



Saint  
Louis  
Mental  
Health  
Board

NEWSLETTER

WINTER 2007

## **Inside this Issue**

To view an article, mouse over the title and left click.

### **WELCOME**

### **SPECIAL COMMENTARY**

#### **CARE ACCESS FOR NEW AMERICANS (CANA)**

#### **UNDERSTANDING GRIEF IN REFUGEES AND IMMIGRANTS**

#### **HELPING REFUGEES MOVE TOWARD HEALING**

#### **COMMON SIGNS OF POST-TRAUMATIC STRESS DISORDER IN VICTIMS OF TORTURE**

#### **THE ROLE OF CULTURE**

### **RESOURCES**

## Welcome



### Leon Ashford, Ph.D. MHB Trustee



Welcome to the next issue of “How’s *YOUR* Mental Health?” The St. Louis Mental Health Board (MHB) developed this e-zine to help St. Louis residents become better informed about issues surrounding mental health and substance abuse.

Immigrants are the fastest growing segment of the U.S. population. The foreign-born population of the United States grew from 9.6 million in 1970 to 32.5 million in 2002. As a percentage of the total population, the foreign-born population increased from 4.7% in 1970 to 11.5% in 2002. Many of these individuals are our neighbors. And many bring to their new homes issues that resulted from upheaval in their life, such as depression, post-traumatic stress disorder and substance abuse.

Each edition of “How’s *YOUR* Mental Health?” focuses on a topic that impacts the lives of many St. Louisans. This issue features the newest members to our city, immigrants and refugees, and the special mental health problems they face.

In this e-zine you will find:

- Information on special programs offered from staff of two organizations in St. Louis dedicated to helping New Americans
- An introduction to CANA, a network of service providers who increase access to care for New Americans with limited resources
- Reasons why immigrants and refugees often deal with issues of grief in their new country
- Activities that might prove helpful to the refugee who has faced loss and trauma
- Common signs of post-traumatic stress disorder
- How the view of mental health services in many countries can be quite different than what we are used to

## Help for Refugees and Immigrants

*A Special Commentary*

**Suzanne LeLaurin**, *senior vice president of the International Institute*



The International Institute helps refugees and immigrants move toward independence by teaching English, finding jobs, and helping them overcome language and cultural barriers. We help newcomers become productive citizens and promote public awareness of the important contribution ethnic diversity makes to the St. Louis area's economy and quality of life.

Why has St. Louis become an attractive place for refugee resettlement? Certain refugees are formally placed in the community by the US government. St. Louis is attractive because housing costs are modest, jobs are available for people who are just learning English, and there are social service providers such as our agency who are able to help them.

The Institute provides comprehensive adjustment services, moving New Americans quickly from overwhelming dependence to productivity and self-sufficiency. In so doing, newcomers become productive, contributing participants in their neighborhoods, schools, churches - indeed in the entire community.

As part of this process, immigrants and refugees face the obvious barrier of language, but that plays out in some families in special ways. Children typically pick up English much faster than parents, and as a result they become "parentified," meaning they take on roles a parent would. They might go to the doctor with Mom and serve as an interpreter, or a child might read documents to Dad that he needs to sign to buy a car.

Many people new to our country experience the loss of status. They might have been professionals in their home country. The feeling of being "inadequate" by not being able to speak the language, which also keeps them from being able to provide for their families, can result in depression and other mental health issues. Serious psychological problems might develop for people who have experienced significant trauma, such as living through civil war and having to flee violence.

A friend of mine once said that you don't know you're in pain while you are running - it's when you stop running that you feel the pain. For refugees forced to flee their home countries, they are running. They are not able to sit back and reflect on what has happened until they settle, and then it can become overwhelming. Perhaps they have witnessed the murder of their family, or have been tortured. That is why it is important to have social service agencies such as the International Institute that can step in and help these individuals and their families get established with a new life in their new country.

