Conducting Research on Mental Health with Refugees

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The presentation will:

- Give a brief overview of the current psychological research with refugees

- Discuss the goals and basic findings of this study
  - Illness and positive change rates
  - Role of community support

- Reflect on methodological and ethical issues in cross-cultural research
Research has been focused in capital cities, with few studies examining refugees resettled in rural areas. Largely focused on the prevalence and incidence of mental illness, namely PTSD, depression, and anxiety.

- This is warranted given the high rates of illness; a meta-analysis by Fazel, Wheeler, and Danesh (2005) found elevated average levels of illness in refugee groups:
  - PTSD 9% (range: 4-70%), depression 5%, and generalised anxiety disorder 4%
- This negative focus however neglects the high levels of growth and resilience seen among refugees.
Positive Psychological Dimensions

Resilience
- High levels of resilience correlated with high family and community support, religious beliefs, personal attitudes, and downward social comparison in Sudanese refugees resettled in Sydney (Schweitzer, Greenslade, & Kagee, 2007).

Posttraumatic Growth (PTG)
- Conflicting results here are common; high PTG was found to predict PTSD by Hussain and Bhushan (2011), while other authors have found PTG was protective against PTSD and/or depression (Hall, et al., 2008, Hobfoll, et al., 2007).

Acculturation
- It’s not only the refugee who experiences acculturation; it’s a reciprocal change and the host country is also affected (Berry, 2005).
- Acculturation can be adaptive, or stressful; depression levels only returned to normal levels in a sample of non-English speaking refugees after 12 years of resettlement in Australia (Tran, Manalo, & Nguyen, 2007).
The Current Study

- **Aim:** Assess levels of psychological distress and positive psychological changes amongst refugees resettled in Townsville.

- Utilised a questionnaire format, which were administered using an interpreter where appropriate.
Results - Demographics

- The study had a sample size of 70
  - 35 male, 50%, 32 female, 45.7%, 3 not identified, 4.3%.
- Mean age = 35.48 (SD = 15.09, Range = 18-70)
- Average time resettled in Australia = 4.56 years (SD = 4.37, Range = 1-30 years).
- Participants came from 11 countries:
  - Burma (30%), the Democratic Republic of Congo (28.6%), Sierra Leone (8.6%), Sudan (8.6%), Iraq (5.7%), other (18.5%).
Results – Mental Health Disorders

![Bar chart showing prevalence of mental health disorders: Depression, Generalised Anxiety Disorder, PTSD. Comparison between Refugee Sample and Australian Average.](image)
Results – Positive Dimensions

- **Resilience:**
  - Low – 51.4%
  - Moderate – 30%
  - High – 15.7%
  - Missing data – 2.9%

- **Posttraumatic Growth:**
  - Mean = 62.23, $SD = 21.08$, range = 0-105.

- **Acculturation:**
  - Mean = 30.0, $SD = 7.45$, range = 12-51.
Results – Community Support

- 48.6% of the sample reported receiving a “good amount of support” from the Townsville community.
  - 32.9% reported “some support”
  - No participants reported receiving “no support”
  - In contrast, 50% of participants reported receiving none or little support from their own ethnic group.

- Community support was significantly positively correlated with increased levels of PTG ($r = .25, p < .05$) and resilience ($r = .27, p < .05$).
Issues with Psychological Research conducted cross-culturally

- **Translation of scales**
  - Scales are based on a Western biomedical model of illness
  - The importance of local “illness narratives” (Kleinman, 1988) is often overlooked.
  - Back-translation versus use of interpreters.
  - Cultural equivalence of the definitions and concepts used.
  - Linguistic equivalence (Renner, Salem, & Ottomeyer, 2007)
  - Conceptual equivalence (Renner, Salem, & Ottomeyer, 2007)
  - Issues in measurement (Kroo & Nagy, 2011)

- **Potential for further traumatising already traumatised people**
  - While efforts were taken to reduce any discomfort, many questions were highly sensitive in nature
Issues with Psychological Research conducted cross-culturally

- Issues with confidentiality and social desirability
  - Use of interpreters compounds these issues

- Issues with informed consent
  - Possessing sufficient information, with sufficient capacity, to make the decision free from coercion (Koocher & Keith-Spiegel, 2008).

- Cultural differences in what is deemed appropriate to discuss
  - Particularly regarding intimate/sexual domains
Conclusion

- Elevated levels of psychological distress were found.

- Despite this, evidence for significant levels of resilience and PTG was obtained.

- High levels of community support were noted by participants, which was correlated with elevated resilience and PTG.

- Significant issues that are often overlooked by conventional psychological literature are found in any cross-cultural research.


References


