

Mental Health Among Bosnian Refugees and the Impact on Inter-Generational Family Dynamics Two Decades After Resettlement in St. Louis, MO



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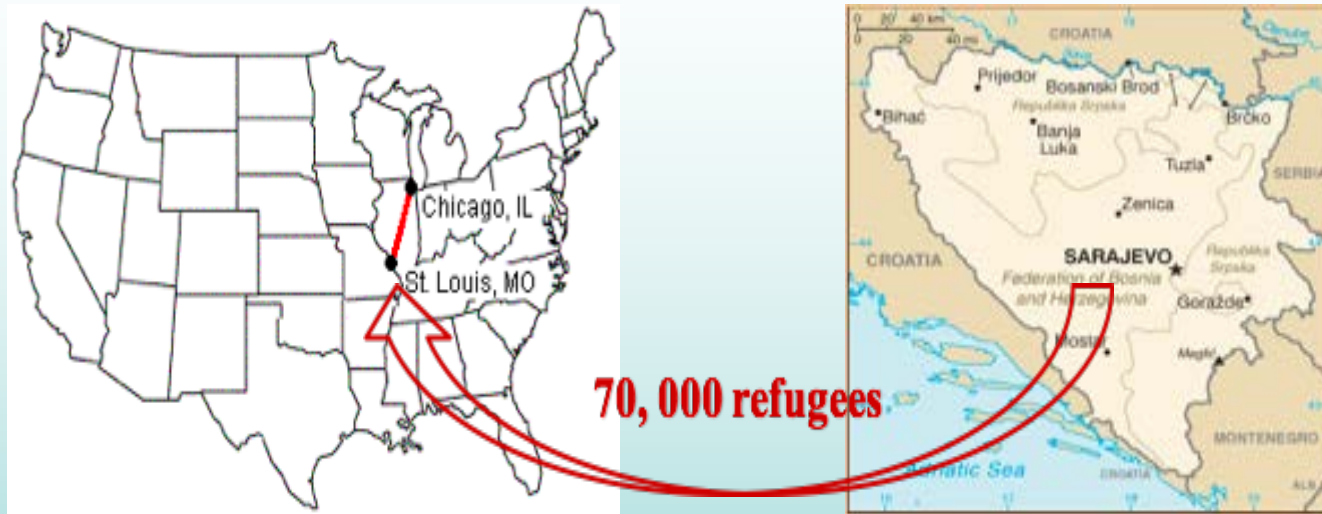
Objectives

- Understand the mental health factors associated with migration and resettlement specific to Bosnian refugees resettled in St. Louis, MO.
- Understand the effect of trans-generational trauma on the experience of Bosnian families.
- Recognize the inter-generational dynamics associated with mental health and experienced in the negotiation of cultural identity as young Bosnians grow up in America.

Refugee

- “A person who flees to another country out of a fear of persecution because of religion, political affiliation, race, nationality, or membership in a particular group.” (UNHCR)

Bosnians in St. Louis



- Initial Migration
 - Approximately 11,000 refugees from the war between 1993 and 2001
- Secondary Migration
 - Since the early 2000s, from other parts of the US, including Chicago, New York and New England

Transatlantic Sarajevo, Little Bosnia

Making St. Louis Home

THE BOSNIAN RESETTLEMENT,
20 YEARS LATER

Story by Doug Moore • Photos by Laurie Skrivan



ST. LOUIS BOSNIANS
INC.



<http://www.stlbosnians.com/>

Two Bosnian Resettlement Waves

- 1993: Arrived in US directly from the former Yugoslavia -- first resettlement wave; initially lived in city near International Institute-STL
- Arrived from Germany in latter half of resettlement period; arrived with savings, many went straight to the country to buy homes.

“Rumor mill”



Why St. Louis?

