



SUMMARY REFUGEE AND
MIGRANT MENTAL HEALTH
AND ADDICTION
RESEARCH AGENDA

DECEMBER 2008

Te Pou
o Te Whakaaro Nui

*The NATIONAL CENTRE of MENTAL HEALTH RESEARCH,
INFORMATION and WORKFORCE DEVELOPMENT*

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 **RESEARCH**
TRANSLATING RESEARCH

TE POU WOULD LIKE TO ACKNOWLEDGE

Members of Asian, refugee and migrant communities in New Zealand, and staff from the New Zealand mental health and addiction sector and key support agencies, for sharing their experiences and providing feedback on the research agenda.

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New Zealand researchers already doing work to improve knowledge which can contribute to refugee and migrant mental health and addiction.

The Ministry of Health for commissioning this project.

THIS BOOKLET

This booklet¹ provides a summary of the *Refugee and Migrant Mental Health and Addiction Research Agenda for New Zealand 2008-2012*. Please refer to the full agenda for further information about existing research, contextual factors and the development of this agenda.

This summary and the full report were written by Jenny Long and Jane Vanderpyl.

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PROJECT CONTEXT

Te Tāhuhu – Improving Mental Health 2005-2015 and *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015* identified the need to develop research agendas for specific population groups in New Zealand.

Te Pou was commissioned by the Ministry of Health to develop a research agenda that would identify mental health and addiction research priorities for New Zealand's refugee and migrant population in the next three to five years. The refugee and migrant agenda overlaps with the Asian agenda developed by Te Pou.²

The refugee and migrant agenda is intended to be a resource for students, researchers, research funders and others with an interest in refugee and migrant mental health and addiction.

REFUGEE COMMUNITIES IN NEW ZEALAND

Around 750 people enter New Zealand each year under the UN refugee quota system. An additional 300 relatives of existing refugees enter under the family reunification refugee category. In recent years most refugees have come from Iraq, Somalia, Ethiopia, Afghanistan, and Burma/Myanmar (Refugee Resettlement New Zealand, 2005). Each refugee intake is unique in its pre-migration crisis experiences, migration experiences, experiences in their new country, education, degrees of cultural mismatch with their host country and cultural patterns of responding to stress (Department of Labour, 2004; Ministry of Health, 2001; Sowe, 2005).

MIGRANT COMMUNITIES IN NEW ZEALAND

Over 20 per cent of New Zealand's 2006 population were born overseas. Thirty-nine per cent of migrants were born in Australia, the UK or North America (Statistics New Zealand, 2008). The remainder arrive from Asia, the Pacific Islands, South America and Europe. Refugee and migrant people who do not share the culture or heritage of New Zealand society³ are likely to face greater barriers to mental well-being than those who share our culture. Barriers include additional language difficulties, challenges accessing appropriate employment and challenges maintaining family and social networks.

² A Maori agenda has been developed by Te Rau Matatini and a Pacific agenda has been developed by Le Va.

³ These people can be grouped within the New Zealand government definition of ethnic: "those who identify with a culture and/or heritage that is different from the larger society" (Office of Ethnic Affairs & Statistics New Zealand, 2007, p.14).

IMPORTANCE OF THE AGENDA

At present little is known about the rate of mental illness and addiction disorders within New Zealand's refugee and migrant communities and what services and mental health promotion approaches are most appropriate for these communities (Gray & Elliot, 2001). This information is vital to influence service developments that will be responsive to the mental health and addiction needs of refugee and migrant people living in New Zealand.

AGENDA DEVELOPMENT

This agenda brought together people representing refugee community groups, mental health services, health services, social and settlement support services, researchers and government agencies. These representatives provided information on mental health and addiction in New Zealand's refugee and migrant communities, knowledge gaps which limited service delivery and the utility of potential research questions for addressing these knowledge gaps. The questions developed through this consultation were revised and compared with existing literature to form a final set of research questions.

RESEARCH TOPICS

Research questions are organised into seven topic areas relating to understanding the context, interventions and workforce development.

