Whereas, The United Nations High Commissioner for Refugees designated refugee women as a high-risk group for developing serious psychological problems due to their premigration war experiences of rape and sexual violence; and

Whereas, One in five women refugees experience sexual violence. 50% of refugees, internally displaced or stateless populations, are women and girls; and

Whereas, In the resettlement country, refugee women not only have to cope with their premigration traumas, but also they encounter significant challenges in postmigration adjustment such as adapting to a new culture, a change in SES, and unemployment; and

Whereas, Refugee women play a crucial role in the lives of family members; what affects the women directly impacts their families; and

Whereas, One in five (22.1%) of the adult population in conflict-affected areas have mental health problems; and

Whereas, There has been a lack of procedural or financial support for mental health screening for refugees; and

Whereas, State refugee health coordinators surveyed in 2010 reported that only 4 of the 44 states surveyed used a formal screening instrument and 68% used informal conversation; and

Whereas, Several well-utilized tools having a number of drawbacks such as not being validated in forced migration populations, too prolonged to facilitate rapid screening of large populations, screening for distress rather than disorder, lacking predictive validity against a standardized psychiatric interview, and screening for either major depressive disorder or PTSD – not both; and

Whereas, A recent review raised concerns about the lack of evidence for the validity and cultural equivalence of the K10 (Kessler Psychological Distress Scale), including variation between ethnic/linguistic groups for studies with multicultural samples; and

Whereas, The Self Reporting Questionnaire-20 was developed to screen for psychiatric disturbance, but primarily for those in developing countries, and has not established its predictive validity against a standardized psychiatric interview; and
Whereas, The Refugee Health Screener-15 was developed for refugee populations, it was designed to be administered in clinical settings, and has not been validated in asylum-seeker populations or against an acceptable gold standard; and

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

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

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

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

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

RESOLVED, That our AMA should advocate for increased mental health funding to increase the number of trained mental health providers to carry out mental health screenings and treatment (Directive to Take Action); and

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

Fiscal note: Minimal - less than $1,000

Received: 3/23/2022

RELEVANT AMA POLICY
Increasing Detection of Mental Illness and Encouraging Education D-345.994

References:
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3. https://web.s.ebscohost.com/ehost/detail/detail?vid=0&sid=1f93c99e-9f91-4b57-8ea1-fecb46ac87e0%40redis&bdata=JnNpdGU9ZWhvc3QtGjI2ZQ%3d%3d#AN=4429898&db=a9h


