A False Sense of Relief: Analyzing Mental Health Trauma in Refugee Communities

Thursday, October 5
2:00 p.m. – 3:15 p.m. EST

Clarissa Bejarano, Immigration Removal Defense Attorney, American Gateways

Ariel Ricker, J.D., Executive Director, Advocates Abroad

Liz Willis, J.D., Co-founder, Asylum Seeker Advocacy Project

Daniel Savin, M.D., Director of the Refugee Mental Health Program, University of Colorado Department of Psychiatry
"A permanent residence ought not to be denied to foreigners who, expelled from their home, are seeking refuge, provided that they submit to the established government and observe any regulations which are necessary to avoid strifes”

Hugo Grotius – *De Jure belli ac pacis* (1625)

“Everyone has the right to seek and to enjoy in other countries asylum from persecution.”

Article 14 of the Universal Declaration of Human Rights (1948)
Refugee

• 1951 Refugee Convention
  • Formal Definition of “Refugee”
  • Bedrock Principles of Refugee Protection
    • Non-Discrimination
    • Non-Penalization
    • Non-Refoulment
Asylum in the US

“[A]ny person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion”

Asylum: Legal framework

Refugee

Outside of country of nationality

Persecution

On account of protected characteristic

Well-founded Fear

Unwilling or unable to avail themselves of gov’t protection

Not barred.
Asylees vs. Refugees

• Refugees
  – Apply for protection outside of their home country and outside of U.S.
  – Screened/processed by a variety of governmental and intergovernmental organizations
  – Enter the U.S with a specific immigration status
  – Access to formal support network upon arrival

• Asylees
  – Apply for protection once inside the U.S.
  – Processed through USCIS and/or the immigration court system
  – Enter the U.S. in a variety of ways
  – Extremely limited access to support until their applications have been approved.
PRESENTERS

• Dan Savin, M.D., Professor of Psychiatry, University of Colorado School of Medicine

• Liz Willis, Co-Founder and Program Manager, Asylum Seeker Advocacy Project at the Urban Justice Center

• Ariel Ricker, Executive Director of Advocates Abroad
INTRODUCING...

Liz Willis, J.D, Asylum Seeker Advocacy Project (ASAP)
Central American Refugee Crisis

**Central America Homicide Rates, 2014**

- **El Salvador**: 36
- **Honduras**: 96
- **Guatemala**: 31
- **Costa Rica**: 9.8
- **Nicaragua**: 8.7
- **Panama**: 1.5
- **Mexico**: 12.7

Source: Jennifer Grier, U.S. Department of State
Credit: Daniele Resnick, Julia Rio

**Unaccompanied Children and Family Unit Members Apprehended at the U.S.-Mexico Border, October 2009-May 2016**

- **Unaccompanied Children**
- **Family Unit Members**

Months of May have pink arrows

An Asylum Seeker’s Journey

Treacherous journey through Mexico

U.S. government incentivized Mexican government to increase deportations for asylum-seekers attempting to reach U.S. border with Mexico

CBP will deport unless the individual claims they are scared to return
Conditions in CBP Detention

*La Hielera* (the icebox)
Families call these cold rooms where they are placed by CBP an icebox.

*Las Perreras* (the dog kennels)
They are then moved to human-sized metal cages.

Recent photographs show overcrowded families sleeping on concrete floors under Mylar sheets with “human excrement smeared on the walls.”

