SESSION C2

<table>
<thead>
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<th>Theme</th>
<th>Socially and Culturally Situated Voices in Healthcare</th>
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<td>Bioethics and Culture: Implications in Immigrant and Refugee Mental Health</td>
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<td>Speaker(s)</td>
<td>Daniel Towns, D.O.</td>
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<tr>
<td>Date</td>
<td>Friday, April 12, 2019</td>
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<tr>
<td>Time</td>
<td>9:30 – 10:40 AM</td>
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<td>Location</td>
<td>Directors</td>
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SESSION C2 OBJECTIVES

- Summarize the current state of displacement in the world and Oregon’s role in refugee resettlement.
- Discuss the history and treatment model of the Intercultural Psychiatric Program in Portland, Oregon.
- Consider bioethical principles in working with diverse patient populations of multiple religions, belief systems, and cultural norms.
- Review several clinical examples in which ethical dilemmas arise in mental health care for immigrants and refugees.

SESSION C2 SPEAKER

**Daniel Towns, D.O.**

Dr. Towns is faculty psychiatrist at OHSU, where he works as the Medical Director at the Intercultural Psychiatric Program in the Department of Psychiatry. He received an undergraduate degree in History from Beloit College in Wisconsin, his medical degree from Des Moines University in Iowa, and completed his General Adult Psychiatry residency at OHSU in 2014. Since then, he has worked in a variety of settings, including in primary care / behavioral health integration, in Assertive Community Treatment teams, and in tele-psychiatry for the Oregon Department of Corrections. He now serves as a psychiatrist and the Medical Director at IPP, where he works with immigrants, refugees, and asylum-seekers from all over the world. He is also is the Director of the Torture Treatment Center of Oregon, which is embedded within IPP and is a federal grant program through the Office of Refugee Resettlement to support and provide holistic treatment to survivors of severe trauma and torture.
BIOETHICS AND CULTURE: IMPLICATIONS IN IMMIGRANT AND REFUGEE MENTAL HEALTH

Daniel Towns
Kinsman Bioethics Conference
April 12, 2019

DISCLOSURES / CONFLICTS OF INTEREST

- None
OBJECTIVES

- Summarize the current state of displacement in the world and Oregon’s role in refugee resettlement.
- Discuss the history and treatment model of the Intercultural Psychiatric Program in Portland, Oregon.
- Consider bioethical principles in working with diverse patient populations of multiple religions, languages, belief systems, and cultural norms.
- Review several clinical examples in which ethical dilemmas arise in mental health care for immigrants and refugees.
CURRENT STATE OF DISPLACEMENT CRISIS

- 68.5 million people forcibly displaced worldwide
  - 40 million internally displaced
  - 25.4 million refugees – only 102,800 refugees resettled
  - 3.1 million asylum-seekers
- 10 million stateless people
- 85% of the world’s displaced people are in developing countries.
- Two-thirds of refugees worldwide come from five countries.
- Top refugee hosting countries are Turkey, Uganda, Pakistan, Lebanon, and Iran.

https://www.unhcr.org/figures-at-a-glance.html - June 2018 statistics

The refugee crisis is at historic proportions

Persons of concern, including refugees, asylum seekers, internally displaced persons, and others

