



Iraqi Migrant Mental Health Needs, Perceptions, and Experiences in Colorado

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Background and Purpose

Iraqi migrants are particularly vulnerable; 147,000 of them have resettled in the U.S since 2001, with 87,000 entering from 2007-2013. **Pre-migration stressors** stem from exposure to **violence, political conflicts, and religious persecution**. **Post-migration stressors** are due to the **cultural and language barriers** that affect access to quality healthcare. With a group of 3500+ Iraqi migrants living in Colorado, we wanted to gain insight into the health concerns of this group of people who are living in American communities with little to no access to culturally competent and Arabic proficient providers.

Our aim with this qualitative research project was to characterize Iraqi migrants' perceptions of their health as well as their experiences accessing and navigating the U.S. healthcare system.

Methods

- Iraqi community leaders helped identify and recruit participants using snowball sampling
- Inclusion criteria
 - Born in Iraq
 - Living in Colorado
- Grocery Store gift cards (\$25) given
- 16 semi-structured interviews using a questionnaire modelled after a survey assessing Ethiopian refugee mental health
- Conducted in Arabic with interpreter of Iraqi-Arabic dialect
- 60-90 minutes over Zoom; audio recorded with consent
- English translation transcribed verbatim
- Transcripts analyzed using inductive coding
- Emerging themes and subthemes were identified
- Preliminary themes reviewed by research team and community experts

Participant Demographics

- 16 participants
 - 44% identified as male
 - 56% identified as female
- Ages ranged from 50-79 years old
- 63% of participants could not speak or understand English
- 25% of participants have a Bachelor's degree or higher; nearly 60% have less than a high school diploma

Results: Knowledge and Attitudes

- Interviews began with general questions about mental health
- Respondents were asked to report if they **strongly agree, agree, disagree, or strongly disagree** to a list of general statements about mental health, stigma, and coping strategies

50% of Participants Feel They Cannot Depend on Their Community to Cope with Ongoing Stress, Challenges, or Worries



Participants Frequently Equated Mental Health with Physical Health

"If someone has a stomachache, they go to check [that] with their primary doctor. It's the same with mental health. It's not shameful, it's normal."

"If you are diabetic, you are diabetic. If you have high blood pressure, you have high blood pressure. And if you are mentally ill, then you are mentally ill; you did not choose that, so it is not shameful."

Some Participants Noted Prevalence of Mental Health Stigma in Iraq

"In western society mental health can be positive; however, back in Iraq, it is not. If I say I have mental issues in Iraq, people will think I'm crazy."

"In the past, back home, if someone has any mental health problems, they don't see a doctor because there is shame, and they will be shy talking about it. Here it is different; I have a psychologist I talk to and when I do this, I feel relieved."

Overwhelmingly, participants defined mental health from a social perspective

"What I understand from mental health is when I see my family, I am really happy. My big family- my sons, when they are around and their mother. That's when I feel my mental health is better."

