

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: 3
(June 2022)

Introduced by: Zoha Mian

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

Referred to: Reference Committee
(, MD, Chair)

- 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 violence¹; and
4
- 5 Whereas, One in five women refugees experience sexual violence. 50% of refugees, internally
6 displaced or stateless populations, are women and girls²; 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 unemployment³; 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 problems⁵; and
17
- 18 Whereas, There has been a lack of procedural or financial support for mental health screening
19 for refugees⁶; 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 conversation⁷; 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)⁸; 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 samples⁹; 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 interview¹⁰; 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 standard¹¹; 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 GDP¹²; therefore be it
14

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

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

23 RESOLVED, That our AMA should 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
26

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

Fiscal note: Minimal - less than \$1,000

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RELEVANT AMA POLICY

[Increasing Detection of Mental Illness and Encouraging Education D-345.994](#)

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=JnNpdGU9ZWVhc3QtbGl2ZQ%3d%3d#AN=4429898&db=a9h>
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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>