Immigrant and Refugee Mental Health Services : Hawai'i as a Case Study

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Introduction

The United States is experiencing another wave of anti–immigrant sentiment. The economic recession and unemployment have contributed to resentment toward newcomers, and an atmosphere of intensifying racism and xenophobia is evident. Riding this wave of anti–immigrant backlash, politicians are arguing for cuts in benefits for immigrants. In this climate, it becomes a bigger challenge to advocate for needed services for immigrants and refugees. Within this general reluctance to spend funds for immigrants and refugees, much attention is paid to physical health concerns such as immunizations against infectious diseases and tuberculosis testing. These are considered a priority and "necessary" for the welfare of the public health. In the area of mental health however, there is little understanding or recognition of the need for attention.

However, research has shown that mental health is linked to physical health, and that neglect of psychiatric problems may well become a major health problem. Research by Westermeyer et al has found that refugee psychiatric patients are more likely to have recurrent medical complaints, emergency room visits, and hospital visits (1983). Others speculate that depression may be the biggest threat to refugee health (Westermeyer and Williams, 1986). Decades of research and experience have given us insight into the risk factors associated with immigrant and refugee adaptation as well as the factors promoting healthy adaptation. We know what can help

prevent emotional disorders from occurring. Therefore, the greatest argument for promoting attention to immigrant and refugee mental health is that it will be cost effective and prevent worse problems from surfacing later.

This paper will address the question of what is needed to provide adequate mental health services for immigrants and refugees. Drawing on the literature I will give an overview of the problems related to acculturation faced by immigrants and refugees. I will outline the gaps in services, present some implications for program planning and suggest proposals for improvement of the services that presently exist in the United States, and specifically in the state of Hawai'i. Finally, I will describe the activities of the Interagency Council for Immigrant and Refugee Services which are trying to address some of these mental health needs in Hawai'i.

I. Acculturation Stress and Settlement Problems

Immigrants and refugees often face problems with adjustment to their new host culture. The drastic change in environment, and conflicts in identity, roles and values make individuals vulnerable to psychological distress. Stressful post–migration experiences added to the often traumatic pre–migration experiences such as catastrophe, loss, and violence predisposes these individuals to mental health problems.

In "Mental Health in Resettlement Countries", Morton Beiser suggests that the two most salient post–migration stresses are unemployment and separation from family (1990). Other stresses include lack of education, language problems, unfamiliarity with services, cultural isolation, and family conflict.

Intergenerational conflict within the family has been a particular focus of attention in recent years (Matsuoka, 1990). Many problems stem from the differential adjustment between the young family members and old. As can be expected, youth pick up the new language and culture much faster than their parents. Parents are often dismayed at the new habits their children are adopting, while children are embar-

rassed by their parent's lack of adjustment. Role reversal is another source of stress within immigrant families. The division of labor in families is usually very different from that in the U. S. In the U. S., immigrant women often need to join the work force to contribute to the family income. It is not uncommon for the men, usually the primary bread winner in their home country, to be underemployed. The change in roles and status may cause friction within the family.

Isolation from their cultural group and lack of support is another major source of stress. Studies have shown the pivotal role that contact with cultural groups have on successful acculturation (Westermeyer et al, 1983 a). Being able to participate in cultural events promotes ethnic pride and continuity, which boosts self esteem. Unfortunately, the U. S. resettlement policy has undermined cultural continuity by dispersing refugees, thinking that cultural enclaves would prevent assimilation. Research has proven that contact with cultural groups actually facilitates acculturation to the host country (Westermeyer, 1987).

Cultural insensitivity, ignorance and even racism on the part of social services and other institutions creates stress for many immigrants and refugees. Weil points out three types of racism existing in the service delivery system : 1) institutionalized, (such as barriers to employment), 2) institutional, (such as location and scheduling that are not accessible to high risk groups, or refusal to take cultural factors into account), and 3) individual, (insensitivity to culturally patterned responses, or lack of recognition of cultural differences) (1983).

Other institutional problems stem from the lack of coordination of services and the complexity of the social service delivery system. Frustration in dealing with bureaucratic procedures are compounded when an individual is unfamiliar with the language. Lack of coordination of services means that immigrants must visit several locations to accomplish one matter, and negotiate with unknown systems of transportation.

