

Lack of resources for Somali refugees in Hennepin County for PTSD and depression



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The Problem

The number of Somali refugees in Minneapolis has been increasing for the past five years, and it is estimated that approximately half of the refugees are untreated for mental health disorders [1]. Fleeing from a civil war in Somalia, many Somali refugees enter Minneapolis with post-traumatic stress disorder (PTSD) and depression, and a lack of treatment during this stressful transition period may increase the severity of these mental health disorders [2]. Increased severity of PTSD and depression can create challenges for refugees, such as the inability to support themselves or their families.

Issues Associated with This Problem

- Lack of access to mental health care providers who are Somali or speak Somali.

- Lack of mental health education and mental health vocabulary in Somali language and culture [3].
- Lack of resources such as educational materials and support systems available for Somali mental health care.

Magnitude of the Problem

It is estimated in 2015 that the Somali population in Minnesota included approximately 41,280 people [4]. Over the past few years, the Somali population in Hennepin County has been steadily growing. (**Figure 1**). As the number of refugees increases, the potential for cases of PTSD and depression also increases. A 2010 study done by Kroll, Yusuf, and Fujiwara showed that 80% of the 600 young male Somali patients seen at Community-University Health Care Center (CUHCC)



Figure 1: Author created using data from U.S. Census Bureau (2010) [4]. *Somali population in Hennepin County*

were diagnosed with psychoses compared to 13.7% in the non-Somali patients over a three-year period [5]. The prevalence in this Somali population sample includes only those seen at the CUHCC; there are many Somali refugees without access to the mental health care needed for formal diagnosis. Considering that 80% of 600 young male Somali refugees were diagnosed with PTSD and depression, the total number of Somali refugees in Hennepin County that could be suffering from the same mental illnesses is alarming [5].

Main Issue to Address

The main issue to address is the lack of resources available to new Somali arrivals in Hennepin County regarding mental health care education and treatment. When there is a stigma attached to mental illness treatment and therapy—or there is no notion that mental illnesses affects war refugees—people will not seek treatment themselves.

Policy Question

How can the Minnesota state legislature offer proper mental health resources to Somali refugees in Hennepin County regarding PTSD and depression?

Forces Contributing to the Problem

- The civil war in Somalia—beginning in 1991 with the removal of the leader Mohamed Siad Barre—has thrown civilians into a lifetime of trauma, famines, and stressors caused by political instability [6].
- Mental health is a very new topic that is slowly gaining political attention and recognition in the United States.
- As of 2016, only four licensed professionals in all of Minnesota were capable of speaking the Somali language [1]. While Somali translators are available, not having fluent professionals only hinders Somalis suffering from PTSD or depression from seeking help, or even preventing many from successfully communicating with a mental health professional.
- The necessary tools to provide mental health assessments from primary caregivers is costly and

time-consuming. Training the primary caregivers to utilize the MDH proposed *Mental Health Screening Recommendations for Newly Arrived Refugees in Minnesota* is an additional cost to the Minnesota healthcare system [7].

Policies Regarding Refugee Mental Health

- In 2017, the bill SF 2322 was introduced to establish grants for cultural competency training. This bill offers assistance to healthcare providers and organizations to “foster connections between the mental health community and cultural and ethnic communities” [8]. In order to successfully treat Somali refugees suffering from PTSD and depression, it is necessary to have caregivers that are competent in understanding the psychological status of the refugee in their own cultural context.
- Another bill—SF 1689—was introduced in 2017 and targets “licensed physicians, advanced practice registered nurses, and physician assistants who specialize in the practice of family medicine, general internal medicine, obstetrics and gynecology, or general pediatrics”. This bill requires mental health education and training as a requirement for licensure renewal [9].
- An additional bill—SF 182—was also introduced in 2017 and offers grants and state funding to “eligible health professional training sites” to further train and educate healthcare professionals in Minnesota in mental health [10].

Pressure for Action

In 2014, the Minnesota Department of Health Refugee Health Program released a screening procedure pilot called the *Mental Health Screening Recommendations for Newly Arrived Refugees in Minnesota*. This pilot was an effort to identify and treat refugees suffering from mental health illnesses using a basic questionnaire administered by a primary caregiver [7]. The Minnesota Department of Health is already recognizing mental health issues that refugees experience, but it is necessary to further address these issues at the state policy level. The adequate provision of resources for the diagnosis and treatment of Somali refugees suffering from mental health disorders is imperative for their successful integration into society,

including the ability to financially support themselves and their families.

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