Hmong and Refugee Mental Health/AODA Considerations
Introduction

Sebastian Ssempijja, PH.D.
Psychologist/Clinic Director
Sebastian Family Psychology Practice, LLC

Leng Lee, MSW, LCSW
Psychotherapist
Sebastian Family Psychology Practice, LLC
Overview of Refugee MH projects in Wisconsin

- **State Refugee Office**
  2. Role—
     - ensuring that refugees are self-sufficient upon arrival (*pass through federal grants*)
     - objective to establish culturally and linguistically competent providers and services.
     - *Programs (Refugee Mental Health Program Background).*
       - National competition (1997)
       - Regionally based
       - Mutual interest (private, county, community refugee-run agency)
       - Bilingual and bi-cultural commitment
       - Federal grant ended 2008

- The importance of the private sector and State Refugee Services partnerships in developing competent MH and Substance Use and Abuse services.
Overview of Sebastian Family Psychology Practice, LLC

- Main stream services
- Refugee/Immigrant services
- Psychiatric evaluation & medication management
- Psychological testing
- Individual Therapy (Mental health and substance abuse)
- Case management
- Parenting assistant/education
- Translation/interpretation
- In-home
Mission Statement

• To improve the well-being for people of all backgrounds, including immigrants and refugees, through behavioral health care that is sensitive to the needs, unique experiences and backgrounds of our clients.
Refugees & Asylum

- **Refugees:** Individuals directly resettled by the U.S. government. Refugee status is a form of protection that is granted to people who are of special humanitarian concern to the United States. Refugees are generally people outside of their country who are unable or unwilling to return home because they fear serious harm as a result of war, political repression, prejudice, hatred, or religion.

- **Asylum:** A form of protection available to people who:
  a) Meet the definition of refugee
  b) Are already in the United States
  c) Are seeking admission at a port of entry
Who are the Refugees we Serve?

Ranked by Numbers Served Since 1998 to Present:

1. Hmong
2. Burmese
3. Africans
4. Bosnians, Croatians, Serbians
5. Middle Easterners; Iraqis, Palestinians, Afghanistan, Russians (and those from other former Russian territories)
Rationales for Mental Health Services for Refugees

- Very low use of mental health services in refugee communities, which seek MH services as last resort.
- Refugees have unique stressors that put them at greater risk of developing mental health disorders. Refugees are at greater need for supportive services.
- There are multiple barriers and challenges when it comes to seeking mental health services that are specific to refugees.
<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hmong</td>
<td>50,084</td>
</tr>
<tr>
<td>Lao</td>
<td>5,743</td>
</tr>
<tr>
<td>Vietnam</td>
<td>3,663</td>
</tr>
<tr>
<td>FSU</td>
<td>2,974</td>
</tr>
<tr>
<td>FYUG</td>
<td>2,864</td>
</tr>
<tr>
<td>Africa</td>
<td>1,993</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1,177</td>
</tr>
<tr>
<td>Burma</td>
<td>580</td>
</tr>
<tr>
<td>Other</td>
<td>1,834</td>
</tr>
<tr>
<td>Total</td>
<td>70,912</td>
</tr>
</tbody>
</table>

BMRLS/DET/DWD


Milwaukee….21,906
Dane…………..8,170
2010 Census Hmong Population

United States total: 260,076
1) California: 91,224
2) Minnesota: 66,181
3) **Wisconsin: 49,240**
4) North Carolina: 10,864
5) Michigan: 5,924

- **Milwaukee = 11,904**
- **Wausau = 5,927**
- **Madison = 4,230**
- **Sheboygan = 4,168**
- **Green Bay = 4,152**
- **Appleton = 4,082**
- **La Crosse = 3,182**
- **Eau Claire = 2,749**
- **Oshkosh-Neenah = 2,320**
- **Manitowoc = 1,614**
- **Stevens Point = 1,274**

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
http://www.hmong.org
2010 Census Hmong Population

Highest Concentration by City

1. Minneapolis-St. Paul, MN: 64,422
2. Fresno, CA: 31,771
3. Sacramento, CA: 26,996
4. Milwaukee, WI: 11,904

8. Wausau, WI: 5,927
10. Madison, WI: 4,230

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
http://www.hmong.org
"Coffee Gets You Up, Breakfast Gets You Going."
Client Demographic Data at Sebastian Family Psychology Practice, LLC

**Refugees served in CY2013**

- Male: 51  Female: 55  Total: 106
- 1. Burma (61%)  2. Iraq (27%)  3. Africa (9%)
- 4. Chinese (2%)  5. Hmong (1%)

* About 85% of services are provided through an interpreter

**Hmong served in CY2013**

- M: 21  Female: 41  Total: 62

*99% of the sessions are done in the Hmong language
Culturally Focused Responses and Practices
Service Delivery

- (a) Strengthening provider-client relationship/alliance: views from the Hmong, African, Middle Eastern, Chinese, Burmese vantage points
- (b) Ensuring that you have the appropriate staff member(s) and resources to reach out and to appropriately follow through with services
- (c) Managing the clinical session of an hour (paying for the time) but also ensuring that client’s concerns and understandings are addressed to ensure that clients return
- (d) Capturing the cultural messages in the unspoken communications; understanding the complications of confidentiality, rumors, and stigmas
- (e) The role of Psychotropic medications and MH outcomes for refugees
- (f) Recruiting a stable psychosocial support system for the client and their family. The roles and hazards of the ethnic communities, leaders, and managing social isolation
- (g) Being attentive to unsafe behaviors such as DV, Suicide, homicide, intimate partner safety, while being sensitive to legal and law enforcement involvement
Considerations in working with Hmong Clients/Families

- 3 different waves of migrations.

