Prevention Programs for Refugees: An Interface for Mental Health and Public Health

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ABSTRACT: Refugee movements impose tremendous psychological and physical trauma on survivors, making refugees a high risk group for psychopathology and psycho-social adjustment problems. Prevention programs based on public mental health principles are needed for refugees, but few exist, and none have been evaluated empirically to determine if they lower rates of illness or other psycho-social problems. This paper explores impediments to the development of prevention programming for refugees and describes public mental health strategies for the psycho-social problems of refugees. A necessary step towards the development of prevention programs is the recognition that a substantial body of knowledge exists about the refugee experience and its community mental health implications. Attention to prevention is important, particularly the need to evaluate empirically any prevention program’s effectiveness with refugees.

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A community mental health approach, focusing on prevention1, is needed for refugees since research has demonstrated that refugee status is associated with increased symptoms of emotional disturbance. Aspects of the refugee experience, including severe emotional and physical stress (Dohrenwend & Dohrenwend, 1978; Lin, 1986), being in an unfamiliar environment, experiencing rapid social change, and assuming a subordinate role in society (Bloom, 1979, 1982; Cassel, 1973), also are related to increased mental health problems. Further-

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1Throughout this paper, the terms “prevention” and “promotion” refer only to mental health programs, rather than physical health programs, unless otherwise indicated.
more, diverse refugee groups have shown a higher incidence and prevalence of mental disorders (Eitinger, 1959, 1960; Lin, 1986; Mezey, 1960a&b; Pedersen, 1949; Ratnavale, 1983; Rumbaut & Rumbaut, 1976; Westermeyer, 1986; Williams, 1987). Effective public mental health programs could counteract the harmful effects of the refugee experience.

Certain consistencies in refugee experience and behavior transcend the superficial diversity of groups from distinct cultures and historical circumstances (Ratnavale, 1983; Stein, 1981a&b, 1986; Williams & Westermeyer, 1986) and may contribute to increased rates of mental illness. Previous work with refugee groups demonstrates that psychological problems will increase when 1) a prolonged wait occurs between initial exodus and final resettlement; 2) refugees are separated from families and other natural support systems; 3) host and home countries are very dissimilar; 4) refugees plunge from a higher socioeconomic status to a lower one; 5) the refugee flight is traumatic; and 6) people are robbed of individuality by residing in massive refugee camps (Harding & Looney, 1986). These findings suggest that preventive efforts should begin at the start of a refugee crisis and that public mental health professionals should be involved throughout the resettlement process.

The goal of providing effective prevention programs for the mental health problems of refugees remains unrealized. Only a few prevention programs for refugees exist (e.g., Cohon, Lucey, Paul, & Penning, 1986; Looney, Rahe, Harding, Ward, & Liu, 1979; Lum, 1985) and their effectiveness has not been evaluated adequately. Prevention strategies discovered during earlier refugee movements frequently have not been used for current refugees in the United States. This paper summarizes information on refugee mental health for the prevention practitioner, exploring some of the reasons for the difficulty in establishing prevention programs for refugees. Several models for developing prevention programs for refugees are described, along with suggestions for preventive interventions, sensitive to cross-cultural issues, for the common mental health problems of refugees.

Impediments to the Development of Refugee Prevention Programs

Low Priority of Refugee Mental Health

During the first Southeast Asian refugee wave in 1975, little attention was paid to mental health issues and it was widely believed that