Supportive behaviours with someone with mental health difficulties

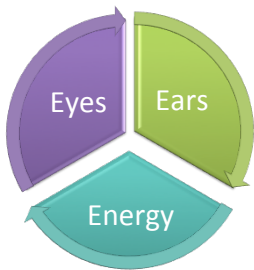
- Clear and direct communication without being critical or angry
- Allow the person to take some responsibility for their own decisions
- Give the person some space when they are feeling tense and want to be alone
- Remain calm
- Be willing to talk about the person's problems and possible solutions with them

Burma Border Projects

Derina Johnson
Child & Youth Psychosocial Services

60

The heart of counselling




Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

61

Eyes

Facial expressions tell a million words




Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

62

Ears

Keys to Good Listening

- Limit your own talking: You can't talk and listen.
- Listen and look for feelings as well as facts: watch out for strong emotions building
- Don't jump to conclusions: We often mentally or verbally try to complete sentences for people.
- Ask for clarification: If you don't understand something, ask relevant questions gently.



Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

63

Keys to Good Listening 2

- Don't interrupt:
 - A pause may mean any number of things:
 - taking a breath
 - taking stock of things so far
 - looking for the right words
 - coming to an embarrassing part of the story
 - summing up courage
 - anxiety caused by the listener
 - lack of understanding

Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

64

Energy

- Concentrate on person and what she/he is saying
Shut out outside distractions.
- An occasional "mmm", "yes" or "I see" shows the person you're still with him or her.
- Empathy - Imagine how you might feel in the described situation.

Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

65

Helping families cope


- Very stressful for families who live and care for someone with MH difficulties
- Families often do not understand the symptoms of mental illness
- Need information about the problems that their family member is experiencing
- Need patience and understanding


Burma Border Projects
Derina Johnson
Child & Youth Psychosocial Services

66

Self care


- Counseling work is very rewarding and satisfying at times and very exhausting and difficult at other times



 Derina Johnson
Child & Youth Psychosocial Services 67


Why Mental Health Care?

- “If I did not receive counseling, perhaps I would be physically sick. I can imagine that my bad feelings and thoughts would have had many bad consequences and disadvantages in terms of my wellbeing”

 Derina Johnson
Child & Youth Psychosocial Services 68

Bibliography


- Slide content & case examples taken from BBP trainings, as well as shared trainings from AMI, IRC & MTC colleagues.
- Also see: *An Introduction to Mental Health: Facilitator’s Manual for Training Community Health Workers in India*
- Many articles and documents were accessed to create this presentation, too many to list here – however a full bibliography is available upon request.

 Derina Johnson
Child & Youth Psychosocial Services 69

Thank you!

Derina Johnson
Child and Youth Psychosocial Services

derinaj@gmail.com

 promoting the mental health and psychosocial well-being of adults and children along the Thai-Burma border