LEARNING OBJECTIVES

Participants will be able to:

- Describe four phases of the refugee experience and health impacts of forced displacement
- Explain major health concerns of refugee populations who resettle in New Mexico
- Understand processes and behaviors that can improve health care access and effectiveness for refugee populations
- Explore local resources for refugees
- Learn about additional ways to get involved
OUTLINE

• Introductions

• Health Dimensions of Forced Dislocation

• Panel
  • Major health issues
  • Challenges refugees experience when seeking care
  • What providers need to know when seeing refugee patients in the hospital/clinic

• Ways to Get Involved

• Questions

• Final Reflections
SUHA AMER

RWP Program Coordinator and Refugee Community Leader

- From Iraq
- Came to U.S. in 2008
- Participated in RWP in 2009
- Joined RWP staff in 2010
SARA DEEWA

RWP Program Coordinator and Refugee Community Leader

• From Afghanistan
• Came to U.S. in 2016
• Participated in RWP in 2017
• Joined RWP staff in 2018
JESSICA GOODKIND

Associate Professor of Sociology, Associate Vice Chancellor of Diversity Education, RWP Founder

- From Albuquerque
- Started working with refugees in 1993 in Thailand
- Developed RWP in 2000 in Michigan
- Moved RWP to New Mexico in 2006
SAM MACBRIDE
MARTIN NDAYISENGA

RWP Program Coordinator and Refugee Community Leader

- From Burundi
- Came to U.S. in 2007
- Participated in RWP in 2008
- Joined RWP staff in 2009
REFUGEE MENTAL HEALTH INTERVENTIONS

- Medicalization of consequences of war
- Pre-migration trauma vs. post-migration stressors
- Most distressed refugees do not use formal mental health services
- Ecological perspective is essential
RWP AIMS TO IMPROVE REFUGEE MENTAL HEALTH

Psychological
(e.g., past trauma)

Material
(e.g., poverty)

Physical
(e.g., lingering physical ailments)

Social
(e.g., loss of support and meaningful roles)

Educational
(e.g., limited English proficiency)

Cultural
(e.g., disconnection from traditional cultural practices)
Refugees have survived in spite of tremendous hardships:

**Internal**
(e.g., resourcefulness, cultural knowledge, coping strategies)

**External**
(e.g., family and community support)
REFUGEE WELL-BEING PROJECT GOALS

Reduce high rates of psychological distress:

- Access to community resources
- Learning opportunities for refugees
- Mutual learning for refugees and Americans
- Valued social roles and social support
- Empowerment and integration
- Communities’ responsiveness
RWP IS BASED ON MUTUAL LEARNING & VALUING REFUGEES’ KNOWLEDGE AND CULTURES

- Brings together refugees and university students
- Preparation and course credit for students
- 6 months working together
- 3 hours per week in Learning Circles
- At least 3 to 5 hours per week of Advocacy
HEALTH DIMENSIONS OF FORCED DISPLACEMENT
Pre-flight

Flight and Separation

Asylum

Resettlement
PREFLIGHT

Precipitators of Distress

- Violence of war
- Experiencing
- Witnessing
- Torture
- Loss of family/friends
- Loss of home
- Loss of community
- Disruption in work/school/food access

Health Consequences

- Head trauma/neurological damage
- Gunshots, falls, shrapnel
- Malnutrition
- Developmental delays
- Anger, anxiety
- Paranoia, insomnia
- Depression
- PTSD
FLIGHT & ASYLUM

Displacement

Family Separation/Loss

Refugee Camps
- Traumatic events
- Unhygienic conditions
- Disrupted food supplies

Detention Centers

At the mercy of others to meet basic needs

Children born during this time go through early developmental stages amid turbulence
RESETTLEMENT

Precipitators of Distress

- Unemployment, underemployment
- Social isolation
- Acculturation
- Loss of valued social roles
- Prejudice/discrimination
- Language barriers
- Intergenerational conflicts
- Marginalization/minority status
- Poverty

Health Consequences

- Depression
- Anxiety
- Suicide
- Somatic symptoms
- Family violence
- Delinquency among adolescents
- Survivor guilt
- Cultural bereavement
OTHER RESETTLEMENT CHALLENGES

- High expectations
- Different health, social service, and educational systems
- Fear and uncertainty
- Powerlessness
- Loss of social support system
- Loss of valued social roles
- Loss of community
EXAMPLES FROM MICHIGAN (JESSICA)

- Mistrust of health care providers because of refugee camp experiences
- English to English interpretation
- Misconceptions about hospitals/referrals
- If you can’t see or feel the problem, it is not real
COUNTRY/REGION-SPECIFIC PERSPECTIVES
GREAT LAKES REGION OF AFRICA - MARTIN

- Major Health Concerns
- Cultural Expectations of Health Care Providers
- PTSD and Stigma of Accessing Mental Health Services
- Case Examples of Challenges
AFGHANISTAN - SARA

- Major Health Concerns
- Cultural Expectations of Health Care Providers
- PTSD and Stigma of Accessing Mental Health Services
- Case Examples of Challenges
IRAQ - SUHA

- Major Health Concerns
- Cultural Expectations of Health Care Providers
- PTSD and Stigma of Accessing Mental Health Services
- Case Examples of Challenges
RECOMMENDATIONS FOR ACCESSIBLE AND EFFECTIVE HEALTH CARE
OVERALL APPROACH

✔ Remember:

✔ Recognize:

✔ Frame:
RESOURCES & WAYS TO GET INVOLVED
RESOURCES

- **Refugee Well-being Project** ([rwp.unm.edu](http://rwp.unm.edu))
- **New Mexico Immigrant Law Center**
- **APS Refugee Point of Contact Brandon Baca**
  - (505-803-7781, brandon.baca@aps.edu)
- **City of Albuquerque Office of Immigrant and Refugee Affairs**
GET INVOLVED

- Donate your time
- Donate financially
- Advocate for policy changes within your clinic and/or health care system
THANK YOU!