*For more information on the International Institute, call 314-773-9090 or visit [www.iistl.org](http://www.iistl.org)*

**Angie O’Gorman**, *board chair, Interfaith Legal Services for Immigrants*



Interfaith Legal Services was established in 2001 and provides affordable immigration legal assistance, focusing on political asylum-seekers, separated families, torture survivors and detainees. Our services run the gamut of helping an individual seek political asylum to naturalization.

It is hard for us to grasp the dislocation that results when someone has to flee the country or leave their home permanently. Many come to the United States not sure of their legal status and their immigration status. The focus of our organization is to try to resolve those types of legal issues so that people can become more stable.

When an individual is from a country where there are certain central cultural issues, and those are not mirrored in our country, their adjustment is so much harder. For example, very often only some members of a family come to the new country. A wife might be separated from her husband or a child from his or her parents or brothers and sisters. The base of support is gone. We work with them from a legal perspective to bring other family members here.

Many of our clients find themselves in very low-paying jobs. One client works 65 hours a week to try to achieve financial stability. Often they come from countries where they live in extended families, so the financial responsibility doesn’t fall on one or two people. Here, however, a wife might be supporting three or four children and working many overtime hours for very little pay. Many used to be in high-end professions back home and have to fill low-end jobs until they can get back on their feet.

Interfaith Legal Services is here to help them navigate our legal system and assist them to become a member of our community.

*For more information on Interfaith Legal Services for Immigrants, call 314-652-9618.*

## Care Access for New Americans (CANA)

When working with individuals new to this country, the standard approaches used in the past to mental health care and substance abuse services just didn't work. Most mental health professionals were not trained to deal with issues that are the result of war and resettlement, in addition to the very large barrier of language.

The Care Access for New Americans (CANA) program was started by the St. Louis Mental Health Board in 2005 to bring together a network of service providers interested in promoting the emotional and mental health of immigrants and refugees who have settled in the City of St. Louis. These providers work together so that individuals in need are identified as early as possible and given easy access to care.

CANA has a single point of entry into the system to minimize confusion. After a screening to determine needs, clients are referred by a social worker to the agency most capable of helping them.

The goal of CANA is to increase access to care for New Americans who have limited resources. Clients' needs are first assessed then they are referred to any one of the treatment agencies for mental health care, including substance abuse treatment and psychiatric services. If mental health/behavior disorder services are not deemed appropriate or needed but other services are, such as case management related to housing, employment or access to other basic services, then the CANA care coordinator may refer consumers to one of the agencies in the community that can provide those.



"There is a stigma in many cultures about mental health," says Julia Ostropolsky, LCSW, president and CEO of Bi-Lingual International Assistant Services. "In many cultures, mental health is seen as something you don't talk about, or you keep it in the family. Many times people don't even know there is such a thing as counseling or psychiatric services. Our job is to educate them as a part of the outreach process."

Outreach and Training dependency is address it if it Interpreters are

**Julia Ostropolsky**  
President and CEO  
Bi-Lingual International  
Assistant Services

education are main components of CANA. regarding substance abuse and chemical provided to the therapists so they can comes up within the course of treatment. also trained so they will be able to

**St. Louis Mental Health Board**  
**Winter 2007 e-zine**  
**Care Access for New Americans**  
**Page 6 of 15**

interpret appropriately in a mental health setting. Medical providers such as doctors and other health agency staff are taught about the special mental health issues related to refugees.

Outreach workers move within the immigrant community to find those individuals who may never have sought treatment. Currently there are workers from several different countries conversing in more than one language.

“Many people we see come from war-torn countries. They’ve been tortured or witnessed murder,” Ostropolsky says. “They suffer from post-traumatic stress disorder or depression. Everything in this country can be a stressor to them. Unfortunately, in some cultures, substance abuse is an expected way of medicating oneself. We work on both education and treatment.” *For information on Bi-Lingual International Assistant Services, call 314-692-9010.*

*For more information on the CANA Program call 314-772-8801 ext. 253. You may also [click here](#) to access information on MHB’s website in 6 languages; Dari/Farsi, Spanish, Bosnian, French, Vietnamese and Somali.*

