Hmong and Refugee Mental Health/AODA Considerations

Introduction

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Overview of Refugee MH projects in Wisconsin

- State Refugee Office
  1. Established in 1980 (Refugee Act of 1980)
  2. Role—
     - ensuring that refugees are self-sufficient upon arrival (*pass through federal grants*)
     - objective to establish culturally and linguistically competent providers and services.
     - *Programs (Refugee Mental Health Program Background).*
       - *National competition (1997)*
       - *Regionally based*
       - *Mutual interest (private, county, community refugee-run agency)*
       - *Bilingual and bi-cultural commitment*
       - *Federal grant ended 2008*
- The importance of the private sector and State Refugee Services partnerships in developing competent MH and Substance Use and Abuse services.

Overview of Sebastian Family Psychology Practice, LLC

- Main stream services
- Refugee/Immigrant services
- Psychiatric evaluation & medication management
- Psychological testing
- Individual Therapy (Mental health and substance abuse)
- Case management
- Parenting assistant/education
- Translation/interpretation
- In-home

Mission Statement

- To improve the well-being for people of all backgrounds, including immigrants and refugees, through behavioral health care that is sensitive to the needs, unique experiences and backgrounds of our clients.

Refugees & Asylum

- **Refugees:** Individuals directly resettled by the U.S. government. Refugee status is a form of protection that is granted to people who are of special humanitarian concern to the United States. Refugees are generally people outside of their country who are unable or unwilling to return home because they fear serious harm as a result of war, political repression, prejudice, hatred, or religion.

- **Asylum:** A form of protection available to people who:

  a) Meet the definition of refugee

  b) Are already in the United States

  c) Are seeking admission at a port of entry

Who are the Refugees we Serve?

Ranked by Numbers Served Since 1998 to Present:

1. Hmong
2. Burmese
3. Africans
4. Bosnians, Croatians, Serbians
5. Middle Easterners; Iraqis, Palestinians, Afghanistan, Russians (and those from other former Russian territories)

Rationales for Mental Health Services for Refugees

- Very low use of mental health services in refugee communities, which seek MH services as last resort.
- Refugees have unique stressors that put them at greater risk of developing mental health disorders. Refugees are at greater need for supportive services.
- There are multiple barriers and challenges when it comes to seeking mental health services that are specific to refugees.

WI Estimated Population of Refugees and Formal Refugees (2008)

	Number
Hmong	50,084
Lao.....	5,743
Vietnam	3,663
FSU	2,974
FYUG	2,864
Africa.....	1,993
Cambodian	1,177
Burma	580
Other	1,834
Total	**70,912**

Milwaukee….21,906

Dane……...8,170

BMRLS/DET/DWD

2010 Census Hmong Population

- United States total: 260,076
  1) California: 91,224
  2) Minnesota: 66,181
  3) **Wisconsin: 49,240**
  4) North Carolina: 10,864
  5) Michigan: 5,924

Milwaukee = 11,904
Wausau = 5,927
Madison = 4,230
Sheboygan = 4,168
Green Bay = 4,152
Appleton = 4,082
La Crosse = 3,182
Eau Claire = 2,749
Oshkosh-Neenah = 2,320
Manitowoc = 1,614
Stevens Point = 1,274

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
http://www.hmong.org

2010 Census Hmong Population

Highest Concentration by City

1. Minneapolis-St. Paul, MN:	64,422
2. Fresno, CA:	31,771
3. Sacramento, CA:	26,996
4. Milwaukee, WI:	11,904
8. Wausau, WI:	5,927
10. Madison, WI:	4,230

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
http://www.hmong.org

"Coffee Gets You Up, Breakfast Gets You Going."

Client Demographic Data at Sebastian Family Psychology Practice, LLC

Refugees served in CY2013

Male: 51 Female: 55 Total: 106

1. Burma (61%) 2. Iraq (27%) 3. Africa (9%)

4. Chinese (2%) 5. Hmong (1%)

* About 85% of services are provided through an interpreter

Hmong served in CY2013

M: 21 Female: 41 Total: 62

*99% of the sessions are done in the Hmong language

Culturally Focused Responses and Practices Service Delivery

- (a) Strengthening provider-client relationship/alliance: *views from the Hmong, African, Middle Eastern, Chinese, Burmese vantage points*
- (b) Ensuring that you have the appropriate staff member(s) and resources to reach out and to appropriately follow through with services
- (c) Managing the clinical session of an hour (paying for the time) but also ensuring that client's concerns and understandings are addressed to ensure that clients return
- (d) Capturing the cultural messages in the unspoken communications; *understanding the complications of confidentiality, rumors, and stigmas*
- (e) The role of Psychotropic medications and MH outcomes for refugees
- (f) Recruiting a stable psychosocial support system for the client and their family. The roles and hazards of the ethnic communities, leaders, and managing social isolation
- (g) Being attentive to unsafe behaviors such as DV, Suicide, homicide, intimate partner safety, while being sensitive to legal and law enforcement involvement

Considerations in working with Hmong Clients/Families

- 3 different waves of migrations.

