

# MENTAL HEALTH IN EAST AFRICAN COMMUNITIES

Early Childhood Mental Health Conference

September 15, 2018

## LEARNING OBJECTIVES

- **IDENTIFY** KEY CHARACTERISTICS OF THE EAST AFRICA REGION AND COUNTRIES REPRESENTED WITHIN SAN DIEGO IMMIGRANT AND REFUGEE COMMUNITIES
- **IDENTIFY** TYPES AND IMPACTS OF TRAUMA ON EAST AFRICAN IMMIGRANT AND REFUGEE COMMUNITIES IN SD
- **PROVIDE** EXAMPLES OF CHALLENGES AND BARRIERS
- **PROVIDE** EXAMPLES OF CULTURALLY COMPETENT AND BEST PRACTICE APPROACHES

## PRESENTERS/PANELISTS

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## EAST AFRICAN REFUGEES IN SAN DIEGO

□ APPROXIMATELY 30,000  
EAST AFRICANS ARE IN  
SAN DIEGO COUNTY

□ ~15,00 ARE SOMALI  
□ OTHER COUNTRIES  
INCLUDE:

- ETHIOPIA
- ERITREA
- UGANDA
- RWANDA
- KENYA
- DJIBOUTI



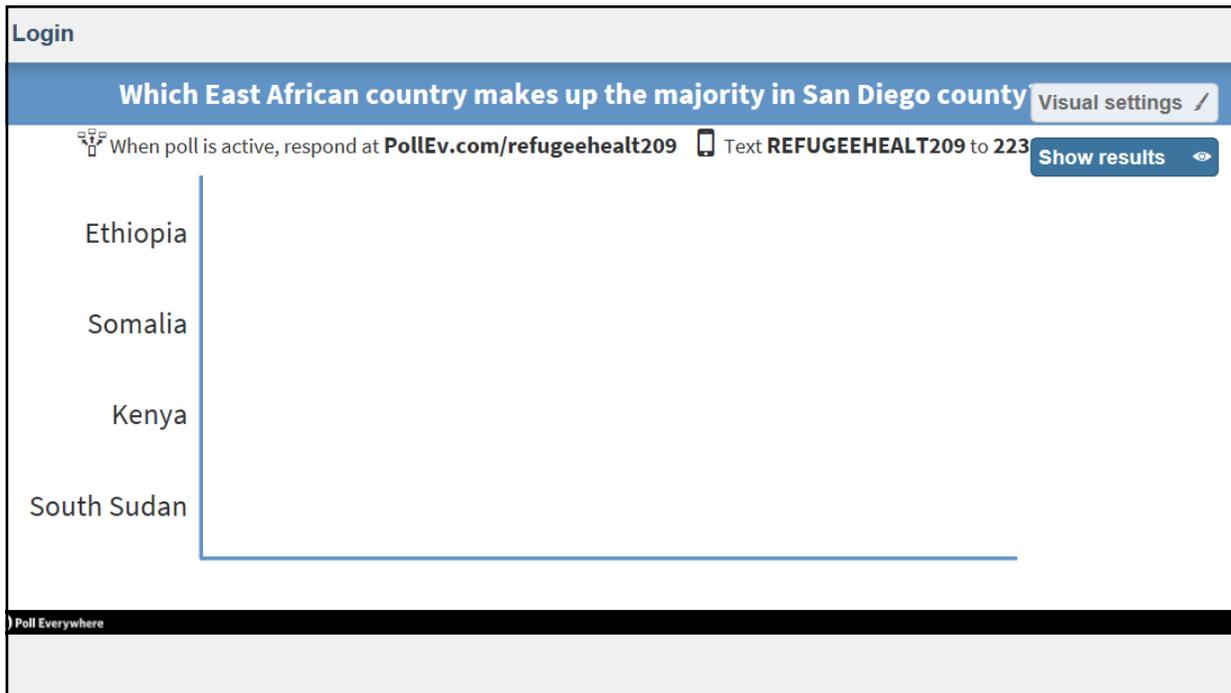
## TERMS AND DEFINITIONS

- MIGRANT
- ASYLUM SEEKER
- REFUGEES
- FAMILY REUNIFICATION

## MIGRATION AND RESETTLEMENT

THERE IS A DISTINCTION TO BE MADE  
BETWEEN THESE THREE CATEGORIES:

- MIGRANTS
- REFUGEES
- ASYLUM SEEKERS



## CHALLENGES AND BARRIERS

- CULTURE SHOCK
- CULTURAL NUANCES
- LANGUAGE
- INEQUITIES
  - IN RESETTLEMENT
  - FAMILY STRUCTURE
  - COMMUNITY STRUCTURE
- DISRUPTION OF FAMILY DYNAMICS

## BARRIERS TO SERVICE

- CULTURAL CONCEPTS AND BELIEFS
  - STIGMA
  - SHAME
- CULTURAL MISUNDERSTANDINGS
- UNFAMILIARITY WITH WESTERN CONCEPTS
- ACCULTURATION LEVEL
- MISTRUST OF SERVICE PROVIDERS
- UNDERSTANDING LEVEL

