

Connections

An information service of Immigration & Refugee Services of America's *National Alliance for Multicultural Mental Health*

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With support from the Office of Refugee Resettlement (ORR), the National Alliance for Multicultural Mental Health (NAMMH) was formed in 1996 to meet a critical need for practical, effective, and culturally-appropriate mental health technical assistance to those working with newly-arrived refugees, from both resettlement and mainstream agencies. The Alliance now includes six providers: Center for Multicultural Human Services (Falls Church, Virginia), Center for Victims of Torture (Minneapolis, Minnesota), Heartland Alliance for Human Needs and Human Rights (Chicago, Illinois), International Institute of Boston (Boston, Massachusetts), International Institute of New Jersey (Jersey City, New Jersey), and Safe Horizon/*Solace* (Jackson Heights, New York).

As a service to our readers, this issue of *Connections* will feature information available on the web or in print that will help those working with refugees and immigrants in dealing with the mental health aspects of their work. We believe that this information will also be helpful to mainstream mental health providers who find themselves in the position of assisting refugees and immigrants. We are also pleased to highlight the trainings available from the Alliance partners, and hope readers will contact us for further information.

Spotlight on Alliance Members

Heartland Alliance for Human Needs & Human Rights, Chicago, Illinois (HA) operates the following refugee mental health initiatives through which training is offered on a local, regional, national, and international level:

- **Marjorie Kovler Center for the Treatment of Survivors of Torture:** The Kovler Center is a community-based program established to treat survivors of torture. Staff provide and coordinate volunteer services by psychologists, psychiatrists, physicians, dentists, physical therapists, and other clinical professionals. The Center also serves as a

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training facility for masters and doctoral-level clinical psychologists, social workers, and art therapists from local universities. Treatment focuses on helping survivors restore personal autonomy, normal human relationships, and a sense of security. To this end, the Center offers medical and mental health services, case management to assist reintegration into community life, referral to legal services for asylum seekers, asylum research and documentation, and public advocacy towards ending torture.

- **Bosnian Mental Health Program:** This program specifically addresses the psychological needs of Bosnian refugees through a bicultural, multidisciplinary treatment team approach. Bosnians of all ages and backgrounds are served through a range of creative, culturally sensitive counseling and support services that address the needs of clients in a holistic manner. American psychologists and bicultural/bilingual counselors develop treatment plans that may include psychiatric services, therapy, counseling, as well as art and/or massage therapy, and work with other services to ensure that the full range of client needs are addressed.
- **Refugee Mental Health Program:** Recognizing the unique experiences of each refugee and the rich heritage of refugee communities, bilingual/bicultural staff trained in providing mental health services work with Kosovars, Bosnians, Romanians, Russians, Vietnamese, Ethiopians, Eritreans, Somalis, Nigerians, Congolese, Liberians, Sierra Leoneans, Sudanese, Iraqis, and Iranians. The program also works with other smaller refugee groups, upon request, with the assistance of interpreters. Services provided include comprehensive mental health assessments; psychological and psychiatric assessments; individualized treatment planning; individual, group, and family counseling and therapy; crisis intervention and case management; psychiatric treatment; education and training; and networking with other agencies.
- **Family Adolescent and Child Enhancement Services (FACES):** This project is designed specifically to work with children and adolescents who have experienced the traumatic effects of war or other forms of political violence and who have a language or cultural barrier to treatment. The program is designed to work cross-culturally in facilitating a process of healing and adaptation. Aware of the importance of the family and with respect to each culture's definition of family roles, staff work with refugee children and their families in providing com-

prehensive mental health assessments; psychiatric assessments; individualized treatment planning; individual, group, and family counseling and therapy; crisis intervention and case management; psychiatric treatment; education and training; and networking with other agencies.

- **Center for Multicultural and Multilingual Mental Health Services (CMMMHS):** This Center represents a program designed to improve the delivery of culturally sensitive mental health treatment to refugees and immigrants in the state of Illinois. It was created to assist mental health workers in meeting the needs of refugees and immigrants who have a cultural or language barrier to treatment. The Center is dedicated to bridging the gap between diverse client populations and mainstream mental health provider organizations by providing a Website (www.mc-mlmhs.org); Multicultural Resource Library; telephone and on-site consultations; a Resource Manual for culturally/linguistically appropriate services; referrals; training, including an annual conference; and access to interpreter services. In 1998, the Center received a grant to provide similar services to refugee resettlement workers, ESL teachers, mutual aid associations and refugees themselves; thus, improving the overall system of services for refugee immigrants.
- **Health Care Interpreting Services:** Health Care Interpreting Services (HCIS) was established in 1996 to bridge the language barrier between service providers and refugees and immigrants. In addition to providing high quality interpretation and translation services, HCIS is known in Illinois as the leader in medical, mental health, legal, and community interpreting training. The 40-hour medical interpreter course offered to medical staff and individuals interested in becoming professional interpreters focuses on the key elements needed for interpreters to facilitate communication effectively between the provider and the non-English speaking client. Trainees learn the role of the interpreter, modes of interpreting, codes of ethics, and issues surrounding cultural and ethical dilemmas. After completing the training, they are required to undergo an eight-hour

internship at a local facility, allowing them to observe first-hand an experienced individual interpreting for provider and client.

Access to quality care is also promoted in mental health, legal, and community settings. A 40-hour mental health interpreting training was initiated to meet the growing need for mental health interpreters in Illinois. The training, taught exclusively by professional mental health interpreters, covers the basics of mental health interpreting, codes of ethics, barriers to quality mental health, mental health procedures, and vocabulary. Once the participants have completed their training, an eight-hour follow-up training is required to gain interpreting experience in conflict situations, crisis interventions, therapy settings and others.

- One of HA's newest initiatives, the **Legal Interpreting Program (LIP)** has produced a curriculum for the training of legal/court interpreters. Trainees learn the professional code of ethics, the legal justice system, and legal terminology. A ten-hour language lab is included in the 36-hour course known as Introduction to Legal Interpreting.

Publications Available: Bibliography Manual, Culturally and Linguistically Appropriate Mental Health Providers Listing (for Chicago area), Mental Health Guidebook for Refugees, Hospital Resource Directory of Interpreter Services (for Chicago area), program brochures.

To request articles or other manuals from our resource library, please contact Thad Rydberg, Administrator of the Center for Multicultural and Multilingual Mental Health Services, at (773) 271-1073 X293, Email: chomcml@enteract.com or Fax (773) 271-7261.

For more information, contact: Lisa Nguyen, Director of Multicultural Services at (773) 271-1073 X240, Email: chomcs@enteract.com, Fax: (773) 271-7261 or Mary Lynn Everson, Managing Director of Chicago Health Outreach at (773) 271-1073 X253, Email: mleverson@aol.com. Websites: www.heartland-alliance.org and www.mc-mlmhs.org.