Source: UNHCR
Refugee Admissions to Oregon

Top Refugee Cities
The Top 20 Cities for Refugee Resettlement and the Top 3 Origin Countries in Each City, 2006 to 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>City and State</th>
<th>Total Refugees Settled</th>
<th>#1 Origin Country</th>
<th>#2 Origin Country</th>
<th>#3 Origin Country</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Houston, Texas</td>
<td>20,069</td>
<td>Burma (4,606)</td>
<td>Iraq (4,420)</td>
<td>Bhutan (2,291)</td>
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<td>2</td>
<td>Phoenix, Arizona</td>
<td>18,241</td>
<td>Burma (4,412)</td>
<td>Iraq (4,194)</td>
<td>Somalia (2,334)</td>
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<td>3</td>
<td>Dallas, Texas</td>
<td>14,003</td>
<td>Burma (5,481)</td>
<td>Iraq (2,217)</td>
<td>Bhutan (1,929)</td>
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<td>4</td>
<td>San Diego, California</td>
<td>13,401</td>
<td>Iraq (6,863)</td>
<td>Burma (1,987)</td>
<td>Somalia (1,628)</td>
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<td>5</td>
<td>Buffalo, New York</td>
<td>12,485</td>
<td>Burma (8,531)</td>
<td>Somalia (2,094)</td>
<td>Bhutan (1,883)</td>
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<td>6</td>
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<td>12,332</td>
<td>Burma (3,112)</td>
<td>Bhutan (2,554)</td>
<td>Iraq (1,611)</td>
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<td>7</td>
<td>Glendale, California</td>
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<td>Iraq (1,128)</td>
<td>Syria (55)</td>
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<td>8</td>
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<td>11,586</td>
<td>Iraq (1,334)</td>
<td>Burma (97)</td>
<td>Palestine (60)</td>
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<td>11</td>
<td>Columbus, Ohio</td>
<td>10,727</td>
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<td>Bhutan (2,694)</td>
<td>Iraq (1,336)</td>
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<td>12</td>
<td>Salt Lake City, Utah</td>
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<td>Burma (2,263)</td>
<td>Somalia (2,111)</td>
<td>Iraq (1,490)</td>
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<td>Fort Worth, Texas</td>
<td>10,286</td>
<td>Burma (3,456)</td>
<td>Bhutan (1,783)</td>
<td>Somalia (1,275)</td>
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<td>14</td>
<td>Atlanta, Georgia</td>
<td>10,225</td>
<td>Burma (2,578)</td>
<td>Shuten (1,815)</td>
<td>Dem. Rep. Congo (1,340)</td>
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<td>15</td>
<td>Louisville, Kentucky</td>
<td>10,221</td>
<td>Bhutan (1,825)</td>
<td>Burma (1,752)</td>
<td>Somalia (1,635)</td>
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<td>16</td>
<td>Syracuse, New York</td>
<td>9,568</td>
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<td>Somalia (2,718)</td>
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<td>Seattle, Washington</td>
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<td>Iraq (1,408)</td>
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<td>18</td>
<td>Nashville, Tennessee</td>
<td>8,857</td>
<td>Burma (2,430)</td>
<td>Bhutan (1,719)</td>
<td>Somalia (1,350)</td>
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<tr>
<td>19</td>
<td>Tucson, Arizona</td>
<td>8,566</td>
<td>Somalia (1,547)</td>
<td>Iraq (1,334)</td>
<td>Bhutan (1,422)</td>
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<tr>
<td>20</td>
<td>Portland, Oregon</td>
<td>8,367</td>
<td>Burma (1,746)</td>
<td>Somalia (1,534)</td>
<td>Iraq (1,120)</td>
</tr>
</tbody>
</table>

US Department of State: Worldwide Refugee Admission Processing
OHSU IPP BACKGROUND

• Started in late 1970s following end of Vietnam War and conflict in Cambodia produced refugees.
• Working with refugees, immigrants, and those seeking asylum from many countries.
• More than 1,000 active patients currently.
  ● About 250 of whom are torture survivors.
• Model of clinical team with psychiatrist and culturally and linguistically matched counselor.
  ● 7 mostly part-time psychiatrists
  ● 14 counselors
  ● 3 administrative staff
• Part of the OHSU Department of Psychiatry.

OHSU IPP BACKGROUND

• Four pillars
  ○ Clinical work / Education / Research / Advocacy
• Early goals of clinical work
  ○ Welcoming.
  ○ Establishing safety.
  ○ Engagement.
  ○ Instillation of hope. Re-imagining future.
  ○ Resources.
• Intermediate / longer-term clinical goals
  ○ Finding meaning.
  ○ Identity.
  ○ Family.
  ○ Roots.
MASLOW’S HIERARCHY OF NEEDS

Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person’s motivation to reach his or her full potential. As shown in Maslow’s Hierarchy of Needs, a person’s basic needs must be met before self-actualization can be achieved.

Population Health Drivers

- 40% Social and Economic Factors
- 30% Health Behaviors
- 10% Clinical Care
- 10% Genes and Biology
- 10% Physical Environment

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BIOETHICS BASICS - WHAT SHOULD ONE DO?

- Principles
  - Autonomy
  - Beneficence
  - Nonmaleficence
  - Justice

- Who gets what?
- Who makes the decisions?
- What matters most?
- What is "success?" How is it measured?
- What are the costs? Who pays?
- Who am I working for? And accountable to?
PATERNALISM AND PATIENT-CENTERED CARE

- How do we empower people in their health care when they are ones expecting doctors to make clinical decisions for them?
- Informed consent
  - Signing intake forms
  - Medications
    - Review of potential side effects.
    - Risks of addiction.
    - “Well, you're the doctor - you would know better.”
- Experience with psychiatrists/psychiatry and how patients view the doctor.

