EXODUS REFUGEE

The Life Ahead

Connecting the Path from War to Culturally Competent Services for Refugees, Asylees, and Asylum Seekers

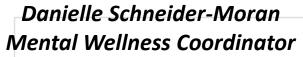


Objectives



- To better understand the role Exodus plays in our community as a resettlement agency and how this mission extends to other community services providers.
- To understand how Exodus staff apply DEI and cultural competence to ensure clients are supported and connected with community partners.
- To understand the challenges and explore solutions for broader and effective service implementation, especially for mental heath services.





Mental Wellness Team



Craig-Anesu Chigadza Mental Wellness Advocate

30 countries



Claire Pollock Mental Wellness Community Trainer

• 24 languages

Mental Wellness Program

Individual and Family therapy sessions

- Provide in-person home-based and office-based, as well as telehealth services
- Groups and modalities
 - Collaborate with Exodus' Youth Program, Women's Program, and Elders Program, as well as IUPUI's Herron School of Art Therapy program
 - Return to School during the Pandemic with Youth Group, Introduction to Art Therapy, elderly support groups, Introduction to Mental Wellness and general mental health education groups, a weaving/craft group for Congolese refugees, and Cognitive Processing Therapy for Congolese refugees

Refers clients to providers

- Connect clients to culturally and linguistically appropriate services while Build building relationships with partners
- Community outreach
 - Educate local agencies on how to provide culturally and linguistically appropriate mental health services for refugees, asylees, and asylum seekers, when appropriate

Additional MW activities and services

• Woman's health, domestic violence awareness, and parenting in U.S. culture



Who is a Refugee?

 "A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so.
 War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries."



Who is an Asylee?

 "An asylee is a person who has been granted asylum. Asylees are authorized to work in the United States, may apply for a social security card, may request permission to travel overseas, and can petition to bring family members to the United States. Asylees may also be eligible for federal or Office of Refugee Resettlement benefits, such as Medicaid or Refugee Medical Assistance."

• After one year, an asylee may apply for lawful permanent resident status (i.e., a green card). Once the individual becomes a permanent resident, he or she must wait four years to apply for citizenship.

Who is an Asylum Seeker?

• "An asylum-seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim.."

List of countries Exodus has worked with through resettlement program (recent arrivals):

Syria 259 Afghanistan Iran Azerbaijan Iraq Burm Belarus Liberia Somalia Moldova Burma of the Congo Bhutan Pakistan **Bosnia and Herzegovina** Palestine Burundi Romania Cambodia Rwanda Central African Republic (C.A.R.) Serbia China Somalia South Africa Croatia Côte d'Ivoire (Ivory Coast) Sudan Cuba Syria Democratic Republic of the Congo (D.R.C.) Ukraine **Eritrea** USSR Ethiopia Uzbekistan Gambia Vietnam Honduras

2020 Refugees

Afghanistan

Other clients Exodus has served:

Angola

Brazil

Cameroon

Chad

Colombia

Cuban

Dominican Republic

El Salvador

Gabon

Guatemala

Guinea

Haiti

India

Mexico

Nicaragua

Nigeria

Venezuela

Uganda

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Languages we have used to serve our client:

Arabic
ASL
Bembe
Burmese
Dari
English
French
Hakha
Πακπά
Haitian Creole
Haitian Creole

Lingala Mara Matu Mizo Pashto Portuguese Sango Senthang Spanish Swahili Tedim Tigrinya

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Exodus Refugee The Life Ahead

Understanding Culturally and Linguistically Appropriate Mental Health Services Through Case Studies

Case Study #1 Maria

- Female identifying client
 from Central America
- Early 30s
- Single with no children
- Spanish-Speaking
- College Level Education
- Limited prior knowledge of mental health
- Lack of experience navigating the healthcare system in the US



Symptoms



- Unexplained body pains
- Inability to concentrate in English class
- Racing thoughts causing inability to sleep
- Waking up from nightmares she doesn't recall
- Loud noises causes fear reaction
- Sadness/Depression
- Loneliness due to lack of trust with local community

Barriers



- Financial difficulties
- Providers discomfort and lack of experience in serving populations of humanitarian concern
- Providers reluctance to use interpreters due to lack of knowledge
- Administrative obstacles (prior paperwork, phone assessments, and lack of knowledge navigating US health systems)
- Infrastructure (insurance, job schedules, and keeping appointments)
- Lack of stability (low priority)
- Fear of stigma or community gossip
- Fear of speaking English
- Limited mental health providers offering cultural/trauma informed services

Interventions

- Cognitive Behavioral Therapy (CBT) and EMDR
- Referred to crisis where she was turned away but still billed
- Referred to CMHC
- Advocated for housing change due to load noises
- Advocated for financial assistance due to lack of insurance
- Case management, getting to PCP, employment support
- Advocating for high medical bills due to incorrect billing

