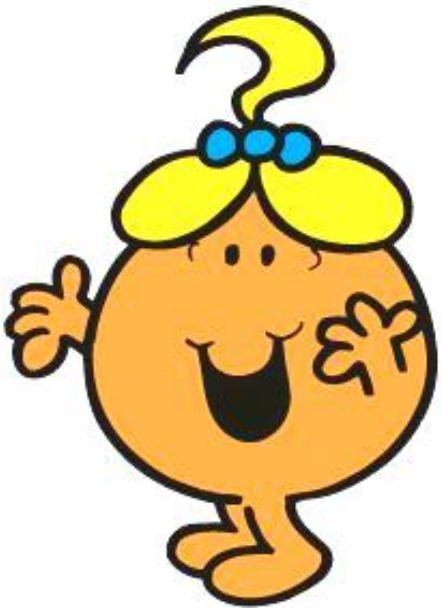
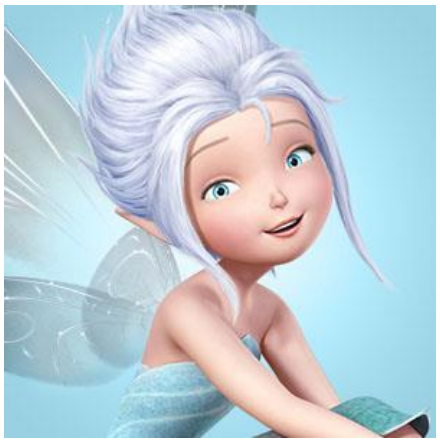
Refugee Health Assignment by ธนยุจัตน์ ปังเส็ง

You are the coordinator of an international nutrition program in refugee camps, including a refugee camp in Tanzania. Most of the refugees in this camp have fled violence from the Democratic Republic of the Congo, and the size of the camp is increasing because of the intensification of armed violence there. The nutrition organization that you have been working for has been implementing programs to promote breastfeeding, and appropriate infant and young child feeding practices. You have been told that program staff are facing difficulties, and you decide to visit the site to see for yourself what is going on. In your meeting with some of the community health workers who are implementing the program, you hear of women living in very challenging circumstances. A group of women seems to be very tired and have lost the energy to engage with daily routines. You suspect that mental health may play a role, and decide to ask further questions and write a report about this to your organization's headquarters.

By right, only the Refugee Health Assignment **or** the Solvit Assignment is supposed to be done, each of which should total around 1,500 words (although the word limit can be bypassed via pdf). However, I have done both as I wished to evaluate peers from both sides. If I'm not mistaken, the better of the two marks is used. This is worth 20 points and 10% of the overall grade.





Recognizing depression: What would you ask the community health workers in order to identify if maternal depression may be an important factor in this scenario? Name AT LEAST FIVE types of problems that depressed women may describe. Also, provide an example – based on the lectures or other experiences - of how emotional difficulties may be experienced differently across cultures.

According to lecture 1A, there are 9 main criteria that can help us determine whether a person has a depressive disorder. They are:

- Depressed mood (dysphoria)
- Loss of all interest and pleasure (anhedonia)
- Appetite/weight disturbance
- Sleep disturbance
- agitation or slowing
- fatigue/ loss of energy
- abnormal (inappropriate) guilt
- poor concentration
- thoughts of death or suicide

According to our lecture (as well as according to DSM), at least five of the following symptoms have to be consistently present for at least a two week period, in order for diagnosis to be true. Keeping that information in mind, I would base my questions around the symptoms described above. In order to make sure that depression is an important factor in this scenario, I would combine standard symptomatic-like questions, which require simple “yes-no” answers with open-ended questions, which require a thoughtful, descriptive response. For example, if I were to ask my interviewee if she experienced unusual loss of interest, and if I were to get a “yes” answer to this question, I would collect more data by asking additional open-ended questions like: “Could you please tell me more? Describe your daily routine: which activities used to bring you satisfaction, and now they do not?” or “How does that make you feel (ex. instead than just confirming that you are sad, what contributes to your sadness?) Any other emotions that overall result in dysphoria?” I would also consult with some other sources such as health websites that describe symptoms of maternal depression. I would know that depression is an important factor in this scenario, both by analyzing responses of women and by conducting naturalistic observation: looking at women’s interactions and behaviors in their environment. Then, I would consider culture and the difference associated with experiencing emotions that comes from it. For example, being Slavic myself, I know that Slavic mentality differs tremendously in comparison to Western mentality. Western cultures are more open-minded, they are prone to freely express their feelings and seek for professional help. Therefore, it would be easier for me to diagnose depression in these cultures. Whereas, Slavic women oftentimes are

ashamed to talk about their emotions, moreover – seek for help, as they view it as a sign of weakness. Therefore, it would be hard to spot depression from interviews with the members of Slavic nations. Another example of culture differences comes from the lecture: I would make sure to ask more somatic-related questions to African populations, as women there tend to focus on associate depression with physical health, rather than emotional.

The burden of depression: Citing existing evidence on the global burden of depression from lectures 1 and 2, describe why thinking of depression makes sense in this scenario.