In this section, I outlined some of the major areas of stress which immigrants and

refugees encounter upon migration. The main purpose of this paper is to point out the variables which we as social service providers can influence to prevent some of these problems from happening, or to help ameliorate the stresses. Morton Beiser makes an important point when he states :

> Migration is a condition of risk for developing mental disorder. If one migrates as a refugee, the jeopardy to emotional well-being is even greater. Moreover, this risk is double-edged : if newcomers decompensate under the stresses of resettlement, they become a burden to their hosts rather than an asset. But the risk is not destiny. The social and historical contingencies surrounding resettlement as sell as personal strengths which individuals bring to the situation determine whether exposure to risk results in break-down or in personal fulfillment (1990, p. 52).

It is incumbent upon society to provide a social service service system which will minimize the chances that this risk results in breakdown and enhance the possibilities of personal fulfillment. In the next section, I will briefly summarize the major gaps or problems in services as they exist, before making recommendations for improvement.

II. Policy Issues and Gaps in Services

Westermeyer's critique of the Federal resettlement policy in "Prevention of Mental Disorder Among Hmong Refugees in the U. S. : Lessons from the Period 1976-1986" sheds some light on the origin of some of the major problems in immigrant and refugee services (1987). Westermeyer emphasizes the negative role that the scattering policy of refugee placement had on refugee mental health. This led to cultural isolation of families and led refugees to re-migrate to be near relatives. Research has shown that secondary migration caused increased stresses and problems in adjustment. Second, the time limited federal responsibility for refugees is unrealis-

tic. After 18 to 36 months, the responsibility for the refugee shifts to the state government. States do not have adequate resources to develop necessary programs. Consequently, states deal with refugees through programs designed to care for chronically disabled or indigent citizens. Third. Westermeyer points to the neglect of refugee mental health. Successful programs have been removed from federal funding with the result that prevention and outreach programs had to be discontinued. He concludes that there is a lack of knowledge and expertise on the state level regarding refugee mental health, and that the use of the state welfare system for refugee social adjustment is inappropriate and a burden on the state. He advocates for pressuring our congressmen to develop refugee policy and to provide funding for appropriate refugee services.

In sum, the major service problems are : 1) lack of coordinated mental health policy for immigrants and refugees, including lack of understanding of the need, 2) lack of prevention oriented programs, 3) lack of sensitivity to cultural traditions and differences, 4) individualized versus family oriented services, 5) lack of equal access to services, (bilingual services), 6) fragmentation of services, 7) lack of community participation.

III. Implications : Recommendations for Improvement of Services

There are a number of common themes which emerge from the literature on ways to improve immigrant and refugee services. First, there is a need to coordinate the maze of services offered to refugees and immigrants in order to reduce the confusion that exists among the clients as sell as the service providers. A more ideal model of intervention would be to have a centralized agency that would provide a wide range of services. This multi-service center would include social service assessment, financial assessment, health and mental health screening, vocational training, and information referral (Matsuoka, 1991). The coordination of services would help iden-

tify problem areas and gaps in service delivery and develop ways of resolving them.

Furthermore, the multi-service center should be based on an ecological framework, which considers not just the individual, but the total family's needs. Work with immigrants and refugees must recognize the strengths of the family unit. Immigrant families are often characterized by strong solidarity, mutual helpfulness, and respect for age and seniority. Family interests and refugee coping behaviors have found that families and friends will pool resources during difficult times.

Next, an effective program for immigrants and refugees must include preventive measures. This would include bilingual educational and information programs which inform the immigrant/refugee about life in the new culture, the system of services and agencies, and about the natural course of "culture shock". It is important to educate refugee leaders, family heads, translators, sponsors, teachers, social workers and health care providers to detect early signs of common mental health problems as well as about referral sources.

Having bicultural and bilingual mental health workers is an important element for successful programs. The study by Westermeyer et al. on post-migration risk factors have shown that access to a bicultural support-person greatly facilitates the adjustment process (1983 a). In a clinical setting, the bilingual-bicultural worker acts as a cultural informant, helping the client to understand the treatment, and can help prevent misdiagnosis and the prescription of inappropriate treatment. In outreach settings, the bilingual worker can encourage the client and help him/her understand what options are available and assist in making the linkages. Outreach therefore, is another aspect of services which positively affects client utilization of services.

In addition to having bicultural and bilingual workers, social workers and health workers of all cultural groups should receive cultural sensitivity training. Cultural considerations are a crucial factor in gaining and maintaining the client's trust.

An issue related to the need for culturally sensitive mental health services is the need for equal access. This includes providing access to services in the appropriate

languages. Providing language accessibility is a federal mandate (under Title VI of the Civil Rights Act), but is unfortunately not enforced or practiced in many state services. It is important for a service center to be located in a central location which is accessible to the target population.

