AFGHAN REFUGEES: ADVERSITIES, HELP-SEEKING, AND SOURCES OF STRENGTH AND RESILIENCE

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OUTLINE

- The Afghan People, Societal Norms and Values
- Assaults on the Culture and the Afghan Diaspora
- Mental Health Problems in Afghan Refugees
    - Rates of depression, anxiety, and PTSD
    - Factors contributing to negative mental health outcomes
    - Help-seeking (within formal/biomedical and informal systems)
- Sources of Strength and Resilience

THE AFGHAN PEOPLE: SOCIETAL NORMS AND VALUES[1]

- Family is the single most important institution in Afghan society
- Honor comes from fulfillment of family obligations, respect for women and the elderly, loyalty to friends and colleagues, forthrightness
- Women are central to these values, and women are the standards by which morality is judged
- Society places much emphasis on etiquette—designed to uphold honor, and dignity
- Afghans have profound belief in Islam

AFGHAN REFUGEE WAVES[2]

4 waves of migration

- 1st Wave: Soviet-Afghan War
  - 6 million Afghans fled to Iran (2m), Pakistan (3.5m), and other countries (0.5m)
- 2nd Wave: Afghan Civil War
  - 2 to 3 million Afghans returned after the Soviets withdrew
  - At end of 2nd wave, 5 million Afghans left and another 800k internally displaced
- 3rd Wave: Taliban rule
  - Many refugees fled to the U.S., Canada, Australia, and other Western nations that offered stable democracies and a broad range of human rights
- 4th Wave: US/NATO Intervention and fall of the Taliban
  - Most displacement internal
  - Thousands of Afghans resettled in U.S. under SIV scheme

Afghan Americans: Population Estimates, 2016-2019			
	Population	% California	% US
U.S.	135,056	----	100.0%
New York	8676	14.8%	6.4%
Texas	8993	15.4%	6.7%
Virginia	21829	37.4%	16.2%
California	58,438	100.0%	43.3%
Alameda	10,987	18.8%	8.1%
Contra Costa	5,488	9.4%	4.1%
Sacramento	13,189	22.6%	9.8%

Source: American Community Survey

PEER-REVIEWED LITERATURE ON AFGHAN REFUGEES[3]

J Immigrant Minority Health (2014) 16:1247–1261
DOI 10.1007/s10903-013-9861-1

ORIGINAL PAPER

Psychological Distress in Afghan Refugees: A Mixed-Method Systematic Review

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Abstract Mental health problems disproportionately affect Afghan refugees and asylum seekers who continue to seek international protection with prolonged exposure to war. We performed a systematic review aimed at synthesizing peer-reviewed literature pertaining to mental health problems among Afghans resettled in industrialized nations. We used five databases to identify studies published between 1979 and 2013 that provided data on distress levels, and subjective experiences with distress. Seventeen studies met our inclusion criteria consisting of 1 mixed-method, 7 qualitative, and 9 quantitative studies. Themes from our qualitative synthesis described antecedents for distress being rooted in cultural conflicts and loss, and also described unique coping mechanisms. Quantitative findings indicated moderate to high prevalence of depressive and posttraumatic symptomatology. These findings support the need for continued mental health research with Afghans that accounts for: distress among newly resettled groups, professional help-seeking utilization patterns, and also culturally relevant strategies for mitigating distress and engaging Afghans in research.

Keywords Afghan · Depression · Post-traumatic stress disorder (PTSD) · Qualitative · Refugee · Trauma