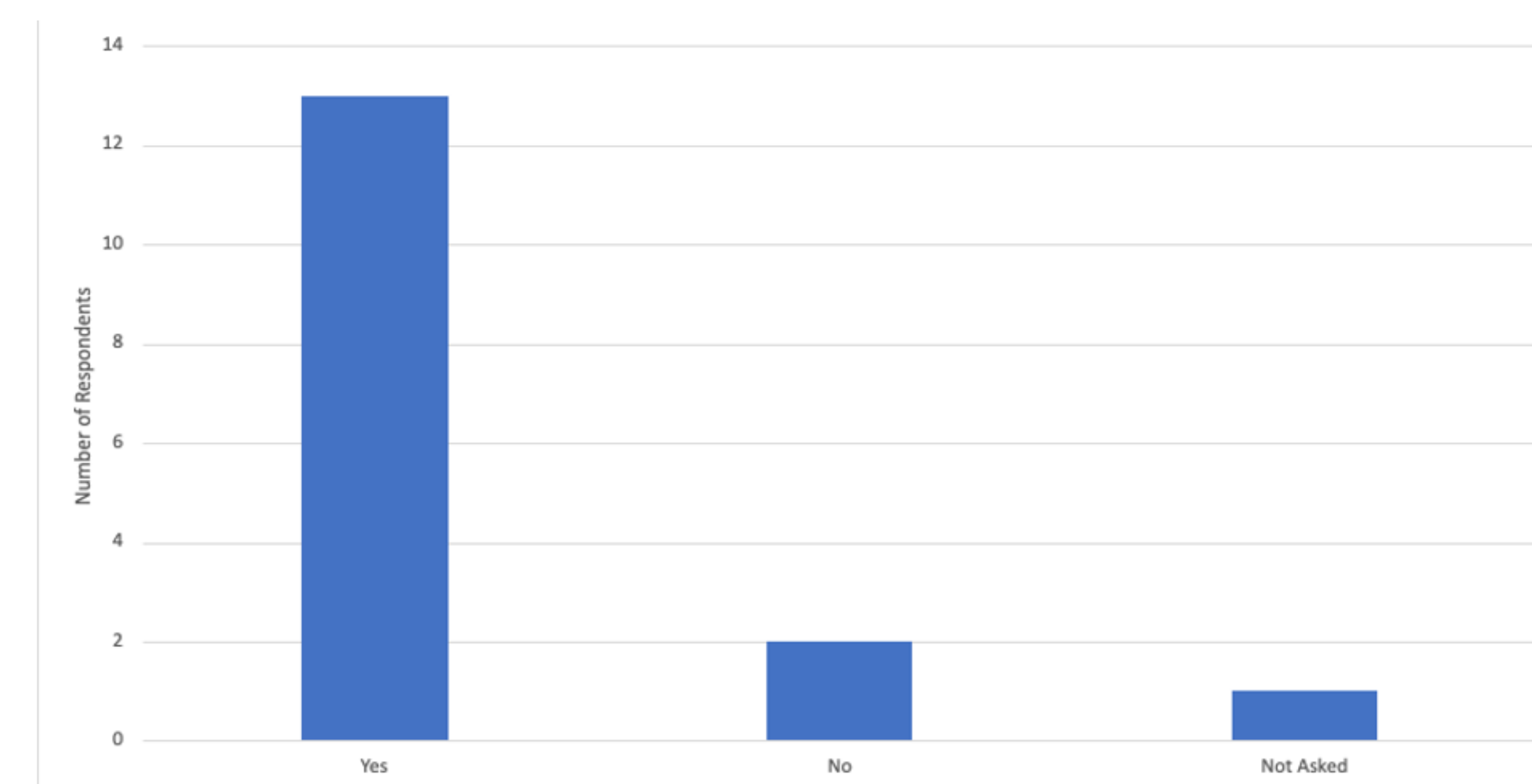
"People with poor mental health don't go outside, they stay at home and don't have relationships with anyone in the community."

"I don't have friends who I can talk to about personal information. In America, we don't have neighbors to talk to like back home."

"Because of the language barrier, I cannot make any friends [...]. This is why I don't have any relationships with my neighbors or even my coworkers [...]. I don't know of any English classes. No one connected with me or told me anything about classes. If you aren't connected you won't know about them. I just use an app on my phone to learn."