Finally, a community-based approach to services has proven to be effective. This approach calls for social service providers to involve clients and representatives of ethnic groups to participate in the planning and delivery of services. On a policy level, inputs should be obtained from professionals who are familiar with refugees and their culture.

A community-based model is an important way to prevent social isolation and feelings of alienation, which are risk factors for developing emotional disorders. There is no doubt that community contact as well as participation in cultural events assist in an individual's positive mental health. Mutual Assistance Associations (MAA) are an example of an organization which facilitates community contact and cohesiveness. MAAs vary widely in purpose, ranging from primarily cultural, religious or political associations, to fraternal, social or recreational groups. Many of these groups provide a range of educational, support and training services to their communities, including language courses, job training programs and cultural orientation (Bui, 1983).

These recommendations offer some key points which would not only improve the quality of services provided to immigrants and refugees, but would shift the focus of our services from a *reactive* to a *proactive* and *preventive* approach. It is also clear from the nature of these recommendations that community resources already exist to make these improvements. Most of these suggestions merely require a shift from our traditional approach to a more participatory, inclusive approach, utilizing resources in the community (such as bilingual/bicultural workers). What these recommendations imply is a rethinking of priorities and a recognition that a preventive model of mental health services is to the benefit of the community and nation as a

whole. Stella Mullins states this well :

> In other words, the mental health of every American is related to and, in the largest sense, dependent upon, the mental health of all that live within the borders of the United States. Our collective mental health is also related to and dependent upon the absence of certain environmental risks, like poverty, illness, isolation, trauma, the disruption of families. These values should determine our policies (1990, p. 167).

IV. The Interagency Council for Immigrant Services in Hawai'i : A Case Example

In this section, I will use the Interagency Council for Immigrant and Refugee Services (IAC) in Hawai'i as an example of an effort to put some of the above ideas into action. The IAC is a consortium of agencies which provide services to immigrants and refugees. Its membership include state agencies such as various branches within the Department of Health, as well as state-funded non-profit organizations serving this population. The purpose of the IAC is to conduct collaborative projects, pool resources, coordinate services, disperse pertinent information, and serve as a united voice to advocate for the rights of immigrants and refugees. The IAC has a number of sub-committees such as Housing, Legislative, Civil Rights/Affirmative Action, and Health/Mental Health. I will introduce some of the action undertaken by the IAC, as well as plans underway which illustrate the approaches outlined above.

The programs I will describe can be divided into four categories : 1) education and training, (especially to increase ethnic group representation among social service providers), 2) community support, 3) access issues, and 4) coordination and streamlining of services. I argue that these programs are example of ways to implement the recommendations listed above, towards creating a successful immigrant and refu-

gee service system. Although some of these IAC programs are applied to social services in general and not restricted to mental health services all impact on mental health services.

1. Education and Training

One of the major goals of the IAC has been to provide opportunities for persons of various ethnic groups to receive training in order to increase the number of bilingual and bicultural social service providers. One project has been to create a scholarship for a worker (from an immigrant group) to receive training as a community health outreach worker. Another project identifies minority youth to serve as "apprentices" to assist in an IAC agency, and to get training and experience in social service work. Besides the benefit of receiving job experience, the apprentices receive a stipend, and the agency greatly benefits from the extra help. The intent of these programs is to increase the number of bilingual/bicultural service providers in the system.

An ongoing project of the IAC has been to provide training to community workers in needed areas. These range form cultural awareness training, to educating workers about important changes in policy.

2. Community Support

One on the IAC agencies, Susannah Wesley Community Center, operates the Immigrant and Refugee Support Service Program. This program provides mental health support services to those with mental illness or at risk of developing severe disabling mental illness. The program is geared to those with limited English. Bilingual staff refer clients to private and public mental health services and accompany clients to provide translation. With emphasis on prevention and intervention, staff offer support services including individual, family and group counseling on parenting, substance abuse, acculturation, domestic violence and health issues. A second

branch of this program serves the severely mentally disabled and those with other mental/emotional illnesses, disorders, or related problems. They provide support services such as translations, service planning, referrals, family support and outreach to clients. This is the only program in the state specifically for immigrants and refugees which provides outreach services in the client's language.

In order to facilitate the coordination of services and to improve the referral process among agencies, the IAC sponsored a series of information sharing sessions among the bilingual community workers. At these sessions, workers from the various immigrant service agencies gathered to learn about each agency's work, and what resources exist, discussed problem areas and strategies for addressing these needs. These sessions proved to be a overwhelming success, and fostered communication within each ethnic group. The IAC has benefited from the ideas generated by these groups. This has brought the IAC closer to a more ideal system where planning takes place with participation from those that are directly involved in the community. The next step is to get increased client participation in program planning.