The Center for Multicultural Human Services, Falls Church, Virginia (CMHS) is staffed by multi-ethnic and multilingual social workers, psychologists, psychiatrists, counselors, education specialists, art therapists, and graduate interns from local universities. CMHS offers a broad range of mental health, social, educational, health, and language services geared to the unique values and characteristics of individuals and families from diverse cultures. Services are provided in 27 different languages.

CMHS offers culturally sensitive therapy for children and adults experiencing cultural adjustment problems, family conflict, anxiety, depression, early attachment difficulties, physical or sexual abuse, and other traumas or psychological problems. Individual, family, and group counseling is available. Individualized treatment programs for children often include family, art, and/or play therapy in the child's dominant language. CMHS's multilingual staff is also available to respond to mental health crises. Psychological evaluations, provided in the client's dominant language, address a wide range of referral questions including evaluation of post-traumatic stress disorder, capacity for violence, ability to parent appropriately, and current cognitive and personality functioning. CMHS provides psychiatric evaluations and medication monitoring with interpreting services as needed. Other mental health services provided by CMHS include: intensive family services, anger management programs, parenting groups, and alcohol and drug education and counseling.

Highlights:

- **CMHS Wins \$500,000 Grant to Help Torture Survivors:** The Office of Refugee Resettlement (DHHS) recently awarded CMHS a grant of \$500,000 to provide comprehensive treatment services to victims of politically motivated torture. CMHS staff has assisted such victims under the Program for Survivors of Torture and Severe Trauma (PSTT) funded since 1998 by a small grant from the United Nations. CMHS is collaborating with INOVA health systems, American University Washington College of Law, and other organizations to provide medical, legal, social, and psychological services to help

torture survivors reclaim their full potential to lead productive lives.

- **A Year of Growth for CMHS's Child and Adolescent Clinical Program (CACP):** While CMHS has long been providing clinical services to children, the Child and Adolescent Clinical Program (CACP) was formally launched in the fall of 1999. Its mission is to provide comprehensive clinical services to culturally diverse children and adolescents through two major forms of intervention. The core team members of CACP provide psychotherapy to children, adolescents, and their families (play, family, and group therapy), including more traditional verbal modalities with older children and adolescents.

Over the past year, the core clinical team has made CACP infrastructure development its first priority. The following goals were accomplished:

- The Freddie Mac Foundation awarded CMHS a grant to provide infrastructure support for CACP. This funding has allowed the purchase of new materials such as sand trays, figurines, games, and furniture.
- The Centex Construction Company completed a successful puppet drive that supplied play therapy rooms with more than twenty puppets and custom-made puppet racks on which to hang them.
- An ongoing collaborative enterprise with Chesapeake Beach Professional Seminars is going into its second year. This collaboration has enabled CMHS to hold ongoing staff seminars on play therapy.
- **Exxon Mobil Funds Summer Internship at CMHS:** George Mason University Student, Christina Ruiz, spent last summer as an Exxon Mobil intern working with cultural minority children in CMHS's summer program at Culmore. Christina stated, "One of the greatest gifts I took away from the program was a new-found sense of determination and motivation. After seeing the hurdles these children confront in their own

community, homes, and personal lives, one can't help but honor their strength. If these children can overcome, to a great extent, all the hardships that are thrown at them, do we have the right to complain about petty, inconsequential things in life?" Christina described the internship to be an experience full of positive growth and learning.

- **Fannie Mae Walkathon Helps CMHS Fight Homelessness:** CMHS received funding from Fannie Mae to support their programs to prevent homelessness. This was the direct result of the efforts of many supporters who participated in the Walkathon. Students of Timberlane Elementary School and the Westminster School Builders Club, long-time sponsors and supporters of CMHS, contributed richly to the Walkathon.
- **"Undesirable Elements"-A Very Desirable Experience!** CMHS and Gala Hispanic Theater of Washington, D.C. collaborated in a dramatic presentation of the contemporary immigrant experience. "Undesirable Elements" was performed for the first time in Northern Virginia as part of a benefit for CMHS. It drew some 350 spectators to the Ernst Community Cultural Center and struck a deep chord with immigrants and non-immigrants alike prompting the demand for encore performances. Internationally renowned playwright Ping Chong has produced region-specific versions of "Undesirable Elements" in several cities around the world, each time selecting several local immigrants around whom to script the story. These very same immigrants became the actors in the play. Giant food and Centex Construction Group (two major employers of newcomers) sponsored the unique event, a repeat performance of which is planned for October 4-5, 2001.
- **CMHS Multicultural Training Institute (MTI)** has been in existence for over nine years and has seen significant growth in requests for training from service providers locally and nationally. Over the past nine years, MTI has conducted trainings for Government agencies, businesses, and non-profit organizations in thirty

U.S. cities and nine foreign countries. Training programs are tailored to the needs of the contracting organizations and can be as short as one hour or as long as three consecutive days. MTI has a team of multilingual and multiethnic staff with extensive experience in areas such as counseling, psychology, social work, and health services. All trainers have Masters or Doctoral degrees and most are licensed. Several trainers hold faculty positions at universities in the Washington Metropolitan area.

For more information, contact: Dennis Hunt, Executive Director, or Shaila Menon, Refugee Mental Health Program Coordinator, Center for Multicultural Human Services; Tel: (703) 533-3302; Fax: (703) 237-2083; Email: CMHS2000@aol.com. Website: www.cmhsweb.org.

The Center for Victims of Torture, Minneapolis, Minnesota (CVT) has, as its mission, to heal the wounds of government-inflicted torture on individuals, their families, and their communities. This mission is carried out by providing direct and comprehensive care to survivors of government-sponsored torture and members of their families; conducting ongoing research on the long term effects of torture and effective care and rehabilitation models; and providing training to care providers and others who may encounter torture survivors (including refugee resettlement workers, immigration attorneys, I.N.S. officials, ESL instructors, public school employees, teachers, and social service providers). In addition, the center contributes to the prevention and ultimate elimination of torture through public education campaigns, public policy initiatives, and cooperative efforts with national and international human rights, religious, labor, business, and civic organizations.

The Center has pioneered a unique, multi-disciplinary model of care that enables torture survivors to recover from their physical, emotional, and spiritual wounds. Strategies are tailored to meet the needs of individual clients and their families and communities, and involve the professions of medicine, psychiatry, psychology, social work, and nursing.

In addition to clinical services, CVT training initiatives include:

- **Minnesota Mainstream Project:** This project is intended to engage existing networks of health care and human service providers in the task of healing survivors of torture and war trauma.
- **Minnesota Schools Project:** This program is intended to help teachers and other school officials understand that learning and behavioral problems among refugee students are often a direct result of human rights atrocities they witnessed and/or endured during the refugee process - and what they can do to help these traumatized young people.
- **Refugee Mental Health Project:** The Refugee Mental Health Project is intended to strengthen refugee communities through leadership development activities, development of resources or tools, and mental health training and interventions.