Experience in Long-term detention

Detention in for-profit facilities in Texas

- Mistreatment and harassment from ICE officers to sign deportation papers
- Lack of access to sufficient health care and lack of adequate medication
- Trauma and exacerbation of PTSD
After Release from Detention

Hundreds of thousands of asylum seekers in deportation proceedings

Complicated legal process

Ankle monitors

Lack of community and mental health resources

Less than 3% of families without representation win their cases
Reflections on Ankle Monitors

“For me it was terrible, a nightmare that I still haven’t been able to overcome. Even though they took it off I still have that trauma. Every time they call me I am very responsive because I feel panic that they will put it back on…”

“It is uncomfortable like a psychological trauma having to always be aware of the ankle monitor. Sometimes I am sleeping and I think they are telling me to change the battery…”

“Fear that they will confuse you with a criminal and as a result you convert your own house into a new prison. Shame even with your own family, really your life is converted into a nightmare, your whole life changes…”
Immigration Court Proceedings and Trauma

“If one set out by design to devise a system for provoking intrusive post-traumatic symptoms, one could not do better than a court of law.” - Judith Herman

Substantial proportion of the Central American parents and children who have sought refuge in the U.S. are suffering from severe symptoms of—and in many cases meet diagnostic criteria for—posttraumatic stress disorder (PTSD), generalized anxiety, and depression.

Despite past trauma, asylum seekers in immigration court are required to testify at length about their case. And credibility determinations are made based on slight inconsistencies.
ASAP prevents wrongful deportations by connecting asylum seekers to community support and emergency legal aid.
Sandra fled death threats against her and her young daughter. Upon entry into the U.S., she and her toddler were detained for weeks.

In preparation for her asylum trial, Sandra received a psychiatric evaluation and was diagnosed with PTSD.

Testimony from the psychiatrist was crucial during the trial, and Sandra won asylum for her family.
Resiliency
UP NEXT...

Ariel Ricker, J.D., Executive Director, Advocates Abroad
Borders of Health, Borders of Law

The Realities of Refugee Trauma & Inadequate Care in Greece

Presented by:

Ariel Ricker,
Executive Director
Advocates Abroad
Advocates Abroad Background

• NGO registered in Greece (2016), 501(c)3 incorporated in Hawaii (2017)

• 200 attorneys, doctors, therapists, interpreters, asylum experts
• Field teams: Greece, Turkey, Italy, Switzerland, Lebanon
  • Medical Advocacy Field Team: Greece, Turkey
  • 35 field teams deployed currently in 5 regions of Greece
• Research & Remote teams: USA, EU, South America, Middle East
  • Externship program: USA

• 12,000 asylum seekers assisted remotely & on the ground
• 38 nationalities represented
Greece & Refugee Presence*

- 65,000+ stranded in Greece currently
  - 14,000+ island (8,700 capacity)
  - 36,000 mainland

- 1345,937 arrivals by sea in 2017
  - 363,401 arrivals in 2016

- 2,655 Dead / Missing in 2017

*IOM update, 1 Oct. 2017*
Greece Asylum & Deportation, 2017

• Arrivals on islands: 37,270*
• Total asylum applications: 32,000**
• Refugee/Subsidiary protection granted: ~5,000**
• Deported: 4,282 (including 1,682 AVRR)***

*Amnesty Int’l Public Statement, 14 July 2017
**Greek Asylum Service Statistical Data, 31 July 2017
***Greek Ministry of Digital Communications & Information, 8 Sept. 2017
Who is Helping?

• Medical
  • Medin, Médecins du Monde, Médecins Sans Frontières, PRAKSIS, Red Cross, DocMobile, Advocates Abroad

• Legal
  • Advocates Abroad, Metadrasi, Greek Council for Refugees, Danish Refugee Council, Greek Asylum Service (limited)

• Asylum Interview
  • European Asylum Support Office (EASO), Greek Asylum Service
Vulnerability: Law vs. Reality

• Legal Recognition of Vulnerability (L. 4375/2016)
  • Pregnancy/new mother, single parent with minor children, unaccompanied minor, elderly, chronic/severe illness (PTSD), rape/trafficking/shipwreck
  • Requires condition to exist prior to entry
  • Often unrecognized legally and untreated medically
  • Recognition permits exemption from admissibility interview
  • Difficult to alter or add once initially determined or rejected
Voices from Lesvos

“Everyone is suffering from the same disease: Moria...”

“How long will it take for us all to lose everything?

How long will it take to lose hope, to become empty?”

