Podcast: A Discussion on Refugee Mental Health

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Introduction

Selina Máté: Welcome to the Switchboard podcast. Switchboard is a one-stop resource hub for refugee service providers in the U.S., funded by the Office of Refugee Resettlement. We provide resources, trainings, communities of practice, and programmatic assistance for programs funded by the ORR. My name is Selina Máté, and I will be your host.

Today I am joined by Megan Rafferty, Switchboard's Training Officer, with a focus on mental health. We will be discussing the importance of trauma-informed care in the refugee resettlement context. Welcome to the show, Megan. Can you give us a quick intro to your previous work before joining the Switchboard team?

Megan Rafferty: Sure, yeah. My background is that I'm a licensed professional counselor, and I've worked with refugee and immigrant populations for over a decade. In my past positions, I've provided case management, crisis intervention, individual and group therapy to folks with a wide range of presenting concerns.

SM: Thank you so much for sharing that background. I am so excited to hear your thoughts on mental health and trauma-informed care in the refugee resettlement world. So let's dive right in.

Can you share the meaning of trauma-informed care?

MR: Trauma-informed care is really more of an approach to service delivery or even like a philosophy than a specific intervention. So trauma-informed care is a framework that all staff in human services field can and should utilize. So it's really accessible to everyone, you don't have to be a mental health specialist to provide trauma-informed care.

Additionally, I'd love to note that trauma-informed principles can also be implemented at an organizational level, so that means that an organization's policies and procedures, their practices, and their organizational culture can all be trauma-informed as well to the great benefit of staff and clients.

To get more into what is trauma-informed care, to me, it's really an understanding that trauma is extremely prevalent in our society, and particularly in our work with refugees and other newcomers. So, knowing that so many of the people that we interact with on a daily basis have likely been exposed to trauma, we really need to treat people in ways that are respectful to those pasts, and sometimes their presents. We need to attempt not to re-traumatize or trigger people unintentionally.

SM: Yeah, that's some really good advice, honestly, and I think remaining cognizant of providing trauma-informed care in every step of the resettlement process is really important, especially as we have these resources to learn about it in our day-to-day work.

How have you seen trauma-informed care benefit the clients that you've worked with?

MR: Whoo. That is such a great question. It's a really, really helpful approach. So, a trauma-informed approach can help you build that rapport and connection with your clients. So, because trauma-informed care is about creating safety in relationships, it's about fostering trust and collaboration, it's about empowering our clients to make choices that work for them, rather than deciding things for other people, it just can be really helpful in creating those relationships that are the foundation of our work.

So, in therapy, we often discuss how the relationship that we have with our clients is really more powerful than any one intervention that we're going to try to do with books. So the relationship that you have with your client is just so essential, whether you're doing therapy or case management, or even if you're just the staff member sitting at the front desk. The way that you treat and interact with people goes so much farther than the things that you're going to do for them.

SM: I think remaining so aware of that every day is so important. And then working alongside professional mental health clinicians is also important. And that's something in my previous youth—doing refugee health screeners and working alongside some of the programs that were in our city—that was so important, because it really kept that at the forefront of our mind, that trauma-informed lens.

Mental health can be a really stigmatized topic for some newcomer communities. What are some of the ways that service providers can de-stigmatize mental health with these newcomers?

MR: Yeah, that's a really great question. It's a really big question. That's a really hard thing to try to overcome. So, I mean, stigma can be one of the biggest barriers for clients getting the services that they need, and so I think that there's several ways that we can try to address stigma. So at first, I think it's really helpful to start by understanding and acknowledging the varying cultural beliefs that your clients might have about mental health. So when we can understand where our clients are coming from, a little bit better, we can also help correct any misunderstandings that they might have when we mention the word mental health.

So our understandings of that term might be very different. For example, many of our clients come from countries where mental health treatment was really reserved for those who were the most significantly impaired, people with the most severe illness, and the treatment in many of their home countries was really different than what mental health treatment looks like here. So a lot of it was very institutionalized, it was people being put in hospitals and kind of stuck out of society for really long periods of time, and that's not at all what it's like in the U.S. So just starting with correcting those misunderstandings, providing more information about what mental health treatment actually looks like here in the U.S., is a really good starting point.

When I would meet with clients for the first time who might be new to the country, I would try to really normalize the experience. So I would say, mental health treatment in the U.S., it's really common. Like, many Americans, many U.S.-born folks will go and get treatment, just because they're going through a hard time. They just need some support. It doesn't mean that they're sick or that there's anything wrong with them. Counselors are just people who you can talk to, who want to listen to your troubles and try to help and support you. Also, then, of course, explaining that a counselor is somebody that you might see once a week for an hour or once every other week, and they can work around your schedule. It doesn't mean that you're going to go stay for a long time at a hospital. So starting by providing that education can be really helpful.

SM: Yeah, I love both sides of those approaches. Learning from the client, or learning on your own, finding cultural backgrounders of what their home country might have thought about mental health—I think that's so important. I think of one of my former clients who has taught me so much about what her home country thinks about mental health, and it was, it was a lot, a lot different than what we think here in the U.S. And, through that process I learned, okay, this is what her inner world looks like when I say words like depression, when I say things that the RHS screener talks about. That's why maybe it's harder to pull those truths out at times

because of her inner working. And then also being able to educate and being like, "Okay, well, thank you so much for telling me about what your country thinks here. This is how we do it." I think that's so important, that duality of it.