Introduction

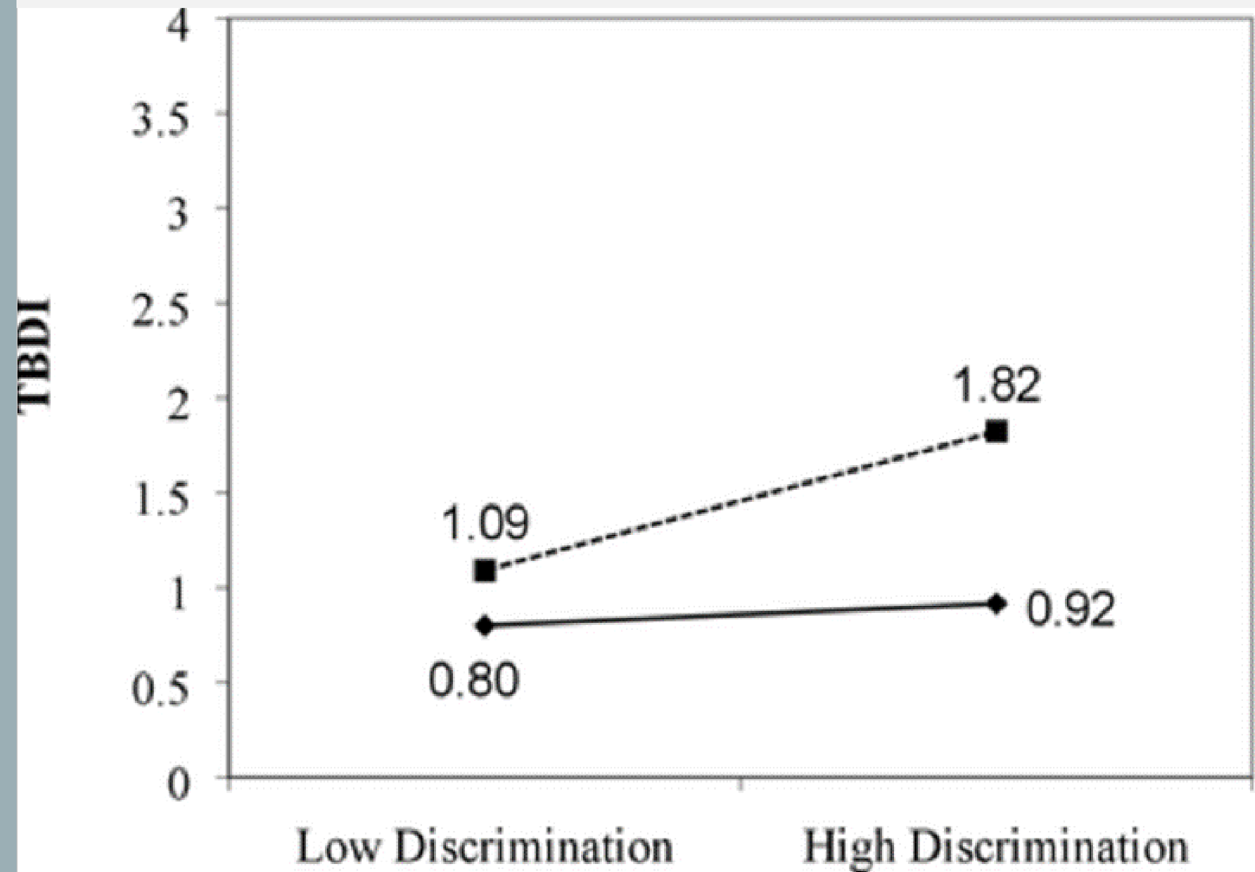
Afghanistan stands as one of few countries to have observed a drastic decline in its population [1]. For over three decades political turmoil has displaced Afghans both internally within Afghanistan's borders, and externally to neighboring and other foreign countries. The Afghan exodus represents the largest refugee population in modern history. In the 1980s, nearly 6 million Afghan refugees sought international protection mainly in Iran and Pakistan [2]. A fraction of this figure resettled in India, the European Union (EU), and the United States (US) [3]. The US Census Bureau indicates that nearly 90,000 people of Afghan ancestry currently reside in the US [4] of which 65,000 are foreign born [5]. The US Office of Refugee Resettlement (2012) indicates that since 9/11 nearly 8,000 Afghan refugees have been resettled in the US [6]. Afghanistan continues to represent a major source country for refugees. While millions have been repatriated back to Afghanistan, by the end of 2009 approximately 2.6 million Afghans continued to seek international protection in Iran and Pakistan [7]. Additionally, due to ongoing security concerns Afghanistan was cited as "the most important source country of asylum-seekers" in 2011 with 35,700 asylum claims [8]. This represents a 34 % increase from the previous year as a majority of these claims (93 %) have been lodged in member and non-member countries of the EU.

- ***Quantitative Studies (n = 9)***
- *What is known about the prevalence of psychological distress among Afghan refugees and risk factors for distress?*
  - Moderate to high levels of depression, anxiety, and PTSD symptomatology
  - Depression and PTSD symptomatology highly comorbid
  - Dose-response relationship between traumas encountered and PTSD symptoms
  - Risk-factors: older age, female gender, acculturative stress, legal status

DISCRIMINATION AMONG 1ST-GEN AFGHANS[4]

Discrimination by Pre-Resettlement Trauma Explaining Distress

Discriminatory experiences have a greater impact on the mental health of individuals reporting higher pre-resettlement trauma



PEER-REVIEWED LITERATURE, CONT'D…[3]

