

# **Working with Refugees, their Children, and Families**

CMHC Best Practices

Park Center Inc.

Presenters

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The **United Nations High Commissioner for Refugees (UNHCR)** defines a refugee as a “person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events is unable or, owing to such fear, is unwilling to return to it.”

Each year, these refugees fleeing persecution and war in their home country are resettled throughout the United States, including within Indiana.

[https://www.in.gov/isdh/files/State\\_of\\_Indiana\\_Refugee\\_Health\\_Program\\_Annual\\_Report\\_2015.pdf](https://www.in.gov/isdh/files/State_of_Indiana_Refugee_Health_Program_Annual_Report_2015.pdf)

## What is a Refugee?

- A refugee success story

**Let's Start with a Real Life Example:**

- **Strengths for Yusra:**
- **Educated**
- **Familiar with western culture**
- **Time from fleeing Syria to relocation relatively short (1 month)**

## **Yusra Mardini's Experience**

- Unfamiliar with American Culture
- Significant Language Barriers
- Long Internments in Refugee Camps
- Varying Degrees of Exposure to Education

**Our case study...**

**More Likely Clients We See...**

- There were 1,885 refugee arrivals in the State of Indiana in 2015, a 16.9% increase over 2014. According to the U.S. State Department, Indiana was projected to receive 1,685 **primary** refugee arrivals during 2016.

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## Refugees Living in Indiana, By the Numbers...

<b>SOUTHEAST ASIA</b>	<b>1547</b>
CENTRAL AFRICA	182
MIDDLE EAST	71
EAST AFRICA	44
INDIAN SUBCONTINENT	15
CARIBBEAN	11
NORTH AFRICA	5
MEXICO and CENTRAL AMERICA	4
EAST ASIA	2
Unknown	2

## **Refugee Arrivals by Country Of Origin Region in Indiana, 2015**

- The majority of refugee arrivals in 2015 were between 25 and 44 years old upon arrival in Indiana. It is also worth noting that more than half of all arrivals were children and young adults.

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## **Who are these Refugees?**



- **Interpreter:** a person who transmits spoken or signed message from one language to another.
- **Translator:** a person who takes written text in language of original text and provides a written text into the language of the reader.

**Necessary Definitions:**

- **Limited English Proficiency:** a person with limited English proficiency (LEP) cannot speak, read, write, or understand the English language at a level that permits him or her to interact effectively with staff. Individuals who communicate with American Sign Language (ASL) are covered in this definition.
- **Language Minority:** language spoken by a minority of the population of a territory or geographical area.

## **Necessary Definitions Con't:**

- **Ethnocentrism**-- When counselors assume one value system (their own) is superior and preferable to another, they engage in ethnocentric behavior insensitive to their clients' worldviews.
- **Acculturation**--The process of adopting the cultural traits or social patterns of another (usually majority) group. Intergenerational conflicts with varying degrees of acculturation between family members.

**Necessary Definitions Con't:**

- Cultural Stigma/Ignorance to Mental Health Treatment
- Difficulty continuing services after initial resettlement assistance ends
- Transportation

**The Other Complications Refugees have to Overcome:**

- Having specific Policies and Procedures in place for Refugee and Immigrant populations regarding language and various other complications are imperative.
- Refugee situations are highly complicated and it is our job to peel back the layers of difficulties to ensure our people are taken care of fully

**What the Mental Health Initiative Has Learned...**

- **Patient Safety**
- **Mandated by Law**
  - Title VI Civil Rights Act 1964
  - Medicaid/Medicare Acts 1965
  - Americans with Disabilities Act 1990
  - Affordable Care Act 2010
- **Liability**

**Why Using Fully Trained Interpreters so Important?**

- **CLAS** (Culturally and Linguistically Appropriate Services) National Standards – “health care org. should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language”.
- **Joint Commission** – “effective communication is now accepted as an essential component of quality care and patient safety”.

**Why Using Fully Trained Interpreters so Important?**

- Children (those under the age of 18)
- Family member
- Family Friend
- A non-contracted interpreter
  - Untrained in medical interpreting

**Who are Not “Trained” Interpreters?**



- Clients have the right to refuse a service provider's interpreter for any reason
  - Dual Relationships
  - Unfamiliar so less trusting
  - Wants same interpreter for all services
  - Bad experience with interpreter

**Caveat – Client Choice....**

- Contracted companies vet and tests interpreters to assess proficiency and it is easier to utilize same interpreters for services
- Reducing dual relations
- Decreasing bias against health care—able to inform/explain clinical jargon
- Being aware of secondary trauma to those providing interpreting services
  - Some interpreters have developed support groups

**Utilizing Contracted, Trained Interpreters  
can reduce complications and Improve  
Access by:**

- When working with Refugee families, you can never just assume...
  - With English speaking people, we assume often utilizing anything from parts of a Mental Health Assessment—body posture, speech patterns, actions, etc...

**Do not Assume Anything...**

- You would have 1 qualified interpreter trained in medical interpreting services who would see the consumer every time for every session.
- They would provide accurate interpreting and educate services providers on cultural practices interfering with the message/treatment being provided to consumers.
- They would understand every dialect of every language your person speaks
- This interpreter would not know the client personally

**In a Perfect World...**

- Clients would be able to obtain any important information (Medicaid recertifications, Social Security paperwork, appointment changes) in their language

**In a Perfect World...**

- We live here in the real world where it is our job to look for the complications, work through them without bias or influence of our own belief systems.
- We partner with these families in order to help them achieve their own successful stories.

**In the Real World...**