Through these projects, the Center reaches out to diverse communities and groups throughout Minnesota. The projects utilize consistent tools and marketing materials, including a first contact/needs assessment form, standardized training materials, and evaluation tools and instruments. The Center has developed a community-based approach to working with refugee populations that has been particularly effective within refugee communities - in large part, because the approach has been developed in conjunction with, and participation of, the leadership of refugee communities. The Center also provides training and technical assistance to torture treatment centers in the U.S. and worldwide. Treatment programs in refugee camps in Guinea were begun in 2000. This year, the Center expanded those psychosocial programs to Sierra Leone.

Publications Available: Strengthening Lives, Rebuilding Communities: Somalis Recover from War (training guide and video), New Neighbors/Hidden Scars, Series on Torture and War Trauma for Refugees (in Bosnian, Somali and English), Guidelines for Employers, Employment Guide for Refugees.

For more information, contact: Evelyn Lennon, Refugee Mental Health Project Coordinator, Center for Victims of Torture, Tel: (612) 627-42721;

Fax: (612) 627-4144; Email: elennon@cvt.org; Website: www.cvt.org.

Safe Horizon's Solace Project, Jackson Heights, New York is a comprehensive, community-based counseling and outreach program for survivors of torture and refugee trauma. Its main office is located in the Jackson Heights Office of Safe Horizon in Queens, New York, and it has satellite offices in Brooklyn and on Staten Island. The program began in March 1997, and is funded by the Office of Refugee Resettlement (ORR) of the U.S. Department of Health and Human Services (HHS), the United Nations Voluntary Fund for Victims of Torture, Immigration and Refugee Services of America, and the New York City Department of Youth and Community Development. Since its inception, the program has provided direct services to over 500 survivors of state-sponsored torture and refugee trauma from 60 different countries throughout the five boroughs of New York City, Eastern Long Island, and Northern New Jersey. Services include: social adjustment counseling and referral for qualified medical and psychological follow-up; clinical evaluation and assessment; individual, group, and family psychotherapy on an as-needed basis; case management and referral for social needs; training for service providers and mental health/health care professionals; and outreach and education to new refugee survivor groups.

Solace staff focus on orientation and education for refugees, resettlement workers, social service providers, and mental health/health care professionals while providing an array of direct services designed to meet the needs of participants. Survivors are oriented on how to access mental health services and health care, while their traditional and culture-specific perspectives are respected and incorporated into a participatory process. In conjunction with Refuge and Doctors of the World, USA (DOW/USA), *Solace* is developing curricula for refugee resettlement workers and community-based social service providers on the development of basic therapeutic skills, symptom recognition and understanding of the refugee experience. This curriculum, dedicated to developing cultural competency and sensitivity, as well as to increasing the knowledge base for working with refugee survivors, is also being developed for mental health and

medical professionals throughout New York City and beyond. Each year for three years, two one-day intensive conferences focusing on some aspect of psychosocial work with refugees are being offered to the public.

Direct service provision by *Solace* intensive case managers is augmented significantly by a continuum of care with the Safe Horizon Counseling Center in Brooklyn, which is the agency's licensed mental health clinic. Further work is accomplished through liaison with the Human Rights Clinical Support Network coordinated by Refuge, and ongoing referral into the DOW/USA network. The goal of the three-year grant from HHS/ORR is to develop a basic capacity throughout New York City to work with survivors on issues of adjustment and health within their extant communities.

Currently, *Solace* is engaging the Latino communities of Queens with a special component for survivors of torture and refugee trauma from Central and South America. In addition, as of October 2000, *Solace* became the lead agency of the Metro Area Support for Survivors of Torture Consortium (MASST), which seeks to provide an array of services in both New York City and Northern New Jersey. The partners include Refuge, DOW/USA, and the Cross-Cultural Counseling Center of the International Institute of New Jersey. *Solace* staff are part of the Safe Horizon effort to provide training and direct services in coalition with others for survivors of trafficking into sexual slavery and labor bondage. *Solace* is also a part of initial explorations by Safe Horizon into the area of providing technical assistance to refugee-specific providers, mainstream providers, and refugee communities on working with refugee youth and child welfare issues.

Solace is designed to benefit refugees who have survived physical, psychological, and sexual torture, as well as having endured organized violence or are having serious difficulties dealing with current stressors of life here in the United States. The survivors who are clients in the program participate with staff in the development of a service plan to address their needs. Social adjustment counseling is defined as the process of ongoing dialogue between the counselor and the refugee survivor client that leads to a coherent plan for achieving well-being

and builds a trusting relationship between the program and the survivor that models needed support systems in the survivor's life. Outreach is a principal activity and *Solace* staff are constantly reaching out to other providers and into the homes and communities of survivors.

Solace seeks to work within extant communities to identify needs and to build up support systems that will strengthen refugee survivors and their families. In doing so, the program serves a preventive function that keeps participants out of institutions and expensive, long-term treatment. This approach allows for a more selective network for the provision of services that focuses as much on human resiliency as on traumatic stress. A more equal distribution of power relations is the result, with success measured by outcomes that are concretely manifested in the improved quality of life of the client.

Publications Available: "Do Victims of Sociopolitical and Familial Violence have Similar Access Issues to Medical Care?" Published online for the e-research newsletter and for Dialogues (the online newsletter from the Program for Torture Victims in Los Angeles). The sub-text argued for why familial violence and torture should be similarly equated in the international sphere.

Contact Ernest Duff (718) 899-1233, Ext. 180 or Ext. 101, Fax: (718) 457-6071; Email: eduff@safehorizon.org. Website: www.safehorizon.org.

The International Institute of Boston, Boston, Massachusetts (IIB) provides an array of comprehensive services for refugees and immigrants. Within the wide range of services, the agency has developed specialized mental health services for torture survivors, specific newcomer groups, and crime victims.

Some of the on-going programs within the Social Service Department include:

- **International Survivors Center:** This Center provides psychiatric assessment and treatment of newcomer refugees, including crisis intervention, medication evaluation, supportive

therapy, group treatment, and access to social service support. Psychiatric evaluations for asylum seekers are provided as needed.

- **Family Violence Prevention Project:** This is a targeted prevention program for Bosnian and Russian newcomers to raise awareness of domestic violence and provide assistance to victims. The program includes an informative and comprehensive needs assessment.
- **Victim Services:** This program encompasses comprehensive services to victims of crime, with specialized expertise and support for refugee and immigrant victims of domestic violence.
- **Family Access Collaborative:** This program consists of specialized advocacy and support for homeless immigrant and refugee families.
- **Social Work Student Training Project:** This is a special program developed, in conjunction with Boston University, to provide placement and instruction to bicultural social work students who are beginning in the field of social work.