## ***Understanding Grief in Immigrants and Refugees***



Grief is the normal response to loss and must be considered in an attempt to understand the mental health of refugees. Responses to trauma often resemble or can be described in terms of grief reaction or delayed grief reaction. Refugees can lose their home, possessions, and often, loved ones or sense of self. Any one of these losses might result in severe grief. Other losses that may be less obvious include:

- The unconditional loss of a war, i.e., complete dominance by a hostile force, may be a shattering blow to individual and community esteem.
- Decisions made during war or flight from war may come to haunt refugees as they shift from circumstances of war to those of peace. What seemed necessary, if not right at one time, may later be perceived as wrong and perhaps unnecessary.
- Old ways of life can be looked down upon in the new life. Relations within families or groups undergo change. Rituals, ceremonies, and perhaps religions may be out of sync with the mainstream culture and may lose at least some of their power.
- Adjustment to the new culture means losing the old while never quite gaining the new. These losses are complicated by difficulty in articulating them to others.
- For many refugees the future seems uncertain. Once safety is reached, there is a sense of great relief. However, the relief is often followed by uncertainty and anxiety about the future.
- As is true with post-traumatic stress disorder (PTSD), grief may affect individuals, their families, communities, or even be seen in terms of cultural grief and bereavement.

Dysfunctional or complicated grief is grief that lasts longer than normal and is characterized by greater disability or dysfunctional patterns. It can include: changes in life patterns, such as sleep, dreams, libido, concentration; excessive anger, crying, sadness, guilt; difficulty expressing or denial of the loss; repetitive reliving of experiences related to the loss; and verbal expression of lasting distress over the loss.

*Data from Baylor.edu and other Internet sources*

## *Helping Refugees Move Toward Healing*



Many refugees come from parts of the world where torture is still prevalent. This population suffers from significant problems. Torture survivors suffer from high levels of depression and anxiety and complex post-traumatic stress disorder. Domestic violence, aggression, alcohol problems and psychological disorders among the children of survivors are also seen.

Traditional psychiatric approaches and medications have had a limited success with this group; however support groups for refugees composed of others from their background and experience appear to be helpful.

According to the Baylor School of Nursing and the Texas Department of Health, the following tasks may prove helpful to the refugee who has faced trauma:

- Telling the story of the loss or trauma: The story usually needs to be told repeatedly. He or she may need help in the sequence of events, clarifying details, and separating what is real from what is not.
- Expressing and accepting the sadness and pain: Many people fear an emotional catastrophe if the sadness and related feelings are let out. There also are cultural, gender, and other issues in expressing or controlling feelings.
- Expressing and accepting guilt, anger, and other negatively perceived feelings: Denied or hidden guilt and/or anger are common defenses. As with addressing sadness and pain, there are cultural, gender, and other issues related to guilt, anger, and other feelings. Releasing and expressing your emotions is a powerful and sometimes frightening process in this step. Group work may be especially helpful here. Because guilt is almost universal, it should be directly addressed, including working with the client to help her or him reach the conclusion that neither the trauma nor the response is the victim's fault. Forgiveness of self can be a powerful experience.
- Reviewing the relationship with what was lost, e.g., loved ones, culture, sense of self, trust, dignity, and so on.
- Like other people in distress, refugees often feel that nobody else has experienced what they have experienced nor responded as they have responded. Some feel that their responses indicate mental illness. Understanding common processes helps decrease the sense of shame and isolation. Therapeutic/information groups are a helpful means of increasing understanding and decreasing isolation.

- Being understood or accepted by others: Isolation is common and works to worsen problems among refugees. Understanding and acceptance help with healing.
- Exploring possibilities in the new life: From the ashes of pain and destruction may rise a new and sometimes stronger life. Some losses are never regained and some wounds are never healed. Even so, through a process of grieving for the old life, setting achievable goals for the new, and successfully solving problems; and with the social and spiritual support discussed throughout this article, the client can go forward.

These tasks decrease distress and moves the client toward healing. However, recovery from the trauma of torture and some war experiences is a long process and periods of regression may occur, as may emergency situations involving violence toward others or self. Intermittent emergency and/or long-term support is often required.