## GOAL OF UNDERSTANDING FOR EFFECTIVE INTERVENTION

- CULTURAL MANIFESTATION OF ILLNESS
  - SYMPTOM EXPRESSION
  - MISUNDERSTANDING BY WESTERN BIOMEDICAL PRACTITIONERS'
- CULTURAL VALUE AND PRACTICES
  - UNDERLYING VALUES
  - TRADITIONAL
  - CULTURAL INFLUENCES
- CHALLENGE OF ACKNOWLEDGING AND INCORPORATING
- TRANSLATION
  - HIDDEN PITFALLS



## PERCEPTIONS OF BEHAVIORAL HEALTH AND IMPACT OF TRAUMA

THE BIGGEST ISSUES THAT ARE SEEN IN EAST AFRICAN  
COMMUNITIES ARE:

1. INADEQUATE SERVICES
2. CROSS-CULTURAL BARRIERS
3. BEHAVIORAL CHALLENGES

## LEARNING POINTS

- ❑ A KEEN UNDERSTANDING OF THE IMMIGRANT/REFUGEE POPULATION CULTURE
- ❑ MITIGATE CROSS CULTURAL MISUNDERSTANDINGS
- ❑ USE OF BIOPSYCHOSOCIAL MODEL OF ANALYSIS
- ❑ USE OF CULTURALLY APPROPRIATE CONTEXT
- ❑ UNDERSTANDING CULTURAL NUANCE
  - ❑ ROLES
  - ❑ ETIQUETTE
  - ❑ RELATIONAL

## AFFECTIVE BARRIERS

- ❑ STIGMA, SHAME, OR MISTRUST OF HEALTH PROFESSIONALS
- ❑ BELIEF THAT BEHAVIORAL HEALTH CHALLENGES ARE SPIRITUAL, RELIGIOUS, OR MORAL ISSUES
- ❑ MISTRUST OF THE MEDICAL COMMUNITY CAN ALSO INFLUENCE PERCEPTIONS OF BEHAVIORAL DIAGNOSES AND IMPEDE EFFECTIVE TREATMENT

## VALUE ORIENTATION BARRIERS TO BEHAVIORAL HEALTH

- ❑ COLLECTIVIST GOALS VERSUS INDIVIDUAL NEEDS CAN IMPEDE BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT
- ❑ WITHIN TRADITIONAL PRACTICES, INDIVIDUALS OFTEN SEEK HELP FOR BEHAVIORAL CHALLENGES FROM THEIR COMMUNITY - FAMILY, CHURCH, AND TRADITIONAL HEALERS.

## STRUCTURAL BARRIERS

EAST AFRICAN COMMUNITIES OFTEN FACE PHYSICAL OR STRUCTURAL BARRIERS TO BEHAVIORAL HEALTH DIAGNOSES AND TREATMENT SUCH AS:

- ❑ INADEQUATE HEALTH INSURANCE
- ❑ INADEQUATE TRANSLATION
- ❑ LACK OF ENGLISH PROFICIENCY
- ❑ LENGTHY RESETTLEMENT PERIOD

## TRAUMA IN REFUGEE CHILDREN AND ADOLESCENTS

- ❑ SYMPTOMS OF TRAUMA IN CHILDREN INCLUDE: BODY ACHES, EXCESSIVE CRYING, TROUBLE MANAGING EMOTIONS/BEHAVIORS, LACK OF DESIRE TO PLAY
- ❑ PRESSURE TO MAINTAIN CULTURE AND FIT IN WITH PEERS
- ❑ EXPOSURE TO TRAUMATIC EVENTS HAS A PROFOUND AND LASTING EFFECT ON THEIR DAILY FUNCTIONING

## TRAUMA AND INTERFERENCE WITH LEARNING, REFUGEE CHILDREN

- ❑ STRUGGLE TO ADJUST-SOME REFUGEE CHILDREN MAY STRUGGLE TO ADJUST AFTER AN EXTENDED PERIOD OF INSTABILITY
- ❑ IDENTIFY TRAUMA-RELATED BEHAVIORS-IT CAN BE CHALLENGING TO IDENTIFY TRAUMA RELATED BEHAVIORS IN REFUGEE CHILDREN AT SCHOOL
- ❑ DISRUPTIVE BEHAVIORS-MAY BE MISINTERPRETED, CULTURAL BARRIERS CAN IMPEDE EFFECTIVE INTERVENTION

## TRAUMA IN REFUGEE ADULTS

- MOST REPORTED BEHAVIORAL HEALTH CHALLENGES INCLUDE DEPRESSION AND PTSD
- OLDER ADULTS ESPECIALLY VULNERABLE DUE TO ISOLATION AND DIFFICULTY ADJUSTING
- ACCESS FORMAL SUPPORTS AT LOWER RATES AND RELY ON TRADITIONAL HEALERS AND REMEDIES

## COMMON APPROACHES

- HOW DIFFERENT IS THAT CULTURE FROM YOUR OWN?
- LOCAL STRENGTHS
- INTEGRATION

## COMMUNITY INPUT REGARDING BEST PRACTICES

- HELPFUL FOR COPING WITH ILLNESS AND DISEASE
  - RELIGION
  - SOCIAL SUPPORT
  - TRADITIONAL MEDICINE
- BEST PRACTICES FOR SHARING HEALTH INFORMATION
  - COMMUNICATION HAPPENS ORALLY ATR SOCIAL GATHERINGS
  - COMPLIANCE WITH TREATMENT IF ANOTHER EAST AFRICAN VOUCHES FOR THE HEALTH CARE PRACTICE

# THANK YOU