These groups have also planned community events such as conferences and picnics. The mobilization of the community is a positive step for the immigrant/refugee social services.

3. Access

Advocacy for greater access to services is an important aspect of the IAC. Offering scholarships and training of bilingual workers is aimed at increasing the number of bilingual/bicultural workers in the social services. An Overview of Immigrant and Refugee Services of Hawaii states that the most significant factor in the successful treatment of immigrants and refugees is ensuring bilingual/bicultural service capability (Puzon, 1994). Much of IAC work involves advocating for competence in this area, pointing out the responsibility of state services to provide appropriate language services.

4. Coordination and Streamlining

The IAC is working with the Hawai'i State Office of Community Services to draft a 5-year immigrant service plan. The IAC suggests the creation of a multi-service oriented center with job training, language classes and community center-type activities. Another important aspect of this plan is the need for more outreach workers who can link clients to the appropriate services. I believe that outreach is the key to enhanced utilization of existing services by immigrants and refugees. Ultimately however, the state must direct more attention to the mental health system in general, to divert more funds to this needed area.

Conclusion

In this paper, I have addressed some of the most pertinent issues which must be addressed in order to improve mental health related services for immigrants and refugees. We cannot afford to ignore mental health issues until they become so problematic that ignoring them is no longer possible. Rather, they should be considered from the beginning. For immigrants and refugees, primary preventive measures such as assistance with acculturation related matters is the most important mental health strategy. Making services accessible, and facilitating timely entry into treatment is an important secondary prevention strategy. Cross-cultural training for mental health workers serves as a tertiary prevention measure which aids in diagnosis and treatment (Westermeyer, 1987). I have suggested recommendations which would put these preventive measures in place. The IAC is working to implement a more competent, prevention based service system for immigrants and refugees in Hawai'i. I believe that the experience of Hawai'i may offer other states and countries valuable insight into planning competent services for a multi-cultural society.

I began this paper with a concern about the anti-immigrant mood in the United States. I believe that the greatest barrier to creating a competent immigrant and

refugee program is the lack of commitment and willingness to invest in this population. I would like to conclude with two quotes which I think provide a compelling case for investment in immigrants and refugees :

> If attention to refugee problems is not considered of benefit to enough people in this period of decreasing funding for human services, then its applicability to other areas of human needs should be considered. Refugee mental health shares commonalities with services provided to other minorities and undeserved populations, war and disaster victims, and individuals making cultural adjustments (e. g., immigrants and Peace Corp volunteers). Thus, knowledge gained from issues in refugee mental health will go beyond the initial group served (Westermeyer and Williams, 1986, p. 244).

> Accepting refugees is an act of compassion and practicing compassion is as important to a society as finding immigrants who will contribute talent, money and youth. To paraphrase Aristotle, a nation's greatness can be measured by its compassion. In recent years, Canada and the United States have often acted generously in admitting refugees. However, opening our doors to victims of persecution and violence is not enough. The best interests both of receiving countries and of refugees are served when newcomers can be ensured a welcome which, with the support of their families and communities, encourages their dreams and grants them the same hope of realizing them as members of the host society would wish for themselves (Beiser 1990, p. 63).

References

Adkins, M. A. (1990). Role of bilingual/bicultural service providers in the delivery of mental health services. In W. H. Holtzman and T. H. Bornemann (Eds.), *Mental health of immigrants and refugees,* (pp. 217–223). Texas : Hogg Foundation for Mental Health.

Beiser, M. (1990). Mental health of refugees in resettlement countries. In. W. H. Holtzman and T. H. Bornemann (Eds.), *Mental health of immigrants and refugees.* (pp. 51–65). Texas : Hogg Foundation for Mental Health.

Berry, J. W. and Kim, U. (1988). Acculturation and mental health. In. P. Dansen, et al (Eds.), *Health and cross cultural psychology.* (pp. 207–236). London : Sage.

Brody, E. B. (1990). Mental health and world citizenship : sociocultural bases for advocacy. In W. H. Holzman and T. H. Bornemann, (Eds.), *Mental health of immigrants and refugees.* (pp. 299–327). Texas : Hogg Foundation for Mental Health.

Bui, Diana. (1983). The Indochinese Mutual Assistance Associations. In *Bridging cultures : Southeast Asian refugees in America.* Special Service for Groups. Asian American Community Mental Health Training Center. Los Angeles, CA. pp. 167–180.