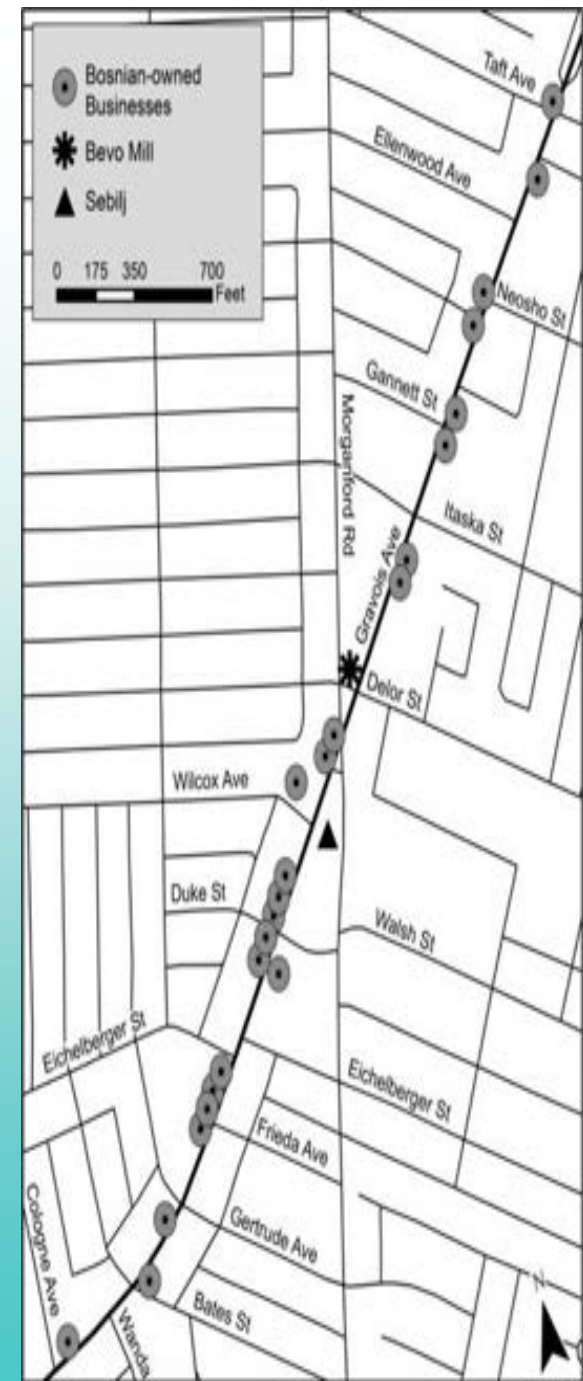
- To counter demographic decline and economic slump
- Entry-level jobs available
- The idea of a hard-working reliable labor pool from Europe welcomed
- Affordable and low-rent housing
- Services
 - IISTL
 - Catholic Charities Refugees Services



Source: Oral History Identity

Why study Bosnian refugees?

- Largest immigrant population in St. Louis
- Bosnian is the second most spoken language in the city
- Relatively little known about this population in general
- Literature focus on mental health and war mainly
- Wide research interest



Bevo Mill (South St. Louis)



Source: Oral History lo

Bosnians in St. Louis: Group Characteristics

- Heterogeneous in terms of age, education, previous occupation, war experience, rural vs. urban, religiosity
- Most Bosniaks, some Croats, Serbs, Roma
- “Invisible” as race
- Most who initially arrived were between the ages 30-50
- Most from working-class backgrounds
- In 2013, a replica of Sebilj from Bosnian community was given to the city of Saint Louis city as part of its 250 anniversary celebration.

Bosnian Group Characteristics

- Major goal: Create a normal life and reproduce the one they had in Bosnia
- Employment experiences
 - “Downward mobility” because of language barrier
 - Hardworking, resilient and assertive
 - “What doesn’t kill me makes me stronger”
- Family focus
 - Place high value on children’s education
 - Postpone immediate fulfillment for better future
- Community network
 - Community & activities for information, friendship
 - Some organization around location of home in Bosnia

Mental Health of Bosnian Refugees

- Published studies reveal the negative sequelae from war trauma, displacement and relocation
- Most Bosnians survived war and torture; rape and sexual violence were routine tools for ethnic humiliation and cleansing (Carballo et al., 2004)
- Mental health consequences of the war limit refugees' capacity, potential and ability to live full lives (but mental health vital for adaptation)

Mental Health of Bosnian Refugees

- PTSD and major depressive disorder (MDD) as the most frequently occurring psychiatric syndromes in these populations (Michultka, Blanchard, & Kalous, 1998; Mollica et al., 1998)
- Poor mental health positively correlated with unemployment, welfare dependence, disability, and marital distress
- Access to mental health services is further limited for the many Bosnians who do not speak English or have poor English skills, as is the case for other refugees throughout the US

Implications of a Mental Health Needs Assessment (2010)

- Mental health taboo (“well-being” preferred)
- Somatization, phobic anxiety, depression, anxiety, & paranoid ideation were all positively related to each other
- As one’s general health improves, so does their mental health
- For those who reported fair/poor health, somatization seems to be a problem in particular followed by paranoia and depression
- Refugees have great mental health needs, especially those who reported fair/poor health
- PTSD aggravated by acculturation stress and intergenerational issues

Treatment, Coping and Support for PTSD

If stress and other problems caused by traumatic events are affecting your life, seeing your health care professional is an important first step. Seeking help is a sign of strength, not a weakness. You can take actions to help yourself cope as you continue with treatment for post-traumatic stress disorder.

