



Post-resettled refugees: Programming that links mental health, language, and self-sufficiency

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BACKGROUND

Currently, conflicts, climate change and persecution have forcefully displaced 65 million people (UNCHR, 2017). In 2015, the Obama administration increased the number of Syrian refugees to 10,000. This number was out of the 75,000 total refugee admissions into the U.S. This decision led some members of Congress to raise concerns about Syrian terrorists pretending to be refugees. The current administration has decreased this number by 71%.

INTRODUCTION

For refugees, the entire journey from fleeing to resettling causes a range of mental health problems. Psychiatric care is crucial in order to start a new life once resettled. Sources of trauma include escape, the journey, and resettlement in their destination country.

Once resettled, refugees have to adjust, find employment, and integrate into the society. These are most likely to cause additional mental health issues, such as depression, and also slow down the pace of reaching self-sufficiency.

Language is one the biggest challenges. (Summer, 2016). However, is the lack of language a barrier to treating mental health or is mental health a barrier to language acquisition? Which comes first?

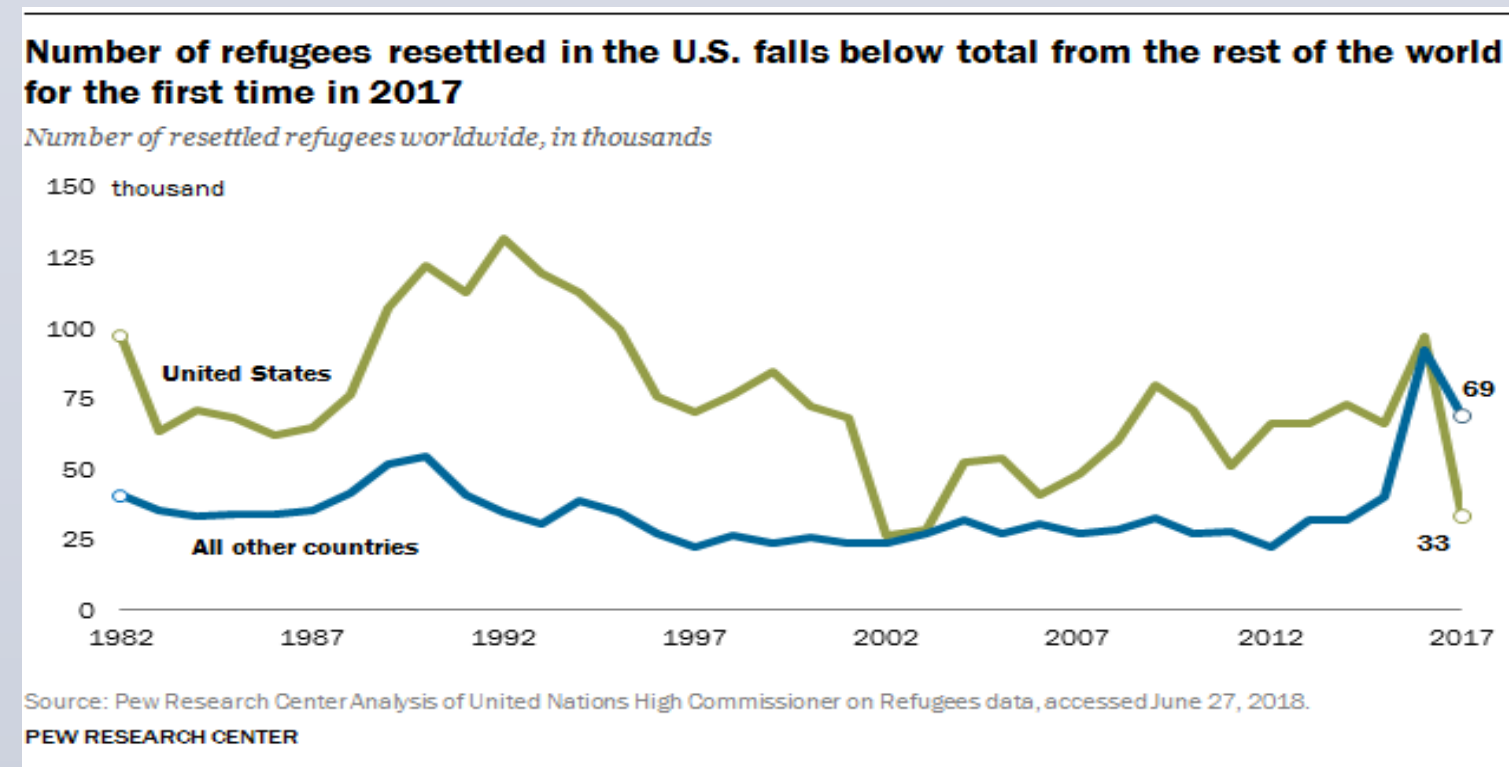
METHODS AND RESULTS

Working with the International Rescue Committee (IRC), in Phoenix, Arizona in summer 2018, I conducted observations, participated in the intake process for refugee clients, and conducted a literature review.



Key findings included:

- The majority of refugees faced issues with language acquisition and mental health.
- Many have untreated problems with mental health, including depression, and social isolation.
- Gender inequalities exists in language acquisition and mental health treatment.
- Men also face a burden, as heads of households, to provide for their families, as responsibility shifts to them from resettlement agencies. Women may also experience this as a loss of self-sufficiency.
- Challenges include rejections of job applications, experiences of underemployment, and lack of equivalency diplomas for qualifications from the country or origin.
- Other challenges include lapses in insurance, correct use of medications as prescribed, and problems with housing and evictions.



RECOMMENDATIONS & CONCLUSIONS

Pre-resettlement

- Cover beginner literacy and include different alphabets
- Introduce significance of mental health issues
- Empower women and raise awareness about gender equality with men
- Introduce coping mechanisms through different approaches, such as drawing activities for children

Post-resettlement

- Provide opportunities for refugees with higher education to adapt their previous professions to their new host country (e.g. certifying existing diplomas).
- Create partnerships with refugees who have been treated and overcame their mental health issues. Find ways to bridge differences in language and beliefs between patients and practitioners.
- Monitor mental health and flag socially isolated, depressive refugees.

References: Refugee Health Technical Assistance Center. (s.d.). *Mental Health*. At RefugeeHealth TA: <https://refugeehealthta.org/physical-mental-health/mental-health/>

Summer, H. (2016). *Language barrier leaves refugees facing struggle to rebuild their lives*. At The Guardian: <https://www.theguardian.com/society/2016/nov/16/language-barrier-refugees-english-classes-integration-esol>

UNCHR. (2017). *Figures at a glance*. At <https://www.unhcr.org/figures-at-a-glance.html>

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