Suicidality Among Refugees: Program Approaches and Community Responses

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Tweet us your questions and thoughts! @NPCT_Refugee
An Investigation Into Suicides Among Bhutanese Refugees in the United States 2009-2012

Sharmila Shetty, MD
Centers for Disease Control and Prevention
In 2010, the Office of Refugee Resettlement (ORR) received reports of an increasing number of suicides in resettled Bhutanese refugees since February 2009.

By 2012, 17 suicides were reported among Bhutanese.

Handful of suicides also in Burmese, Sudanese, Burundi.
ORR Request for Assistance

- Centers for Disease Control and Prevention (CDC)
  - Understand epidemiology

- Refugee Health Technical Assistance Center (RHTAC) at the Massachusetts Department of Public Health
  - Target programs that better address mental health needs of Bhutanese refugees
Objectives

- To get a better understanding of the suicides and the events surrounding them
- To get an understanding of the general mental health status of Bhutanese refugees in the US
- To identify risk factors associated with suicidal ideation and/or attempted suicide among Bhutanese refugees in the US
- To formulate recommendations for stakeholders to prevent additional suicides
Study Design

- **Psychological Autopsies**
  - Understand mental health picture of suicide victims
  - In-depth interviews with a close contact
  - Describe patterns and events around suicides

- **Cross-sectional survey**
  - Understand mental health picture of Bhutanese refugees in US
  - Survey of 579 randomly selected Bhutanese refugees
PSYCHOLOGICAL AUTOPSIES
Number of Suicide Events Feb 2009-Feb 2012

17 reports of suicide

1 car accident

16 confirmed suicides

14 consented interview
Demographics of Completed Suicides

- 16 confirmed suicides (11 men, 5 women)
- Mean time since arrival = 6 mo (10 days - 2 years)
- Mean age = 44 yo (range 19-81)

<table>
<thead>
<tr>
<th>Age</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>18-25</td>
<td>3 (21)</td>
</tr>
<tr>
<td>26-39</td>
<td>4 (29)</td>
</tr>
<tr>
<td>40-59</td>
<td>4 (29)</td>
</tr>
<tr>
<td>≥ 60</td>
<td>3 (21)</td>
</tr>
</tbody>
</table>
Characteristics of Completed Suicides

- All by hanging
- Only 1 left a suicide note
- 10 suicides occurred in home
- 12 never previously talked about suicide
- 2 (14%) were employed
Characteristics of Completed Suicides

- 7 (50%) had friends/neighbors who attempted suicide
- 3 (21%) previously attempted suicide
- 3 (21%) had a suicide in the family
- 2 (14%) reported mental health (MH) condition
- Only 1 sought help from MH provider
## Top 3 Post-migration Difficulties

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language barriers</td>
<td>10 (77)</td>
</tr>
<tr>
<td>Worries about family back home</td>
<td>8 (61)</td>
</tr>
<tr>
<td>Difficulty maintaining cultural and religious traditions</td>
<td>6 (46)</td>
</tr>
</tbody>
</table>
Summary Psychological Autopsies

- **Suicide victims**
  - Tended to be unemployed, male, *not* a provider of the family
  - Majority faced language barriers
  - High exposure to suicide
  - Only 2/14 had previously diagnosed MH condition
  - Only 1 sought help from MH provider
CROSS-SECTIONAL SURVEY
Cross-sectional Survey: Methods

- Understand mental health picture of Bhutanese refugees in US
  - Representative survey of 579 randomly selected Bhutanese refugees >18
  - Residents of Georgia, Arizona, New York, Texas
  - Resettled in U.S. between 2008 and 2012
  - Face-to-face interview by trained interviewer
Cross-sectional Survey: Methods

- **Structured questions**
  - Demographics
  - Trauma events
  - Symptoms of Depression, Anxiety, PTSD
  - Post-migration stressors

- **Descriptive epidemiology**

- **Identify risk factors associated with suicidal ideation**
Cross-sectional Survey: Results

- 52% men
- Mean age 38 yrs (range 18-83)
- Mean time in US 1.8 yrs
- 216 (52%) employed
- 13 (3%) ever seriously thought about completing suicide
### Symptoms of Mental Health Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total n (%)</th>
<th>Men n (%)</th>
<th>Women n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety*</td>
<td>79 (18)</td>
<td>33 (15)</td>
<td>46 (23)</td>
</tr>
<tr>
<td>Depression*</td>
<td>82 (21)</td>
<td>33 (16)</td>
<td>49 (26)</td>
</tr>
<tr>
<td>PTSD</td>
<td>14 (3)</td>
<td>3 (1)</td>
<td>11 (6)</td>
</tr>
</tbody>
</table>