Caplan, N., Whitmore, J. and Choy, M. (1989). *The boat people and achievement in America : A study of family life, hard work and cultural values.* Ann Arbor : The University of Michigan Press.

Gold, S. J. (1989). Differential adjustment among new immigrant family members. *Journal of Contemporary Ethnography, 17*(4). 408–434.

Kinzie, D. J. (1986). The establishment of outpatient mental health services for Southeast Asian refugees. In C. Williams and J. Westermeyer (Eds.), *Refugee mental health in resettlement countries.* (pp. 217–230). Washington : Hemisphere.

Matsuoka, Jon. (1990). Differential acculturation among Vietnamese refugees : Implications for social work practice. *Social Work, 35*(4), 341–345.

Matsuoka, Jon. (1991). Vietnamese Americans. In N. Mokuau, Ed., *Handbook of social services for Asian and Pacific Islanders,* (pp. 118–130), New York : Greenwood.

Miyano, Jim. (1983). The creation of the Indochinese Refugee Service Center in L. A. : A strategy for local assistance. In *Bridging cultures : Southeast Asian refugees in America.* Special Service for Groups. Asian American Community Mental Health Training Center. Los Angeles, CA. pp. 181–192.

Morrissey, G. J. Jr. (1990). Shining the light on a closed system. In W. H. Holzman and T. H. Bornemann (Eds.), *Mental health of immigrants and refugees.* (pp. 155–158). Texas : Hogg Foundation for Mental Health.

Mullins, Stella. (1990). Social services for refugees and immigrants : Issues and problems. In W. H. Holzman and T. H. Bornemann (Eds.), *Mental health of immigrants and refugees.* (pp. 167–189). Texas : Hogg Foundation for Mental Health.

Puzon, Julianne. (1994). An overview of immigrant and refugee services in the state of Hawaii. A report prepared for the Office of Community Services.

Ray, Charles. (1990). United States government policy. In W. H. Holzman and T. H. Bornemann (Eds.), *Mental health of immigrant and refugees.* pp. 139–154). Texas : Hogg Foundation for Mental Health.

Rumbaut, Ruben. (1989). Portraits, patterns and prediction of the refugee adaptation process : Results and reflections from the IHARP panel study. In D. W. Haines. Ed., *Refugees as immigrants : Cambodians, Laotians, and Vietnamese.*, (pp. 138–182).

New Jersey : Rowman and Littlefield.

Salcido, Ramon. (1983). Advocacy for the Indochinese : A proposed model. In *Bridging cultures : Southeast Asian refugees in America.* Special Service for Groups. Asian American Community Mental Health Training Center. Los Angeles, CA. pp. 105–116.

Suro, Robert. (April 3, 1994). Immigrants taregeted for benefit cuts. *Guardian Weekely,* Manchester and London, U. K.

Weil, Marie. (1983). Southeast Asians and service delivery– Issues in service provision and institutional racism. In *Bridging cultures : Southeast Asian Refugees in America.* Special Service for Groups. Asian American Community Health Training Center. Los Angeles, CA. pp. 136–163.

Westermeyer, J., Vang, T. F., and Neider, J. (1983 a). Migration and mental health among Hmong refugees : Association of pre– and post–migration factors with self–rating scales. *The Journal of Nervous and Mental Disease, 171*(2), 92–96.

Westermeyer, J., Vang, T. F., and Neider, J. (1983). Refugees who do and do not seek psychiatric care : An analysis of premigratory and post migratory characteristics. *Journal of Nervous and Mental Disease, 171*(2), 86–91.

Westermeyer, J. (1987). Prevention of mental disorder among Hmong refugees in the U. S. : Lessons from the period 1976–1986. *Social Sciences and Medicine, 25*(8), 941–947.

Westermeyer, J. and Williams C. L. (1986). Planning mental health services for refugees. In C. L. Williams and J. Westermeyer (Eds.), *Refugee mental health in resettlement countries.* (pp. 236–245). Washington : Hemisphere.

Williams, C. L. (1990). Prevention. In W. H. Holtzman and T. H. Bornemann, (Eds.), *Mental health of immigrants and refugees.* (pp. 190–206). Texas : Hogg Foundation for Mental Health.

Whitman, J. K., Trautman, M., and Caplan, N. (1989). The socio–cultural basis for the economic and educational success of Southeast Asian refugees. In D. W. Haines (Ed.), *Refugees as Immigrants : Cambodians, Laotians, and Vietnamese in America,* (pp. 121–137). New Jersey : Rowman and Littlefield.