

# From Shangri-La to the Land of Opportunities

The Stories of Nepali Speaking Bhutanese Refugees

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# Agenda

- Historical Background
- Nepalis in Bhutan
- Bhutanese Refugees in Nepal
- Culture
- Experience in the US
- Experience in the Clinic
- Case Reports
- Take Home Messages

Bhutanese  
Refugees in  
Charlottesville





# Similar Histories

Nepal



Bhutan



# Nepalis in Bhutan



- Settlement in late 19<sup>th</sup> century
- A third of the total Bhutanese population by 1980s.
- “Lhotshampas” or Southerners
- 1958- first citizenship act
- 1960s- integration begins
- 1985- new citizenship act
- 1989- discrimination begins
- 1990s- People start fleeing
- “voluntary migration”
- No diplomatic resolution

# Bhutanese Refugees in Nepal



# Bhutanese Refugees in Nepal

- Total population received in Nepali camps- 107,000
- Rampant malnutrition and disease
- 1995- survey of torture survivors- anxiety, depression and PTSD
- Reform from 1995 to 2005
- Education better than rest of Nepal
- Problems remained
- Resettlement since 2008 by UNHCR and IOM
- By 2014 75,000 settled in the US
- IRC resettles 200 refugees per year in Charlottesville
- Currently around 600 in Charlottesville.

# Culture

Retained Nepali language,  
culture and religion.

Multilingual

Caste system.

Extended families.



Marriages

Role of women

Families and elders



## Disease Concepts

Karma ko phal, Graha dasha,  
Pitri ra kul deuta, Bhoot pret,  
Bokshi lagnu, Saato jaanu,  
Aahar, Aachar , Behar

### Remedies

Jhar- phuk

Graha jhap and Pooja

### Traditional Healers

Dhami- jhakri

Vaidya

Drungsto



# Language of Mind and Body

Mann – heart mind

Dimaag – brain mind

Jeu – physical body

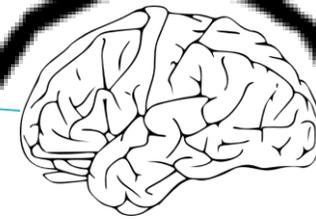
Saato – spirit

Ijjat – social status



# Language of Mind and Body

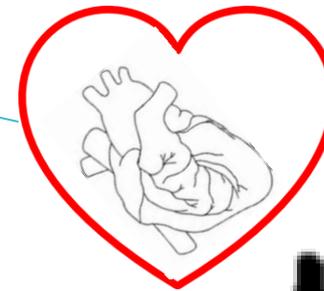
- Seat of thoughts
- Controls behavior and thinking
- Responsible for
  - Unsocial behavior
  - Irrationality
  - Madness



