An online program to reduce mental health stigma in refugee men.

Communications Report

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WHAT IS MENTAL HEALTH STIGMA?

Mental health stigma refers to negative beliefs about mental health held by the individual (self-stigma) or the community (public stigma), as well as negative beliefs about accessing mental health services.

Mental health stigma has a significant negative impact on psychosocial outcomes including hope, self-efficacy, social support, symptom severity, and adherence to treatment.

Mental health stigma is also associated with a range of other problems, including unemployment, income loss, interpersonal difficulties, decreased self-esteem, and low treatment-seeking behavior.

WHY TARGET MENTAL HEALTH STIGMA IN REFUGEE MEN?

The number of displaced persons worldwide is over 65 million and growing. Australia resettles approximately 14,000 refugees fleeing persecution every year. Refugees report rates of posttraumatic stress disorder (PTSD) that are over five times that of the broader Australian community. Despite this, refugees (especially men) exhibit low levels of help-seeking behavior and use of mental health services. Mental health stigma represents an important barrier to accessing appropriate mental health care for these communities. To date, however, there have been no interventions targeting mental health stigma in refugee men.

THE TELL YOUR STORY PROJECT

The Tell Your Story (TYS) project aimed to

(1) Increase knowledge regarding mental health stigma in refugee men from Arabic, Farsi and Tamil-speaking backgrounds

(2) Develop and evaluate an on-line intervention designed to reduce self-stigma related to PTSD and increase help-seeking in refugee men.

We implemented multiple research methods and qualitative interviews along with a quantitative study to investigate self-stigma related to mental health and help-seeking in Arabic, Farsi and Tamil-speaking refugee communities. A randomised controlled trial tested the efficacy of the TYS intervention in reducing self-stigma and increasing help-seeking.

The Tell Your Story Intervention

The TYS intervention is a 12-session online program that aims to reduce mental health stigma and increase help-seeking in refugee men. This intervention was tailored to Arabic, Farsi and Tamil-speaking communities with extensive consultation from dedicated Community Advisory Boards from each of these language groups.

The TYS program utilises evidence-based stigma reduction principles, presented videos, pictures and diagrams, information and interactive activities to optimally engage users.
KEY FINDINGS

Measuring Mental Health Stigma in Refugee Men

102 refugee men from Arabic-, Farsi, and Tamil-speaking backgrounds completed an online survey investigating self-stigma in relation to mental health and help-seeking. All participants were refugee men living in Australia, aged between 18 and 65, and experiencing symptoms of PTSD.

**Self-stigma related to PTSD** was common amongst refugee men in this study. Participants most strongly endorsed negative beliefs regarding their perceived capacity to manage their symptoms. Participants also reported being concerned about negative social consequences if others learned about their PTSD symptoms.

**Self-stigma related to help-seeking** was less commonly endorsed than self-stigma related to PTSD symptoms. Many participants indicated that they would prefer to be able to solve their own problems. However, most participants also had positive views of help-seeking.

**Help-seeking intentions & behaviours.**

Many participants reported that they would be willing to seek help from a spouse (70%), friend (63%) or family member (54%). Formal help-seeking sources that were commonly endorsed included GP (64%) or mental health professional (50%). Despite this, the majority of participants had not sought help in the past two weeks. Compared to help-seeking intentions, relatively few participants had sought help from a spouse (28%), friend (25%) or family member (11%). Similarly, very few participants had sought help from formal sources such as a doctor (10%) or mental health professional (3%).

**Understanding Mental Health Stigma in Refugee Men**

Eleven qualitative interviews were conducted with refugee community representatives and service providers from Arabic-, Farsi-, and Tamil-speaking backgrounds. Findings highlighted salient barriers to seeking help within these communities.

- fear and mistrust arising from past experiences
- feelings of shame and guilt about symptoms, past experiences and current circumstances
- the belief that talking about problems is not useful or may even be harmful
- cultural conceptions of mental health
- fear of negative evaluation from one’s community
Evaluation of the Tell Your Story Program

To evaluate the TYS program, participants were randomly assigned to complete the TYS intervention or to a wait-list control group. Participants were assessed at baseline, post-intervention and one-month follow-up via an online survey. At the time of this report, 63 individuals had completed all three time-points.

Participants in the TYS group typically accessed the program via Smartphone, and found the program to be engaging, relevant and easy to use.

Compared to those in the wait-list condition, participants who used the TYS program showed significant improvements in:
- feelings of social inadequacy associated with PTSD
- help-seeking inhibition associated with PTSD
- feelings of shame associated with PTSD
- physical health related quality of life
- help-seeking from informal sources such as friends and family

CONCLUSIONS AND RECOMMENDATIONS

- TYS was effective in reducing self-stigma in refugee men from Arabic, Farsi and Tamil-speaking backgrounds. There is a need to evaluate TYS in an uncontrolled trial to determine whether it is effective in reducing stigma as a freely-available program without time constraints.
- Mental health stigma is a prevalent and salient concern in male refugees from Arabic, Farsi and Tamil-speaking backgrounds. This represents a significant barrier to accessing mental health care amongst refugee men with PTSD symptoms. Further research should be conducted to better understand mental health stigma in refugees from a variety of backgrounds.
- The unique circumstances of refugee communities, as well as specific cultural beliefs, contribute to self-stigma in refugees. Interventions targeting self-stigma in these communities should be specifically tailored to the experience and cultural background of refugee groups.
- While many refugee men indicated that they were willing to seek help for psychological symptoms, help-seeking behaviour amongst participants was low. Findings from this study suggest that there are a number of salient barriers to seeking help, including prioritising practical needs and fear of negative social evaluation. It would be beneficial to integrate stigma reduction programs like TYS into refugee services that address practical needs. The development, dissemination and evaluation of evidence-based stigma reduction resources amongst refugee services would be beneficial to support the work of refugee support services.
- Other key barriers to participation in the TYS program included lack of computer literacy and lack of access to a computer. Providing plain language, printed resources on stigma reduction would be beneficial.