Understanding the context

1. Prevalence of mental illness and addiction.
2. Understanding risk and protective factors.

Interventions

3. Developing mental health promotion.
4. Improving service access.
5. Enhancing primary health responses.
6. Enhancing mental health and addiction service responsiveness.

Workforce development

7. Developing the workforce.

UNDERSTANDING THE CONTEXT

1. PREVALENCE OF MENTAL ILLNESS AND ADDICTION WITHIN REFUGEE AND MIGRANT⁴ COMMUNITIES IN NEW ZEALAND

International research reports that refugee communities are likely to have high rates of mental illness, particularly depression and post-traumatic stress disorder. Within migrant populations, non-Asian ethnic migrant groups may have elevated risk of mental illness according to existing international research. A “healthy migrant” effect where new migrants have better mental health than longer-settled and second-generation migrants has also been identified in international research.

There is no reliable data on the prevalence of mental illness or addiction in New Zealand’s refugee or migrant communities. Generalising prevalence estimates from international studies and between different refugee intakes to New Zealand may not be appropriate due to the unique experiences of different refugee groups. There is debate about how to document the mental wellbeing of refugee and ethnic migrant communities in ways which are culturally appropriate and sufficiently rigorous to allow changes over time and population comparisons to be monitored.

RESEARCH QUESTIONS

- 1.1. What are the prevalence rates of common mental illnesses and addiction in New Zealand’s refugee and/or migrant communities? Consider mild, moderate and severe levels where possible.
- 1.2. What differences exist in refugee and/or migrant prevalence rates according to ethnic group, country of origin and time spent in New Zealand? What may account for changes in prevalence rates over time?
- 1.3. What are appropriate ways to measure prevalence in refugee and ethnic migrant communities?

⁴ This section primarily focuses on prevalence in migrants who are not of Pacific or Asian ethnicity. These ethnic groups of migrants are covered in separate mental health and addiction research agendas.

UNDERSTANDING THE CONTEXT

2. RISK AND PROTECTIVE FACTORS FOR MENTAL WELL-BEING AMONG REFUGEE AND MIGRANT COMMUNITIES IN NEW ZEALAND

A number of risk and protective factors associated with mental illness have been identified for refugee and migrant communities. These include English language competency, employment, lack of discrimination, sufficient income, social support and an absence of pre-migration and migration stressors. There is a need to further investigate what factors alleviate or reduce risk for addiction disorders and how community social resources can contribute to positive mental well-being. There is also little information about the relationship between different New Zealand post-migration experiences and mental well-being in refugee and migrant communities.

RESEARCH QUESTIONS

- 2.1. What are the most important risk and protective factors to target in order to reduce addiction in refugee and migrant communities?
- 2.2. How well are post-migration risk and protective factors addressed by the range of government policies and services for refugee and migrant communities?
- 2.3. What is the extent and what are the positive and negative impacts of intergenerational cultural differences in refugee and ethnic migrant populations in New Zealand?
 - 2.3a. What supports would most effectively assist families to address any negative impacts of intergenerational culture differences?
- 2.4. How and to what extent do religious groups, community groups, community leaders and complementary medicine promote mental health and well-being in refugee and migrant communities?
- 2.5. Compare the positive and negative post-migration experiences encountered by family reunification refugees according to the services they access upon arrival in New Zealand.
 - 2.5a. Consider the impact of these experiences on mental health and well-being and whether all refugees should arrive through the Mangere centre.

INTERVENTIONS

3. DEVELOPING MENTAL HEALTH PROMOTION TO IMPROVE MENTAL WELL-BEING AMONG REFUGEE AND MIGRANT COMMUNITIES

There is little evidence about what type of mental health promotion campaigns will be effective for refugee and migrant communities. In particular, there is little information about the best ways to develop mental health promotion interventions which target addiction. There appears to be no information on the impact of existing New Zealand mental health promotion strategies on mental health related knowledge, behaviour or mental well-being outcomes for refugee and migrant populations.

RESEARCH QUESTIONS

- 3.1. Test and compare the effectiveness of new and existing New Zealand programmes, services and information sources for promoting mental well-being in refugee communities.
 - 3.1a. Consider the cost-benefit of each method.