*Chi-square p-value <0.05
# Symptoms of Mental Health Conditions

<table>
<thead>
<tr>
<th></th>
<th>Total n (%)</th>
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</tbody>
</table>

*Chi-square p-value <0.05
### Trauma Events Experienced in Nepal/Bhutan

<table>
<thead>
<tr>
<th>Trauma Event</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of nationality or citizenship</td>
<td>381 (91)</td>
</tr>
<tr>
<td>Having to flee suddenly</td>
<td>229 (54)</td>
</tr>
<tr>
<td>Lack of adequate food/water/clothing</td>
<td>216 (51)</td>
</tr>
<tr>
<td><strong>Total # of trauma events experienced</strong></td>
<td></td>
</tr>
<tr>
<td>0-3</td>
<td>125 (30)</td>
</tr>
<tr>
<td>4-7</td>
<td>153 (36)</td>
</tr>
<tr>
<td>8+</td>
<td>145 (34)</td>
</tr>
</tbody>
</table>
## Post-migration Difficulties

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language barriers</td>
<td>260 (62)</td>
</tr>
<tr>
<td>Lack of choice over future</td>
<td>195 (46)</td>
</tr>
<tr>
<td>Worries about family back home</td>
<td>163 (39)</td>
</tr>
<tr>
<td>Being unable to find work</td>
<td>156 (37)</td>
</tr>
<tr>
<td>Poor access to healthcare</td>
<td>126 (30)</td>
</tr>
<tr>
<td>Difficulty maintaining cultural and religious traditions</td>
<td>92 (22)</td>
</tr>
<tr>
<td>Poor access to counseling services</td>
<td>84 (20)</td>
</tr>
</tbody>
</table>
What would you do to seek help if you were thinking of completing suicide?

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to friend/relative</td>
<td>106 (26)</td>
</tr>
<tr>
<td>Talk to doctor</td>
<td>87 (21)</td>
</tr>
<tr>
<td>Talk to mental health prof.</td>
<td>65 (16)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>60 (15)</td>
</tr>
<tr>
<td>Cope by self</td>
<td>37 (9)</td>
</tr>
<tr>
<td>Talk to clergy</td>
<td>10 (2)</td>
</tr>
<tr>
<td>Call crisis hotline</td>
<td>9 (2)</td>
</tr>
</tbody>
</table>
Significant Risk Factors Associated with Suicidal Ideation

- Not being provider of family
- Post-traumatic stress disorder
- Depression
- Being unable to find work
- Increased family conflict
Cross Sectional Survey Summary

- About half employed (vs. 14% in suicide victims)
- High percentage exposed to multiple trauma events
- By screening, high rates of depression and anxiety, especially among women
  - But only 4% with previously diagnosed MH condition
- Significant association between suicidal ideation and:
  - Not being a provider/unemployment
  - Depression/PTSD
  - Increased family conflict
Conclusions

- Bhutanese refugees face many challenges upon resettlement
  - Language barriers, lack of choice over future, unemployment
- Mental health conditions, especially depression, likely under-diagnosed
  - Highlights importance of mental health screening
- Need for community-based, culturally appropriate suicide prevention strategies
- Suicides continue to be a problem
  - To date, 58 Bhutanese suicides since 2009
RECOMMENDATIONS
Recommendations
Resettlement Network

- Standardize reporting of suicides
  - Community → SRC/RHC → ORR
  - Gaps in reporting remain

- SRC/RHC to engage State Suicide Prevention Coordinator
  - Facilitate linkages between refugee networks and suicide prevention services

- Familiarize with local MH resources and services
  - Use of cultural brokers

- Minimize contagion effect
  - Refrain from providing sensational coverage, not glorifying victim
Recommendations

ORR

- Hired Mental Health Specialists to focus on suicide prevention and emotional wellness
- Coordinate collection of suicide and suicide attempt info
  - Protocol for refugee suicide surveillance system developed, but implementation pending pending approval
- MH Screening
  - ORR has provided consultations to states interested in developing mental health screening
  - Pathways to Wellness made RHS-15 screening tool available to states
  - 10 states using RHS-15, and 15 states using other tools
Recommendations

ORR

- Implement community-based suicide prevention activities
  - Funded RHTAC to do QPR-- gatekeepers recognize warning signs of suicide and how to Question, Persuade, and Refer to help
    - Refugee suicide prevention toolkit
  - Webinars/Videos:
    - Self-care strategies for refugee community leaders and mitigating suicide clusters
    - Pathways to Wellness’s Community Adjustment Support Groups (made curriculum available to states)
    - Stories of Hope video
  - Mental Health First aid
    - Targets frontline refugee staff and those with health background
    - 339 trained in PA, NY, OH with more trainings planned
Refugee Suicide Prevention Training Toolkit

The Refugee Suicide Prevention Training Toolkit is designed to provide resources for Question, Persuade, Refer (QPR) instructors who are interested in training refugee gatekeepers. After a review of available gatekeeper trainings, the QPR model was selected based on its potential for nationwide dissemination and adaptation. Bhutanese community members were integral in adapting the QPR model to be culturally appropriate for refugee communities and were recently certified as QPR trainers by the QPR Institute.

