Country and Language

The "Republic of the Union of Myanmar" is the official country's name recognized by the United Nations. However, because the name was changed under military political leadership in the 1980's, various countries (including the U.S.) and several ethnic populations (including refugee groups) continue to use "Burma" as the country's name instead. This guide will refer to the country as "Burma," with the understanding that various governments and communities utilize both "Myanmar" and "Burma." It is imperative to have a conversation with your clients about this issue and what identifiers they prefer as some clients may be more sensitive to this issue than others.

Country Info

Official Languages: Burmese, each ethnic minority has its own language
Population: 56,320,206
Religion: Buddhist (89%), Christian (4%), Muslim (4%), Animist (1%)
MH Services: 38 out of 100,000 individuals utilize hospital based mental health services
MH Providers: .16 psychiatrists for every 100,000 individuals

Overview and Context

Burma has experienced substantial political unrest since the military junta took control of the government in 1962. Under the oppressive military rule, the country's Muslim Rohingya ethnic minority population was stripped of their citizenship, the Kachin people were banned from taking part in national politics, and hundreds of thousands have been forced to flee their homes. Ethnic rebel army groups have been fighting the government's rule and discriminatory practices for decades. The ongoing fighting has displaced families and entire villages who have sought refuge in neighboring countries where some are able to apply for resettlement to a third country. Approximately 150,000 refugees are currently living in camps on the border of Burma and Thailand; 400,000 individuals are internally displaced within Burma; and, many others have sought refuge in China, Bangladesh, India, and Malaysia. In March 2016 the first elected president in four decades took office and promised to improve Burma's human rights policies. Though the country will need to address ethnic discrimination and consistent military violence, it has made some progress toward peace.

Helpful Tips for Resettlement Workers and Mental Health Providers

- Due to the indirect communication patterns of refugees from Burma, **presenting topics in different ways and at multiple intervals** can build rapport with the client and provide more opportunities for open and honest feedback.
- **Ask your client what words they would like used when referring to their country of origin**. Depending on their interactions with the government and any subsequent trauma experienced, clients may prefer Burma, Myanmar, or Thailand (for those born in refugee camps on the Thai-Burma border).
- **Discuss how your client identifies with their ethnicity or culture.** Many refugees from Burma do not want to be labeled "Burmese refugee" but would rather be associated with their specific ethnic group (Karen, Chin, Mon, etc.).
- **For interpretation purposes:** Ask which language your client prefers, especially within a mental health setting. Some refugees view the Burmese common language as oppressive and are more comfortable using their own ethnic dialect.
- **Incorporate plain language and physical symptoms** when referring to (or instead of) Western terms like "anxiety" and "depression." Ex: Are you currently experiencing excessive fear or worry? Do you have trouble sleeping at night?
- **For case workers and physicians:** Build a relationship with the client before gradually approaching the topic of counseling or providing a referral for therapy. The Western concept of counseling can be foreign and uncomfortable for refugees from Burma.
- **For mental health providers:** Provide enough safe space for the client to bring up the topics they want to discuss, instead of asking direct questions about past experiences.

Mental Health Data

Considering the prevalence of government-sponsored violence and prolonged exposure to trauma within camps, refugees from Burma suffer from a high rate of adverse mental health symptoms. One study that interviewed 500 Karenni (Kayah) refugees in Thai-Burma border refugee camps showed 41% had symptoms of depression, 41% had symptoms of anxiety, and 4.6% had symptoms of post-traumatic stress disorder (PTSD). Another study that interviewed 100 refugees from Burma living in Thailand revealed 38% had symptoms of depression and 23% had symptoms of PTSD.

Words and Phrases

Emotional concerns are likely to be expressed as physical symptoms. Clients may use the following common cultural phrases as ways to describe signs of anxiety or depression.

- Heavy Heart
- Burning Heart
- Numbness
- Thinking too much
- Hot under the skin

For research purposes please contact NPCT for references.
http://gcjfcs.org/refugee

Minority Populations

There are seven major ethnic minorities within Burma, including **Karen, Karenni (Kayah), Chin, Mon, Rakhine (Rohingya), Kachin, and Shan**. They are named for the surrounding geographical regions in which their communities reside. Some have homes in rural villages; those who grow crops and live off the land are referred to as "hill people"; and, still others are most familiar with the urban city life of Burma's capital city, Yangon (Rangoon). In addition to ethnic minority populations, Burma is also home to religious minority populations. While the majority follow Bhuddist teachings, the Rohingya primarily adhere to the Islamic faith and the Karen population has subsets that practice Christianity.