Things you can do include:

- Seek professional help
- Learn about trauma and PTSD
- Talk to someone you trust
- Don't self medicate with alcohol or other drugs
- Take care of yourself
- Exercise
- Increase positive distracting activities



If you or someone else you know is having mental issues or PTSD, please talk to someone. Here are some local and national resources that are available to you:

Center for Survivors of Torture and War Trauma - provides culturally appropriate, holistic mental health services (314) 533-4114

Bi-Lingual International Assistant Services (BIAS) – offers counseling and case management, among other services (314) 692-9010

International Institute – provides therapy and social work services, and interpreting. Has two Bosnian-speaking therapists on staff (314) 773-9090

Center for Counseling and Family Therapy, Saint Louis University - provides family, marital and individual counseling. Has one Bosnian speaking therapist on staff (314) 977-2505

Catholic Charities Community Services – offers Youth Services, Mental Health Services, and Social Services (314) 773-6100

NAMI Information HelpLine – offers support, referral and information (800) 950-NAMI (6264)

Life Crisis Line - suicide prevention and crisis hotline, operates 24 hours a day, 7 days a week, 365 days a year (314) 647-HELP (4357)

(800) 273-TALK (8255) - a free, 24-hour and confidential hotline available to anyone in suicidal crisis or emotional distress

Project conducted by:

Ajlina Karamelic-Muratovic, PhD (Missouri Institute of Mental Health)

Hisako Matsuo, PhD (Saint Louis University)

Wai Hsien Cheah, PhD (Southern Illinois University Edwardsville)

MENTAL HEALTH IN THE BOSNIAN COMMUNITY

WHAT YOU NEED TO KNOW



Funding provided by



Funding for this project was provided in whole by the Missouri Foundation for Health. The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves.

What is mental health?

- Emotional well being
- Ability to live a full and creative life
- Flexibility to deal with life's stresses and challenges
- Ability to bounce back from adversity
- It is the health of your mind and your state of mind

Why is mental health important?

- Mental health is as important as physical health and can affect physical health drastically
- People who are emotionally healthy are in control of their thoughts, feelings and behaviors
- Good mental health can keep problems in perspective

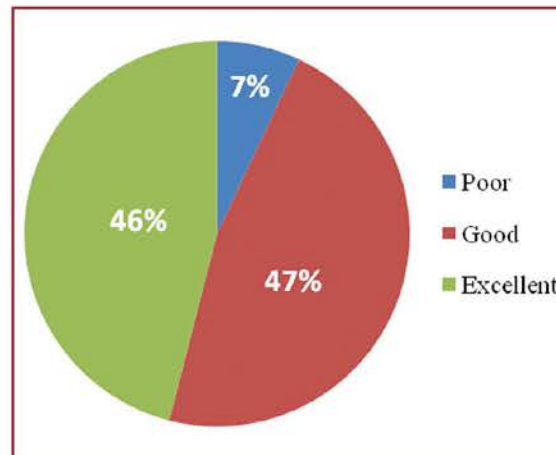
What mental health issue is common in refugee communities?

- Post-Traumatic Stress Disorder (PTSD) - an anxiety disorder that can occur after someone experiences traumatic event that caused intense fear, helplessness or horror
- Past studies on refugee populations have documented PTSD as the most frequently occurring psychiatric syndrome in refugee populations
- PTSD often leads to depression, anxiety, panic disorder, suicidal ideation and substance use

Mental health assessment in the Bosnian refugee community

- A study about mental health was conducted among 390 Bosnians in St. Louis (200 males, 190 females)
- The age range of the respondents was 18-82
- The majority of the respondents came to the United States between 1995 and 2002
- The majority of the respondents completed high school (45%)

How do Bosnian refugees rate their health?



- An equal number of males and females reported poor, good and excellent health – gender was not a factor in how good one's health is.