- ***Qualitative Studies***
- *What are Afghan refugees' experiences with distress, their emotional reactions to daily hassles, coping mechanisms, and help-seeking behaviors?*
  - Emotional responses induced by traumatic war experiences (e.g. family separation, witnessing atrocities)
  - Post-resettlement stress linked to cultural-adjustment challenges such as intergenerational conflicts, language difficulties
  - Family/informal networks integral to coping with adversities, filling void in provision of language appropriate health services

HELP-SEEKING AMONG AFGHAN REFUGEES[3]

- ***Help-seeking—"any attempt to maximize wellness or to ameliorate, mitigate or eliminate distress"***
- Limited number of studies examine help-seeking (n = 3) among Afghan refugees
- Qualitative in design, small sample sizes, focused on examining coping strategies
- Coping strategies include: seeking support through family, maintaining hope, engaging in religious activities (praying), keeping oneself busy
  - Barriers to Professional Psychological Help: lack of language-appropriate mental health services, distrust and poor knowledge of mental health services, stigma associated with help-seeking

HELP-SEEKING BEHAVIORS OF AFGHAN REFUGEES RESETTLED IN AUSTRALIA[5]

- Sample: N = 150, 44% met criteria for clinically significant PTSD and 15% for clinically significant depression
- Most common source of help for mental health problems:
  - General practitioners: 53.3%
  - Psychologist: 38.6%
  - Psychiatrist: 33.3%
  - Family member: 9.3%
- Predictors of seeking professional help:
  - Self recognition of PTSD or depression (~5X more likely to seek help)
  - Functional impairment scores

FREQUENCY OF USE IN THE PAST 12 MONTHS[6]

Help-seeking (past 12 months)	
Mental health professional	34 (11.2)
Primary care physician	53 (17.6)
Clergy/Imam	38 (12.6)
Herbalist/Tabib	48 (15.9)
Family and friends	152 (50.7)
Prayer and reciting Qur'an	209 (69.4)

CULTURAL BELIEFS ABOUT DEPRESSION[7]

Medical Anthropology Quarterly

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Afghan Refugee Explanatory Models of Depression: Exploring Core Cultural Beliefs and Gender Variations

Relatively little empirical attention has been paid to understanding how refugees conceptualize depression and how this concept varies between genders. The purpose of this study was to explore beliefs about depression among Afghans residing in San Diego County, California, using cultural consensus analysis. Using the prescribed mixed-method approach, we employed results from in-depth interviews to develop a culturally meaningful questionnaire about depression. Consensus analysis of responses to questionnaire items from 93 Afghans (50 men, 43 women) indicates shared beliefs that associates depression causality with mild traumatic experiences and post-resettlement stressors, symptomatology to include culturally salient idioms of distress, and treatment selections ranging from lay techniques to professional care. Divergence between genders occurred most in the symptoms subdomain, with women associating depression with more somatic items. This study contributes to understanding the etiology of and cultural responses to depression among this population, which is critical to improving culturally sensitive intervention for Afghan refugees. [Afghan, depression, beliefs, explanatory model, cultural consensus]

- Beliefs about depression highly concordant between men and women
- ***Causes*****—**pre-migration and transit-related traumas, cultural adjustment challenges
- ***Symptoms***—culturally salient expressions of distress and somatic complaints
- ***Treatments***—curable, would not go away on its own, endorsed both biomedical (anti-depressants, seeing a psychiatrist) and traditional systems of care (*'Imams'*, *'Tabibs'*, Afghani music, herbal medicines)

HELP-SEEKING IN OTHER [MUSLIM AND NON-MUSLIM] REFUGEES[8]

- **Perceptions of formal and informal help-seeking**
  - *Perceptions of* ***pharmacological*** *interventions*
    - Positive beliefs about using medication to treat mental illness
  - *Perceptions of* ***psychological*** *interventions*
    - Mixed views toward psychotherapy
  - *Perceptions of* ***traditional*** *treatment*
    - Mixed views toward traditional treatments
  - *Perceptions of* ***informal*** *help-seeking*
    - Positive views toward informal help-seeking

SOURCES OF STRENGTH AND RESILIENCE[9]

- Faith (*'Iman'*)—a source of individual strength in the face of misfortune
- Family Unity and Harmony (*'Wahdat' and 'Ittifaq'*)—helpful for achieving consensus on decision-making, resolving family disputes and conflict
- Morals (*'Akhlaq'*)—codes governing appropriate behavior, e.g. comportment to good manners, modesty in dress, respect for parents and elders
- Perseverance and Effort (*'Kohshish'*)—working hard to overcome adversities
- Social Prominence, Respectability, and Honor (*'Izzat'*)—adherence to cultural values a path to respect and social recognition