Refugee Wellness Country Guide

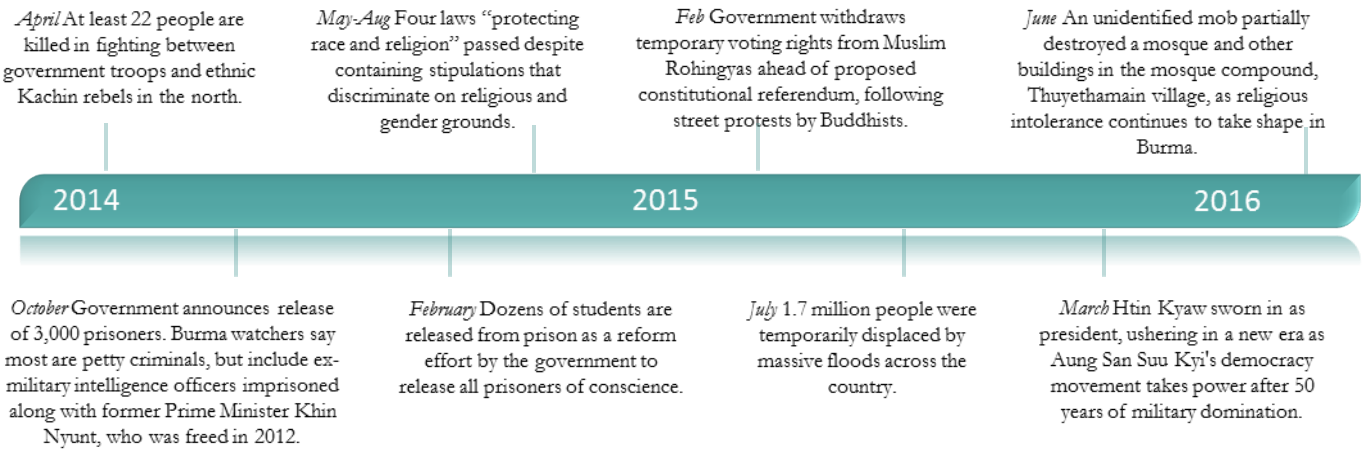
Burma (Myanmar)

Refugee Services
National Partnership for Community Training
Gulf Coast Jewish Family & Community Services

Refugee Wellness Country Guide

Burma (Myanmar)

Brief Timeline



Healthcare in Burma

Burma operates 50 mental health care facilities that include 25 out-patient clinics and two hospitals, primarily funded by the government. Due to discriminatory policies, some ethnic minorities have had difficulty accessing adequate services. For those receiving regular health care services within Burma, 20-50% of primary care settings integrate behavioral health through policies and referral procedures addressing mental health care concerns. The most common diagnoses are schizophrenia, neurotic disorders, alcohol use disorder and other mood disorders, including anxiety and depression. The frequency of the complex diagnoses may be due to the stigma attached to accessing preventative mental health services. Individuals typically seek out mental health care only when symptoms have reached intense levels, such as psychosis.

Healthcare in Refugee Camps

Thai-Burma Border

The Mae Tao Clinic is a health facility that has provided services, including counseling and psychosocial supports, for refugees on the Thai-Burma border for two decades. The clinic works with other non-governmental organizations (NGOs), such as the Migrant Assistance Program Foundation and Social Action for Women to provide holistic services for refugees.

Malaysia

Refugees who flee to Malaysia primarily live in urban environments, such as Kuala Lumpur, as opposed to rural or camp settings. While healthcare in Malaysia is slowly improving for its citizens, there are financial, legal, and political barriers for refugees. There have been some reports of Rohingya refugees being denied any healthcare services by government facilities.

Bangladesh

Many refugees seeking shelter in Bangladesh are Rohingya who have been seeking refuge in Bangladesh for decades due to multiple discriminatory policies enacted by the Burmese government. Basic healthcare is provided to those registered within the country's two camps; however, those unable to access the camps are not granted safety or health care services, and have at times been turned away from the country entirely.

China

Many Kachin refugees from Burma have fled violence between the Burmese military and the Kachin Independence Army. Approximately 10,000 who were forced to flee sought refuge in China, which shares a border with the Kachin state (province) of Burma. The health services for these refugees is difficult to due to the high cost of hospital services. Because the Chinese government will only allow several small NGOs to assist the refugees, very few basic human needs, including health care, are being met.

Beliefs and Customs

Refugees fleeing Burma not only maintain a wealth of ethnic and religious diversity but also share a deeply connected communal culture within their own ethnic groups. While they have close relationships with friends and family, it will take time to build trusting relationships with case managers or health care professionals due to the reverent, indirect nature of Burmese culture.

The family unit is the most important social structure within Burmese culture. Many refugees accept to be resettled in the United States to avoid being separated from family members who have already resettled in the U.S. The family unit is closely knit and relies on one other for continued emotional support. In fact, one study of 500 Karenni refugees living in a refugee camp showed that conversing with family and intimate friends about their struggles is a primary coping mechanism against stress.

Refugees from Burma have a wide variety of religious customs and beliefs. The three main religions are Bhuddism, Christianity, and Islam. While each family is unique in the way they practice their own religious or spiritual beliefs, their belief systems provide a foundation for community, social, and spiritual support. Some Karen refugees are part of Christian congregations before and after their resettlement to the U.S. Likewise, Bhuddist Mon refugees seek or start their own temples and Muslim Rohingya refugees find religious communities at their local mosques after resettlement. When working with any refugee from Burma, celebrate the range of religious views and acknowledge that views may vary from others within the same ethnic group or refugee camp.

The connotations surrounding mental health symptoms and accessing care are often negative in Burmese culture. When asked about their mental health status, clients may be reluctant to identify any negative symptoms for fear of being labeled "crazy" or "insane." Some mental health professionals would say the use of a term like "post-traumatic stress disorder" is somewhat irrelevant as many refugees from Burma still experience traumatic events, like landmine explosions outside of refugee camps, on a regular basis. While clients may not be forthcoming in detailing emotional concerns, it is important to note any recent traumatic events of those living for extended periods of time in refugee camps.

Mental Health Interventions

Refugees from Burma may be more likely to utilize plant based cures rather than seeking out traditional talk therapy to help ease sadness or worry. Traditional healers from Burma, called *hain doh,* can provide familiar remedies that include drinking herbal teas and applying skin balms. Limited studies have shown herbs, such as ginger, St. John's wort, and feverfew, can help ease symptoms of ailments like nausea, depression, and headaches.

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