One thing that I had thought of was, that when I ran a youth program, one of the things we did during May—which is Mental Health Awareness Month, as we all know—we did a de-stigmatizing mental health night. And for youth especially, I learned so many new things from these kids, but we would bring in a local counselor that worked with our students, and they would, they would talk about, "Hey, what does this look like in your country? This is what it looks like here." And the response from that night was always the most positive, like of the whole year. I loved it. I remember my students would come up to me and they'd be like, "I never felt okay saying these things. I never felt comfortable sharing these. But when the counselor comes in and talks to us as a group, I'm able to look around the room and feel like I'm not alone."

And so that's just so powerful. I even get goosebumps thinking about it. It's so powerful to be like, "Hey, this is normal. It's very normal to have acculturation stress. It's very normal to have these things going on inside in your inner world and in your family. And look around, everyone's experiencing it." So I think doing small acts like that of just really normalizing it de-stigmatizes the topic over time. It wasn't that they all walked away and they were like, "Sign me up for counseling!" But they definitely walked away with a better idea of like, "Okay, I'm not alone." So that's important.

MR: Yeah. Selina, yay! That's amazing. That would've been sort of my next tip or next thing that I might have said about de-stigmatizing mental health is, well—first I'll start by saying that I connected with what you were saying about your clients feeling scared to endorse things on that RHS screener. Because again, if they don't know what mental health treatment looks like here, they might be scared because, well, what's going to happen if I say yes to those things? So if people have more knowledge, then they're going to feel more empowered to be more honest on those screeners and they might actually get the help that they need. So that's one thing. And then the second thing I'm responding to about what you were saying was that I think that making a warm handoff to a mental health professional when it's needed can be so helpful.

So, like, you have already established that trust and that rapport with your client because you're probably using a trauma-informed approach, and then you can transfer some of that trust to the mental health counselor. If you can tell your client, "Oh, I know this, this therapist, Megan. I'm going to bring her into the office so that she can come and talk with us. I think that she could really help you." And then making that referral, if the therapist can come again to your office, to a space that the client is more comfortable and familiar with, those are all just really great ways to help the client feel more comfortable and confident about what they're getting themselves into when they're signing up for mental health services. In the same line, I would also say that you can tell your client, "You can just try this. If you don't like it, you don't have to continue. You can try it once and if you hate it, you don't ever have to go back. It's not mandatory. It's voluntary."

SM: 100%. One thing that I had thought of was for any providers out there that are thinking, Okay, well I work with youth or I work with clients who maybe are not interested in traditional talk therapy. One thing that we did in our program would be, we had art therapy. And that was something that was a hit. They did it online. It was virtual. The therapists that ran it were so sweet and kind and really leaned into our students' art and really expressing their thoughts and feelings toward, toward life through art. And so if you're out there listening and you're thinking maybe you don't have the resources for that, art therapy is an awesome approach as well that really worked for our program in Durham, North Carolina. So, something to look into.

MR: Yeah. Selina. So I am definitely a huge proponent of incorporating psychosocial interventions into the resettlement context whenever possible. Because, for so many reasons, including all those that you just described, it's so much more accessible for our clients. It's so much less stigmatized for our clients. We can bring it to them rather than them having to go somewhere else. And not all of our clients need mental health interventions at a higher level of care. Not everybody needs to go and have individual therapy with a mental health counselor. Psychosocial interventions are great for like such a wider audience and we can reach so many more folks that way. And I think that anytime that we can incorporate those, it's a really great practice.

SM: It makes me think of de-stigmatizing as well—like, furthering that, if you get these psychosocial interactions and in bite sizes with a group, it's less intimidating than talk therapy, especially when you come from a country that the only talk of mental health was with very severe cases.

MR: Yes. And group work is so powerful because it really helps our clients quickly see that they're not alone, that they're connected, that other people are going through the same struggles. It helps them build those social supports. Yeah, just really, really great practice. I love that.

What advice would you give to a new resettlement provider who's just starting to learn about trauma-informed care and how to serve their clients?

MR: Yeah, great question. So, of course, I would highly recommend starting with the Switchboard website and checking out some of our resources. I definitely recommend watching some of our past webinars that we've hosted on trauma-informed care. Some of those titles are "Trauma-Informed Care in Case Management," and "Trauma-Informed Care: Movement Towards Practice." And that second webinar also has a guide that accompanies it by the same name. I think that that guide is really accessible, has trauma-informed care principles sort of written out in a nice, easy-to-digest guide. So I definitely recommend those resources as well as you can just do a search on our website for trauma-informed care. There will be a lot that comes up. We're also going to be releasing more webinars on trauma-informed care in the next few months. So I would tell folks to stay tuned for those. Details will be coming to your inbox soon, as long as you're signed up for our newsletter.

Otherwise, the advice I would give is that becoming trauma-informed is a process. It's a journey. It's something that will take a lot of practice and isn't just going to come overnight. So I think, like anything, you'll probably stumble along the way, but as long as you keep at it, I really think it'll be worthwhile. It's a really great approach to working with our refugee and newcomer populations. If you and your colleagues are willing to make the commitment to trauma-informed care, it will create more supportive and safe environments for your clients. And if your organization starts to take a trauma-informed approach as well, it can be really great for staff too.

SM: That is some great advice, Megan. And also, if you are listening and you hear anything on this podcast, like connecting your clients with counseling or an art therapy program and you need some assistance from Switchboard, you can always submit a TA request. And we're here to help.

Conclusion

SM: Megan, thank you so much for joining us today and giving us the inside scoop on trauma-informed care and mental health in general. We appreciate you so much.

MR: Yeah. Thank you, Selina. It was great to be here. Nice talking with you.

SM: If you're a resettlement service provider and are looking for new ways to improve your current programs or build new programs, please do not hesitate to reach out to the Switchboard team via our website. Please check out our resource library for all of the latest resources on refugee resettlement. We'll publish one episode each month throughout the year. Thank you for tuning in. See you next month on the Switchboard podcast.

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