On-going work includes supportive services, advocacy, and translation to newcomer groups.

Past initiatives included the **Navigator Project**, a tri-state initiative to develop comprehensive social services and mental health screening, assessment, and referral for refugee agencies; the development of African Mental Health Initiatives; and the development of several support groups for culturally specific groups.

Publications Available: Mental Health in the ESL Classroom, A Manual on Female Circumcision Female/Genital Mutilation as it relates to Newcomer Immigrant and Refugee Women, and condensed versions of Russian and Bosnian Family Conflict Needs Assessment and the Somali Sexual Assault Needs Assessment.

For further information on services, publications or training, please contact IIB at 1 Milk Street Boston, MA 02109; (617)695-9990 x 143; Fax (617) 695-9191; Website: www.iiboston.org.

The Cross-Cultural Counseling Center, International Institute of New Jersey, Jersey City, New Jersey (IINJ) is a joint project of the International Institute of New Jersey and the Counseling and Resource Center of Christ Hospital. Bilingual, bicultural clinicians - psychologists, psychiatrists, social workers, art therapists, and counselors - offer individual, family, and group counseling for those experiencing a wide variety of concerns, from the stresses of cultural adjustment to the effects of severe trauma and torture. Languages spoken in addition to English include: Creole, Russian, French, Vietnamese, Polish, and Spanish. Interpreting services in over 40 other languages are also available. Specialized programs include:

- **The Program for Survivors of Torture:** This program offers survivor mental health treatment, pro bono legal representation, psychological evaluations for asylum claims, referrals for medical care, case management, job development, and socialization groups. IINJ is part of the Metro Area Support for Survivors of Torture, a bi-state Consortium led by Alliance partner Safe Horizon/*Solace*.
- **Project An Campe (Rising Together):** This project, serving the Haitian community, focuses on child abuse prevention. The project utilizes radio plays performed by community members on Creole radio highlighting common parenting dilemmas faced by Haitian immigrants and refugees. A parenting education group is offered weekly, also incorporating drama and art.
- **The Elderly Refugee Project:** This project focuses on elderly Russian refugees. A drama therapy group engages participants in developing and writing plays to be performed in English to help them gain comfort with speaking the new language and to address psychological barriers to joining the American culture. A newsletter project provides an opportunity to connect isolated individuals through the formulating and writing of articles for community distribution and discussion.
- **The Women's Refugee Alliance:** This program brings African refugee women together

for educational groups, socialization, and mutual support. Topics addressed include women's health care, gender-specific job readiness, and stress-management.

Publications Available: Disclosing the Truth: Informed Participation in the Antemortem Database

Project for Survivors of Srebrenica, in Health and Human Rights, Volume 5, #1, 2000.

For more information, contact: Sara Kahn, Cross-Cultural Counseling Center Director, International Institute of New Jersey, Tel: (201) 653-3888, ext.12; Fax: (201) 963-0252; Email: skahn@iinj.org.

Outside Trainers: Offering a New Perspective to a Region

by Sarah Alexander, LICSW, International Institute of Boston

What is the benefit of sponsoring national trainers on mental health services for refugees? How can strangers—albeit experts—benefit a resettlement community that has few resources and poor prospects of more resources in the future?

“It helped us bring together service providers in one room, learning about services we were not aware of...and changing our attitudes as to what is possible,” affirmed Barbara Klimek of Catholic Social Services in Phoenix. She organized a two-day training in March 2001, utilizing several NAMMH presenters and reaching 80 providers in the Phoenix area. Participants came from many surrounding communities as well as the Phoenix area to learn about issues such as using an interpreter in therapy, assessing newcomers for mental health concerns, and healing from refugee trauma. In particular, her group had made an unsuccessful application for funding for mental health; following their conference and consultations, they were able to secure funding for these services. She attributes this achievement partly to the training. “What happened here was a very good example of how networking at the national level can make a difference at the local level,” said Ms. Klimek.

The National Alliance asked agency directors who have used Alliance trainers in their communities about the effectiveness as well as the added work and expense of bringing in outside experts. “We were trying to spark interest in the topic and get some dialogue going about mental health needs,”

said Greg Orr, Assistant State Coordinator for Refugees in New Hampshire. With funding from a variety of sources, they put together a day-long conference in May 2001 for 150 providers, utilizing trainers from the National Alliance and other sources.

“We need to do one every year. It's good for staff. They can get cross if they don't have this kind of support,” said Marty Deputy, Executive Director of Western Kentucky Refugee Mutual Assistance Agency. They brought Dennis Hunt from the Center for Multicultural Human Services in Falls Church, Virginia, for a 1.5-day training in Bowling Green.

Over the past year, Alliance members have provided over 15 regional trainings in such locales as Columbus, Ohio; Boise, Idaho; Lincoln, Nebraska; Amarillo, Texas; and Manchester, New Hampshire. In some instances, one or two trainers provided the service; in one situation, five different speakers offered their services. The content has included: identifying psychiatric issues, developing and funding refugee mental health services, developing responses to domestic violence, and providing services to refugee children.

Usually a segment of the training targets only agency staff in a more intimate setting, and a second segment offers training to the larger community. At a February training in Lincoln, Nebraska, over 140 participants from several surrounding communities attended. Ms. Deputy indicated that she wishes she had been able to attract other community groups, such as merchants, to the training. “Therapists have to be a part of it,” she added. “They have different issues.”

Mr. Orr suggests targeting the topic and audience with a smaller conference. "Next time, I would definitely limit the scope and target the audience," said Greg Orr. (They had 150 participants.) "If the group is too broad, the trainers cannot be as focused in their presentations, and people don't get as much out of it. For example, just have it for ESL teachers or child protective workers. It's also good to limit the number of speakers; we had 4 breakout sessions, each with panelists. That was too many."

The hosting agency and community pay for the costs of the conference, while the time and travel of Alliance members are paid for by the NAMMH project. Sometimes, community agencies also pay hotel expenses or contribute to travel costs for the trainers.

Catholic Social Services of Columbus, Ohio, brought Dennis Hunt from the Center for Multi-Cultural Human Services for a 2-day training. "He really opened our eyes to different funding resources and other places to expand. He also gave us different models to look at," said Marjean Perhot, Director of Resettlement Services in Columbus.

Marty Deputy felt it was essential to bring in an outside person because "people assume that person knows more." Several directors felt that individuals in their locality really did not have the expertise or experience of someone who had been

working in the field of mental health and refugees for such a long time. Follow up to the conference is important, too. "We have begun to form smaller working groups on employment and mental health in an effort to create an on-going network for providers," said Mr. Orr.

In order to bring together approximately 40 providers from the area, Ms. Deputy estimates her staff person put in about 10-20 hours of work doing invitations and outreach to other agencies. It was helpful to be communicating through the regular ongoing networks, according to Ms. Klimek, and let them know as soon as possible that you are putting together a conference. "That really helped our attendance," she said.

