

TRAUMA-INFORMED & CULTURALLY-RESPONSIVE SUPPORT FOR AFGHANS

Trauma Exposure

- 65% of Afghans personally experienced at least 1 traumatic event
- 49% experienced 4 or more traumatic events
- 47% of Afghan women reported exposure to intimate partner violence (Kovess-Masfety et al., 2021)

Mental Disorders

- 47% of Afghans experienced psychological distress, with 65% feeling sadness and 27% anxiety
- 39% substantial impairment due to mental health
- 12-month prevalence rate for posttraumatic stress disorder (PTSD) was over 5%, Generalized Anxiety Disorder (GAD) 3%, Major Depressive Disorder (MDD) 12%, suicidal thoughts over 2%, and lifetime suicidal attempts 3.5%
- Comorbidity between PTSD and MDD occurs frequently among Afghan refugees
- Depression among refugee populations often rooted in post-resettlement factors, such as language difficulties, social isolation, and unemployment issues.
- Onset of PTSD usually occurs prior to resettlement & severity of symptoms often related to extent of resettlement stress (Kartal & Kiropoulos, 2016; Kovess-Masfety et al., 2021)

Mental Health & Trauma: Signs and Symptoms

- Flashbacks (reexperiencing the traumatic event in the present moment)
- Sleep disturbances, including nightmares
- Irritability
- Withdrawal and isolation
- Emotional numbing
- Excessive crying
- Hyperarousal, including irritability, angry outbursts, hypervigilance, exaggerated startle response
- Survivor guilt
- Fear, anxiety, worry, or “thinking too much”
- Severe emotional distress or physical reactions to internal or external cues that are reminders of traumatic event(s)
- Depressed mood, low energy and motivation, and diminished interest in significant or daily activities
- Difficulty remembering things, confusion, or concentration problems
- Significantly decreased or increased appetite
- Physical or somatic symptoms, such as headaches, stomachaches, other pains without physical cause, nausea or vomiting, fainting spells, shortness of breath, chest pain, numbness, or heart palpitations
- Prolonged grief
- Substance use or increased substance use
- Suicidal thoughts and behaviors
- Self-harm or other self-destructive behaviors

Reciprocal Relationship between Afghan Mental Health & Employment

- No other resettlement stressor has more effects on Afghan refugees than unemployment. Unemployment or underemployment negatively impacts Afghans in multiple areas, such as income, housing, social interaction, and social status. Employment issues are associated with mental health diagnoses & symptom severity.
- Unemployment and underemployment are both sources of resettlement stress that can affect – and be affected by – mental health.
- While unemployment rates for U.S. refugees are lower than for U.S. natives, refugees have higher rates of underemployment (higher-level skills or more formal education than job requires and/or specific training that is unrelated to job) than U.S. natives. Among refugees, underemployment is associated with increased poverty, lower self-rated health, reduced life satisfaction, a demotion in social status, and lack of English language competency. (Fix et al., 2017; Jamil et al., 2012; George et al., 2012; McAfee, 2012)

Managing Mental Health Issues & Symptoms



- Services to Afghans can be planned and implemented in ways that naturally promote resilience and recovery. Five essential elements for service delivery are:
 1. Promote a sense of safety by creating a welcoming environment, including gender matching staff and interpreters.
 2. Promote calming when Afghan clients are upset or agitated by remaining calm, quiet, and present; invite client to go to quieter and more private place to talk or cope (space should be private not isolated); and help clients regulate their emotions through breathing, grounding, or relaxation techniques.
 3. Promote a sense of self - and collective efficacy - by focusing on resilience and building on their strengths.
 4. Promote connectedness by connecting clients to social supports.
 5. Promote hope by focusing on strengths, resources, empowerment, & choice.
- Refugees require more holistic approach that combines attention & effective support for mental health and case management services. Doing so requires shift in thinking about war trauma as sole predictor of poor mental health, and instead including psychosocial & post-resettlement stressors as concurrent predictor, and considering effects of long-term, cumulative stress on mental health.
- Assisting refugees towards full & meaningful employment is a mental health intervention. Helping meet their human needs is a practical approach for working with Afghans, especially for service providers not trained in treating mental health problems.
- Establish strong referral pathways for specialized, focused, and community and family services and supports that cover the entire continuum of possible mental health related issues.
- If an Afghan client experiences severe signs of distress such as psychosis, suicidal ideation, substance abuse, or self-harm, support them in seeking specialized services with a mental health professional. In cases of emergency, every organization should have a safety and security plan in place.
- If an Afghan client becomes escalated or upset, strategies to help de-escalate:
 - o Give clients physical space by taking a step back. If there are no safety concerns, move client to a private space.
 - o Remain calm, do not raise your voice, and use relaxed, non-threatening body language.
 - o Wait to solve problems until client is calm and the situation has de-escalated.
 - o Actively listen without judgement and respond with empathy and compassion by validating client's emotions.
 - o Don't engage with inflammatory statements or rhetorical questions, instead validate client's underlying sentiment.
 - o Keep responses simple, focused on the here and now, and keep questions to minimum.

Important Considerations

- In order to be culturally sensitive, consider a client's role in family and community, gender relations, inter- and intra-ethnic tensions, and religious practices and preferences.
- High cultural stigma surrounding mental health among Afghans. Mental health challenges perceived as weakness, test or punishment from God, due to supernatural occurrence, or sign of being "crazy." This makes it harder for Afghans to identify their struggles as being related to their mental health, to talk openly, and ask for help.
- Gender plays a role in expressions of mental health whereby Afghan women typically openly express hardships and grief through storytelling and lamenting with their female peer groups (NOTE: Due to displacement, these female peer groups may be absent from Afghan women's lives in the U.S.). For Afghan men, strength and honor means enduring pain and emotional suffering without public display of emotions.

Do's & Don'ts

- Hire interpreters, avoid using family members as interpreters, no matter how good their English.
- Avoid pathologizing. Avoid describing Afghans as "traumatized" or assuming that all reactions are conflict or crisis related. Instead, affirm complex realities of displacement & resettlement by referring to 'the impacts of very difficult events' or 'reactions to all you have been through.'
- Terms, "mental health" or "psychological symptoms" are stigmatizing. Instead, talk about "wellness," "holistic health," or refer to how someone is thinking, feeling, or functioning. Describe symptoms in simple terms.
- Understand cultural idioms of distress to describe mental health. *Asabi* = feeling mentally unwell; *gham* = unexplained sadness; *afsurdagi* = depression; "thinking too much"; *jigar khun* = sadness or grief over painful experiences or loss; *fishar-e-bala* or *fishar-e-payin* = state of emotional pressure/agitation or low energy.
- Don't push clients for details of their experiences, particularly those that may have been traumatic.