

Family-Based Mental Health and Psychosocial Support Services: Survivors of Torture Program Town Hall

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The
CENTER for
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National Capacity
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BOSTON COLLEGE

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RESEARCH PROGRAM ON CHILDREN AND ADVERSITY

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Family-based Mental Health and Psychosocial Support Services at Survivors of Torture Programs

Preliminary results from the SOT survey

Description of families served

- **Legal Status:** Refugees (n=17), asylum-seekers (n=15) , SIV holders (n=5), Parolees (n=3), U visa (n=3)
- **Family Types:** Families (n=14) including extended, multigenerational families, of varying sizes, newly arrived and who have been here a long time.
 - Single parent households (n=9)
 - Transnational/separated families (n=7)
 - Families with a primary or secondary survivors (n=10)
- **Countries of Origin:** Mexico, Colombia, Nicaragua, Honduras, DRC, Iran, Afghanistan, Somalia, Nepal, Burma, Syria, Bhutan, Burundi, Iraq, Bosnia

Primary Needs of Families

Mental health needs (n=22, 73%)	This includes need for therapy services for children, teens, couples, and families to focus on trauma and its impact on individuals and families and to cope with resettlement. Also noted is the need for emotion regulation for kids and culturally appropriate treatment approaches.
Legal services (n=19, 63%)	This includes needs related to gaining or adjusting immigration status.
Housing (n=18, 60%)	This has to do with obtaining affordable, adequate, consistent housing.
Health services (n=14, 47%)	This pertained to health-related problems as well as healthcare access related issues.
Case management (n=13, 43%)	This included assistance needed to obtain basic services and access and linkage to other services and coordination with other systems.
Basic needs (n=13, 43%)	Basic needs pertained to obtained key necessities including low cost, fresh groceries, transportation assistance, clothes, school supplies and baby needs.
Employment (n=12, 40%)	This included the need for regular, well-paying employed which was noted as difficult due to language issues and work authorization problems.
Linkages/referrals to other services (n=8, 27%)	This includes the need for support to access, other essential services and benefits including child and family services, emergency shelter, early intervention, food stamps, DV, afterschool and summer programming/camps for children.
Social support (n=8, 27%)	This includes lack of resources to establish social support system, needing support with socialization and connecting with other community members.
Economic issues (n=7, 23%)	This includes lack of economic resources to meet needs and need for financial support.
Language needs/issues/challenges (n=6, 20%)	This involves needs to learn English and challenges encountered in resettlement due to language access problems.

Strengths and Resources

Individual	
Resilience (n=27, 90%)	This was described as perseverance and an ability to overcome obstacles.
Faith (n=15, 50%)	One's faith was identified as an important source of support, particularly for coping with hardships and making meaning of experiences.
Resourceful (n=12, 40%)	This was described as the ability to navigate services, to find an answer on their own to new problems, get jobs, etc.
Hardworking/motivated (n=11, 37%)	This included being determined to succeed and willing to put in hard work.
Family	
Family support (n=16, 53%)	This was described as families being committed to each other, providing mutual support, loving and sacrificing for family members and loyalty to one another.
Community	
Social and community support (n=13, 43%)	This included having a strong social network and being engaged and connected to their community who they considered "like family."
Access to integrated services (n=7, 23%)	This included having access to diverse resources including case management, mental health, health and social services.

Strengths and Resources

A total of 18 different strengths or resources were identified. Others indicated in <20% of responses: 1) hopeful or positive outlook, 2) trust in providers, 3) help seeking behaviors, 4) educational background or skills, 5) open-mindedness, 6) values related to children and their education and future, 7) ability to problem solve and 8) knowledge of their own strengths.

Current Family-Based Mental Health and Psychosocial Services

Mental Health Supports	
Individual therapy (n=15, 50%)	This included the provision of individual therapy services, which could be offered to a member of a family unit.
Family therapy (n=14, 47%)	This included supportive family therapy, systemic family therapy, or family therapy sessions as part of child/youth mental health treatment. Indicated that it could be offered if requested which was not common.
Groups/group therapies (n=11, 37%)	This included a healing arts group, groups for Spanish speaking participants, women's empowerment group and psychosocial wellness groups.
Child/youth therapy (n=6, 20%)	This could include medication management and therapy services. It was noted that parents may be invited to join child therapy services.
Case Management/Service Linkage	
Referral/linkage to family services (n=8, 27%)	This was noted for child/youth mental health or other speciality family therapy services. This also included linkages to social services for family and summer programming for children and youth.
Comprehensive case management (n=9, 30%)	This was described as connecting participants to services in the community, particularly mental health services for children and whole families.

Current Family-Based Mental Health and Psychosocial Services

A total of 21 different family-based services were identified. Others indicated in <20% of responses: 1) coordination/advocacy with the school system, 2) home visits, couples therapy, 3) parent-child therapy, 4) help the family as a unit, 5) family-based assessment, 6) forensics for adults and children, 7) school-based therapy, 8) cultural orientation, 9) healing clubs for families, 10) reunification counselling, 11) DV counselling.

Future Family-Based Mental Health and Psychosocial Services

MHPSS Supports	
Groups for families (n=13, 43%)	This included peer led groups to facilitate mutual support, parent-child groups, homework groups, and skills oriented groups.
Family therapy (n=10, 33%)	This included offering in-house family therapy, more family therapy services and narrative family therapies.
Parenting groups (n=7, 23%)	This included culturally-sensitive parenting groups and classes on topics including parenting in a new environment, parenting and trauma.

A total of 21 future family-based services identified. Others indicated in <20% of responses: 1) strengthening partnerships for family-based work, 2) family-based cultural orientation, 3) strengthen in-house family therapy services, 4) school outreach, 5) housing program for families, 6) employment programs for families, 7) reunification supports and 8) couples counselling.

Key Takeaways:

- Diverse and heterogenous population of families served across SOT programs – **nimble cultural adaptation processes**
- Diverse needs including practical, economic, adjustment, mental health
- Important to think about family-based mental health interventions and services through lens of transnational families – needs prior to and after reunification
- Some existing models seem well-suited to address identified needs and bolster strengths and capacities
- Initial priorities concentrated on family therapy models, family-based group models and parentings classes that also focus on adjustment.
- Additional follow up and assessment of needs, resources and capacities

Discussion and questions

Thank you!

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