

Culturally Competent Mental Health Services for Somali Youth

August 14, 2009

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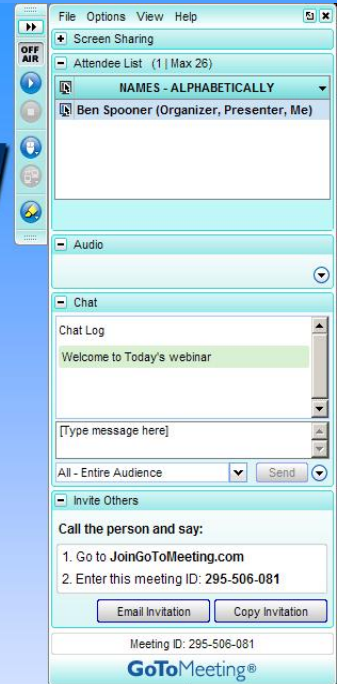
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Somalia

- Africa's easternmost country located on the "horn of Africa"
- 246, 201 square miles or slightly smaller than the state of Texas
- Year round hot climate ranging from 85-105 degrees Fahrenheit
- Population of 10.7 million, 34% live in towns and cities
- Somali is the national language and the majority are Sunni Muslim

K'naan



We understand that refugees and immigrants are vulnerable to mental health issues due to migration, acculturation and trauma experiences. What specific trauma-based evidence-based programs have been validated on the Somali population?

Clinical Studies of Refugee Populations

- PTSD range from 39 % to 100 % (compared with 1% in general population)
- Rates of depression range between 47% and 72 %
- Minneapolis Public Schools data on Somali population revealed high rates of anxiety, truancy, depression, and chemical use among Somali students
- http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/0e/fd.pdf

Some Reasons for PTSD in Somali Population

- Longstanding civil war in Somalia
- War experiences of multiple traumas, duration of traumatic events
- Social isolation (parents, extended family, culture, psychological)
- Change in social status makes acculturation difficult

PTSD Symptoms in Children and Youth

- Mental Health America, Fact Sheet on PTSD
<http://www.mhawisconsin.org/Uploads/informationbytopic/fact-sheets/ptsd.pdf>
- How children react to trauma: Some age considerations
- Phases of Traumatic Stress Reactions in a Disaster
- PTSD in Children and Adolescents
- Mental Health Intervention for Disasters
- <http://www.harmonyhc.com/>

It is difficult to diagnose children from other countries because of difficulties determining whether problems they are facing are due to cultural adjustment or symptoms of mental disorder. What advice/strategies can you offer to ensure that children are not misdiagnosed, under-identified, and receive the services they need?

What We Know

- No EBP's identified for Somali population specifically, however, understanding techniques for treatment of trauma and PTSD for victims of war may benefit
- Family Strengths
- Unity, sense of whole community as help to solve for problems
- Religion binds families to unity
- Desire to be successful in adjustment and acculturation to new environment
- **Somali Family Strength: Working in the Communities*

Treatment Techniques

- Art, music, play (engage student in release of emotions)
- Use of translator, trusted adult in work with student
- Groups (youth engage with other youth to tell their stories, listen to coping mechanisms, learn new coping strategies, and obtain validation for emotions)

Mental Health Assessment Tools (Youth)

- The War Trauma Questionnaire
- PTSD Reaction Index
- **The Center for Health and Health Care in Schools*

www.healthinschools.org

What advice can you offer us in terms of working with Somali parents? Specifically, parental consent is more complicated. How can we ensure that we are using a process that provides “informed” consent?

Parental Consent: Mental Health Assessment

- Speak in cultural terms to parent/guardian, use trusted individual as translator
- Provide education and awareness of Mental Health symptoms for parents/guardians
- Must provide education and awareness of Mental Health treatment and medication needs if warranted, must be able to accept non-consent to treatment if parent determines
- Parent must agree to and understand treatment
- **Somali Mental Health 2004, *The Center for Health and Health Care in Schools* www.healthinschools.org

What have you learned
about the way that the
Somali culture
understands mental
health issues?

