The Bhutanese refugee population have been the subject of considerable psychiatric research and intervention due to high rates of psychiatric morbidity, disability, and suicide given prolonged displacement (Ao et al., 2016).

While recommendations emerging from prior research include developing non-clinical interventions among this population, significant gaps remain in understanding the extent of these interventions that address the cumulative risk and protective factors across the migration trajectory associated with mental health and well-being grounded in cultural contexts.

The central Ohio region hosts the largest Bhutanese refugee population—approximately 30,000 Bhutanese refugees—and this number is expected to increase in the next 5 years (BCCO, n.d.). An epidemiological study in the region suggested alarming rates of anxiety symptoms, PTSD, depression, suicide, and substance misuse among resettled Bhutanese refugees in the region (Adhikari et al., 2015).

Given the increasing demographic shifts in the region, mental health services are highly uneven and human services organizations face persistent challenges in providing culturally responsive services (Maleku et al., 2018).

The pandemic has only exacerbated specific social determinants impacting mental health among the Nepali-speaking Bhutanese refugee community (McGuire et al., 2021).

- There is an urgent need for an in-depth understanding of mental health from the Bhutanese refugee lens to inform the development of promising culturally responsive interventions as well as bolster human service capacity and infrastructure that can deliver these culturally responsive mental health interventions that has the potential to promote mental well-being and resilience among the Bhutanese refugee population.
- This community research brief provides a review of pertinent research findings on mental well-being among the Bhutanese refugee population in the central Ohio region. We also provide data and statistics from other studies conducted among the resettled Bhutanese refugee population in the United States.
Bhutanese refugees in the United States may have a higher burden of mental illness, including high rates of suicide (Ellis et al., 2015) relative to the US population (Ao et al., 2016).

Comparatively high prevalence of dual (smoking and smokeless) tobacco use among Bhutanese refugees (Adhikari et al., 2015).

Low mental health care utilization, largely due to western models of care (Maleku et al., 2021; Soukenik et al., 2021).

Postmigration stress such as demands of acculturation, language difficulties, decreased support systems, increased caregiving responsibilities, socioeconomic disadvantages, lack of access to services, changes in family dynamics, financial hardship, discrimination, and limited technology skills have been found to be major risk factors for depression and other mental health problems among Bhutanese youth and older adults (Poudel-Tandukar et al., 2019).

Almost 55% of the survey respondents (N=40) showed minimal anxiety, 20% showed mild anxiety, 12.5% showed moderate anxiety, and 12.5% showed severe anxiety levels. Similarly, depression levels indicated moderately severe depression (M = 14.79, SD = 7.01) based on the cutoff score. Almost 22.5% of the survey sample showed mild depression; 42.5% showed moderate depression, 10% showed moderately severe depression, and 25% showed severe depression levels. “People do have mental health issues, but there is lack of awareness. They are not open to discussing these issues. I feel that more young Bhutanese members are starting to be aware of mental health issues—it’s progressing” (Maleku et al., 2021).

Bhutanese refugees suffer from alarming rates of substance misuse, depression, anxiety, and PTSD (Cochran et al., 2013), the latter three at significantly higher rates than the general U.S. population (Vonnahme et al., 2015).

Source: Adhikari et al. (2015)
Mental health concerns remain a huge stigma within the Bhutanese community, and is often unaddressed and unrecognized due to gaps in service delivery and utilization (Soukenik et al. 2021). Perceptions toward mental illness and receiving psychological help were generally negative among participants (N=201). Over 71% believed others would look unfavorably on a person who sought out a counselor. MacDowell et al.,

Bhutanese refugees face cultural, linguistic, or systems barriers to connecting with mainstream mental health services, which may be compounded by their unique experiences with exposure to historical trauma, displacement in refugee camps, and resettlement stressors in the U.S. (Maleku et al., 2021)

“Not having culturally responsive counsellors is a big barrier. A lot of our population, they don’t speak English very well to express themselves fully. So, mostly what we’re doing is using translators or interpreters to help communicate. Important things get left behind, like the emotional factor—that really creates, a distrust, a lack of understanding between the counsellor and the client, that fear they won’t get the right diagnosis or get the right treatment plan” Soukenik et al., 2021

CULTURAL UNDERSTANDING

MENTAL HEALTH

A deeper understanding of mental health from the unique Bhutanese refugee lens remains limited (Vonnahme et al., 2015), largely due to Westernized approaches to mental health care that often overlook refugees’ experiences and cultural explanations of symptoms and distress (Im et al., 2017).