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تشكر

Post-migration Stressors and The Mental Health of Refugees

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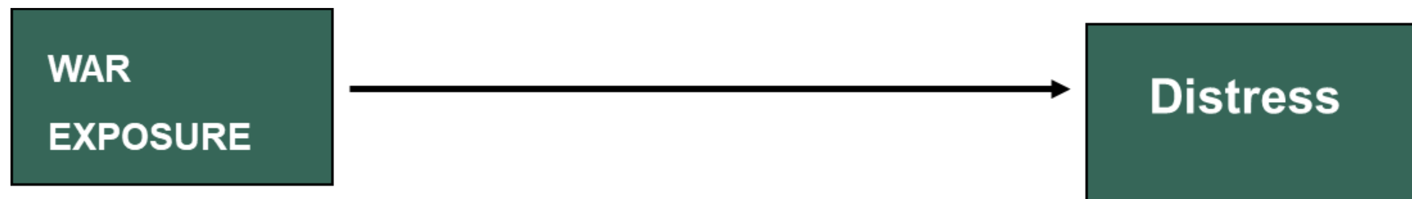
WHAT ACCOUNTS FOR DISTRESS AMONG REFUGEES?
I. THE WAR EXPOSURE MODEL (1975-2000)

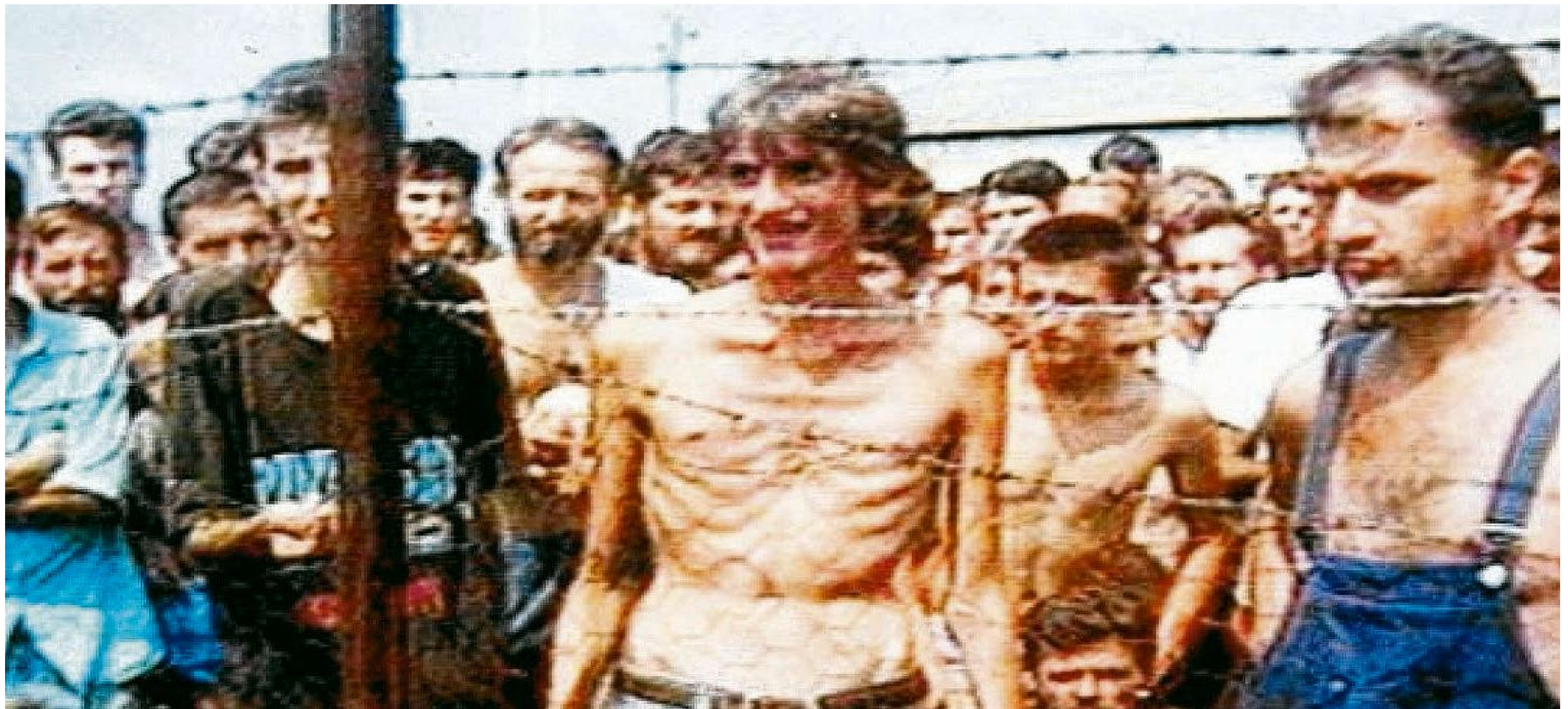
In the old days, we assumed distress among refugees was primarily the result of violence and loss in their home country.