*Data from Baylor.edu and other Internet sources.*

## ***Common Signs of Post-Traumatic Stress Disorder in Victims of Torture***

People who have experienced torture or rape, or who have witnessed murders of loved ones often suffer from post-traumatic stress disorder (PTSD), a psychological disorder that occurs when people have experienced life-threatening, shocking events. The symptoms are often the same, regardless of the events they suffered or their culture.

People who have had the sudden intrusion of horrifying and destructive events are experiencing more than they can integrate, and their sense of security and safety is shattered. In PTSD, some of people's responses are greatly heightened.



The traumatic event has told them that the world is no longer the safe place they used to imagine. They become ready for danger at all times: they have hyper-vigilance--greater readiness to flee or fight. They live in emergency mode, and have become used to distrust. At the same time as having heightened responses, they may also shut down a great deal. As a result, these are some of the symptoms you might see:

**Fear and anxiety** in formal settings: Victims of torture often experience fear when they are asked to wait in offices or hospital treatment rooms because their torture was often conducted in such settings.

**Sleeplessness:** This often results in diminished alertness and concentration in classrooms and at work.

**Forgetfulness** in performing regular activities and keeping appointments: While there may be cultural reasons for difficulties concerning appointments and schedules, for many victims of torture problems remembering are due to their trauma experience.

**Flashbacks** hinder the ability of victims of torture to adapt to new circumstances and to function normally. Flashbacks and intrusive memories make the normal issues dealing with resettlement for immigrants and refugees in a new country all the more difficult for those who have been victims of torture.

### **Physical Reactions:**

- aches and pains like headaches, backaches, stomach aches
- sudden sweating and/or heart palpitations (fluttering)
- changes in sleep patterns, appetite, interest in sex
- constipation or diarrhea

- easily startled by noises or unexpected touch
- more susceptible to colds and illnesses

**Emotional Reactions:**

- shock and disbelief
- fear and/or anxiety
- increased use of alcohol or drugs and/or overeating
- depression and grief
- disorientation
- shame or denial
- hyper-alertness or hyper-vigilance
- irritability and/or restlessness
- outbursts of anger or rage
- emotional swings--uncontrolled crying and laughing
- feelings of panic or feeling helpless or out of control
- increased need to control everyday experiences
- attempts to avoid anything associated with trauma
- tendency to isolate oneself
- feelings of detachment and emotional numbing
- concern over burdening others with problems
- difficulty trusting and/or feelings of betrayal
- feelings of self-blame or survivor guilt
- diminished interest in everyday activities
- loss of a sense of order or fairness in the world
- expectation of doom and fear of the future

*Data from Survivors International and other Internet sources*

## ***The Role of Culture***

Research shows that many members of minority groups fear, or feel ill at ease, with the mental health system. They may find only clinicians who represent a white middle-class orientation, with its cultural values and beliefs, as well as biases, misconceptions and stereotypes of other cultures.

Immigrants are among the poorest citizens in Western countries and make up a high percentage of the approximately 15% of the US population which lacks health insurance. Lower socioeconomic status – in terms of income, education and occupation – has been strongly linked to mental illness. In fact, people in the lowest socioeconomic strata are about two and a half times more likely than those in the highest strata to have a mental disorder.

Different beliefs and practices have implications for the willingness to seek, and the ability to respond to, mental health services. These include coping styles and ties to family and community. Culture is not only the glue that holds a group together, it can also be their chief stressor in trying to adapt to new surroundings without losing their own identity or sense of self worth.

Basic concepts such as the importance of prompt follow-up for health care appointments and of reimbursement systems can be easily misunderstood. Certain cultures may not have a direct translation for certain Western illnesses. For example, the Mien language has no words for mental illness. Another example is that of Iranian women expressing “heart distress.” They were seeking help with the stress and anxiety that came with poverty and difficult living conditions, but their Western doctors tried in vain to find their physical heart problem.

A study published in the American Journal of Psychiatry in June 1999 found that Mexican American immigrants were unlikely to use mental health services, even when they have a recent disorder. In fact, overall use of mental health care providers by persons with a diagnosed mental disorder was 8.8%.