1) Initial Wave, 1975-78 (Refugee Assistance Act of 1975). Primarily men directed associated with General Vang Pao’s Secret Amy (USAID employees), about 3,000 people were evacuated to the USA.

2) 2nd Wave started, 1978-1991, 30,000 initially and continued until 1999. By 1999 approximately 250,000 Hmong have been resettled in the USA.

Because of the different waves in migration, many Hmong in the USA will greatly differ in:

- a) language; *don’t speak English to don’t speak Hmong*
- b) education; *no education to lawyers, doctors, senators*
- c) income; *low-income to upper income*
- d) religion; *Shamanism to Christians*
- e) level of assimilation/acculturation
- f) beliefs

* Conflicts as result of role reversals
Western legal system vs Cultural legal system

- **Cultural legal system**
  1) Legalizing marriages or divorces
  2) Marriage problems or family conflicts
  3) Crimes; sexual assaults, disputes regarding accusation or wrong doings

- **Task are performed by respected leaders within the clan.**
  Responsibilities include:
  1) *Performing cultural ceremonies to legalize marriages or divorce*
  2) *Mediate and resolve conflicts w/out having to involved western systems*
  3) *Give recommendations, provide counsel, advices, cultural enforcement (fines), and make referrals*

- Individuals unhappy with the ruling of the cultural system seeks out western services (e.g. divorce, domestic abuse, custody, etc.)
Hmong Family System

- More than 98% live in family household
- 70% are married couples with children
- Average family size are 6.4 persons
- 57% of Hmong in WI are children, under the age of 18
- 60% of Hmong women have no education vs 30% of men

- patriotic status, power, decision making are with the men
- Married middle age men with children have most power
- Women have private but limited public power (conflicts based on financial and education obtainments)
- Daughter in-laws typical have no power
- Children have no power

(role reversal for parents with no education or English

- Healing by Heart
Hmong Traditional Medical Practices

- Cultural treatments
  a) Medicine doctors
  b) Physical therapists
  c) Shamans
  d) Ritual or magical healers
  e) Cultural medicines (herbs, roots, oversea medications)

- Medical decisions are made collectively
- No cultural treatment for AODA

- Seek out western treatment if they no longer practice traditional treatments, traditional treatment is not working, referred out, or for benefits or documentation purposes.
Addiction Concerns

- Alcohol
  * Hmong-cultural ceremonies require the use of alcohol-heavy drinking
  * Burmese-alcohol use is normal, ok for children to use alcohol back in Burma and in the camp
  * Alcohol is the most commonly abuse drug in the refugee camp
- Marijuana (drug of choose for Hmong and Burmese teens)
- Opium (drug of choice for Hmong elders) – long history of opium use dating back to early 1900, when French colonies the Hmong

- DUIs, increasing numbers with Burmese (10-15 referrals per year)
- Leading to domestic violence, arrest, job lost

- No cultural treatment (rumors and shame)
- Distrust of western legal system
True love isn’t Romeo and Juliet who died together. It’s about Pog and Yawg who grew old together.
Review of the SFPP clinical journey

- Personal experiences with Hmong clients (Leng)
- Experiences with African refugee clients (Dr. Sebastian)
- Experiences with Burmese refugee clients (Leng)
- Other refugee: Bosnians, Croatians, Serbians, Middle Easterners; Iraqis, Palestinians, Afghanistan, Russians (Dr. Sebastian)
Does the current DHS delivery of Mental Health and Substance Abuse Treatment approach reach Hmong or refugee clients?

- Wisconsin has a state-supervised, county-based system of mental health and substance abuse (MH/SA) system.
- The Division of Mental Health and Substance Abuse Services (DMHSAS) in the Department of Health Services (DHS) is the state MH/SA agency and is the designated State Mental Health Authority (SMHA) and Single State Agency (SSA) for Substance Abuse.
- The division is responsible for allocating state and federal funding for the provision of MH/SA services and for implementing various responsibilities under the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act, more commonly referred to as state administrative code Chapter 51.
- While the state has broad responsibility for MH/SA system planning, management and oversight, the state’s counties are statutorily responsible for administering MH/SA services.
- Wisconsin statutes further provide for counties to meet MH/SA service responsibility through single county systems, such as single county boards and departments of community programs or human services, or through multi-county systems.
- Wisconsin’s regions include Northeastern, Northern, Southeastern, Southern, and Western and are comprised of the 72 counties and 11 Native American Indian Tribes.
Key considerations for serving Hmong and refugees clients in Wisconsin.

**Policy vs No Policy**
1. International policy (World Health Organization)
2. Federal policy (SAMSHA—underserved populations)
3. State policy (DHS—underserved outreach staff)
4. Counties: single or multi-counties & tribal system

**Access Gaps:**
1. Cultural & Language Differences
2. Complex Delivery System (agency, county to state)
3. Lack of bilingual and bi-cultural services

**Challenges:**
1. How do you meet the needs of underserved populations such as the Hmong and refugees? E.g. suicide in Hmong community is fourth leading cause of death? Many drink to numb their PTSD, societal stress, and so on.
2. How do you avoid using a cookie cutter approach in order to serve new populations?
3. How does other state (MN/IL) does it?
Future Challenges

1) What happens when cultural practices disappear?

2) Should we sustain cultural practices?

3) If yes, how?
Thank You!

Contact Information

Sebastian Ssem pijja, PH.D. & Leng Lee, LCSW
Sebastian Family Psychology Practice, LLC
Address: 1720 W. Florist Ave, Suite 125
Glendale, WI 53209

Phone: (414) 247-0801; Fax: (414) 247-0816
Email: sssempi jja@sebastianfpp.com
      llee@sebastianfpp.com