Syria

El Salvador

Bosnia



Sri Lanka

SYRIA

II. A More Complex Model

- Concept of "Post-Migration Stressors"
  - Daily stressors, Exile-Related Stressors
- These are the stressors people experience ***after*** becoming displaced.
- Post-migration stressors have a profound effect on the mental health of refugees and asylum seekers.
- They represent the ***indirect*** effects of armed conflict

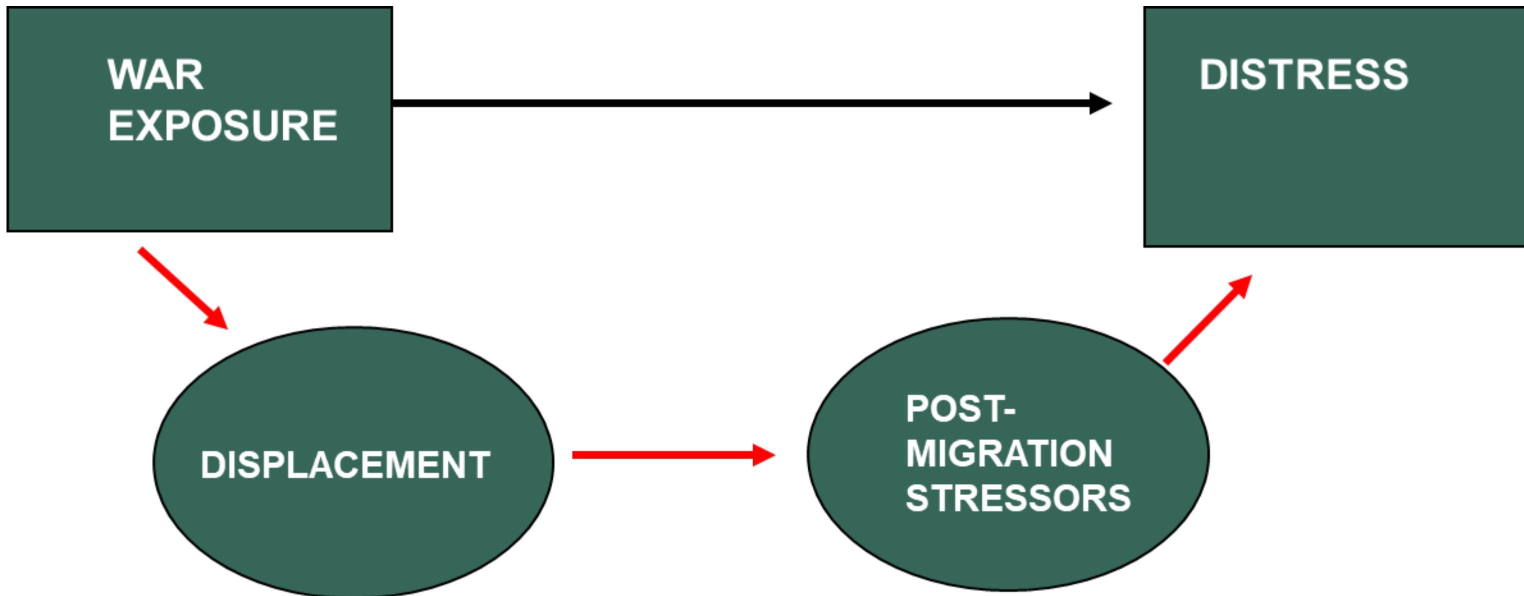
COMMON POST-MIGRATION STRESSORS

- Social Isolation and loneliness
- Work restrictions, lack of relevant work skills → unemployment, poverty, poor housing
- Difficulties navigating the new environment (language barriers, new systems)
  - Feelings of helplessness, vulnerability
- Discrimination, marginalization
- Family violence: IPV and harsh parenting
  - These are made worse by war exposure and post-migration stress; for the victims, they can be **severe** sources of traumatic stress.