“We are dying everyday...”
Untreated in the EU, 2017: Why?

• Lack of qualified personnel
• Lack of communication among agencies
• Language barriers
• Racism, nationality preference for treatment
• Ongoing national debt crisis
• Medical procedures & medicines inaccessible to islands
• Police detainment & isolation of traumatized
• Financial barriers in transport between mainland & island
• Cultural barriers, mistrust in disclosing health, medical needs
(A Few) Causes of Distress & Trauma

• Mental health conditions arising during the journey
• Historical animosities among diverse backgrounds
• Unsafe camp/reception center facilities
• Police impunity, absence of recourse (and lack of medical treatment for injuries)
• High turnover rates of psychosocial, general support relief teams
• Sexual and physical abuse by aid workers
• Prolonged, often unlawful detention by state authorities
• Preexisting conditions untreated, due to lack of resources
• Preexisting conditions untreated, due to prejudice, language barriers
• Sexual and physical abuse by other asylum seekers
• Prolonged asylum application process
• Religious favoritism forcing abandonment of prior religion, culture
• National preferential treatment forcing denial of identity, community
Thank You

www.AdvocatesAbroad.org

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UP NEXT...

Daniel Savin, M.D., Director of the Refugee Mental Health Program, University of Colorado Department of Psychiatry
Outline

• Adverse events and vulnerabilities
• Strengths
• Common Psychiatric Diagnoses
• Treatment
Stages of Migration/Vulnerabilities

• Pre-Migration
• Migration
• Post-Migration/Resettlement
Mental Health Strengths

- Resilience from having overcome multiple obstacles in past
- Strong family/community ties promote an effective informal social support network in many refugee communities
Common Psychiatric Diagnoses

- Depression
- Posttraumatic Stress Disorder (PTSD)
- Somatization
- Adjustment Issues
- Anxiety/Panic Attacks
- Traumatic Brain Injury
- Co-morbid medical problems are common
Common Problems Resulting in Referral to Mental Health Setting

- Lack of involvement in day to day life
- Frequent arguments or fights, even with loved ones
- Self-Destructive Behavior
- Trouble with the law
- Getting fired from multiple jobs
- School failure
- Excessive use of Alcohol/drugs
- Not taking care of one’s medical problems
Treatment

- Coordinate with Refugee Resettlement Agency or other social service providers
- Help clients to access primary care
- Psychotherapy/counselling
- Medications
Tasks for the Clinician and/or Legal assistant

DEVELOP TRUST BY:
• Show interest in patient’s background
• Stress confidentiality
• Elicit client’s beliefs/explanations for current presenting problems
• Understand the importance of a safe environment
• Provide concrete help
• Be flexible
Benefits for Service Providers

• Learn about the world
• Connect with people from different cultures
• Help underserved population
• Grateful patients
Conclusions

- Most refugee patients/families have overcome worse obstacles those that they have experience before presenting in a professional’s office
- Be flexible
- Working with refugee and asylum seekers can be very gratifying
REFERENCES


Common mental health problems in immigrants and refugees: general approach in primary care. Laurence J. Kirmayer, MD, Lavanya Narasiah, MD MSc, Marie Munoz, MD, Meb Rashid, MD, Andrew G. Ryder, PhD, Jaswant Guzder, MD, Ghayda Hassan, PhD, Cécile Rousseau, MD MSc, and Kevin Pottie, MD MCISc, for the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

http://www.who.int/migrants/about/areas-of-work/en/index5.html
Link to World Health Organization Website with information on refugee health and mental health
Additional Resources

http://www.latimes.com/projects/la-na-access-to-counsel-deportation/

https://amp.theguardian.com/world/2017/aug/31/germany-turns-refugees-into-mental-health-counsellors-for-their-peers

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168672/pdf/183e959.pdf

https://www.ptsd.va.gov/professional/trauma/other/ptsd-refugees.asp

https://www.apatraumadivision.org/527/webinar-series.html