

Cross Cultural Newsletter

“Aspects of Mental Health Assessment and Management of the Refugee Population”

Presenter: Dr Sanu Pal

17th November, 2015



I must apologise for this belated newsletter. Towards the end of the year, I have accumulated a backlog of reports, and it is only today that I have been able to clear them.

On 17th of November, we held our last meeting for the year. The topic was “**Refugees and Mental Health**”. The speaker, Dr Sanu Pal, gave us a fresh look at Trauma and PTSD, helping us to correct our “culture-bound” entrenched attitudes.

The talk was divided into three parts: The **concept of Migrants/refugees**; **Current Refugee problems**; and **Mental Health problems among refugees and their management**.

Dr Pal first delineated the **difference between migrants and refugees**. A refugee is a person who has to seek refuge in another country because of various persecutions (religious, political, and racial) in their country of residence which would not accord them with the protection they require. In contrast, a migrant is one who seeks a better life and choice in another country. Seen in this light, migrants have a much freer choice and willingness. The higher stress levels for refugees could therefore be understandable.

Having delineated the difference, Sanu then began to **highlight refugee issues around the world**, including the recent trend of influx of refugees into Europe, the quotas imposed on them, and worse, the exploitation of refugees by smugglers who get their money but also expose them to the perils of dangerous trips across borders.

Sanu spent most of his remaining time in discussing the **Mental Health of Refugees**. He covered areas on: - the **common sources of distress**; the **risk factors** of mental ill health; and the **mental health problems** of refugees. Having described these basics, Sanu tried to demystify some of the common concepts associated with refugees—PTSD.

Common **sources of distress** for refugees are **pre-migration** (e.g. exposures to traumatic events, persecution, genocide, murder, torture, bodily injuries and rape to mention but a few). **Post migration** issues include discrimination from the host country after the early honeymoon periods of **feeling being welcome have lapsed**; **mental health problems from pre-migration** stresses such as “trauma”; and many practical issues such as lack of accommodation, overcrowding, lack of support, isolation and loneliness, family separation and not least unemployment.



photo by Qin Jie

In **Winter Solstice**, eating dumplings is a kind of custom in the north part of China. In the Gregorian calendar, the Winter Solstice usually falls around December 21, and more often refers in particular to the day when the sun is exactly at the celestial longitude of 270°.



Stresses from acculturation, including language problems, yet form another barrier to access to help. These stresses are **risk factors** making refugees vulnerable to succumbing.

Confronted with these **risk factors** and stresses, it is little wonder that a number of refugees suffer from ill health. The most common ones are depression (some might be presented somatically), “PTSD”, Psychosis, substance abuse, and adjustment disorder to name but a few.

In order to **help** these people, the therapist is often beset by **entrenched Western cultural attitudes** about **Trauma** and its **manifestations**. In these days of **globalisation** in which people with different cultural backgrounds



Taiwanese Christmas



and beliefs are mixed together, it **behoves the therapist to be more tolerant and flexible in the concept of trauma and different ways of manifestation**. A **clarification on the concepts of trauma** would help the therapist to orientate themselves in order to render help that is relevant to various groups. According to Sanu, although the **nature of trauma is universal**—i.e. a perceived severe threat, the definition of traumatic events (life threatening), how **trauma is manifested and consequently how people exposed to trauma might be helped vary across cultures**.

On the one hand, **Western views about the consequences of trauma (PTSD), may influence the way such are expressed in forms of “acceptable”**

symptoms, e.g. refugee asking for asylum in high income countries may quickly be conditioned to mould distress into symptoms of PTSD. **On the other hand, confining distress and its manifestation to the confines of western concepts and definitions would deny appropriate help to those exposed to traumatic events.**

Sanu described various nascent manifestations in other countries for comparison: **Trauma experience can extend beyond the personal threat to loss of wealth or personal possessions and culture desecration of religious symbols by others** (as in Tibet).

vary from dissociate states, spiritual attacks. On a more positive side, there **protective towards the development of strengthening of endogamy, chasteness and rather than individual counselling and**



Similarly, **manifestations of traumatic stress possession, to psychogenic convulsive also exist cultural factors that are stress symptoms**, such as the peaceful co-existence of families and clans strengthening alone.

Merry Christmas in Korean

Having thus clarified the broader concept of trauma and its myriad of manifestations, the **therapist** can then be freed from one’s tunnel vision to help a broader range of clients and embrace a wide range of help strategies, not confining to counselling, EMDR, CBT, and family interventions alone. Sanu pointed out that strengthening resilience / vulnerability by the exposure of trauma victims to positive or negative life experiences that may



Philippines

contribute to post traumatic growth would be a useful approach. The choice often is **whether to treat PTSD alone or help victims to deal with all psychosocial, mental or material needs?** In the latter, different groups have different approaches: e.g. Christian or Islamic groups may find daily prayer to solve the problem more effective in dealing with trauma symptoms.

The **answer** to the above **dilemma** resides in **therapist’s flexibility (eclectic) and client- centeredness**, and being able to explore their views about their experience and thus render the relevant help they need, be it

psychotherapeutic or psycho-socio-cultural.



Happy Hanukkah

Please request for them via Diane.

Please don't forget that the DVD is also available. Please send for them.

The talk finished at 8 pm. By his talk, Sanu had been able to open the eyes of our members to a broader understanding of trauma and not to be confined by tunnel vision alone.

Dr Pal has kindly offered his power-points to the audience.



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HIGHLIGHT OF FUTURE SESSIONS IN THE NEW YEAR

In the past year, we have found that talks, reinforced by subsequent case studies and panel discussions, would not only create more enduring interests but also help members to foster practical skills.

Thus, for next year, we have tentatively arranged the following topics to be discussed and followed by panel discussions:

The **work of the transcultural team** (a follow-on from Sanu's talk), **Benzodiazepine abuse among Asians**/ how to help; **Police/mental health inter-face**—a case presentation and panel discussions; **case-studies** and panel discussions on **cross-cultural assessment and management** (this is a follow-on of John's presentation on Singapore on the couch); **Eating disorders in Oriental patients**.



We have now come to the end of another successful year. On behalf of the Cross cultural interest group, I must thank you for your support without which we could **not possibly have reached our 14th year**.

We shall start again next February. **Meanwhile, we wish you a Merry**

Christmas and a very rewarding New Year.

On behalf of the Group, I look forward to seeing you all.

Yours sincerely

Sai Wong

On behalf of the Cross Cultural Interest group.



Christmas in the Pacific Islands



For a more accurate rendition of the presentation, **please request the DVD** from Diane Evans at dianee@adhb.govt.nz (please send \$2 stamps to help cover costs)

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:

http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm