

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 with Refugees in Australia



- 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



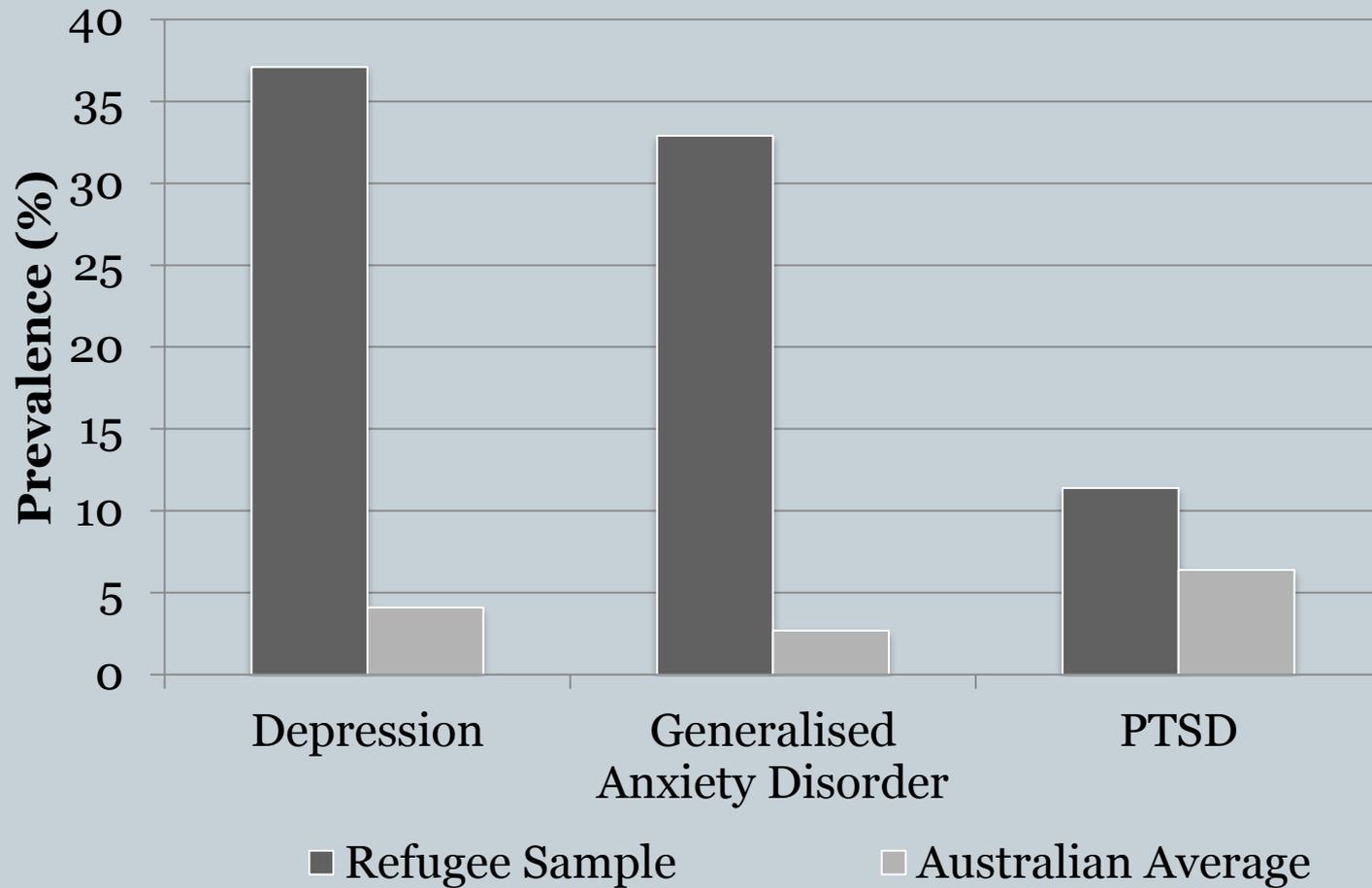
- Aim: Assess levels of psychological distress and positive psychological changes amongst refugees resettled in Townsville.
- Utilised a questionnaire format, which were administered using an interpreter where appropriate.

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



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

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