

# Georgia expanding innovative refugee mental health program

January 15 2024, by Lautaro Grinspan, The Atlanta Journal-Constitution

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Although they experience significantly higher rates of depression, post-traumatic stress and anxiety than their U.S.-born neighbors, refugees have largely not been able to see mental health providers. Transportation,

cost, and language barriers all stood in the way of care.

Roughly a year ago, a group of advocates in Atlanta tried doing something about that.

The mental [health](#) pilot program ran into some early problems: Counselors learned that in some cultures there is no word for "stress." Others consider worrying to be an attribute. Despite the challenges, counselors were able to find sustained interest, signing up 27 [refugees](#) for a total of 204 counseling sessions.

The work was done through a partnership between Georgia State University and the International Rescue Committee (IRC) in Atlanta, a local resettlement agency, where the counseling sessions took place. The IRC's DeKalb County headquarters served as a familiar locale for refugees to go to. Counselors also had interpretation assistance on hand when they needed it.

With the help of the state of Georgia, that mental health pilot program will be expanding this year. Thanks to a \$640,000 contract from the Georgia's Department of Public Health and Department of Human Services, two counselors will be working full-time at the IRC by mid-February. More people will also be able to access services through support group meetings held at community locations across the metro area. And GSU experts will train other service providers statewide to better serve newcomers in their area.

"This funding helps expand critical mental health services to refugee communities in DeKalb County and the Clarkston area. It is through partnerships like this one with GSU's Mental Health Alliance that will eventually allow for the expansion of mental health services to refugees throughout Georgia," according to a statement from Nancy Nydam, a spokeswoman for the Georgia Department of Public Health.

The state's backing of a refugee mental health initiative is in line with recent legislative efforts to improve mental health care access across Georgia.

Mary Helen O'Connor is deputy director at Georgia State University's Prevention Research Center (PRC), which focuses on addressing health disparities among migrants and refugees. She said she hopes the mental health program will emerge as a model for other parts of the country, and that mental health becomes more of a priority when refugees are welcomed into the country.

"It's kind of ridiculous to think that you would bring people to our country who have probably the highest need for mental health services, and not include that in the formula of their resettlement. It just doesn't make sense."

Dubbed "America's most diverse square mile," the DeKalb city of Clarkston is a leading refugee hub, with approximately 50% of its residents born abroad. Refugees are immigrants who have been vetted and cleared to come to the U.S. because they are at risk of persecution in their home countries.

## **The land of milk and honey**

When they first started seeing their new [refugee](#) patients, the GSU counselors were surprised to realize that folks' most pressing needs didn't center on the trauma they faced back in their home countries. Instead, the biggest source of stress were the difficulties associated with building a home in metro Atlanta.

Ashli Owen-Smith, a behavioral scientist at GSU's School of Public Health, said that those "post-migration challenges" include tasks such as learning how to drive, finding jobs that pay enough to afford rent, and

figuring out how to enroll children in school, among others.

"These are the things that matter more to them right now," she said.

As the program expands, Owen-Smith and O'Connor said counselors will be better prepared and have clearer expectations of what early sessions will be like, with less onus being placed on trauma therapy.

In the pilot program, "I think they thought they were going to go in and hear about, you know, rape, torture and conflict. But we learned that those things may come with a longer treatment," O'Connor said.

"What actually happens is that people tend to have a lot of resilience and be able to survive the conflict in those moments but then they are coming to the United States, and dealing with building a new life is far more stressful than what they've encountered before. And I don't think that most Americans understand just how incredibly hard it is to build your whole life over again."

Part of the reason starting over in the U.S. is so challenging may lie in refugees' own expectation-setting. O'Connor said many people from more disadvantaged parts of the world are conditioned from a young age to think of the U.S. as a land of boundless opportunity, where wealth abounds. That attitude is hard to shake off, and it collides with reality once refugees get here and face the day-to-day difficulties of trying to make it as brand-new immigrants.

Refugee children are told by their parents: "'We're going to the land of milk and honey,'" O'Connor said. "Or, "We're going to where money grows on trees.'"

When left unaddressed, post-migration trauma can compound with pre-migration trauma and lead to substance abuse and other coping

problems.

Another lesson researchers learned during the pilot program is that many refugees don't require one-on-one psychotherapy to feel better. Instead, they simply need to feel less alone in the face of the deep isolation that moving to a new country can create. That was the takeaway of a successful support group for Afghan mothers GSU and the IRC put together. More such groups will be created going forward.

"In talking with them, they got so much out of just being with each other. Some of it is just the nature of providing a venue and some scaffolding for social support and building relationships. Many of them felt have felt very lonely, and just being with each other, and hearing each other talk about things that they're struggling with ... you know, it's priceless," Owen-Smith said. "We're all craving that space for connection. That's something that a lot of American-born people are missing too."

Anonymous feedback submitted by [pilot program](#) participants suggests the expanding mental health initiative has already made a positive impact.

"Being a parent, I'm motivated to recover for the sake of my child," one resident said. "I came out in a completely different person," another said. Another participant said, "The tension I had and the things I was most scared of, I finally realized I should not fear them."

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Citation: Georgia expanding innovative refugee mental health program (2024, January 15) retrieved 28 April 2024 from <https://medicalxpress.com/news/2024-01-georgia-refugee-mental-health.html>

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