- Toolkit Contents
- For QPR Trainers: How to Conduct a Training
- For Refugee-Serving Organizations: How to Host a Training

QPR Training Model
The Question, Persuade, Refer (QPR) training model helps people learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

QPR training is only delivered by actively certified QPR instructors. Learn more about becoming a certified QPR trainer for suicide prevention through the QPR Institute.

Orientation to Refugees for QPR Trainers
- Self-Study Webinar: Adapting QPR Training to Incorporate Refugee Experiences
- Refugee Experiences: Stories from Bhutan, Burma, Eritrea, Iraq & Somalia
- Glossary of Refugee Terms
- Websites and Resources on Refugees

www.refugeehealthta.org
Suicide Prevention Poster

As a refugee, I have had a hard life. No matter how hard I try, things are not getting better. Slowly my spirit vanishes and I lose hope.

If a refugee you know is feeling HOPELESS, WORTHLESS, OR ALONE, REACH OUT TO THEM. You can make a difference. You may SAVE a LIFE.

Available in English, Arabic, Karen, Burmese, Nepali
Recommendations

ORR (continued)

- Strengthen community structures and implement community-based suicide prevention activities
  - Suicide prevention in grant programs
    - Preferred Communities – intensive case management
    - Preventive Health – medical/mental screening
  - Continue to support vocational training
    - TAG FOA included social adjustment barriers
  - Enhance community’s psychosocial supports
    - Linking Survivors of Torture grantees with resettlement network
  - Use of social media tools to promote suicide prevention messages
Recommendations
*ORR* (continued)

- Explore partnerships with NGOs serving refugees to leverage resources and educate re refugee suicide risk
  - Bhutanese directory of ECBOs
  - Outreach to psychological/psychiatric organizations
  - Held series of consultation calls with Bhutanese community leaders and SMEs

- Engage SAMHSA
  - Joined National Suicide Prevention Workgroup
  - Developed MH resource guides for regions 8 & 4
  - Partnered with SAMHSA on various workshops on refugee MH
Additional Resources

- **SAMHSA**
  - General resources, screening tools, special populations, community resources, training

- **RHTAC**
  - Suicide prevention toolkit

- **ORR**
  - Emotional wellness, suicide contagion

- **Healtorture.org**

- [http://www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)
Thank you
Mental Health Issues in the Bhutanese Refugee Community

Dr. Chhabilall T. Sharma, MD
Background: Who are the Bhutanese Refugees?

- Lhotshampas: Nepali speaking population who settled in Southern Bhutan 1880s onwards; 28-33% of the current total population of Bhutan
  - Sought after by the government of Bhutan
    - Skilled and hardworking hill farmers
    - Disciplined and loyal to the monarchy
    - Distinctly different from Indian population across the border
- Late 1980s: One Nation, One People policy
- 1990: Demonstrations asking for cultural rights
- 1990-1992: Mass arrests, torture, house burnings, school closings, removal of officials from jobs
- 1991-1993: Refugee Exodus
Refugee Camps

- 108,000 Bhutanese refugees in the camps
  - 40,000 children
- Nutritional deficiency, lack of resources, failed repatriation efforts, impossibility of local integration, an increasing sense of hopelessness, safety & security problems
- Well organized camps with very active volunteerism by refugees
Coming to America

- 86,345 total population of Bhutanese refugees in America
- **Age groups:**
  - 0-14 yrs - 20%
  - 15-45 yrs - 60%
  - 46-64 yrs - 15%
  - >65 yrs - 5%
- 65% - Literacy in Nepali
- 35% - Proficiency in spoken English
- 90% - Require an interpreter for intake visits
Cultural Understanding of Health

- Acute care for pain, childbirth, surgical and medical emergencies
- Poor concept of preventative and long term care for chronic diseases such as hypertension, diabetes, and mental health
Mental Health

- No understanding of bio/psychological model of modern mental healthcare
- Lack of proper language to describe mental health
- Very stigmatized
- Only recognized mental health problem is insanity and out of control behavior
- Cultural understanding of causes of mental health:
  - Evil spirits
  - Witch craft
  - Bad Karma
  - Bad planetary position
  - Unhappy ancestral spirits
Common cultural remedies of mental health

- Dhami Jhakri
- Puja/recitations/prayers
- Vaidhya
- Seeing a therapist or a mental health provider is not part of the concept
Common Mental Health Conditions