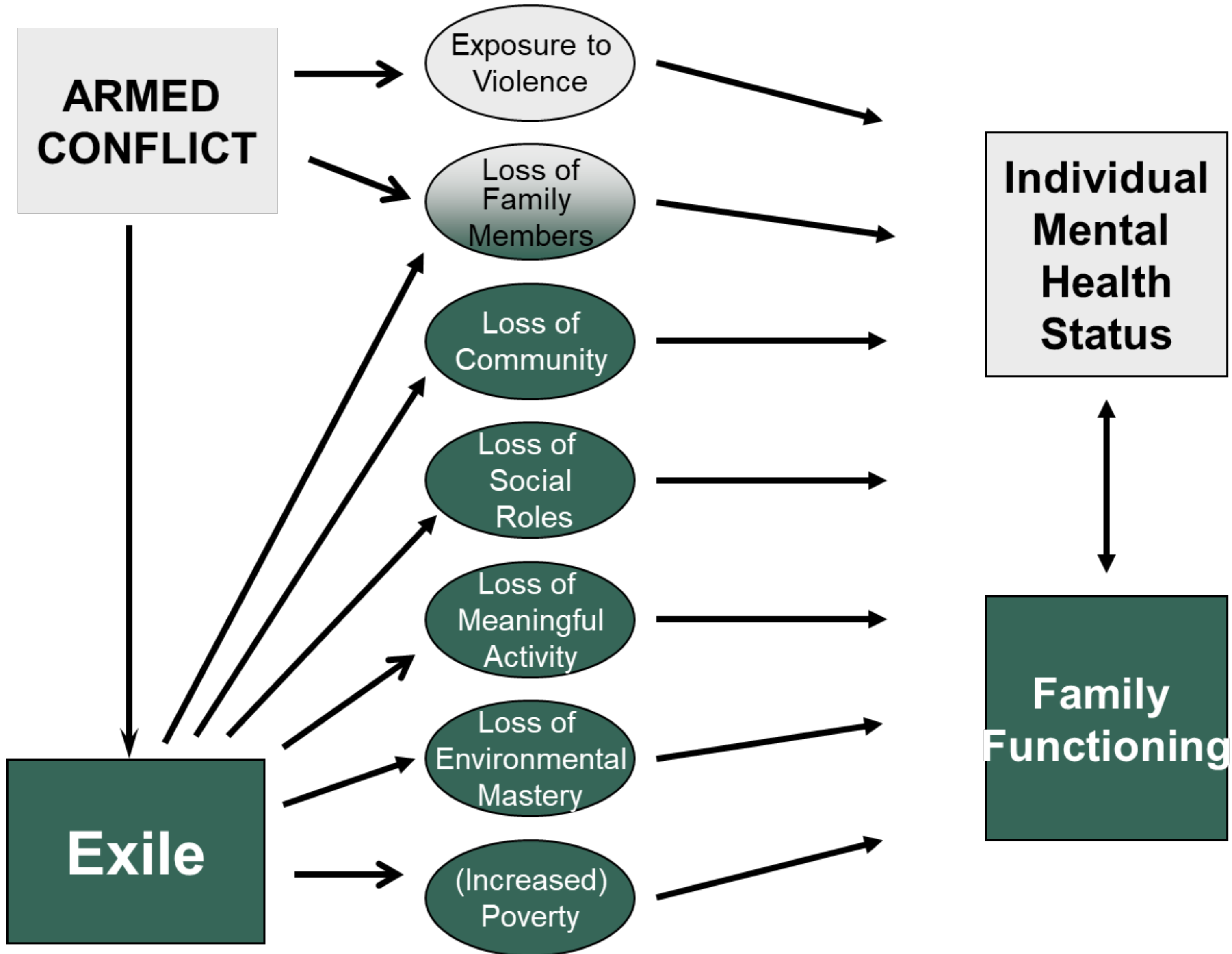
For Asylum Seekers and Undocumented Refugees with Temporary Status

- Fear of deportation
- Detention, often prolonged, while case is pending
- Inability to access essential services if not in country legally
  - Health, education, legal, and social services

An Ecological Model of Distress Among Refugees



WARNING: MESSY SLIDE AHEAD…


ARMED CONFLICT
Exposure to Violence
Loss of Family Members
Loss of Community
Loss of Social Roles
Loss of Meaningful Activity
Loss of Environmental Mastery
(Increased) Poverty
Exile
Individual Mental Health Status
Family Functioning

So What?