Using alternative resources for support is also helpful. Ms. Klimek was able to get some support for parts of the conference from outside agencies, and they charged people a \$50 fee to offset some of the costs. Dr. Maria Prentiss-Lyntall in Lincoln, Nebraska, was able to get support from a pharmaceutical representative for the cost of the hotel and lunch for the training. The group in New Hampshire also partnered with the University of New Hampshire "who were very helpful with space, equipment, and food, but the cost per participant—\$90—became a little high for some agencies to send many people." Next time, they might try to do more of the logistics themselves.

Trainings Available from Alliance Partner Agencies

Trainings are tailored to the needs of the following participant groups:

- Mental health professionals, including psychiatrists, psychologists, social workers, licensed counselors, art therapists, drama therapists, counselors and case managers who provide supportive counseling.
- Medical staff, including primary care physicians, psychiatrists, nurses, physician assistants, nurses' aides, hospital and clinic support staff.
- ESL teachers and school counselors
- Refugee resettlement and employment workers
- Refugee community leaders
- Mutual Assistance Association staff
- Security and correctional officers
- Religious organizations
- Health Advocates
- Members of specific refugee communities
- Individuals who work with specific refugee communities
- Domestic violence agency staff
- Child protection workers
- Immigration legal service staff

- Victim services staff
- Community organizations
- Attorneys
- INS officers
- Police officers
- Schools
- Guardians ad Litem
- Other social services/human services agencies working with refugees

Trainings Cover the Following Topics:

- **Refugee Experience and Resettlement Process** - psychosocial impact of the refugee experience - pre-migration, migration and resettlement (post migration); specific cultural issues; recognizing and assessing emotional issues of refugees for appropriate referrals, the most frequent psychiatric issues in refugees. In addition, spirituality, current stress and past trauma, sociopolitical and familial violence as well as the special needs of families, the elderly, women and children are included.
- **Refugee Mental Health** - in-depth clinical issues to include diagnosis/assessment, intervention/treatment, and prevention for diverse refugee groups.
- **Integrating Mental Health into Resettlement** - reflexive orientation of refugees and staff to mental health, basic therapeutic skills for refugee workers, ESL as a preventive mental health measure, successful acculturation and social adjustment as mental health concerns, vicarious traumatization and self-care.
- **Multicultural Mental Health** - immigrant and refugee cultures, refugee children and family assessment, stigma and cultural barriers, religions, beliefs and mental health, expressions of symptoms across cultures, etc.
- **Specific Refugee Groups** - mental health concerns for the following groups: Bosnian refugees, Southeast Asian refugees; Mayan refugees from Guatemala, African refugees, refugees from the Middle East, the "Lost Children" of Sudan, the undocumented, refugee women's emotional issues, children, and the elderly.
- **Cultural Competency Training** - diversity training, cultural competency for individuals and organizations, managing a multi-cultural workforce, and culturally sensitive care for refugees.
- **Cross-Cultural Supervision and Basic Cultural Awareness** - sensitizing staff and others to ways of working in a cross-cultural setting.
- **Refugee Orientation/Training** - emotional problems of HIV+ refugees; adjustment and acculturation process; health/mental health education; cultural orientation; parental training on intergenerational conflict; cultural gap (shock); understanding your teens; communication issues; substance abuse; domestic violence, gangs, managing interethnic conflict; and developing refugee community resources.
- **Therapeutic Models** - integrative approach to healing; community based intervention - an ecological approach; comparing clinical, individual-based, and community based interventions for refugee mental health services; a systemic therapeutic model.
- **Clinical Work with Refugees** - includes interviewing, diagnostic issues, cultural competency and sensitivity, vicarious traumatization and self-care.
- **Interpreter Training** - medical, community, mental health, and legal interpreter training; refugee mental health and interpreter services; integrating interpreter services into mental health systems; the therapeutic triad; working through interpreters; role of caseworkers/interpreters; patient awareness campaign; training of domestic violence advocates/interpreters.
- **Trauma and Survivors of Torture** - methods, sequelae, evaluation, and care as the main elements when working with survivors of torture; torture treatment assessment; trauma and culture; clinical perspectives on the role of gender in the torture experience; recognition of trauma-related symptoms; psychological consequences of trauma related to war/genocide/torture; torture treatment models; art therapy as a

tool of treatment for survivors of torture; survivors advocacy groups; and understanding and responding to the needs of traumatized refugee children.

- **Caring for the Caregivers** - stress management and self-care for the care giver; conflict resolution; stress relief retreat; secondary traumatization; spirituality in refugee work; the difficult client; creativity and self-care.
- **Refugee Program Implementation, Funding, and Policies** - developing a therapeutic partnership as a model of intervention; implementation of quality mental health services for refugees; integrating interpreter services in the provision of refugee care; developing and funding mental health resources for resettlement agencies; funding mental health programs; strategies and issues in developing and administering mental health programming.
- **System Integration** - building effective community collaborations and building and integrating services for refugees.
- **Special Populations** - mental health needs of special populations, such as trafficked persons, HIV+ refugees, and the severely mentally ill.
- **Establishing a continuum of care, communal approaches** - such as alternative modalities, wellness activities, utilizing the arts and the media, integrating traditional healing into care, natural support systems and nurturing resilience.

National Training and Workshop Projects: Lesson Learned

*by Frederick L. Ahearn, Jr.
Catholic University of America*

Two years ago, the Office of Refugee Resettlement of the United States Department of Health and Human Services funded the Immigration and Refugee Services of America's National Alliance for Multicultural Mental Health project for national training and workshops. The key goals of this project are to:

- 1) Increase knowledge and enhance practice regarding refugee mental health;
- 2) Improve communication between resettlement and mainstream service providers concerning refugee mental health; and,
- 3) Document and disseminate information and best practices for refugee mental health.

To achieve these goals, Alliance partners have designed training programs dealing with a variety of refugee mental health topics. Popular offerings have included: addressing family conflict, work-

ing with schools, community approaches to mental health, cultural considerations when working with refugees, models for using interpreters, employing natural support systems, spirituality and mental health, stress management and self-care for service providers. More than 2500 service providers have been reached by these training sessions, including teachers, social workers, case managers, psychologists, administrators, job developers, nurses, physicians, resettlement workers, and mental health counselors. Their ratings of the course content, relevance of topic, and presentation were extremely high, 4.5 out of a top score of 5 (excellent). There is little doubt that the goal of increasing knowledge and enhancing practice has been advanced through these training offerings.

Alliance partners used a workshop format to address the specific needs of agencies as a means of fostering greater communication and coordination between and among agencies servicing resettled refugee families. More than 200 organizations sought and received technical assistance and consultation from Alliance partners. They also judged the assistance, information, and advice they received from Alliance agencies to be most valuable and beneficial to their service strategies.