Cultural Concepts of Mental Illness

- *Waali* - One is crazy or one is not crazy
- No conceptual framework of health and disease, mental health and mental illness
- *Jinn* - causes of mental illness is predominately spiritual - comes from God or evil spirits
- Illness can be brought on by another person through curses or oneself through bad behavior
- No concept of individual treatment, the mind, body, and spirit make up the whole person, treatment includes the whole family and clan

Healing for problems provided by religious leaders

- Psychotic symptoms treated by a healer reciting verses of the Quran
- Preparing an amulet to protect the person from evil spirits
- Shameful to seek assistance from a resource outside of the community or clan

How Symptoms of Mental Health Are Exhibited in the Somali Culture'

- Report physical pain when experiencing depression or sadness
- Psychological problems often expressed somatically (headaches, chest pain, forgetfulness, body pain, fatigue, decreased appetite, weight loss or gain)
- Sleep problems are expressed through nightmares and sweating
- Flashbacks, nightmares, heightened startle response, poor concentration, poor memory, and rumination (thinking too much)

- **Depression** has no direct translation in Somali:
 - *qulub, qalbi-jab iyo murugo joogto ah*
 - grief at loss of mate, despondence and permanent sadness
 - Somalis' report sadness, worries, anxiety, feelings of guilt/worthlessness., inability to express usual feelings (love, caring, happiness)

- **Suicide:** Somalis' explain cause of trauma through cultural and spiritual beliefs and account for life circumstances.
 - The war or violence occurred because God was punishing them for past wrongs
 - What happened during the war as destiny
 - Grief, survivor guilt, continuous crying, feeling worthless = signs of weakness
 - Suicide is seen as a crime against God (Quran).
 - Faith acts as both a protective factor in discouraging suicide or from seeking help

Jack Campana's experience working with Somali Youth in San Diego, California

Questions and Answers

What evidence-based programs have been adapted and/or validated for the Somali population? Second Step? Healthy Families? Nurturing Parenting Program?

As far as we are aware, and after a few calls with EBP developers there are not programs available specifically designed or adapted for Somali youth. Please review pertinent resources from *Best Practices: Somali Family Mental Health Support Program*.

<http://www.midaynta.com/documents/Best%20Practices%20-%20Somali%20Family%20Mental%20Support.pdf>.

What family-based parenting programs have been validated for the Somali population?

As far as we are aware, and after a few calls with EBP developers there are not programs available specifically designed or adapted for Somali youth. Please review pertinent resources from *Somali Family Strength: Working in Communities*.

<http://www.brycs.org/documents/SomaliFamilyStrengthReport.pdf>

The Lewiston/Auburn schools have implemented the TeenScreen program and plan to expand the program to the middle schools. What information do you have to support the use of the instrument with the Somali population? Has the tool been assessed for its appropriateness for use with the immigrant and refugee populations?

What mental health screening and assessment tools have been tested for effectiveness with the Somali population?

- *Screening and Assessing Immigrant and Refugee Youth in School-Based Mental Health Programs*

The Center for Health Care and Health Care in Schools published a brief that provides an overview of mental health screening, identification and assessment tools that practitioners and researchers working with immigrant and refugee youth can utilize. The paper first describes challenges particular to screening immigrant and refugee children, such as the pros and cons of targeted screening in this population. A variety of screening tools are described, as well as which populations the tools were designed for and in which languages each tool can be administered. The brief can be accessed at <http://www.healthinschools.org/Immigrant-and-Refugee-Children/~media/55F5B8709C7D4AEBA06A42BFD0A9CB9B.ashx>.

- *Needs Assessment: Somali Adolescents in the Process of Adjustment: Toronto 2001*

This report discusses the results of a needs assessment of Somali adolescents in Toronto, summarizing concerns regarding; pre-migration stressors; racism/discrimination; education; negotiating identities between two cultures; intergenerational conflict; post-migration stressors; gender-related issues; religion; and strengths brought to the acculturation process.

<http://www.midaynta.com/documents/Somali%20Youth%20Coalition.pdf>

Resources

-Screening and Assessing Immigrant Youth in School-based Mental Health Programs

<http://learn.aero.und.edu/pages.asp?PageID=141199>

-Positive Youth Development and Somali Youth: Research and Resources

<http://learn.aero.und.edu/pages.asp?PageID=141210>

-Interview with K'naan

http://www.democracynow.org/2009/8/6/somali_canadian_rapper_knaan_on_journey

- Somali Community Needs Assessment Project

<http://learn.aero.und.edu/pages.asp?PageID=141419>