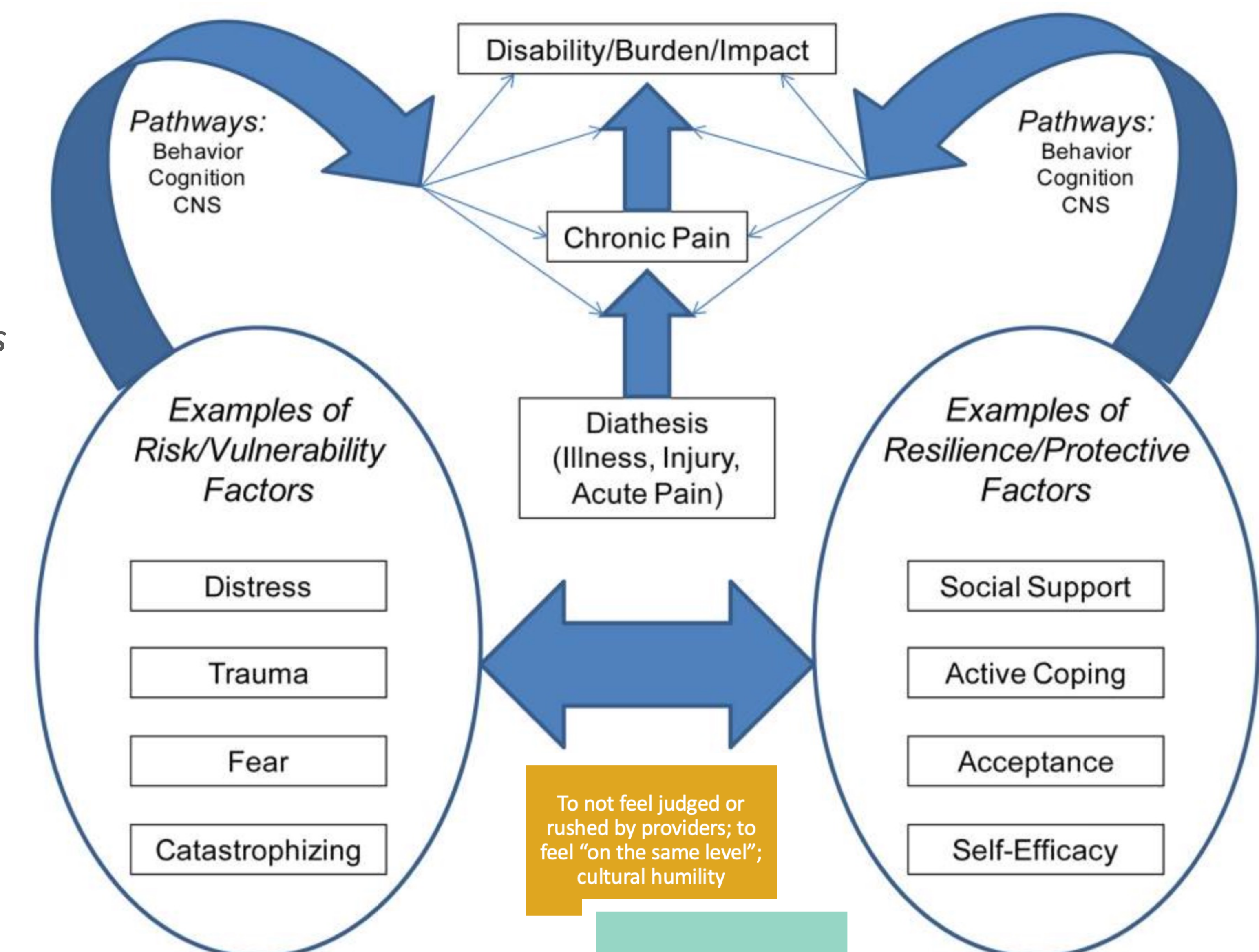
Results: Ongoing Stressors

Bi-Directional Relationship Between Poor Physical and Mental Health



¹Dahlhamer J, Lucas J, Zelaya, C, et al. Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:1001-1006.

87% of respondents reported chronic pain, which is an overrepresentation compared to the 20% of US adults who experience chronic pain¹



Conclusions

Shifting from language such as CHALLENGING and BURDENSOME to **UNDER-CONTEXTUALIZED**. This is the community's ask. Iraqi migrants are not challenging and burdensome, they are facing insurmountable challenges and burdens that we can alleviate by approaching their situations through action-based, contextualized partnerships. End next slide with art that was referenced in the beginning of the presentation

Relief from chronic physical pain

Improved housing

English proficiency

Improved social support and community ties

Having an Arabic-speaking behavioral health provider

The ability to reunite with family here and/or in Iraq

Providers who understand and speak Arabic

An understanding of the unique needs of elder and middle-aged migrants versus young migrants

Continuity of care (seeing the same BH provider long-term)

References



Scan the QR code above for references. We have no conflicts of interest to disclose. Funding for this project was provided by 2040 Partners in Health and the SLAY Family Grant