- Participants who reported poor health also reported these signs of PTSD:
 - Faintness or dizziness
 - Pains in heart or chest
 - Hot or cold spells
 - Numbness or tingling in parts of the body
 - Feeling weak in parts of the body
 - Feeling lonely
 - Feeling no interest in things
 - Nervousness or shakiness inside
 - Feelings others are to be blamed for most of their troubles
 - Trouble falling asleep
- PTSD affects both males and females
- Bosnians express mental health issues by talking about physical symptoms (e.g. pains, faintness, numbness, feeling weak)
- Bosnians who report physical symptoms also reported higher level of depression, anxiety and paranoia



Treatment, Coping and Support for PTSD

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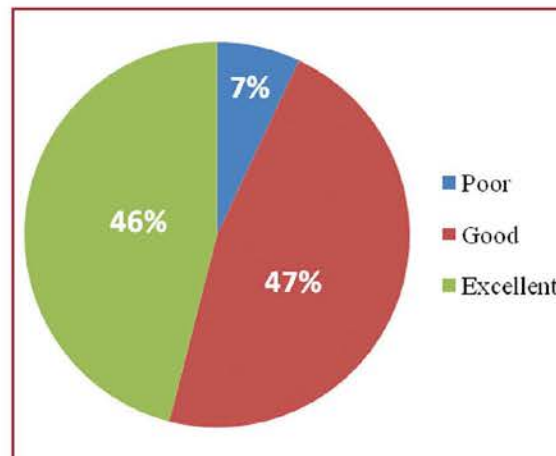
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Emigration and Suicidal Behavior

- Rates among immigrants tend to follow those of country of origin, including second generation immigrants (Ratkowska & De Leo, 2013), but over time tend to decrease in frequency and converge with those of the host country.
- Majority of studies show that immigrants have higher rates of suicidal behavior than host populations
- A major factor in the literature is exposure to the stress of the migrating process (Ratkowska & De Leo, 2013)
 - Compared to bereavement experience in the literature
- Correlation between acculturation stress and suicide ideation (Smokowski, 2009)

Emigration and Suicidal Behavior

- Individual relocating from predominantly collectivist societies to individualistic societies at increased risk of suicide (Bhugra et al., 2011)
- Main variables that reduce acculturation stress and lower suicidal ideation are social support, good SES, self-esteem, coping skills, new language knowledge, religiosity.
- Refugees are the most vulnerable group of all immigrants
 - Risk factors for suicide in this group are young age, male gender, low income, traumatic experiences and lack of social support.

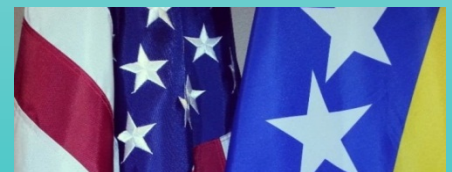
Transgenerational Trauma

- Inherited – often unwanted – war memories
- Living separated from heritage in Bosnia
- Filling voids in children`s understanding...
- Irregularities of identity constructions
- Fluid identities, in-between positions



“Many experience a sense of a *cultural homelessness* – that is, of belonging neither to the United States nor to Bosnia-Herzegovina.”

(p. 3) Ben Moore





Second generation and link to suicidal behavior

- Several studies show that second-generation immigrants generally show a higher risk of suicidal behavior compared to those of the first generation
- Adolescent immigrants, in particular, more likely to present suicidal ideation than host country adolescents (Ratkowska & De Leo, 2013).
- Alcohol abuse and drug use important in mediating suicidal behavior in adolescent immigrants.
 - The case of Bosnians in St. Louis



Second generation and link to suicidal behavior

- Intergenerational Acculturation Conflict Model considers the role of intergenerational conflict due to acculturation
- In several studies related to suicide among young immigrants, intergenerational conflicts with parents were reported as particularly present.
 - Children of immigrants often reach levels of acculturation and education much higher than those of their parents, contributing to intergenerational conflict and decreasing the understanding and closeness between parents and children (Ratkowska & De Leo, 2013).

“The St. Louis Bosnian Family and Youth Study”

- There is currently little knowledge about the children of the first generation growing up in St. Louis.
- This study will provide a unique opportunity to explore their adolescents experiences, goals, and aspirations as well as the influences that will shape their lives and their community for the future (Sichling & Karamelic, 2018).
- Goal of study: To explore ways in which families, neighborhoods, schools, peers and other institutional contexts shape aspirations and decisions at critical moments during Bosnian youth’s transition to adulthood.