1) Initial Wave, 1975-78 (Refugee Assistance Act of 1975). Primarily men directed associated with General Vang Pao's Secret Amy (*USAID employees*), about 3,000 people were evacuated to the USA.

2) 2nd Wave started, 1978-1991, 30,000 initially and continued until 1999. By 1999 approximately 250,000 Hmong have been resettled in the USA.

3) 3rd Wave, 1992-2006, repatriation program began by closing Ban Vinai camp in 1992. Threats of forcible removal by the Thai government and Hmong American community advocacy resulted in two U.S. resettlement opportunities in 1996 (Napho refugee camp) and again in 2004-2006 (Wat Tham Krabok).

Continued

- Because of the different waves in migration, many Hmong in the USA will greatly differ in

  a) language; *don't speak English to don't speak Hmong*

  b) education; *no education to lawyers, doctors, senators*

  c) income; *low-income to upper income*

  d) religion; *Shamanism to Christians*

  e) level of assimilation/acculturation

  f) beliefs

  * Conflicts as result of role reversals

Western legal system vs Cultural legal system

- **Cultural legal system**

  1) Legalizing marriages or divorces

  2) Marriage problems or family conflicts

  3) Crimes; sexual assaults, disputes regarding accusation or wrong doings

- **Task are performed by respected leaders within the clan**. Responsibilities include:

  1*) Performing cultural ceremonies to legalize marriages or divorce*

  2) Mediate and resolve conflicts w/out having to involved western systems

  3) Give recommendations, provide counsel, advices, cultural enforcement (fines), and make referrals

- Individuals unhappy with the ruling of the cultural system seeks out western services (e.g. divorce, domestic abuse, custody, etc.)

Hmong Family System

- More than 98% live in family household
- 70% are married couples with children
- Average family size are 6.4 persons
- 57% of Hmong in WI are children, under the age of 18
- 60% of Hmong women have no education vs 30% of men

- *UW-Extension year 2000*

- Patriarchal; status, power, decision making are with the men
- Married middle age men with children have most power
- Women have private but limited public power (conflicts based on financial and education obtainments)
- Daughter in-laws typical have no power
- Children have no power

(role reversal for parents with no education or English)

- Healing by Heart

Hmong Traditional Medical Practices

- Cultural treatments
  a) Medicine doctors
  b) Physical therapists
  c) Shamans
  d) Ritual or magical healers
  e) Cultural medicines (herbs, roots, oversea medications)

- Medical decisions are made collectively
- No cultural treatment for AODA

- Seek out western treatment if they no longer practice traditional treatments, traditional treatment is not working, referred out, or for benefits or documentation purposes.

Addiction Concerns

- Alcohol

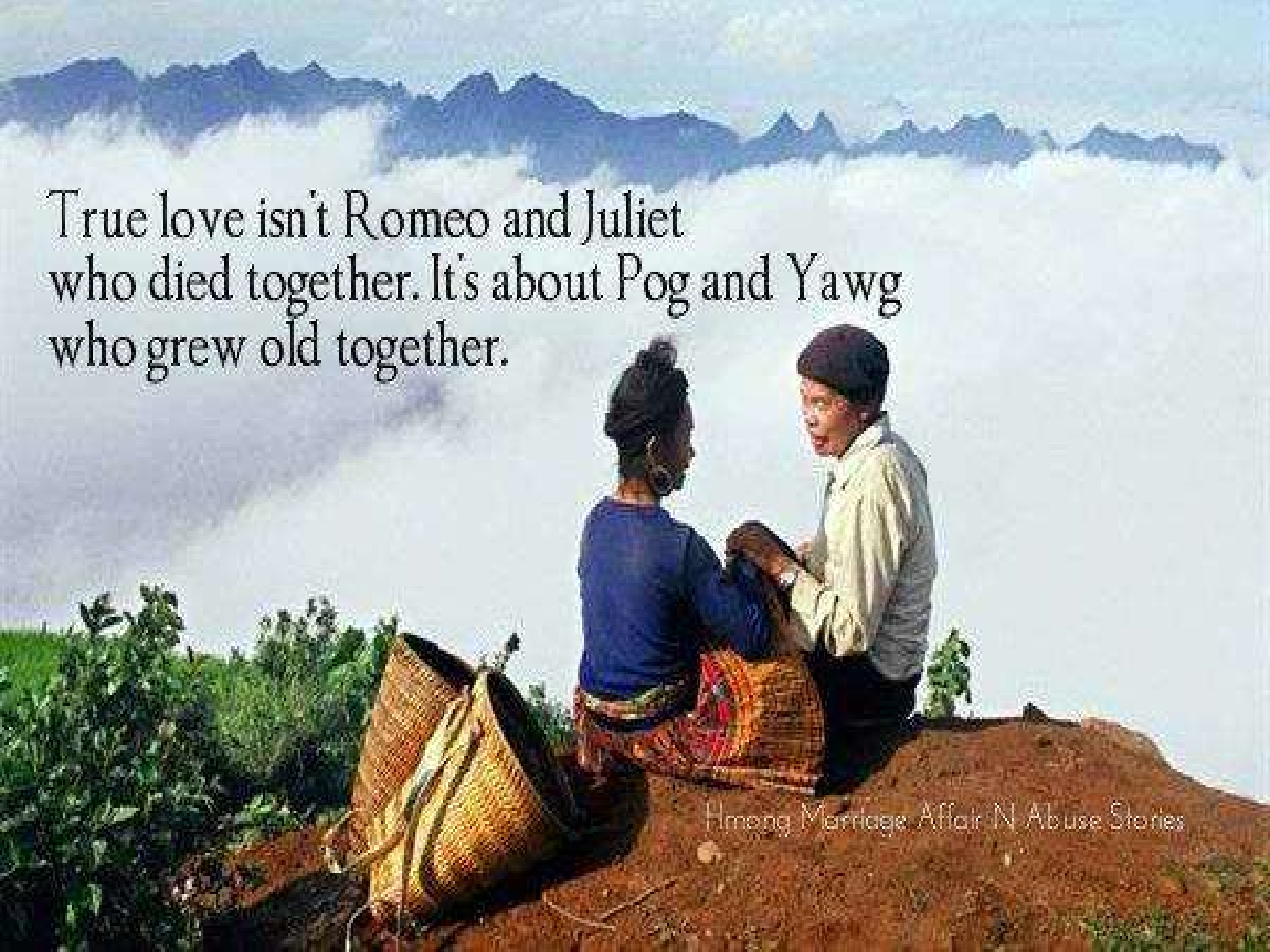
  * Hmong-cultural ceremonies require the use of alcohol-heavy drinking