Bhutanese refugees adhere to a collectivist culture, wherein individual experiences are not given too much importance. Further, given their collective refugee experience, they have always had to think about safety and survival as top priorities, and expressing emotions and feelings seemed futile amid the continual disruptions they faced throughout their life course. Participants also highlighted that expression of emotional distress is limited by the Nepali language. These linguistic limitations might have contributed to the inability to express mental health experiences as understood, described, or even experienced in Western culture:

“I think one of the issues is also just talking about our emotions—because we have always been on survival mode, we don’t really think about ways to communicate how we feel. Also, there really isn’t a way in our language to say, oh, I feel sad, or I feel isolated, because we’re so into the mindset of thinking that we’re constantly on survival mode and we have been, but here it’s different. (FGD participant).

I don’t think there are any verbiage that can define “counseling” in Nepali as of yet. So, how do people understand mental health concept in general? (FGD participant).

(Source: Maleku et al., 2021).

Cultural stigma regarding mental health (Soukenik et al., 2021)

- Support-seeking behavior is limited to the parameters of family, friends, and members of Bhutanese community: talking to people about the situation because that made them feel better; describing feelings to a friend; accepting help from a friend or relative; telling people about the situation because it helped them come up with solutions, and seeking reassurance from those who know them best.
- Traditional religious rituals “Graha Shanti”, ‘Saptaha” and customs.
- Community-based initiatives and support groups such as soccer teams, youth support groups, arts and literature groups, and book clubs help navigate mental health stressors.
- Mind, Body, Spirit: physical, mental, and spiritual practices such as yoga and walking.
COMMUNITY-BASED INTERVENTIONS

HOLISTIC CASE MANAGEMENT

Holistic case management services have the potential to address the many facets of resettlement challenges and facilitate reduction in mental health symptoms in tandem. Although formal mental health services and trained professionals are vital to treating and managing mental health symptoms, reducing the stressors that may contribute to mental distress in the first place would be crucial.

“Case management plays a big role because a lot of our folks are struggling with their day-to-day lives. They’re struggling to read mail, they’re struggling to call their doctor, they’re struggling to schedule an appointment. So, when that happens, there’s an additional layer of all these problems that they have to deal with. A lot of times, our clients that come, they don’t come here for mental health issues. They come for case management because that is making their lives easier. So, sitting in a room talking about their problems is not going to really help them because they have so many other problems that they’re dealing with” (Soukenik et al., 2021)

GROUP BASED INTERVENTIONS

CULTURAL IDENTITY & HEALING

Findings show increased leadership skills, self-esteem, social support and resilience among young Bhutanese women. Findings reiterate the use of healing centered engagement strategies and the importance of culturally responsive leadership project, crucial for building leadership skills to support young Bhutanese women become cultural ambassadors both within and outside their communities. Pre and posttest scores on mental health indicators showed significant decrease in anxiety (t = .47, p < .001, d = .09) and depression (t = 3.91, p < .10, d = .67).

Healing Centered Cultural Leadership Project
Maleku & Subedi (November, 2018)

COMMUNITY-BASED INITIATIVES

BELONGING, INCLUSION & COMMUNITY RESILIENCE

- Bhutanese Response Assistance Volunteer Effort (BRAVE) project, a multidimensional engagement effort was co-developed by OSU CSW and BCCO to respond to the COVID-19 pandemic.
- Over 250 youth volunteers participated in the project. BRAVE project has been replicated in 13 US cities: Columbus, Cincinnati, Cleveland, Akron, Erie, Pittsburg, Lancaster, Harrisburg, Richmond, Aurora, Rochester, Nashville and Charlotte.
- Results indicate that the observed increase in both a sense of belonging (t = 12.4, p < .00, d = 4.34) and inclusion (t = .96, p < .96, d = 9.50) were significant. Among BRAVE volunteers (N=122). Findings showed that being a BRAVE volunteer played a salient role in an individual’s perceived sense of belonging and inclusion in the U.S. assist in the mobilization of programs and resources in times of crisis.

Haran et al. (2022)
• Holistic interventions that target culturally based collective healing and not just symptoms of mental health are crucial to bolstering resilience in the Bhutanese refugee population.

• Mental health education and intervention should be targeted at the community level, using culturally grounded initiatives that already exist in the community.

• Building on community-generated solutions and expanding the capacity of local community-based ethnic organizations will be the first step in providing services that are truly responsive to the cultural needs of the Bhutanese refugee population.

• Education among health and human service providers through cultural competency trainings are crucial.

• Expansion of community-academic partnership for culturally grounded research.

• Investment in multi-sectoral collaboration across mainstream human services, funders, academic institutions, and community-based ethnic organizations is crucial.

Bhutanese refugee youth and their use of digital technology—as coping mechanism and as a way to find collective healing—points to the potential for targeted digital mental health applications and use of digital platforms for Bhutanese refugee youth. (Maleku et al., 2021)

References