IMPLICATIONS FOR INTERVENTION

- A need for coordinated multi-service, approach to supporting refugees' mental health and integration
  - Address trauma and grief related to pre-migration experiences of violence and loss
  - Address ongoing (post-migration) stressors in the **here and now.**
    - *The more we help refugees adapt successfully to their current environment, the less we will need formal mental health services.*

Addressing Post-Migration Stressors

- Provide training in new work-related skills to enhance employability
- Create and link to settings that foster social support and new social networks
  - Community centers, religious settings
- Work with schools to provide support for refugee children, to ensure their social inclusion.
  - Train school personnel in the experiences and needs of refugee children and adolescents.
- Strengthen capacity to navigate new environment: transportation, language, accessing key systems

Addressing Post-Migration Stressors Continued

- Provide support for refugee parents that addresses their own wellbeing, not just parenting.
- Be alert for, and ready to address, family violence
  - *Not all PTSD symptoms reflect war exposure, even among refugees.*
- Ensure access to legal services
- Advocate for fair and fast legal processes in determining refugee status

Post-Migration Stressors & Afghan refugees in the US

- Qais & Ken, findings and observations

The Afghan Symptom Checklist

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What is the ASCL?

- A brief questionnaire that assesses whether people have experienced 23 different symptoms of distress during the past 2 weeks (or whatever time period one chooses).
- Developed and validated in Afghanistan
- Been used with Afghans in several other countries, including the U.S.
- Includes items familiar in western high-income countries, as well as culturally specific expression of distress that are meaningful and important among Afghans.

Why Create a New Questionnaire?

- Western psychiatric questionnaires don't include items important among Afghans.
  - *If we only ask about the kinds of problems we're familiar with, we risk missing a lot.*
- Using culturally meaningful items helps the questionnaire makes sense to Afghans
- Creates a shared vocabulary between service providers and Afghan clients.

Development of the ASCL

- Step 1: Identifying salient indicators ("symptoms") of distress among Afghans
- Step 2: Using these indicators to create the questionnaire
- Step 3: Pilot testing the questionnaire with a small sample, making any adjustments needed
- Step 4: Test the ASCL in a large sample, assess validity and reliability
- Step 5 Use the ASCL in research, clinical practice, screening, and needs assessment

Step 1: Gathering Stories & Identifying "Indicators of Distress"

- **Surveyors were trained to ask participants to think of and describe two people:**
  - ***Someone you know who suffered during the war and is doing well now***
  - ***Someone you know who suffered during the war and is not doing well now***
  - ***Tell each person's story***
  - ***How do you know this person was not doing well (was suffering)? What is it about the person that makes you think they were not doing well?***

40 NARRATIVES WERE GATHERED

	WELL	NOT WELL
FEMALE	10	10
MALE	10	10

A Sample Story

- **The daughter of the woman who is the focus of this story told us the story. She said:**

  "We were four sisters and fours brothers. Only two of our sisters were older and the rest of our brothers and sisters were younger when our father died of natural causes. Our mother raised the children under very poor circumstances. During that time the fighting was very bad. One of our brothers left home to go get groceries, he was only 21 years old. The fighters asked him where he was from, then they killed him. This affected our mother very much. Two months later our 18-year-old brother left to go get groceries, and a bomb hit that area and he died. Our family was at home but they brought the bodies to our mother. Our mother continued to live her life but she is very weak. She works at a hospital. Her pay, which is 1700 to 1800 Afghanis [about 36 dollars] a month helps her live her life. And her two sons live with her. She always has a severe headache. Her *fishar* is always high and she has diabetes. She doesn't have much of an appetite. She often becomes *jigar khun* and cries a lot and tries to stay away from people when she is at home. She tries to stay away from gatherings and if she does go she becomes very impatient while she is there. Every time she thinks about one of her sons and how one was shot with holes in his body and how the other one was shattered into pieces because of the bomb she becomes *asabi*, and if someone talks to her she becomes angry and starts fighting. When she is at home she puts a curse on the people who took her sons away from her. She prays, and she does not have a good relationship with her family.

A Mix of Familiar and Culturally Specific

Familiar in the West	Culturally Specific
Crying	Jigar khun
Nightmares	Asabi
Insomnia	Fishar-e-bala
“Thinking too much” (akin to rumination)	Fishar-e-payin
Social withdrawal	Hitting oneself