  * Burmese-alcohol use is normal, ok for children to use alcohol back in Burma and in the camp

  * Alcohol is the most commonly abuse drug in the refugee camp
- Marijuana (drug of choose for Hmong and Burmese teens)
- Opium (drug of choice for Hmong elders) – long history of opium use dating back to early 1900, when French colonies the Hmong

- DUIs, increasing numbers with Burmese (10-15 referrals per year)
- Leading to domestic violence, arrest, job lost

- No cultural treatment (rumors and shame)
- Distrust of western legal system


True love isn't Romeo and Juliet
who died together. It's about Pog and Yawg
who grew old together.
Hmong Marriage Affair N Abuse Stories

Review of the SFPP clinical journey

- Personal experiences with Hmong clients (Leng)
- Experiences with African refugee clients (Dr. Sebastian)
- Experiences with Burmese refugee clients (Leng)
- Other refugee: Bosnians, Croatians, Serbians, Middle Easterners; Iraqis, Palestinians, Afghanistan, Russians (Dr. Sebastian)

Does the current DHS delivery of Mental Health and Substance Abuse Treatment approach reach Hmong or refugee clients?

- Wisconsin has a state-supervised, county-based system of mental health and substance abuse (MH/SA) system.
- The Division of Mental Health and Substance Abuse Services (DMHSAS) in the Department of Health Services (DHS) is the state MH/SA agency and is the designated State Mental Health Authority (SMHA) and Single State Agency (SSA) for Substance Abuse.
- The division is responsible for allocating state and federal funding for the provision of MH/SA services and for implementing various responsibilities under the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act, more commonly referred to as state administrative code Chapter 51.
- While the state has broad responsibility for MH/SA system planning, management and oversight, the state's counties are statutorily responsible for administering MH/SA services.
- Wisconsin statutes further provide for counties to meet MH/SA service responsibility through single county systems, such as single county boards and departments of community programs or human services, or through multi-county systems.
- Wisconsin's regions include Northeastern, Northern, Southeastern, Southern, and Western and are comprised of the 72 counties and 11 Native American Indian Tribes.

Key considerations for serving Hmong and refugees clients in Wisconsin.

Policy vs No Policy

1. International policy (World Health Organization)
2. Federal policy (SAMSHA—underserved populations)
3. State policy (DHS—underserved outreach staff)
4. Counties: single or multi-counties & tribal system

Access Gaps:

1. Cultural & Language Differences
2. Complex Delivery System (agency, county to state)
3. Lack of bilingual and bi-cultural services

Challenges:

1. *How do you meet the needs of underserved populations such as the Hmong and refugees? E.g. suicide in Hmong community is fourth leading cause of death? Many drink to numb their PTSD, societal stress, and so on.*
2. *How do you avoid using a cookie cutter approach in order to serve new populations?*
3. *How does other state (MN/IL) does it?*

Future Challenges

1) What happens when cultural practices disappear?

2) Should we sustain cultural practices?

3) If yes, how?

Thank You!
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