



Annual Western New York Refugee Health Summit

A Summary and Recommendations
April 20, 2018



University at Buffalo
Global Health Equity
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TO IMPROVE REFUGEE HEALTH AND WELLBEING

The 5th Annual Western New York (WNY) Refugee Health Summit Report was co-authored by Jessica Scates, administrative coordinator for the Community for Global Health Equity and Paige Iovine and Chelsea Recor, MPH/MD dual degree students at the University at Buffalo. Graphic design was done by Nicole Little, graduate assistant for the Community for Global Health Equity and dual degree graduate student in Architecture and Planning at the University at Buffalo.

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Improving

Mental Health Care: New and Innovative Practices

Many refugees sustain significant trauma and sometimes torture during their displacement. For some, trauma can result in both physical and mental health problems. To tend to both physical and mental health ailments, refugees seek care from both western-trained health care providers – often for physical ailments – and spiritual leaders – to attend to mental health concerns. Their spiritual leaders may prescribe cultural and religious therapies. Western-trained providers who do not take the time to understand the history and traditions embedded in culture and religion, as well as previous trauma and fear, cannot create the level of trust needed to ensure patients are receiving necessary treatment.

Presenter:

Isok Kim, Associate Professor, Social Work, University at Buffalo¹

Panelists:

Ali Kadhum, Care Manager, BestSelf Behavioral Health²

Grace Karambizi, Care Coordinator, Catholic Charities²

Rebecca Simons, Medical Doctor, Community Health Center of Buffalo²

Improving Mental Health Care: New and Innovative Practices

Townhall Discussions

Building Trust

Ali Kadhum,² a care manager at [BestSelf Behavioral Health](#),³ and Grace Karambizi,² care coordinator at [Catholic Charities](#),⁴ note that building trust must be a key concern for practitioners who care for refugee populations. They recommend creating a welcoming environment for clients by, for example, displaying cultural art on walls or throughout the practice, distributing materials in multiple languages, and providing a space where patients can tell their stories.² Dr. Rebecca Simons,² a family practice physician at the [Community Health Center of Buffalo](#),⁵ works to normalize mental health discussions when working with her patients. Rather than directly probing about mental health concerns, she makes general comments throughout the consultation, tying mental health into everyday experiences. Dr. Simons conducts [refugee health assessments](#)⁶ and spends time orienting her patients with services offered by the Community Health Center of Buffalo, emphasizing that they can always come back.





Improving Mental Health Care: New and Innovative Practices

Townhall Discussions

Building Trust (continued)

[Dr. Isok Kim](#),⁷ assistant professor of social work at the University at Buffalo, and his team conducted a [behavioral health study](#)⁸ with the Karen and Burman Burmese refugee population. Events-alienated refugees (Karen), typically belong to groups of religious/ ethnic/racial minority groups with less social capital, and have been pushed out of their countries of origin in acute, reactive circumstances. Majority-identified refugees (Burman) typically belong to a mainstream group with greater social capital. This community based participatory research study measured sociodemographic factors (e.g. sex, ethnicity, marital status), migration related factors (e.g. English proficiency, length of US stay, age at US arrival), and behavioral health outcomes (e.g. depression, anxiety, trauma/PTSD) in both populations. His team found a correlation between ethnicity and depression, anxiety, PTSD, and alcohol use disorder. Specifically, Karen women reported greater anxiety symptoms than Karen men as well as both Burman men and women. Additionally, length of stay at refugee camps moderated the interaction between ethnicity and anxiety symptoms. That is, longer stays were associated with higher anxiety symptoms among Karen refugees than among Burman refugees. Although differences between groups were evident, refugees from both ethnic groups experienced high psychological symptoms.

Not all refugees experience mental health issues. Many successfully recreate their lives in Buffalo, contributing to its economic growth and cultural diversity. However, refugees who have experienced extensive trauma are subsequently at risk for mental health problems. If left untreated, these mental health problems can lead to negative mental and physical health outcomes. In order to promote health and wellbeing for refugees, we must address their concerns in culturally informed ways. By appropriately identifying risk factors, screening for mental health issues, and addressing mental health concerns, Buffalo's health care providers can create a more robust approach to improving mental (and physical) health among refugees in Buffalo, NY.

Improving Mental Health Care: New and Innovative Practices

Recommendations

1



Building Trust

To improve mental health outcomes for refugees requires more research that explores mental health within diverse refugee communities.¹

2



Providers and health centers can create welcoming environments, and more providers should become comfortable and competent creating time and space for clients to share their stories.²

3



Buffalo lacks research that explores the impact of cultural humility training on provision of mental health care to refugees.¹ Partnerships between the University and community can ensure the development of such research.

Improving Mental Health Care: New and Innovative Practices

Recommendations

4



Health screenings and assessments that ensure patients are actively involved in the healthcare system and have a vested interest in continuing their care are important. However, mental health screenings like [PHQ-9](#)⁹ and [PHQ-2](#),¹⁰ may not effectively detect mental health concerns for refugees. Health care providers would benefit from utilizing culturally sensitive screenings [RHS-15](#)¹¹ at the appropriate times¹.

5



Children who have experienced trauma may not be able to express what they are going through. Buffalo lacks and would benefit from early interventions for refugee children and youth.²

6



Ultimately, care for mental health issues must become more inclusive and cannot be a result of the efforts of mental health professionals alone. Providers must seek first to build trust with their clients in order to effectively advocate and provide care for them.^{1,2}

Improving Mental Health Care: New and Innovative Practices

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