

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 015  
(A-22)

Introduced by: Women Physicians Section

Subject: Increasing Mental Health Screenings by Refugee Resettlement Agencies and Improving Mental Health Outcomes for Refugee Women

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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- 1 Whereas, The United Nations High Commissioner for Refugees designated refugee women as  
2 a high-risk group for developing serious psychological problems due to their premigration war  
3 experiences of rape and sexual violence<sup>1</sup>; and  
4
- 5 Whereas, One in five women refugees experience sexual violence. 50% of refugees, internally  
6 displaced or stateless populations, are women and girls<sup>2</sup>; and  
7
- 8 Whereas, In the resettlement country, refugee women not only have to cope with their  
9 premigration traumas, but also they encounter significant challenges in postmigration  
10 adjustment such as adapting to a new culture, a change in SES, and unemployment<sup>3</sup>; and  
11
- 12 Whereas, Refugee women play a crucial role in the lives of family members; what affects the  
13 women directly impacts their families; and  
14
- 15 Whereas, One in five (22.1%) of the adult population in conflict-affected areas have mental  
16 health problems<sup>5</sup>; and  
17
- 18 Whereas, There has been a lack of procedural or financial support for mental health screening  
19 for refugees<sup>6</sup>; and  
20
- 21 Whereas, State refugee health coordinators surveyed in 2010 reported that only 4 of the 44  
22 states surveyed used a formal screening instrument and 68% used informal conversation<sup>7</sup>; and  
23
- 24 Whereas, Several well-utilized tools having a number of drawbacks such as not being validated  
25 in forced migration populations (8.1, 8.2), too prolonged to facilitate rapid screening of large  
26 populations (8.3), screening for distress rather than disorder (8.3), lacking predictive validity  
27 against a standardized psychiatric interview (8.3), and screening for either major depressive  
28 disorder or PTSD – not both (8.4, 8.5)<sup>8</sup>; and  
29
- 30 Whereas, A recent review raised concerns about the lack of evidence for the validity and  
31 cultural equivalence of the K10 (Kessler Psychological Distress Scale), including variation  
32 between ethnic/linguistic groups for studies with multicultural samples<sup>9</sup>; and  
33
- 34 Whereas, The Self Reporting Questionnaire-20 was developed to screen for psychiatric  
35 disturbance, but primarily for those in developing countries, and has not established its  
36 predictive validity against a standardized psychiatric interview<sup>10</sup>; and

1 Whereas, The Refugee Health Screener-15 was developed for refugee populations, it was  
2 designed to be administered in clinical settings, and has not been validated in asylum-seeker  
3 populations or against an acceptable gold standard<sup>11</sup>; and  
4

5 Whereas, There is an ongoing refugee crisis, where refugees have been displaced over the  
6 years by war in Iraq, Yemen, Syria, Palestine, Myanmar, Congo, Somalia, and more recently,  
7 Afghanistan and Ukraine; and  
8

9 Whereas, It is critical that counselors are aware, understand, and accept the influence of  
10 cultural on the conceptualization of mental health and patterns of symptom presentation; and  
11

12 Whereas, There is a building and unaddressed mental health crisis being, refugee women could  
13 generate and contribute 1.4 trillion to the annual global GDP<sup>12</sup>; therefore be it  
14

15 RESOLVED, That our American Medical Association advocate for increased research funding  
16 to create rapid, accessible, and patient centered mental health screening tools pertaining to  
17 refugee and migrant populations (Directive to Take Action); and be it further  
18

19 RESOLVED, That our AMA advocate for increased funding to the National Institutes of Health  
20 for more research on evidence-based designs on delivery of mental health services to refugees  
21 and migrant populations (Directive to Take Action); and be it further  
22

23 RESOLVED, That our AMA advocate for increased mental health funding to increase the  
24 number of trained mental health providers to carry out mental health screenings and treatment  
25 (Directive to Take Action); and be it further  
26

27 RESOLVED, That our AMA advocate for and encourage culturally responsive mental health  
28 counseling specifically. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/04/22

References:

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2. <https://www.unhcr.org/en-us/figures-at-a-glance.html>, <https://www.unhcr.org/flagship-reports/globaltrends/>
3. <https://web.s.ebscohost.com/ehost/detail/detail?vid=0&sid=1f93c99e-9f91-4b57-8ea1-feb4e6ac87e0%40redis&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=4429898&db=a9h>
4. <https://www.unhcr.org/en-us/news/latest/2020/10/5f7ec72a4/ga-pandemic-refugee-mental-health-severely-overlooked-its-full-blown-crisis.html>
5. <https://refugeehealthta.org/physical-mental-health/mental-health/adult-mental-health/screening-for-emotional-distress-and-mental-health/#~:text=The%20Office%20of%20Refugee%20Resettlement,mental%20health%20screening%20for%20refugees>
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15. <https://www.migrationpolicy.org/article/refugees-and-asylees-united-states-2021#refugee-arrivals-countries-origin>
16. <https://www.rescue.org/press-release/new-report-refugee-women-could-generate-14-trillion-annual-global-gdp#:~:text=According%20to%20a%20new%20analysis,and%20wage%20gaps%20were%20closed>
17. <https://www.womenforwomen.org/blogs/5-facts-about-what-refugee-women-face>

## **RELEVANT AMA POLICY**

### **Increasing Detection of Mental Illness and Encouraging Education D-345.994**

1. Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.

2. Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

Citation: Res. 412, A-06; Appended: Res. 907, I-12; Reaffirmed in lieu of: Res. 001, I-16

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