

Talking about Mental Health

A Narrative Approach

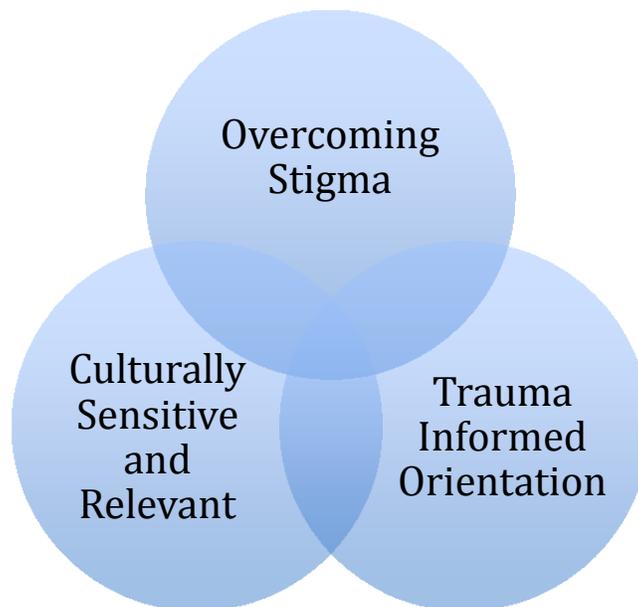
Marla Lipscomb, MSW, LCSW

Saint Alphonsus CARE Maternal Child Health Program Boise, Idaho

Background

Refugee populations have experienced extensive, compound trauma. As a result, many arrive into resettlement communities with significant unresolved trauma, grief and loss. They also arrive with incredible strengths that will assist them as they continue their journeys of healing. As survivors of trauma, they may experience symptoms of PTSD, depression and anxiety, which can impact their health, well being, family system and the success of their resettlement community. Throughout the process of resettlement, these symptoms are often further exacerbated due to ways that ongoing resettlement and acculturation stressors trigger their stress response.

When serving refugee populations, one of the most critical topics to be addressed and discussed is mental health. However, when seeking to provide mental health orientations or when trying to introduce mental health services, there are numerous challenges and barriers that must be overcome. When preparing to talk about mental health with refugee populations, it can be helpful to use the following three factors as your foundation when you develop an orientation or engage in dialogue with an individual or family system. These three guiding practices are deeply interconnected.



One of the greatest challenges that we often face when talking about mental health is the pervasive stigma that exists across cultures. If we are not careful with our approach and the words we choose, we can further exacerbate this stigma and create greater barriers for survivors to access services that they are in need of. Throughout the world, there is often no concept of a spectrum of disorders. When talking about stigma, one Somali Bantu elder reflected to service providers, “You are either crazy, or not crazy, there is no in

between.” This creates a significant fear of being labeled and bringing shame upon not only the individual who might need services, but also the family, extended family and their community. When seeking to overcome the stigma associated with mental health it is important to understand the power that both fear and shame can hold in collectivist communities with extensive trauma histories. The shared concept of shame, can further fuel the stigma. Avoiding shame is often a high cultural value among the diverse populations who are resettled. As we talk about mental health with refugee populations, we are provided with an opportunity to decrease stigma by normalizing symptoms and installing hope in the survivors’ ability to heal.

When working with populations who have extensive, compound trauma histories, it is critical that every orientation and/or discussion utilize trauma informed practice to decrease potential triggering of survivors’ stress and fear responses. This is particularly important when talking about mental health. If the orientation does not reflect trauma informed practice, mental health orientations can trigger significant stress and fear responses for survivors of trauma. This is important for both the participants as well as the interpreters who often have their own trauma stories. If the interpreters are triggered, they will have a very difficult time remaining present throughout the orientation due to having to manage their own symptoms. Five aspects of trauma informed practice that can be very helpful when talking about mental health are:

- 1) Being aware of potential triggers throughout the orientation
- 2) Restoring power and control to the survivor
- 3) Knowing what to expect to happen next
- 4) Restoring dignity and respect to the survivor; and
- 5) Creating safety and building trust.

It is also critical that the orientation is culturally sensitive and appropriate in order that the information being shared is relevant and meaningful for the participants. Both cultural and linguistic considerations are extremely important. Often times, orientations are presented to a culturally and linguistically diverse audience, not just to a single ethnic group. This can pose a challenge as each culture has their own unique beliefs about mental health and appropriate ways to talk about mental health. Also, we must be very careful not to use mental health vocabulary as these words can be very culturally bound. Mental health vocabulary and jargon often lacks cultural meaning, poses challenges for interpretation, and can increase the stigma if the interpreter is unsure how to interpret words being used. Providers, case managers and educators are in need of feedback and recommendations from interpreters, community leaders and community health workers from their respective ethnic and linguistic communities. This feedback can help to strengthen the appropriateness and effectiveness of ways that we engage refugee communities when talking about mental health.

An additional consideration when talking about mental health with refugee populations is to avoid using the word, “trauma.” This is a word that does not translate easily in many languages, which can create unnecessary challenges for interpreters when seeking to provide meaning. It can be helpful to instead use a phrase such as, “the bad things that happened in the past,” or “the difficult things in the past that you had to overcome.”

Narrative Approach: *“Metaphorical Bag of Rocks”*

A narrative approach utilizes each of these foundational guiding practices as a way of talking about mental health with refugee populations. The attached document is an example of a metaphorical story that is used in Boise, Idaho to talk about mental health at new arrival orientations, group appointments within the prenatal setting, as well as individually within a clinical setting. This metaphorical story can be further adapted depending on factors such as stage of resettlement, ethnic and linguistic group, age and gender, educational level, historical trauma of resettlement group, etc. This metaphorical story about “a bag filled with heavy rocks” has been presented to a focus group of a diverse group of health advisors, who serve as community health workers, as well as a focus group of hospital interpreters. These focus groups helped to affirm and strengthen aspects of the narrative approach, as well as reported that the metaphor used was culturally appropriate and meaningful across the diverse resettlement communities.