The evaluation findings of both training and workshop activities clearly demonstrate positive results. There are a number of lessons that we have learned from the evaluation feedback. These are:

1. **There is a great need for mental health training and consultation.** Participants who provide social, educational, vocational, and health services to refugees judged the courses to be relevant, appropriate, and quite useful in serving refugee families. While the number of participants served by the Alliance partners are substantial and impressive, these numbers are only a small fraction of workers and agencies that could benefit from such an orientation.
2. **The need is ever changing.** As new immigrants and refugees resettle in the United States, there are emerging problems and needs that are culturally-specific to each of these groups.
3. **Yesterday's successes do not insure tomorrow's success.** As noted above, training and consultation will have to vary in order to meet the mental health needs of the latest new-

comers in a community. Also community agencies change staff, hire new workers, and embark on new programs, all requiring additional orientation to the mental health needs of refugee populations.

4. **More so than ever before, agency collaboration is a requirement, not just a dream.** In the era of limited budgets, increasing demand, changing priorities, and the need for accountability, agencies that serve refugees must find ways to cooperate and assist each other in providing the best possible service to refugee families.

This program administered across the country by the National Alliance for Multicultural Mental Health has, indeed, demonstrated successful approaches to the mental health needs of refugees. They now enter another year of providing training and consultative workshops across the country, having learned many lessons from the first two years of experience. If you are interested in participating in either a training program or a consultative workshop, I encourage you to contact IRSA or one of the Alliance partner agencies.

PUBLICATIONS LIST

Lessons from the Field: Issues and Resources in Refugee Mental Health The National Alliance for Multicultural Mental Health

This Alliance publication, available for free on IRSA's website: http://www.refugeesusa.org/help_ref/lessons_field_manual.pdf was written in an effort to enhance the responsiveness of resettlement and mainstream providers to refugee mental health needs by providing technical assistance at the national level to a broad range of service providers and organizations. Alliance members have found that a diversity of approaches works best in addressing the adjustment and mental health needs of refugees. While many refugees are models of successful adjustment and achievement, the process for others may be long, difficult, and doesn't always end in success. Resettle-

ment staff can overlook the psychological consequences of the refugee experience if they are not familiar with mental health issues in addition to the pressure of moving new arrivals toward self-sufficiency. This publication provides resources to those who help refugees make a faster and smoother transition to life in the United States by building on the refugees' strengths, supporting their efforts to cope, and connecting them with the resources they need. The main parts of the manual focus on: Mental Health and Well-Being; Refugee Adaptation in the Resettlement Process; Potential Mental Health Issues for Refugees; Working Effectively with Refugees; Suicidality; Healing the Community After Torture and Repression; Three Cultures: History, Culture, and Refugee Experience (focusing on Somalia, The Kurdish People and Bosnia-Herzegovina); Self-Care for the Care Taker; and Secondary Traumatization.

***Mental Health and the ESL Classroom:
A Guide for Teachers Working with
Refugees***

**The International Institute of Boston and
The Immigration and Refugee Services of
America**

Another publication available free from IRSA's website: http://www.refugeesusa.org/help_ref/esl_manual.pdf, this publication has proven to be invaluable to ESL teachers around the country. The ESL classroom is often the first line of defense against the inevitable culture shock that refugees experience. Buffeted by the physical and emotional trauma of forced migration, refugees are in need of a safe harbor, as well as tools for survival. The ESL classroom serves both of those needs. With in-depth discussions of The ESL Classroom, The Multi-faceted

Role of the ESL Teacher, a Student Needs Assessment, Curriculum and Instruction as well as a Bibliography and Internet Resources, this manual helps to meet these goals.

***Forced Migration Review*
Refugees Studies Centre, Oxford University**

An excellent publication, appearing three times a year under the leadership of the Refugee Studies Centre at Oxford University, is the Forced Migration Review. This publication provides a forum for the regular exchange of practical experience, information, and ideas between researchers, refugees, internally displaced peoples, and those who work with them. Subscription rate for individuals is \$26 per annum and for institutions, \$43. For more information, see www.fmreview.org.

BOOKS

***A Somali Author in Exile: Review of the
work of Nuruddin Farah***

**By Evelyn Lennon, Center for Victims of
Torture**

One path to the understanding of a culture by outsiders is through the literature of the culture. Those of us who are non-Somalis have been given an opportunity to glimpse the complex, war-torn Somali world through the writings of a man who is determined "to keep my country alive by writing about it."

Nuruddin Farah was born in 1945 in the British-occupied Ogaden, in what is now the Republic of Somalia. His father was a translator and his mother was an oral poet. He was educated in a Christian missionary school and at university in India. He is fluent in five languages; most of his writing is done in English. (The Somali alphabet was only codified in 1972). Mr. Farah was exiled from Somalia in 1974 after writing *Sweet and Sour Milk*, and he was asked to leave Gambia in 1986 after criticizing its president. Upon return to Somalia in 1996, he was kidnapped by a warlord and briefly held for ransom. The Neustadt International Prize for Literature was awarded to this author of eight

books in 1998. He has lived in exile for over twenty years and now resides with his family in South Africa.

Nuruddin Farah's two trilogies, *Variations on the Theme of an African Dictatorship* and *Blood in the Sun*, are available to readers in U.S. bookstores. The first set of novels explores the pressure of the reign of terror and corruption of the government of Mohammed Siad Barre on closely-knit Somali families. The second grouping of books, *Maps, Gifts, and Secrets*, combines autobiography with fiction in the themes of nationalism, family clan and origin, foreign dependence, and the strength of women.

Mr. Farah's books are fertile with symbolism, storytelling, and metaphor. They are rich in debate, style, humor, and folklore. The lives of the characters represent the dramatic story of Somalia of the last forty years - the betrayals by foreign powers and homegrown leaders, loves, feuds, social illnesses, and the expressive beauty and skills of survival of its people. Above all, these writings help us to sense the devotion, passion, and longing that Farah, and the Somalis with whom many of us work, have for a land in which they cannot live.

***Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research (2000)*. Edited by Frederick L. Ahearn, Jr. New York and Oxford: Berghahn Books. 275pp. Softcover \$19.00. ISBN 1-57181-205-9. Review by Stephanie Donlon, Institute for Conflict Analysis and Resolution. Reprint from *Ethnic Conflict*, Vol. 4, No. 1, (May 2001).**

In a time when refugee assistance is a paramount concern for govern and nongovernmental entities, this volume provides a thoughtful guide for researching psychosocial wellness of refugees. As current therapies for helping traumatized refugees are many and diverse, this work answers the need for methodological tools to gather data on best practices for assisting refugees to recover from the trauma of displacement. The editor, Frederick L. Ahearn, Jr., takes a positive approach to refugee mental health, seeking ways in which humans overcome adversity in order to survive extraordinary circumstances. The authors of this volume stress wellness as a way of studying the psychological consequences of displacement because it underscores the perspectives of strength, resilience, and independence. This work effectively moves from defining wellbeing and critiquing quantitative and qualitative methods of studying it. The first section addresses broad theoretical issues involved in conducting research with refugees and in evaluating psychosocial programs. The authors suggest multi-method approaches to studying psychosocial wellness. These chapters set the stage for case studies from experienced investigators that address pertinent issues in the field. Case studies cite examples of refugees from Afghanistan, Cambodia,

Vietnam, Palestine, Cuba, Nicaragua, Haiti, Eastern Europe, Bosnia, and Chile.

The strength of this work lies in the personal anecdotes in refugee research that illuminate considerations for the researcher, such as the utility of particular research methods and cultural appropriateness. Patrician Omidian describes cultural lessons from her work with Afghan refugees. She stresses the importance of triangulating data through various data collection methods to avoid inaccurate interpretations. For instance, in a study of dental hygiene practices of Afghan refugees, responses reflected a high level of care in brushing and flossing. However, "brushing" actually meant running a finger over one's teeth after meals and flossing was only used to remove a food particle from around one's tooth after eating, or using a strand of women's hair in lieu of commercial floss. This example served to validate the need for qualitative techniques, such as participant observation, to enhance quantitative findings. Another important reflection is the way in which the researcher must deal with the emotions of a traumatized individual, and the researchers' emotional repercussions of absorbing negative emotions.

By critiquing tools of research and guidelines for researchers who must consider their own response to accounts of torture, humiliation, and killing, this volume provides a thoughtful and thorough guide for assessing the psychological wellness of refugees. I recommend this volume as a comprehensive basic text for students of conflict studies, forced migration or practitioners involved in refugee research and assistance.



MOVIES AND VIDEOS

Review: Two New Educational Videos on Refugee Trauma

From Terror to Healing is an award-winning two-part video series created to provide an introduction to the topic of politically-motivated torture and its effects on refugee populations. *Part One: Overview of Political Torture Today*, defines torture and its sequelae, explains how and why it is practiced, and gives assessment and treatment options for those who work with refugees. *Part Two: The Torture Survivor's Perspective*, relates the experiences of three survivors and a medical interpreter with torture, its long-term effects, and the healthcare system in the United States.

The first video is packed with information. Artwork produced by survivors accentuates the delivery of facts by three "talking heads" - a psychiatrist, a physician, and a psychologist - and enables the viewer to become drawn into the issue. The impact of the presentation sags a bit two-thirds of the way through the 31-minute film, but picks up at the end when the history of the torture treatment movement is outlined. Video Two completes the process of engagement, as survivors bravely and eloquently tell their individual stories. Although especially designed for healthcare professionals, the series is an excellent general awareness and teaching tool for all agencies with refugee clients.

The training services staff at The Center for Victims of Torture in Minneapolis, Minnesota produced the videos. The Center accepted the 2001 Telly Award and the 2001 Videographer Award of Distinction for the films on behalf of victims of oppression worldwide. The series is available for purchase from CVT Training Services, 717 East River Road, Minneapolis, MN, 55455 for the cost of \$35 for one film or \$60 for both.

Tar Angel

Quebec Director Denis Chouinard's first feature film followed illegal immigrants stowed away aboard a container ship (*Clandestins*) and he now brings us another social-realism movie about immigration-re-

lated conflicts. *Tar Angel*, which marked the start of the 25th annual Montreal International Film Festival, deals with an Algerian immigrant whose efforts to obtain Canadian citizenship clashes with his 19-year-old son's political activism. The movie, shown in French with English subtitles, deals with an anxiety-ridden father and his puzzlement at how his son has changed during the family's three years in Canada.

Ahmed is a straight-arrow type who fled his native country to escape civil war and is focused on acceptance in the new land. He works as a laborer, tarring rooftops in the middle of the Montreal winter.

Ahmed's dream of acceptance goes wrong when a video camera catches his son, Hafid, breaking into the offices of Immigration Canada. The break-in, an effort by political radicals to sabotage computer files and block deportations, forces Hafid to go on the run. His father drops everything to search for him, aided by the son's girlfriend, a tattoo artist who is torn between social protest and her disgust at needlessly risky ventures.

In a typical cinematic pairing, Ahmed and the free-wheeling Huguette form an unlikely duo on a trek, by truck and snowmobiles, that takes them all the way to Quebec's Saguenay region and a remote airport used for deportations. That's where they locate Hafid and his friends who are on the brink of a terrorist action aimed at blocking a plane loaded with deportees.

Tar Angel addresses a most important part of an immigrant's sage: coping with a new country. It is described by The Canadian Press as a "Canadian-style thriller: guns are drawn but shots are never actually fired."

That the Women Live

Laurent Becue-Renard-France-2001-83 mins-35mm-documentary. In Bosnian with English subtitles

Survive.....Survive? But how? Without a husband, without a father, without sons, brothers, cousins, the dozens of men in your family? How to survive

when your world has fallen apart? When your house, your land, your village, your country have been swept away by war? When life itself seems to have come to a standstill? Since the war in Bosnia (1992-95), countless Bosnian women and children have been asking themselves these questions. Fifteen of them leave the refugee camps every year in search of meaning, in search of their life. Aided by psychotherapists, they spend a year trying to express their pain. *That the Women Live* is the chronicle of Sedina, Jasmina and Senada, three young women. It intimately follows them step-by-step, capturing powerful moments of clarity and revelation, revealing essential truths about mourning, love and life. Email: lbr@compuserve.comoctoo/films.html

Florrie Burke, of Safe Horizon/*Solace* notes that this is a powerful film and the first she has ever seen that documents the counseling process. "This is a unique program that seems to really help the women in it!"

Calling the Ghosts

by Sarah Alexander, LICSW

If you wish to teach simultaneously about trauma and human rights, *Calling the Ghosts* is a superb film to use. The 60-minute documentary, produced by the organization, Women Make Movies, centers on the story of two women lawyers who lived in the city of Prijedor during the conflict in Bosnia-Herzegovina. Using the two women as narrators, the film gives a glimpse into everyday life in Bosnia before 1992. When the Serbians entered Prijedor and targeted supposedly dangerous individuals, these women, as Muslims and as members of the court, were arrested and imprisoned at the notorious Omarska Prison Camp. The film integrates jour-

nalist clips with interviews of the now-released prisoners to give a terrifying synopsis of the events during this period.