Self-sufficiency status update



- Began mental health services with a CMHC
- Receiving anxiety medication which reduced symptoms and improved quality of sleep
- Employed and started side job
- Manages appointments with therapist and psychiatrist on her own
- Has secure housing
- Communicates and advocates for herself within Exodus and with other providers with the knowledge she's gained from this experience

Case Study #2 Introduction to Mental Wellness and Art Therapy Group

- Female identifying clients from Afghanistan
- Dari and Uzbek speakers
- Ages ranging from early 20s to mid 30s
- Married and single mothers
- Arrived within 6 months to 1 year
- Some participants have college education and some have never had the opportunity to attend school





Barriers

- Lack of mental health education
- Various levels of literacy skills and English language ability
- Transportation
- Lack of childcare
- Work hours (third shift)
- Technology
- Fear of stigma or community gossip

Interventions

- Women's group
- Introduction to Mental Wellness group
- Art Therapy group
- Reflection with interpretation
- Interpretation provided
- Educated interpreter on needs for the group intervention



Outcomes

- Flexibility with the last-minute changes
- Gratitude and appreciation
- Built relationships and open communication about mental health struggles
- · Learned how art can bring people together
- Determination
- Positive attitudes

Case Study #3 Aung

- Male identifying client from Burma
- Mid 30s
- Single
- Burmese-Speaking
- High School Education
- Limited prior knowledge of mental health services
- Difficulty navigating the healthcare system in the US



Symptoms

- Unexplained body pains
- Inability to concentrate and poor short-term memory
- Racing thoughts
- Substance abuse
- Suicidal ideation
- Sadness/Depression
- PTSD symptoms
- Loneliness due to lack of trust with local community

Barriers

- No long-term substance abuse facility that provides interpretation
- No AA meetings in Burmese in the US
- Limited English language skills
- Infrastructure (insurance, job schedules, and keeping appointments)
- Missing appointments because reminders are called in English
- Misunderstanding services (who is providing what service)
- Transportation
- Physical health issues and switching doctors
- Financial difficulties
- Providers discomfort and lack of experience in serving populations of humanitarian concern
- Providers reluctance to pay for interpreters even if accepting federal funds (Medicaid)
- Lack of knowledge of how to navigate the US health system
- Administrative obstacles (prior paperwork, phone assessments, and navigating health systems)
- Limited mental health providers offering cultural/trauma informed services

Interventions

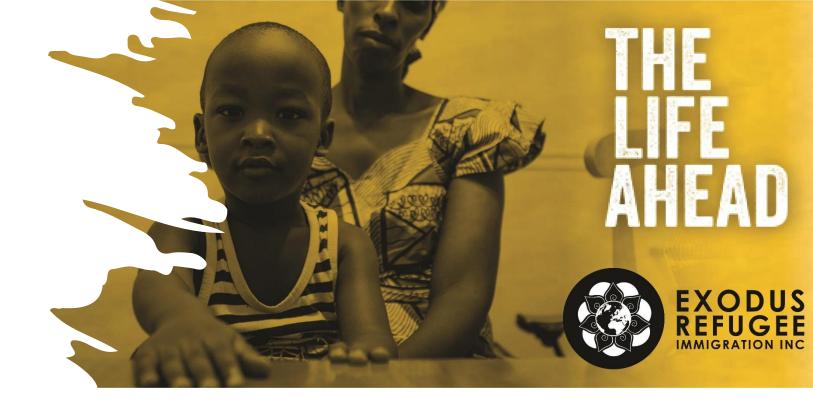
- Inconsistent ability to meet with substance abuse therapist
- Connecting to CMHC and running into barriers
- Motivational Interviewing, EMDR, and CBT
- Detox
- Education on navigating health care system
- Limited case management

Self-sufficiency status update

- Stable housing
- Applied to government benefits
- Began mental health services with a CMHC
- Employed
- Manages appointments if written down
- Communicates and advocates for himself within Exodus and with other providers
- Help?



Call to Action



What can you do to provide culturally and linguistically appropriate services to refugees, asylees, and asylum seekers in our community?

Ways to Breakdown Barriers

- Contact Exodus for a staff training
 - <u>https://www.exodusrefugee.org/contact-us/request-a-speaker/</u>
- Be an advocate within your organization
- Learn about how to access interpreters and best practices when using interpretation
- Volunteer
 - <u>https://www.exodusrefugee.org/take-action/volunteer/</u>
- Become a monthly donor
- Follow us on social media/sign up for our newsletter









- Exodus' website: <u>https://www.exodusrefugee.org/</u>
- UNHCR website: UNHCR What We Do
- CWS website: <u>https://cwsglobal.org/</u>
- Cultural Backgrounder:

http://www.culturalorientation.net/learning/backgrounders

References

- www.amnesty.org
- www.unhcr.org





Questions?

Exodus Refugee The Life Ahead







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Mental Wellness Team



Thank you!

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