The view of mental health services within cultures can be quite different from what we are used to. For example, in Somalia, mental state is divided into two categories: the mentally ill and the mentally healthy. Some may call the groups sane and insane. There is still a major stigma and shame associated with mental illness. For this reason, this illness is often hidden from family, friends, and physicians. The general belief is that once a person has depression or another mental illness, he or she will never get back to a healthy baseline. Some say their mental stability can never be trusted again.

Many Somalis believe depression did not exist until the start of the civil war in the 1990s. With war came relocation, refugee camps, malnutrition, trauma, and death. Their clan-based and family centered society was largely destroyed, as many people were

**St. Louis Mental Health Board**  
**Winter 2007 e-zine**  
**Care Access for New Americans**  
**Page 13 of 15**

killed and/or separated from their families, lacked financial support and were forced to adapt life from a nomadic society to Western society. For these reasons, their

social support was greatly disrupted. It is believed that as a result of all these changes, people started experiencing depression.

Health care providers must destigmatize depression, give hope for treatment, lend support, and listen to the patient's concerns. As many Somalis fear that they are at risk for deportation from the United States and medical experimentation, it is important to verbalize that the office/clinic is a safe, confidential environment, and that the provider's job is to ensure excellent healthcare. It is considered very important to mention that many Americans are diagnosed with depression.

*Data from Mental Health: A Report of the Surgeon General, EthnoMed and other Internet sources*

## Resources:



<b>Accion Social Comunitaria</b> Hispanic/Latino Community Support Center <a href="http://www.asc-edu.org">www.asc-edu.org</a>	314-664-5465
<b>Behavioral Health Response (BHR)</b> 24-hour crisis hotline staffed by professional counselor <a href="http://www.bhrstl.org">www.bhrstl.org</a>	1-800-811-4760 314-469-6644
<b>Bi-Lingual International Assistant Services</b>	314-812-9320
<b>Bridgeway Counseling Services</b> <a href="http://www.bridgewaycounseling.com">www.bridgewaycounseling.com</a>	314-652-4200
<b>Care Access for New Americans (CANAs)</b> English/Spanish Vietnamese All other languages	314-773-6100 314-664-8990 314-842-0062
<b>Center for Survivors of Torture and War Trauma</b> <a href="http://www.stlcenterforsurvivors.org">www.stlcenterforsurvivors.org</a>	314-533-4114
<b>Catholic Charities Community Services</b> <a href="http://www.catholicsocialserviceaz.org">www.catholicsocialserviceaz.org</a>	314-842-0062
<b>Community Alternatives</b> Innovations in behavioral care <a href="http://www.community-alternatives.org">www.community-alternatives.org</a>	314-772-8801
<b>Harmony in Life</b>	314-644-0835
<b>Interfaith Legal Services for Immigrants</b>	314-652-9618
<b>International Institute</b> <a href="http://www.iistl.org">www.iistl.org</a>	314-773-9090
<b>Life-Crisis Service</b> 24-hour hotline staffed by trained volunteers <a href="http://www.lifecrisis.org">www.lifecrisis.org</a>	314-647-4357

**Missouri Institute of Mental Health**

[www.mimh.edu](http://www.mimh.edu)

314-877-6470

**Preferred Family Healthcare**

[www.pfh.org](http://www.pfh.org)

314-361-1630

**Queen of Peace Center**

314-531-0511

**Web sites**

**U.S. Department of Health and Human Services**

This website is for the office of refugee resettlement

[www.acf.hhs.gov/programs/orr/](http://www.acf.hhs.gov/programs/orr/)

**Survivors International**

This non-profit organization provides information useful to torture survivors.

[www.survivorsintl.org](http://www.survivorsintl.org)

**Women's Commission for Refugee Women and Children**

Information for displaced women, children and adolescents.

[www.womenscommission.org](http://www.womenscommission.org)

**EthnoMed**

The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants, many of whom are refugees fleeing war-torn parts of the world.

[www.ethnomed.org](http://www.ethnomed.org)