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
- 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

“People with poor mental health don’t go outside, they stay at home." "If someone has a stomachache, they go to check their heart with them; if someone else is sick, it’s the same with mental health; it’s not checked, it’s normal.”

“if you are depressed, you are lazy; if you have high blood pressure, you have high blood pressure, and if you are mentally ill, you are not normal, so it is not abnormal.”

Results: Ongoing Stressors

Bi-Directional Relationship Between Poor Physical and Mental Health

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

References

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