Mental illness and addiction among immigrant, refugee and asylum-seeking, latin a...

There are a growing number of empirically tested mental illness and addiction treatment interventions to consider. The following is a summary of the articles found on mental illness and addiction interventions designed and evaluated with specific IRER groups. The first portion of the review will focus on specific populations. These groups include immigrant, refugee and asylum-seeking, Latin American and African American populations. The second portion of this review will focus on the mental illness and/or substance use diagnoses that were predominant in the literature.

Populations

Immigrant populations

Beehler, Birman and Campbell (2012) looked at first and second-generation immigrant children and adolescents experiencing significant trauma. They utilized the Cultural adjustment and trauma services (CATS) model amongst a variety of immigrant populations experiencing trauma and/or symptoms of posttraumatic stress disorder (PTSD). The CATS service model is a school-based program that targeted two large school districts in New Jersey, United States. The first school district was based in a secondary school (high school), while the second was in a primary school (kindergarten – grade eight). The 149 participants in the study intervention came from 29 different countries of origin, and spoke 19 different languages (please see Table 3 on page 45 for more demographic details of this sample).

The CATS service components included relationship building, outreach services, and comprehensive clinical and case management. Results demonstrated the efficacy of the CATS program in improving overall

functioning and symptoms of PTSD. However, different service components affected different student outcomes . For example, supportive therapy showed improvements in overall functioning, but not on symptoms of PTSD. Conversely, service coordination improved symptoms of PTSD, but had no impact on overall functioning. Cognitive behavior therapy (CBT) resulted in improved overall functioning, but only marginally reduced symptoms of PTSD. Trauma-focused CBT was associated with improvements in both overall functioning and symptoms of PTSD.

Two studies looked specifically at adult Korean immigrant populations in the United States, with one focusing specifically on older adults over the age of 65 (Jang et al., 2013; Ye et al., 2012). Both studies investigated the appropriateness of using telepsychiatry services to treat mood related disorders, specifically depression and psychological distress. Both studies demonstrated high levels of acceptance of the program, and a high level of satisfaction. However, only one study made note of treatment outcome measures. Jang and colleagues (2013) found significant reductions in depressive symptom severity following their telepsychiatry intervention.

Refugee and asylum-seeking populations
There were four studies that investigated culturally-specific interventions amongst refugee and/or asylum seeking populations. Two of these studies focused specifically on children and adolescent populations in which school-based programs were investigated. The Haven project was implemented in schools across Liverpool in the United Kingdom, helping refugee children navigate the acculturation process and overcome traditional barriers to

access (Chiumento et al., 2011). Children may be offered individual, group, or family-based therapy depending on their individualized level of need. Unfortunately, this article did not outline what specific refugee populations were targeted in the Haven project. Ellis and colleagues (2013) piloted a multi-tiered intervention approach, rooted in Trauma systems therapy (TST), called Supporting the health of immigrant families and adolescents (SHIFA). This initiative has a specific focus on Somali refugee youth who have immigrated to the United States (US), supporting them with experiences of trauma in the community, school, and clinical settings.

This multi-tiered intervention approach included:
- Tier 1: community resilience building through engagement, education and outreach
- Tier 2: child resilience building through school-based skills groups
- Tier 3: trauma systems therapy (culturally adapted) and school-based skill-building psychotherapy
- Tier 4: trauma systems therapy and home-based care

Youth across all four tiers of the SHIFA model demonstrated improvements in depression and PTSD symptoms. However, these improvements did not differ based on the tier of care each participant received. Sweet mother is an early-intervention mental health service model for asylum seeking mothers and their babies in the first year of life, which focuses on the attachment between mother and child (Egeland and Erikson, 1993). Research has demonstrated that asylum-seeking women are at an increased risk for developing mental health issues during and following pregnancy (McLeish,

2002). Sweet mother offers an attachment-based early intervention to a group of high-risk asylum-seeking mothers. The intervention targeted one cultural group, women from West Africa aged 17-32. Treatment outcome measures were not assessed, however, qualitative analysis demonstrated a positive shift in the quality of attachment between mothers and their children (O'Shaughnessy et al., 2012).

Lastly, Williams and Thompson (2011) conducted a systematic review on the use of community-based, culturally-specific interventions in reducing the psychological impact of trauma amongst refugee populations. All 14 studies in their review consistently demonstrated the efficacy of community-based interventions in improving mental health outcomes among refugee populations. Approximately half the studies focused on adult populations, while the other half were on adolescents. Several themes and considerations emerged from their review, including cultural awareness, language, setting, and post-migration stressors. There were a variety of specific refugee groups that were examined in this review, please review to Table 3 on page 49 for additional demographic details.

Latin American and African American populations

Marsiglia and Booth (2013) reviewed and outlined three culturally specific interventions in their book chapter. One of these interventions, brief strategic family therapy (BSFT), focused on Latin American (US) adolescents with substance use and behavioural disorders. BSFT posits that substance use disorders in adolescents are rooted in dysfunctional family interactions; if the overall functioning of the family improves, then adolescent substance

use problems will also be mitigated (Dishion & Andrews, 1995 ; Santisteban & Szapocznik, 1994). Research has demonstrated the efficacy of BSFT in engaging and retaining families in treatment, and reducing substance use in adolescence (Santisteban et al., 1997, 2003).