Viewing the Indicators in a Matrix: Personal, Family, and Community

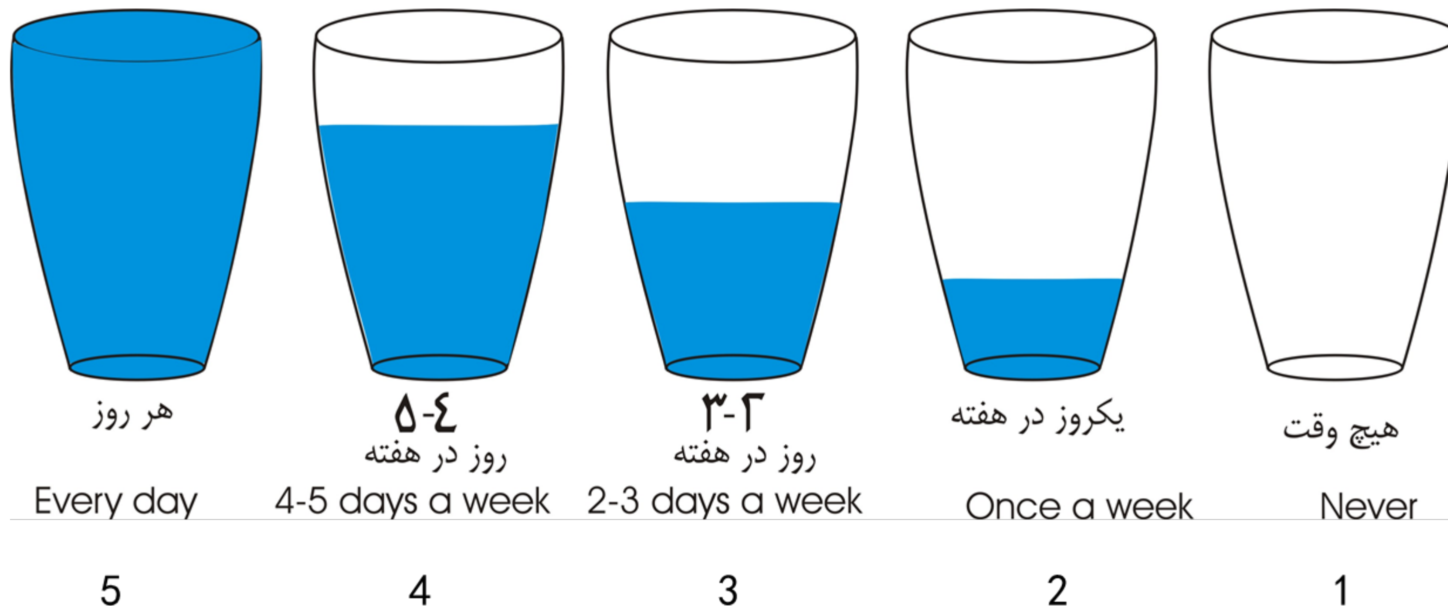
INDIVIDUAL	Thinking too much	Asabi	Jigar Khun	Hurting oneself
FAMILY	Quarrels with Family	Violent Against Family Members	Social withdrawal	Difficulty meeting one's responsibilities
COMMUNITY	Quarrels with Neighbors	Social withdrawal		

Step 2: Constructing the Questionnaire

- 23 most commonly mentioned items were used to create the ASCL.
- Answer choices range from 1 (never) to 5 (every day).
- Scores can range from 23 to 115.

Answer Choice Visual Aid

During the past two weeks, how often have you __________?



Key Findings from Pilot Testing and Two Large Studies in Kabul

- Pilot study: 30 women and 30 men in 2 neighborhoods of Kabul (2004)
  - All items easily understood, visual aid was quickly understood and very useful.
  - Internal consistency high = .93
- Large studies: 320 adults in Kabul in both studies, 160 women and 160 men (2004, 2006)
  - Demonstrated validity by correlating as expected with other measures of distress (.6 - .7)
  - Most frequently experienced symptom: "Thinking too much"; also headaches, insomnia, poor appetite, impaired functioning
  - Culturally specific items were experienced frequently, especially *jigar khun*
  - One item, hurting oneself, was common among women, non-existent among men.
  - Identified particularly vulnerable groups in Kabul

Use in Research

- Miller *et al. (2006, 2008 2009)*
  - Used in study showing that "daily stressors" impacted mental health at least as powerfully as war exposure
  - Used in study showing that war trauma is better captured by the ASCL than a widely used measure of PTSD
- Rasmussen *et al.* (2014)
  - ASCL compared favorably with SRQ
- Alemi *et al.* (2018, 2016, 2015): Afghans in Kabul, in Istanbul, and in **San Diego**
  - **Key findings from the San Diego study of post-migration stressors…**

ASCL IS A SCREENING & EVALUATION MEASURE, **NOT** A DIAGNOSTIC TOOL

- Cannot be used to diagnose any clinical disorder.
- Excellent at identifying individuals who are experiencing "elevated distress"
  - This can be done using total score
    - No clinical cut-off yet established but general rule is >1st quartile is of possible concern (>28)
    - Mean in Kabul: (women= 68, 63, men=50, 52); Istanbul: women: 62, men=59; **San Diego: combined=42**
  - Can also be done by looking at specific items
- Also useful for measuring change over time

A Note About Language

- Currently available in Dari, Pashto, and English.
- Dari version recommended, most widely used and best psychometric data.