- 3.2. Evaluate and compare the effectiveness of new and existing methods and services for promoting mental well-being in migrant communities.
 - 3.2a. Consider the cost-benefit of each method.

- 3.3. Evaluate the efficacy and effectiveness of methods to challenge negative attitudes, including collaborative interventions to reduce discrimination towards refugee and migrant populations.

INTERVENTIONS

4. IMPROVING THE SERVICE ACCESS OF REFUGEE AND MIGRANT COMMUNITIES IN NEW ZEALAND

The number of refugee and migrants who do not access health services when needed is unknown in New Zealand. Strategies to encourage service access have been developed but research has not evaluated the effectiveness of these approaches. The bulk of the existing research has focused on barriers to service access, rather than investigating factors that encourage help-seeking behaviours and promote effective health service utilisation. Information about barriers and enablers to help seeking, evaluations of existing strategies and/or piloting new strategies is important for service development and funding decisions.

RESEARCH QUESTIONS

- 4.1. Determine the number of refugee and migrants in New Zealand that experience mild, moderate and severe levels of mental illness and/or addiction but are not currently accessing services? (Consider for different regions and different ethnicities.)

- 4.2. Identify the help-seeking behaviour patterns and critical decision points in the process of accessing primary and mental health services for refugee and/or migrant people who experience symptoms of psychological distress or addiction?
 - 4.2a. Apply knowledge about critical decision points to develop ways to encourage access to services for refugee and migrant communities.

- 4.3. Evaluate the effectiveness of existing methods that encourage refugee and migrant access to primary care and mental health services.
 - 4.3a. Consider the cost-benefit of each method. Is there a need for these services in more New Zealand regions?
 - 4.3b. Pilot the effectiveness of refugee case-worker follow ups for missed appointments and/or a 1-2 year follow-up initiative for refugees who access mental health services.

INTERVENTIONS

5. ENHANCING NEW ZEALAND'S PRIMARY HEALTH RESPONSES TO MENTAL ILLNESS IN REFUGEE AND MIGRANT COMMUNITIES

The quality of care provided by primary healthcare services towards the mental health needs of refugee and migrant communities is unknown. There is a need to investigate what diagnostic and screening methods are most effective for assessing mental illness, addiction and co-existing disorders in refugee and migrant clients with New Zealand's primary care services.

RESEARCH QUESTIONS

- 5.1. How well do primary health services address the mental health, addiction and co-existing concerns of refugee populations?
- 5.2. How appropriate are the methods currently used by primary care services to screen for mental illness, addiction and trauma in refugee and ethnic migrant populations? Consider the effectiveness for different sub-groups of these populations.
 - 5.2a. Develop or identify alternative methods and test whether these are more effective?⁵
- 5.3. How effectively do primary health services refer refugee and migrant patients presenting with symptoms of mental illness and/or addiction to secondary providers and refugee specific services?
 - 5.3a. Consider the outcomes for refugee and migrant clients who experience moderate or severe mental illness but are not referred from primary to secondary mental health services.

5 This question overlaps with question 6.1 and 6.1a on trauma assessment in mental health services.

INTERVENTIONS

6. ENHANCING THE RESPONSIVENESS OF NEW ZEALAND'S MENTAL HEALTH AND ADDICTION SERVICES FOR REFUGEE AND MIGRANT COMMUNITIES

Internationally little research has been conducted on what type of mental health services will be most effective for improving treatment outcomes for refugee or migrant clients. Increased knowledge about effective mental health services and treatment approaches, particularly those which can be offered in mainstream services is needed to influence service development and service funding decisions in New Zealand.

RESEARCH QUESTIONS

- 6.1. Review the existing research literature to identify what methods of screening and intervention are most likely to be effective for reducing the negative impacts of trauma exposure in refugee and migrant populations.
 - 6.1a. What trauma screening and trauma intervention practices are currently used by New Zealand mental health services? What improvements could be made to these practices?