DISCUSSION AND TREATMENT OF TRAUMA

- Trauma-informed care
- Cultural differences in coping and processing of trauma.
- How should trauma be discussed? When in the treatment? What is best for that particular person?
  - How to discuss uncomfortable things in supportive, comforting way?
  - Torture treatment grant
- Evidence-based treatments for PTSD
  - Ethics of exposure therapies in such severe and complex trauma
  - Our treatment tends to be longer term, supportive, and generally oriented towards now and the future.
THE ROLE OF THE IPP COUNSELOR

- Serves as case manager, therapist, and interpreter. But also:
  - Coach
  - Community member
  - Advocate
  - Fellow immigrant/refugee
  - Gatekeeper
- Complex psychological experience of interpretation itself.
  - Therapeutic distance
- Identity and allegiances.
  - “Don't tell the Doctor this but...”

ADVOCACY, CARE, AND RESPECT

- How outspoken can one be in advocacy while doing this work?
  - Maintaining patient confidentiality.
  - Respecting patient wishes.
  - Allowing for flexibility and force while being always thoughtful and cautious.
- Telling one’s story publicly, and being heard for once, can be very therapeutic for some people, yet can re-activate PTSD or memories of suffering.
  - How can we give people this opportunity while also supporting and protecting them?
WORKING WITH DISPLACED PEOPLE IN TRANSIT OR IN DISASTER ZONES

- Basic necessities for survival take priority.
  - Including safety and security.
- Health as a relative priority.
- Exploration into and processing of emotions and losses actually may not be helpful in these circumstances.
  - Psychological First Aid
  - Critical Incident Stress Debriefing
- Distribution of resources
  - Rationing, triage, etc.
- Services comparable to those for native-born people in host country?
- When providing treatment and support to immigrants and refugees is dangerous.

ETHICS AT A PROGRAM LEVEL

- How to manage referrals? Who is and who isn’t accepted into the program?
- Cultural competence and risk of stereotyping.
  - Cultural humility.
- How do we tailor services to best meet the needs and wishes of immigrants/refugees, while also fulfilling our obligations to institution/state/funders?
  - Research protocols
  - Outcome measures
ETHICS FROM A PUBLIC HEALTH AND POLICY STANDPOINT

- When public policy does not promote improvements in public health.
- Recognition that conflict/war abroad results in refugees, some of whom come to the United States.
  - The United States is involved, or directly responsible, for some of these conflicts/wars.
- Hateful actions, fueled by extremism, result in traumatized people and has vast consequences regarding health and well-being.

ALL POLICY IS HEALTH POLICY.

- Ethics at policy and government level
  - How much foreign aid in budgets?
  - How should refugees be treated? Resettlement, repatriation, prolonged refugee camp stay?
  - What is the importance of borders?
  - What immigrants should countries accept into their countries? How can it be fair for everyone?
- Considerations of multiple parties:
  - Host governments and people.
  - Immigrants and refugees themselves.
  - International organizations, the UN, humanitarian groups.
- Human rights.
DISTRIBUTIVE JUSTICE

- There is varying distribution of benefits and burdens across members in a society.
  - Economic, political, and social forces involved.
- Regarding refugees, what frameworks and distributions are morally preferable? What is fair?
  - Burden sharing of refugees based on wealth/resources of countries?
  - Who has responsibility for the conflict/war producing refugees?

WHAT ULTIMATELY PROMOTES HEALING?

- And how to achieve it with significant barriers and scarce resources...
  - Justice, punishment of perpetrators.
    - Truth and Reconciliation Commission
      - Focus on harmful systems promoting persecution.
    - Criminal Tribunals
  - Acknowledgement from others/society.
    - Museums, days of remembrance, etc
  - Prevention work. “Never again.”
  - Promotion of resilience in people and communities.
  - Moving on with lives, treatment and rehabilitation, getting jobs, going home, etc.
SPECIFIC SITUATIONS TO DISCUSS

- Russian-speaking family giving their family member psychiatric medications without his knowledge.
- Divorced South Asian couple each coming for treatment without the other’s knowledge.
  - Issues around confidentiality in small communities.
- Requests for writing letters or completing forms attesting to their disability.
- Adult males in family (fathers, sons, brothers, and husbands) speaking on behalf of the female patient.

REFERENCES