What makes this film invaluable to the understanding of trauma is the follow-up to their release: this includes interviews with family members, the feelings and internal states of several imprisoned women, and the efforts of a few of them to gain justice from their experience. The recovery of the two women highlighted in the movie includes pursuing prosecution of the Omarska Commander through the Hague War Tribunal. So many crucial elements to the recovery of trauma are revealed in human, real, terms - such as hypervigilance, difficulties with intimacy with family members, and lack of trust in any situation. It is not an easy film; the women's fear, ambivalence, and wish for privacy pervade many scenes, and the facilitator should prepare viewers beforehand for the strong emotions stirred by the film. Viewers who have memories of oppression and occupation in their own countries may find these aroused even more strongly on the 2nd or 3rd viewing. For westerners who find the conflicts in the Balkans too complicated to understand, this film makes a part of that war startlingly clear. It does take a stand in this conflict, however, that makes showing it as a cultural or historical piece to Balkan refugee groups possibly controversial. When used as a teaching aid to trauma, the film deftly portrays the intimate nature of this war to outsiders without lengthy explanations, and brings home in unforgettable ways the complications of healing in such circumstances. To purchase the film, call the office of Women Make Movies at (212) 925-0606 x360 or email orders@wmm.com to request the film. The cost is \$325 plus \$15 for shipping and handling.

Useful Websites for Refugee Assistance

General

gender@yorku.ca - listserv maintained by the Centre for Refugee Studies at York University for the Canadian Council for Refugees. To subscribe, write to ccr@web.net.

www.refugees.org - U.S. Committee for Refugees.

www.archq.org/index.shtml - American Refugee Committee International.

www.unhcr.ch - United Nations High Commissioner for Refugees' homepage.

www.unhcr.ch/refworld - UNHCR searchable database.

www.cnire.org/nle/pop-6.html - Congressional Research Service report for Congress, "Refugee Admissions and Resettlement Policy: Facts and Issues."

www.refugeenet.org - European Council on Refu-

gees and Exiles, many useful resources on various topics.

http://news.bbc.co.uk/1/hi/english/static/in_depth/world/2001/road_to_refuge - BBC in-depth look at refugee experience. This provides a good overview of the refugee experience.

Torture

www.icomm.ca/ccvt/home.html - The Canadian Centre for Victims of Torture site provides comprehensive materials about torture and treatment.

www.amnestyusa.org - This site has numerous links to country specific information as well as a directory of torture treatment programs and related services.

www.essex.ac.uk/torturehandbook/index.htm - This site accesses the Torture Reporting Handbook: a reference guide for anyone who wishes to know how to take action in response to allegations of torture or ill treatment.

www.survivorsintl.org - Survivors International, information about torture and treatment.

www.torture-free-world.org - This site links to the Torture Abolition and Survivors Support Coalition (TASSC). In December 2000, this group of torture survivors came together in a conference and will meet again on June 26, 2001, to commemorate the UN Day in support of Survivors of Torture. You can also email Orlando Tizon, Ph.D., TASSC Coordinator, to find out more at otizon@ghrc.usa.org.

www.hrw.org - Human Rights Watch homepage, HRW World Reports.

www.oneworld.org/ni/issue327/title327.htm - New Internationalist special issue on torture.

Mental Health

www.mc-mlmhs.org - The Center for Multicultural and Multilingual Mental Health Services site includes extensive bibliographies and access to materials on refugee, immigrant, and minority mental health.

www.refugeesusa.org/store - publications of the Immigrant and Refugee Services of America, including several manuals on mental health, specialized refugee orientation, and working with several other specific health and mental health issues.

www.diversityrx.org - Extensive material on child health, including refugee children.

Benefits

www.kff.org/content/2000/2000802a/ - Kaiser Commission on Medicaid and the Uninsured; reports can be downloaded.

www.kff.org/content/2000/1525 - information about minority subgroups, fact sheets.

www.dhhs.gov/ocr/immigration/ - HHS and USDA, guidance clarifying the proper treatment of SSN and immigration status questions on benefit application forms.

www.hhs.gov/ocr - Georgia's model, elimination of application questions that may discourage eligible immigrant families from applying for Medicaid and TANF benefits.

This list was developed by the Social Services Department at the International Institute of Boston. (www.iiboston.org)

Save the Date

The National Alliance for Multicultural Mental Health will be holding its next annual conference in Atlanta, Georgia, June 8-11, 2002. The Bridging the Gap Project will co-host the conference. Watch for more information on the IRSA website: http://www.refugeesusa.org/who/prog_info_sp.cfm. If you would like to be on a mailing list for additional details as they develop, please contact emercer@irsa-uscr.org.

Contact Information for *The National Alliance for Multicultural Mental Health*

**Immigration and Refugee Services
of America, Washington, DC**
Ellen Mercer
(202) 797-2105; Email: emercer@irsa-uscr.org

**Heartland Alliance for Human Needs
And Human Rights, Chicago, IL**
Thanh Son (Lisa) Nguyen
(773) 271-1073; Email: chomcs@enteract.com

**Center for Multicultural Human Services,
Falls Church, VA**
Dennis Hunt or Shaila Menon
(703) 533-3302; Email: CMHS2000@aol.com

**Center for Victims of Torture,
Minneapolis, MN**
Evelyn Lennon
(612) 627-4272; Email: elennon@cvt.org

Safe Horizon/Solace
Jackson Heights, Queens, NY
Ernest Duff
(718) 899-1233 ext.101; Email:
eduff@safehorizon.org

**International Institute of Boston,
Boston, MA**
Sarah Alexander
(617) 695-9990; Email: salexand@iiboston.org

**Cross-Cultural Counseling Center,
International Institute of New Jersey
Jersey City, NJ**
Sara Kahn
(201) 653-3888, ext. 12; Email: skahn@iinj.org

The *National Alliance for Multicultural Mental Health* offers expert technical assistance through:

On-Site Training and Consultations tailored to each agency's needs. Topics have included:

- Refugee mental health
- Cultural backgrounds of newly arrived groups
- Integrating resettlement and mental health services
- Innovative approaches to working with special populations:
 - Children and adolescents
 - Refugee women
 - Older refugees
 - Survivors of torture and extreme trauma
- Addressing family conflict
- Models for using interpreters
- Working with the schools
- Community approaches to mental health
- Working with natural support systems and indigenous healers
- Creative therapeutic approaches using the arts and media
- Spirituality and mental health
- Stress management and self-care for service providers

Community Workshops aim to increase communication and coordination among refugee-serving agencies in communities. IRSA and its partners will work closely with your agency to organize a workshop, tailoring it to agency and community needs.

National Training Conferences—Local and national service providers and experts in the field offer sessions crafted to participant needs. These gatherings have proved an excellent opportunity for networking, sharing experiences, and learning from one another.

Best Practices Documents have been and are being prepared on a number of subjects, including "Lessons from the Field: Issues and Resources in Refugee Mental Health" and "Mental Health and the ESL Classroom," currently on the IRSA website: www.refugeesusa.org. Additional documents are in preparation and will be announced in future newsletters.