- 6.2. How effective are mainstream and refugee/migrant specific mental health and addiction services for improving mental well-being in refugee and migrant communities? Consider their impact on mental illness, addiction and co-existing mental health and addiction disorder.
 - 6.2a. Assess specifically the effectiveness of mental health services for refugee and migrant survivors of trauma, refugee women and their children.
 - 6.2b. Is there a need for 'Refugee as Survivors' services outside Auckland and Wellington?
 - 6.2c. What are the long-term outcomes of access to specialist mental health and addiction services?
 - 6.2d. Examine the existing research literature to identify any effective community based alternatives to inpatient services for refugee and migrant populations.

- 6.3. Investigate the level and methods of collaboration between mental health services and other health, social and immigration services in relation to refugee and migrant clients. Identify successful models of cross-sector collaboration for refugee populations, particularly for smaller New Zealand towns.



6.4. What types of psychological therapies and practical support have the greatest positive impact on mental health in refugee populations?

6.4a. Investigate whether holistic family based therapies are acceptable and effective for refugee and migrant people from different religious and ethnic backgrounds.

6.5. What are the most culturally appropriate tools to measure mental health, addiction and social outcomes for refugee and ethnic migrant groups?

6.5a. Examine whether the tools currently used in New Zealand are for effective and appropriate for assessing outcomes for refugee and migrant communities.

WORKFORCE DEVELOPMENT

7. DEVELOPING NEW ZEALAND'S WORKFORCE TO PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH AND ADDICTION CARE FOR REFUGEE AND MIGRANT COMMUNITIES

Existing research indicates that resources, training and organisational support are needed to effectively develop workforce cultural competencies. However there is little evidence about what types of cultural competency behaviours should be trained. There is also limited evidence about the relative benefit of different types of training programmes or the long-term impact of workforce training on staff behaviour and the health outcomes of clients.

RESEARCH QUESTIONS

- 7.1 What staff behaviours and attitudes are most important for enhancing recovery outcomes of refugee and ethnic migrant clients?
- 7.2. Examine and compare the effectiveness of different methods of training and ongoing support and mentoring to improve the cultural competency of the mental health workforce, particularly in relation to improved recovery outcomes for clients.
 - 7.2a Examine the lasting effects of cultural competency training for healthcare providers. How frequently should training be repeated?
- 7.3. What impact do refugee community health workers have on the quality of primary and mental health service delivery?

RECOMMENDATIONS

The following recommendations are designed to support agenda implementation, the expansion of research and information on refugee and migrant mental health and addiction, and translation of this agenda into improved mental well-being for refugee and migrant communities.

1. Establish research collaborations between service providers, researchers and members of refugee and migrant communities to enhance the quality and applicability of the research.
2. Establish an ongoing group to lead the monitoring of the agenda, further prioritisation, and dissemination of research findings.
3. Identify multiple funding sources who can commit to funding the implementation of the agenda.
4. Researchers use technically and culturally appropriate research methods and advocate for the inclusion of mental health measures in New Zealand settlement research.
5. Disseminate research findings widely to service providers, planners and funders, policy makers and communities with specific reference to the implications of these findings for their work.

This agenda identifies research questions that address gaps in knowledge about the mental health and addiction needs of New Zealand's refugee and migrant communities and effective ways to respond to these needs. Literature reviews and community consultation were central to the development of the research priorities outlined in this agenda. Please refer to the full agenda for information about; what we know from existing research, background on New Zealand's refugee and migrant populations and services and information about the development of this agenda.


The strategic and consultative nature of this research agenda acknowledges the importance of developing research which directly addresses the needs of communities living in New Zealand. Funding of priorities, dissemination of research findings and collaboration between researchers, service providers and communities are crucial to the translation of research into improved mental well-being of New Zealand's refugee and migrant communities.

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The logo for Te Pou, featuring the words "Te Pou" in a large, white, sans-serif font. Below it, the Māori name "o Te Whakaaro Nui" is written in a smaller, white, sans-serif font.

Te Pou
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A decorative graphic on the right side of the page, consisting of a vertical line of overlapping, rounded, teardrop-like shapes, creating a spiral or wave-like pattern.

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