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Western models vs. African diagnoses: examination of cultural-sensitive psychological interventions for African refugee women

ABSTRACT

Keywords: Women, mental health, refugees, PTSD

The burden of mental disorders is a momentous public health concern as it affects the individual, community, society and the nation as a whole. The psycho-social adjustments of refugees involve highly complex issues given the political, economic, multi-disciplinary interests and priorities within refugees' diverse cultural and national settings. Africa, a continent writhed with innumerable conflicts and war, is still in a gestational period of embracing the concept of foreign mental health interventions. According to the World Health Organization (WHO) mental health, the foundation for well-being and effective functioning for an individual and for a community, is determined by multiple and interacting social, psychological, and biological factors. For refugees, their vulnerability mainly due to war and violence predispose them to several risk factors of acquiring mental health disorders. But, are all refugees traumatized? Is the Western therapeutic paradigm of Post Traumatic Stress Disorder (PTSD) similar to that of African refugee women mental health distress? For fact, very little research has been done and/or published on psychological interventions for refugee women in Africa. Equally so, implementation of cultural-sensitive programs in this regard have been limited if not absent. Using a critical literature review method, the study aims to investigate to what extent Western medical models of mental health dominate diagnosis and treatment of mental health disorders among African refugee women. The paper will demonstrate that Western mental health with focus on individuality and individual psychopathology – poses translational problems to the mode of treatment of African refugees coming from a more collectivist culture. The paper argues that Westernized psychotherapist must understand and validate African conceptualization of mental health to provide effective and culturally responsive services. In conclusion, the research recommends that a new mental health model—one that goes beyond the conventional wisdom of foreign standardized testing e.g., the Harvard Trauma Questionnaire and the Hopkins Symptoms Checklist - must be built on realities that characterize the experience of today's African refugee women confine in camps and characterize by ethnic diversity.

BIOGRAPHY

Ms. Fynn holds a BSc (University of Ghana), BA (UBC), MPH (University of Nottingham) and is currently doing her LLM at Osgoode Hall Law School. Before law school she worked as a Research Analyst with the BC Office to Combat Trafficking in Persons. She also worked with the Migration Health Department of IOM in Geneva. In May 2008, Ms. Fynn incorporated her company - *EV Research Inc*, whose major goal is to reduce the 10/90 gap. She is the main organizer for CRS Annual Student Conference. Come April 27, Ms Fynn will be presenting at the 12th World Congress on Public Health in Istanbul.

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