Thinking of depression makes sense here, because, according to the lecture, women are two times more likely to be subjects of depression than males, and since our refugee camp population consists of women, the idea of depression is more relevant. Also, idea of depression makes sense because of observations made: women seem to be “very tired and have lost the energy to engage with daily routines”. This information points out to anhedonia, fatigue and loss of energy – which are all symptoms of depression, according to lecture 1A. Moreover, it was said in lecture that stress- trauma related events tend to be universal triggers of depression, and it is clear that that camp women are living under stress in the terrible living conditions.

Describe how depression may interfere with daily functioning in this camp. Discussing findings on the natural history of depression, what is one reason why depression has such a large impact on people’s functioning?

Depression can significantly influence functioning in the camp. It can result in cognitive impairment, which leads to disorganization and reduced concentration. It can result in indifference and feeling of worthlessness, which contributes to neglect and avoidance or infants. It can lead to disturbances in health patterns – insomnia/hypersomnia, lack of appetite, which all contribute on negative effects in infant’s health too. Not to mention that depression can influence social interactions between the women, resulting in either in increased irritability or in social withdrawal. According to lecture 1 C –natural history of Major depression disorder, one potential cause of why depression has such a large impact on people’s functioning lies in comparison of new cases vs reoccurring cases of depression. New cases don’t have a quick recovery phase, because people who are new to disease do not know the techniques of coping with it, don’t know what to do which contributes to more severe difficulties in functioning and for longer periods of time. Large population impact can also be linked to a fact that 50% of cases of depression occur only once –thus classified as new.

You have conducted further assessments and found that maternal depression is indeed a major factor that impacts women. Your organization responds positively to your report, and provides additional resources to address maternal depression as part of your nutrition program. Describe how you would develop an intervention, based on the following considerations:
Emic perspectives: Which qualitative research methods could you use to understand the causes and consequences of emotional difficulties from the camp's inhabitants perspectives?
Etic perspectives: What are some of the studied risk factors for depression that women may face in this scenario (name at least 2)?
Protective factors: What are some of the studied protective factors for depression that women may benefit from in this scenario (name at least 2)?
Intervention options: Name a treatment that has been shown to effectively reduce (maternal) depressive symptoms. Who in the camps could potentially be trained to deliver the intervention?
If depression would indeed be a major concern, what types of interventions would be available?

I would develop an intervention, based on the triage (I'd look at who of the women needs my help first. Example: females who have suicidal thoughts should be given a priority and should be helped first). Then, I would develop my intervention as follows:

Emic perspectives: According to lecture, emic perspective is an illness perspective that focuses on local terminology and ethopsychology. Therefore, my intervention will be tightly associated with culture. As my method of qualitative research, I would use an open-ended question approach. Also, I would combine personal interviews with each person alone and then I would conduct the focus-group discussion sessions. This is necessary in order to eliminate the possible hypochondria and nonconscious mimicry, as well as to provide social support. Once the appropriate social conditions were established, I would move on to methods of intervention. Specifically, to understand the causes and consequences of emotional difficulties from the camp's inhabitants perspectives, I would use a technique discussed in one of our lecture videos—I would ask females what type of terms they feel like using while describing depression. That would give me an idea of how they feel as of now, which would help me asses their needs in the most effective manner. I would also ask a lot of questions about ethnic affiliation, about family history and cultural preferences. For example, if I were to speak to someone from Sudan, I would focus more on eliminating the somatic symptoms that tend to cause anxiety, by combining medical and behavioral treatments. But if I were to speak to a female that was born in one of the Western nations, I would know that emotion matter to her more, than physical symptoms, therefore, I would focus on cognitive treatment.

Etic perspectives: Etic perspective focuses on universalist approach, therefore we will look at most common, universal risk factors. According to lecture 2C, some of them are: previous history of mental disorders, unintended pregnancy, young age, socioeconomic disadvantage and lack of social and emotional support. All this risk factors are important to consider in our camp population. First, there is a certain evidence for socioeconomic disadvantage (it was said in the given passage that women were living in very challenging circumstances, moreover Tanzania is considered to be a Third World country, according to their Gross National Income(according to Nations Online Project)). Also, there is clear evidence for lack of social support combined with stress. Presence of other risk factors (unintended pregnancy and history of mental disorders, and traumatic events) can be determined from further interviews with females.

Important precaution about etic perspective: etic perspective leans towards western universalist approach, which believes that treatment techniques in developed countries (where 90% of research on depression were conducted) can be generalized to other countries. This is a biased belief, because industrial countries cannot be compared to non-industrial.

Protective factors: The main protective factor that women can benefit from in this scenario is more education. Therefore, a part of my intervention would deal with providing useful knowledge on how to cope with/ prevent recurrent episodes of depression and on where to seek for professional help and resources. Other factors that ladies of the camp can benefit from can be a) belonging to ethnic majority, b) having a permanent job, c) having a trustworthy partner. Since, all this factors are important to take into consideration, there is a chance that not all women have a support of their intimate partners. Therefore, it is crucial to provide adequate social support and trustworthy atmosphere for these women.

Intervention options:

It is important to remember that events take place in Africa, and it is quite possible that the most effective way of intervention in given culture could be group interpersonal psychotherapy. (according to Uganda's example, lecture 2D, more than 90% were cured when this technique was used). Treatment is very effective when delivered by non-specialist community workers. Anyone in camp can be potentially trained to do intervention, but the preference should be given to community health workers who do not show signs of depression.

If depression would indeed be a major concern, treatment gaps would be reduced and such additional types of interventions would be available: counseling sessions, primary care settings, and medical treatment (ex.pills).