Many of the cultures that are resettled have strong story telling and narrative traditions. For some, dramas may have been a very effective and common way of providing education in their country of origin or host country. A narrative approach can help to reduce stigma as it normalizes experiences and symptoms that survivors may have. It also can be a culturally appropriate way to talk about mental health as it provides indirect way to talk about a culturally taboo topic such as mental health. This indirect approach also reduces potential triggers for survivors’ fear response.

As part of trauma informed practice, it is important to restore power and control to the survivor and to seek ways to allow them to know what to expect to happen next. Before beginning a mental health orientation, it is important to give permission for them to leave the room if they need to at any time during the orientation to get a drink, use the bathroom or go outside and let them know that they are welcome to return to the orientation. This is really important to help restore power and control to them as survivors and to know that they have a way out if their fear or stress response is triggered during the orientation.

All too often, limited English speakers are spoken to in a way that further strips them of their dignity and respect. When using a narrative approach with adults, it can be helpful to remember to make sure that you are restoring dignity and respect to them, especially for those who are survivors of trauma. A narrative approach is used due to its cultural strengths, utilization of trauma informed practice, and ability to decrease stigma. However, it must be used appropriately in this respect. It is very important to engage adult survivors in the narrative process in a way that they are experts in the story you are telling, versus telling a story to them.

The following metaphorical story tells a story about a bag that each of us carry that is filled with a large, heavy rock every time something bad happens to us, our family or our community. This story focuses on the resilience of survivors of trauma, as well as discusses the impact that carrying a bag of heavy rocks can have on a person’s health. It emphasizes the somatic impact of trauma and ways that trauma is stored in the body. It also emphasizes ways that resettlement stressors can impact a person’s health. While

referring to the bag, we review together health problems that can occur. We do not use terms such as “somatic, depression, anxiety and PTSD” as this can increase stigma as well as cause unnecessary challenges for interpreters to provide meaning for meaning interpretation when mental health jargon is used. When talking about symptoms, we emphasize the normal response to trauma and loss, as well as seek to install hope in the healing process. As we share this metaphorical story, participants from each language group often nod their heads in agreement and identify with the story that is being shared.

*The example that is shared below is provided in a group setting during new arrival orientations.

“A Bag Filled with Heavy Rocks”

A metaphorical story to help talk about the impact of trauma, grief, loss and resettlement stressors with refugee populations

When a person is born, it is as if a bag is placed onto their back. However, when we are small babies, we may not yet know that the bag is there. As babies, we may not have very many worries when our mothers are helping to protect us and meet all of our needs. But for some, even as babies, something bad may happen to them, their family or community. When this happens, it is as if a big heavy rock is picked up and placed into their bag. For the first time, that baby or child may realize that they are carrying something heavy, even if they do not have words to talk about it. But, they may see that their family or community is very strong, so they too find strength to continue on with life. But, when another bad thing happens to that child, their family or community, another heavy rock is placed into their bag. The child is now growing older and begins to feel very burdened by the heavy bag they are carrying. Maybe they think, “This is just the way things are.” But, somehow they find the strength to continue. For some, by the time they become an adult, their bag may be full of many heavy rocks because of all of the difficult things they have had to overcome.

When this adult is told they are going to be resettled to a new country, they may be hopeful that they can leave this heavy bag of rocks behind them. Perhaps when they arrive to their new country they decide that the past is behind them and they are going to focus on their future. But, others may experience that no matter how hard they try, they cannot get rid of the heavy bag of rocks that they have been carrying for many years. They try to forget, but find it impossible to forget the bad things that have happened.

The person who tried to take off the heavy bag of rocks they were carrying, may notice that when they begin to feel stressed by the life in America, the bag finds them again. They may feel that there is no more room in their bag for the problems they are facing in America. This can cause a person to feel tired, alone and make it difficult for them to feel hopeful about their future.

If a person carries a bag filled with very heavy rocks for many, many years, they can become tired and experience body pain in their neck, shoulders, back legs and feet. They may have frequent headaches or stomach problems. They may have a very difficult time to sleep because of thinking too much about all that they are carrying each day. They may not have a good appetite. Sometimes, these rocks can cause a person to be very irritable and to get in arguments often. This bag of heavy rocks can also cause feelings of sadness, nervousness, fear and hopelessness. It can cause a person to feel alone with their problems; they may feel like they have no one to ask for help.

One of the most difficult things for someone who has survived many bad things, is to have to carry their heavy bag of rocks alone. In America, there are people whose jobs are to help those who are carrying heavy burdens. We have different names for this job, but some are called counselors or social workers. They can be a very helpful person to have in your life to help you overcome stress or problems you may experience in America. They also can be a very helpful person to help you to continue to heal from the difficult things that you have survived. It can be a very good idea to ask to see someone like this if

this story sounds like something you have experienced. We are going to talk more today about how you can see a counselor or social worker if this is someone think you might like to have walk beside you as you continue your journey in this country. If you choose to talk with a counselor or social worker, you have the right to choose the interpreter that you prefer to work with. It is very important that this interpreter be someone you trust so that you can talk freely with your counselor or social worker.

**Following the metaphorical story, we use a dialogue and group psycho-education model to discuss resettlement stressors further, as well as to further describe process of accessing mental health services. The webinar on RHTAC website provides more detailed information on these sections of the mental health orientation provided in Boise, Idaho.