



Considerations to Improve Services for Refugees with Disabilities and Mental Health Concerns

Introduction

Since 1975, over 3 million refugees from all over the world have been resettled to the United States.⁷ In 2021, more than 10,000 refugees were admitted into the United States, with about half coming from the Democratic Republic of Congo.⁹ Refugees are people who flee their country due to fear of being harmed or jailed because of their race, religion, nationality, political opinion, or membership in a social group.¹² Refugees often come from countries experiencing civil war and genocide. Genocide is when large numbers of people are purposely killed because others want to destroy the group or nation they belong to. People with refugee status are protected by international law. The law states they cannot be expelled or returned to a country where they are at risk of experiencing severe pain or suffering due to discrimination.¹⁰ Something worth noting, though, is the President decides each year the number of refugees allowed to be admitted into the United States.² This number can change a lot depending on the President and their administration. For example, in 2020 the annual refugee ceiling was set at 18,000. Then, with a change in presidency, the ceiling was increased to 62,500 for 2021 and 125,000 for 2022.⁴

Before arriving to the United States, some refugees have spent time in refugee camps. Refugee camps are intended to be temporary facilities that provide immediate protection and meet refugees' basic needs. Some refugees have lived in these camps for years. Most refugees live in cities in "types of

informal settlements with substandard living conditions" before reaching their resettlement country.¹⁴ While in these informal settlements, refugees still need to worry about bills and how they will be able to pay them. For many, the hardships they experience in informal settlements are not short-term concerns. Every year, less than 1% of refugees are resettled.¹³

Upon arriving to the United States, refugees receive time-limited supports to help them resettle. For up to eight months, refugees are provided cash assistance and support services for housing, food, childcare, and medical care. These services are available through [each state's Office of Resettlement](#). Since states have some control over how refugee supports are provided, there are differences in the delivery of supports across states. As part of the resettlement process, case managers are assigned to individuals to assist them in resettling.⁶ Some examples of assistance received from resettlement agencies are connecting refugees with employment services, language services, and enrolling children in school.¹¹

The Refugee Experience Impacts Mental Health

Because refugees have faced discrimination, lived in fear, and faced physical and/or emotional abuse, many refugees enter the United States with mental health challenges. Understandably, many continue to have these struggles after resettling too. The

most common mental health diagnoses of refugees include post-traumatic stress disorder (PTSD), major depression disorder, and generalized anxiety disorder. It is estimated that PTSD occurs in 10-40% of refugees and depression occurs in 5-15%. Children and youth refugees have been found to have higher rates of PTSD (50-90%) and depression (6-40%). Many refugees also experience panic attacks and somatization. Risk factors for experiencing mental health struggles include number of traumas experienced, delayed asylum application process, being detained, and the loss of culture and support systems. These diagnoses and experiences may contribute to higher rates of suicide in refugees. For example, the Bhutanese refugee community's suicide rate is three times higher than the average U.S. suicide rate.⁸

Once resettled, there are new contributing factors which impact refugees' mental health. The World Health Organization (WHO) emphasizes that as refugees integrate into their new communities, they often have situations that cause additional stress and trauma, including "poor living or working conditions, unemployment, assimilation difficulties, challenges to cultural, religious, and gender identities, challenges with obtaining entitlements, changing policies in host countries, racism and exclusion, tension between host population and migrants and refugees, and social isolation."¹⁵

Recommendations for Service Providers

Providing mental health supports to refugees can be more challenging when service providers work with individuals from cultural and linguistic backgrounds that are different from their own. Common problems include miscommunication due to language barriers and cultural differences, and the lack of available quality interpreting services.⁵ By implementing culture-informed care in mental health treatment, refugees may have greater success. Strategies that can be used to create

culturally informed care include learning about refugees' native culture, how their mental health symptoms are viewed within their culture, and having support from cultural brokers.³ Cultural brokers provide support by adding context, helping achieve a deeper understanding, and helping reduce stigma. To learn about cultural brokering, you can review the [cultural brokering presentation given by the Boston Children's Hospital's Refugee Trauma and Resilience Center](#).

It is important to take cultural differences into consideration when diagnosing and providing mental health services. A person's culture can affect how they display symptoms. For example, the criteria for social anxiety disorder has been modified to include the fear of offending others.

"Mental health is a big, big problem for refugees in general. They experience a lot of traumas. They don't choose to leave their country; they are forced to leave their countries. So, it's very tough." – Mustafa Rfat

This is because in some cultures, the concept of avoiding hurting others is emphasized as opposed to avoiding being hurt by others. This change, along with others, have taken place because the American Psychiatric Association saw the need to improve "culturally determined criteria."¹

Providers should consider the possible effect of cultural differences from the beginning of their interactions with a person, before trying to make a diagnosis. When refugees come from areas where mental health services do not exist, it can be hard to understand what these services are and to even imagine that they exist. Furthermore, understanding mental health concepts, like depression and anxiety, can be difficult. As stated by Mustafa, an individual with lived experience,

“Even though that person is experiencing it, putting it in a word is just very difficult.” If a provider develops an understanding of where a person is in their mental health awareness, they can identify ways to help a person feel comfortable. This is important to work on early on. A person’s discomfort can affect their communication, which can make giving an accurate diagnosis and treatment more challenging.

Lastly, providers are encouraged to engage professionals in other sectors to help incorporate mental health considerations more widely. This can improve referrals and access to mental health services.¹⁴

Improving Mental Health in Ways Beyond Mental Health Services

As mentioned, refugees with disabilities experience barriers in many areas of their lives, such as employment. Facing significant barriers in these areas can affect a person’s mental health. Looking to improve mental health services is just one way that refugees with disabilities and mental health needs can be addressed. According to Mustafa, mental health is very important, and he is glad conversations about refugees’ mental health are happening. However, he believes the conversation should be expanded. “I really think we also need to shift to talk about education, to talk about employment, to talk about other things that you need to establish yourself in a country.” Other areas he sees refugees needing support in are integrating into their new society, learning the language, and being socialized. Some of these challenges can be more difficult for refugees with disabilities. Part of this increased challenge is related to how providers at refugee services likely have not received enough training on how to support people with disabilities.

Finally, when working with a refugee with or without a disability, it is important to consider their long-term quality of life. For example, a refugee may have found employment, but more support may be needed to make sure they do not end up living in poverty. This can be a concern especially if a refugee’s education from another country is not recognized in the United States.

Resources

Refugees come from many countries. To learn about a specific country’s culture and the situation which caused people to leave their country in fear, you can visit [The Cultural Orientation Resource Center website](#).

If you want more guidance on how to provide better services for refugees with disabilities, you can check out the [Resource Guide for Serving Refugees with Disabilities](#), which was released by the U.S. Committee for Refugees and Immigrants.

Another website with information on refugees is the [Women’s Refugee Commission’s Research and Resource Library](#), which includes disability-focused resources too. According to the Women’s Refugee Commission, their “materials are informed by recommendations from our visits to refugee settings.”

A significant contribution to this fact sheet came from our conversation with Mustafa Rfat. To hear more about his experience and recommendations for providers, watch [Mustafa’s Digital Storytelling episode](#). We, at MHDD, have learned so much from listening to people with lived experience and know others can too.

Contributors

Faith Thomas, PhD

Eduardo A. Ortiz, PhD, JD

Tatiana Perilla, MSW, CSW

Mustafa Rfat, MSW, MPA

Ivy Elmi, MSW, CSW

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