Psychiatric Treatment of Refugees

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Refugees are a Culturally Diverse Population

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<th>Intercultural Psychiatric Program in Portland, Oregon</th>
<th>Clinic Population, 2018</th>
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<td><strong>Country of Origin</strong></td>
<td><strong>Number</strong></td>
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<tr>
<td>Vietnam</td>
<td>296</td>
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<tr>
<td>Somalia</td>
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<tr>
<td>Cambodia</td>
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<td>Arabic Speaking Iran &amp; Iraq</td>
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<td>Farsi Speaking</td>
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<td>Bosnia</td>
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<td>Russia</td>
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<td>Mien from the Hills of Laos</td>
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<td>Nepali from Bhutan</td>
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<td>Burmese</td>
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<tr>
<td>Lao</td>
<td>15</td>
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<tr>
<td>Other</td>
<td>6</td>
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Diagnoses of 50 Consecutive Refugee Patients from Ethiopia and Somalia
Psychiatric Diagnoses (PTSD, Depression, and/or Schizophrenia)

PTSD 34
• including PTSD & Depression = 31
• PTSD alone = 3

Depression 44
• Depression only = 13
• Depression & PTSD = 31

Schizophrenia 8
* Depression with psychotic features = 4

Only one Psychiatric Diagnosis
9 out of 50 (18%)

Neurocognitive Diagnoses
• Traumatic Brain Disorder = 4
• Alzheimer probable = 5
• Dementia Unknown = 1

* Medical Diagnoses
Hypertension = 20
* Diabetes = 9
Refugees referred to a Refugee Psychiatric Clinic represent multiple cultures and have experiences severe and multiple traumas. They have major psychiatric disorders, with PTSD and Major Depression, the most common.

Psychotic disorders are fairly common, and the medical disorders, such as diabetes and / or hypertension, are much higher than in a comparable American group.
Setting for Psychiatric Treatment

Staff

1. Psychiatrist
   - Must be empathetic, flexible, able to tolerate the very disturbing history of refugees
   - Must like people from different cultures
   - Must be able to treat chronic disorders of PTSD & Depression with its exacerbation and remissions
2. **Counselors / Interpreters**

*Interpreters must be able to interpret verbal and nonverbal communications. IPP uses counselors from the refugee’s own cultures, and these are permanent employees of the clinic.*

- The counselors are interpreters in sessions with the psychiatrists, they are case managers of their patients, and they also run the socialization groups.

- The counselors must be warm and empathetic, but many counselors have had their own traumas, and these traumas can be exacerbated in sessions with the patient.

* The goal is to have one psychiatrist and one counselor work consistently with one ethnic group.
• **Psychiatric Treatment**

1. **Initial Evaluation**

   This takes time, usually 60 to 90 minutes.

   a. Obtain **major symptoms of the patient**, usually these are physical symptoms.

   b. **Past history**: Family history, relationship with siblings, education, marriages, children.

   c. **Trauma**: The trauma history is not obtained until after the relationship is established. You want to know what’s happened to the patient and his or her family. What was the effect of the trauma on the patient and how did it feel? Did any other bad thing happen at that time? (continued)
• Psychiatric Treatment

1. Initial Evaluation (continued)

   d. How did the patient get to America?
   
e. What has life been like in America – both positive and negative aspects

   The Interview is often very painful for the patient, counselor, and psychiatrist.

   It may reactivate symptoms.
• **Psychiatric Treatment**

2. Treatment of the Traumas, PTSD, and Depression

   Treatment is long term, with many times of improvement and remissions. It is not trauma-focused. It is not formula or manual-driven.

   a. Psychotherapy: Supportive or Interpersonal
      
      Dealing with ongoing daily stresses,
      
      Not dealing with the traumas unless the patient wants to.

   b. Socialization Group with members of their own ethnic group
      
      Directed by their own ethnic counselor
      
      Purpose: To decrease social isolation and provide education about living in America.
2. Treatment of Traumas (cont.)

c. Medical Treatment of major symptoms, most often very poor sleep and nightmares

Suggestions – sedative antidepressant adrenergic blocking agent
I have used imipramine and clonidine or prazosin

Agitation and Irritability may be treated with aripiprazole or risperidone
Psychiatric Treatment

• 3. Adjustment to a new country

  • Even if traumatic symptoms are reduced, the patient will likely still have ongoing issues with learning a different language, culture, and problems with housing, employment, and raising children.

  • The New Stresses often involve children’s problems, or particularly, hearing about ongoing problems or stress in their own country.

  • Discrimination and Prejudice Patients need much support for these problems, including medical help, and social services for housing and children’s issues, and legal assistance for the asylum process. This can include appearing in court for the patient’s asylum process.
Schizophrenia

• These patients account for 10 – 15% of the population and seem to be related to severe trauma.

  • Compliance with medicine can be an issue
    • We use long-acting anti-psychotic medicine, which can be very helpful.
      • We have started many people on fluphenazine, which we have continued.
      • Aripiprazole, a long-acting IM has been shown to have fewer side effects

  • Socialization Groups can be very helpful for social isolation and education about the patients’ illness
Outcomes

• 1. The IPP Clinic has continually existed for over 43 years and has adjusted to refugees of different cultures and traumas.

• 2. In a review of 100 psychiatric visits, 80% were kept, while the other 20% usually walked in at times different from their appointment time.

• 3. After receiving the usual treatment given by the clinic, a prospective study of 22 severely traumatized patients from Asian and Africa had a one-year follow-up on scales of depression, PTSD, disability, and quality of life.

   • Out of these 22, 20 showed marked improvement.
   • 2 remained the same.
Case Examples

• Laun, a Vietnamese woman with persistent somatic complaints.

• Mahmood, Somali man with anger.

• Sufit, Bosnian man, “Worst thing I ever saw”.
Social & Political Considerations

American Refugees

1) The Immigration of and Refugees admitted to the United States has varied with political pressure since our founding as a country.

2) Under Trump, the number of refugees accepted to come to the U.S. was the lowest level – 20,000 refugees were accepted each year.

3) The approval of asylum in the U.S. has varied a great deal over the years, with percentages of asylum approval varying from 10 to 90%, depending on the individual court.
Social & Political Considerations - 2

4) The U.S. Presidential Administration prior to the Biden Administration knowingly separated children from their parents, who were seeking asylum, without keeping track of which children belonged to what parents. A severe human rights violation in which cruelty became a policy.

5) The current Biden Administration has currently increased the U.S. Quota for refugees this year, and this Administration is tackling the “not easy” task of trying to reunite previously separated children from with their parents.
Social & Political Considerations - 3

6) Racism is much more prevalent than I previously knew. Black, Muslims, and Asians are subject to discrimination and even violence. Generally, Oregon is a liberal state and has accepted refugees and asylum seekers from all parts of the world. But there have been individual cases of violence directed toward some of the refugees.