- Adjustment disorder
- Acute stress disorder/PTSD
- Major depressive disorder
- Somatic pain disorder
- Anxiety disorder
  - Panic, Social, Generalized
- Bipolar Disorder
- Schizophrenia
- Gambling
- Domestic violence and intergenerational conflicts
- Substance Abuse Disorder
  - Alcohol, Marijuana, Huffing
Recommendations for Resettlement Agencies

- Read and understand critical healthcare issues of newly arriving refugees
- Finding housing in areas where other community members are residing
- Create detailed welcome packets that address how to safely use household items and also to seek help in crisis situations
- Involve volunteers and local community members to assist in the tasks of acculturation and safety, particularly traffic safety
- Collaborate with and promote the cooperation of local community organizations
Recommendations for Refugee State Coordinators

- Provide mental health training to resettlement agencies and community leaders
- Understand and incorporate the cultural values of refugee groups
- Promote community based organizations to:
  - Help with acculturation process
  - Educate about health care, safety issues, and mental health problems in the community
  - Celebrate culture, traditions, and language through various activities
  - Assist with job searches, legal help, financial, and social service needs, etc.
EMBARC

**Mission:** Helping refugees expand their world of possibilities through advocacy, education and community development

**Vision:** Refugee families and communities thriving in Iowa

**Motto:** Self-Sufficiency through Self-Help
Refugees in Iowa
### Ethnic Languages and Dialects of Burma

<table>
<thead>
<tr>
<th>Ethnic Name</th>
<th>Burma</th>
<th>Kachin</th>
<th>Karen/Kayah</th>
<th>Karen/Kayin</th>
<th>Mon</th>
<th>Rakhine/Arakan</th>
<th>Shan</th>
</tr>
</thead>
</table>

#### States of Burma

- Kachin
- Kayah
- Kayin
- Chin
- Mon
- Rakhine
- Shan

#### Divisions of Burma

- Thanin Thayi
- Yangon
- Ayeyawaddy
- Bago
- Magwe
- Mandalay
- Sagaing

<table>
<thead>
<tr>
<th>Ethnic Name</th>
<th>Dialects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hakha</td>
<td>Sub dialect: Hakha</td>
</tr>
<tr>
<td>Thlantlang</td>
<td>Lautu Khualsim Senthang Zokhua Mie Zotung</td>
</tr>
<tr>
<td>Falam</td>
<td>Laizo Zahau Zanniat Buakhua Ngawn Tapong Parte Tlaiai Sim Khualsim Lente Lusai (Mizo)</td>
</tr>
<tr>
<td>Tedim</td>
<td>Tedim (zomi) Sizang Teizang</td>
</tr>
<tr>
<td>Tuanzang Zo</td>
<td>Southern Chin Matu Mindapet Kanpalet Dai Cho Asho Zotung</td>
</tr>
<tr>
<td></td>
<td>Mizo Mizo</td>
</tr>
</tbody>
</table>

**EMBARC**

[embacciowa.org](http://embacciowa.org) | [facebook](https://www.facebook.com)
Suicidality Among Refugees from Burma in Iowa

2014-2016

- Eight suicide attempts
  - 7 men, 1 woman
- Ages: 20 to 50
- Ethnic Group
  - Karen, Karenni, Chin
- Three Completions
  - All men
Risk Factors

- Fear
- Social Isolation
- Unemployment
- Guilt
- Limited to No English
- Substance Use
- Social Role Upheaval
Community Responses

- Navigator Programs
- Community Fabric
- Family Mentorship
- Advocacy
Navigator Programs: Health, Parent, Youth

- Peer to peer, train the trainer, social learning model
- Capacity building *within* community
- Empowers, trains, supports trusted refugee community members to be Navigators
- Active participants in planning, implementing, evaluating
- Teach fellow community members in small learning circles
- Help community members access social services
Results

- Over 300 community members participated in learning circles
- 78% increased knowledge
- 85% increased confidence
- Requests for more trainings
Community Fabric

- Weaving, Knitting, Sewing
- Rebuild identity and culture
- Social Support
- Integration and Community Building
Family Mentorship Program

- High Risk Refugee Family matched with Mentor “Family”
- Tutoring, Social Activities, Transportation, Friendship
- Advisory Committee/Mentors
- Refugee Navigators
Advocacy

- Raising Awareness
- Community Rights and Responsibilities
- Growing a network of partnerships
- Trainings for Service Providers
Future Projects

- Mental Health Navigators
- Mental Health Interpreter Training
- Fatherhood Project
Thank You

Burmese: မျှော်လောင်စီ

Karen: သင်အား မျှော်လောင်စီ (Ta Blu)

Falam Chin: Ka lungawi

Karenni: လျှော်လာစီ
Contact Information

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Jennifer.lange@gcjfc.org  305-275-1930 x119