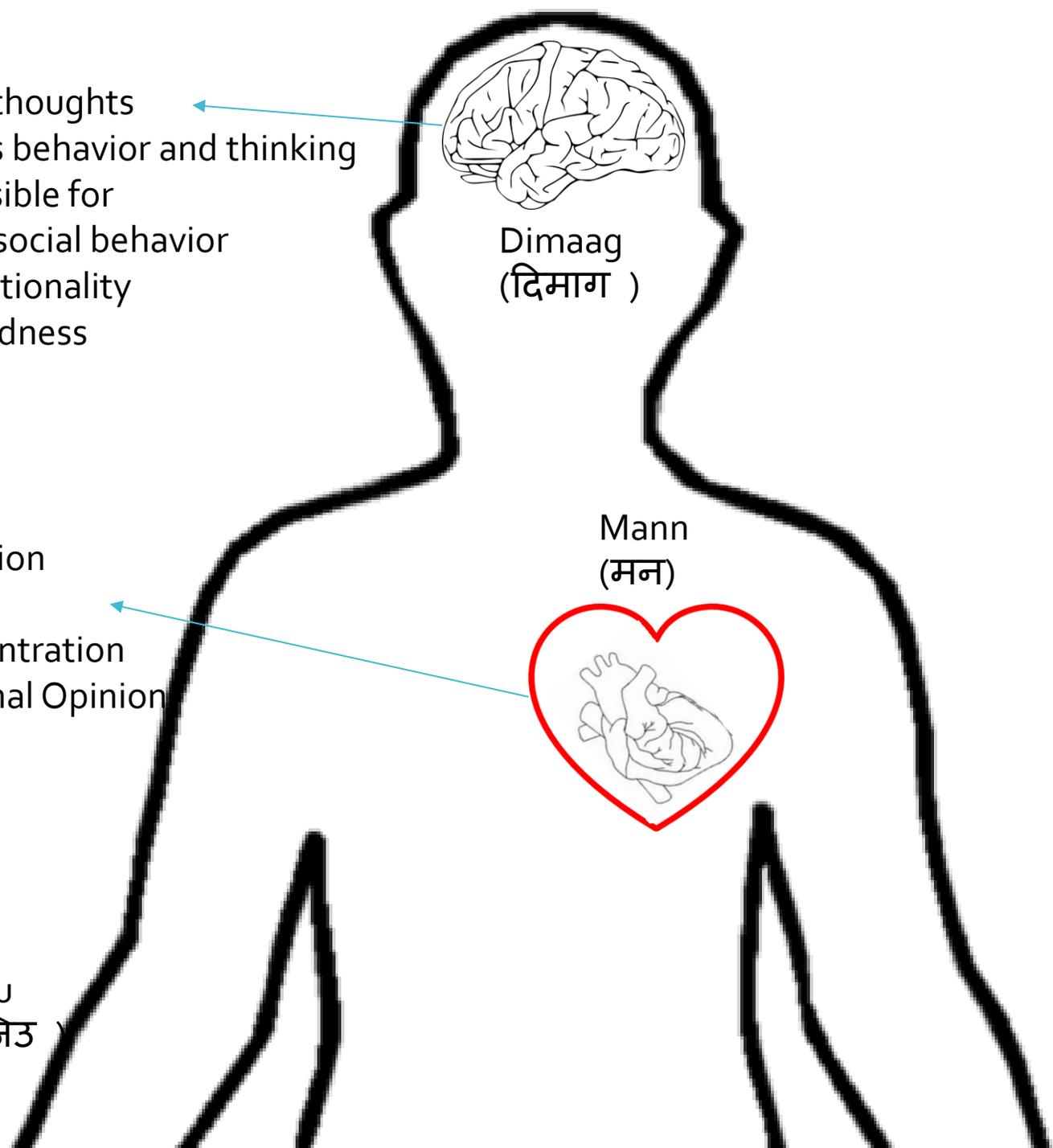
Dimaag  
(दिमाग )

- Mood
- Affection
- Desire
- Concentration
- Personal Opinion

Mann  
(मन)



Jeu  
(जिउ )



## New Study:

# Health Profile of People of Bhutanese Origin Living in Virginia

- Qualitative and Quantitative study over the span of a year
- General questionnaire for personal information
- Semi structured interview
  - Questions related to life and experiences in Bhutan, Nepal and now the US
- Symptom Checklist (SCL) 90-R

# Clinical concerns with Bhutanese Refugees

# Bhutanese Refugee Health in the Camps in Nepal

(Ommeren, et al., 2001; Mills, et al., 2008)

| 12-Month Prevalence | Torture Survivors (3%) | Non-tortured Refugees | RR (95% CI)     |
|---------------------|------------------------|-----------------------|-----------------|
| PTSD                | 14-43%                 | 3-4%                  | 10.6 (7.6-13.8) |
| Affective DO        | 7.6%                   | 5.1%                  | 1.5 (0.9-2.5)   |
| GAD                 | 6.2%                   | 5.6%                  | 1.1 (0.6-1.9)   |
| Pers. Pain DO       | 51%                    | 27.6%                 | 1.8 (1.6-2.1)   |
| Specific Phobia     | 22%                    | 25.8%                 | 0.9 (0.7-1.1)   |
| Diss. DO            | 17.9%                  | 3.3%                  | 5.4 (3.2-8.6)   |
| Any Disorder        | 74.4%                  | 48%                   | 1.6 (1.4-1.7)   |
| Physical DO         | 27%                    | 37%                   |                 |
| Disabled            | 20%                    | 20%                   |                 |

Bhutanese  
Refugee  
Health  
Resettled in  
the US (Ao et al.,  
2012)

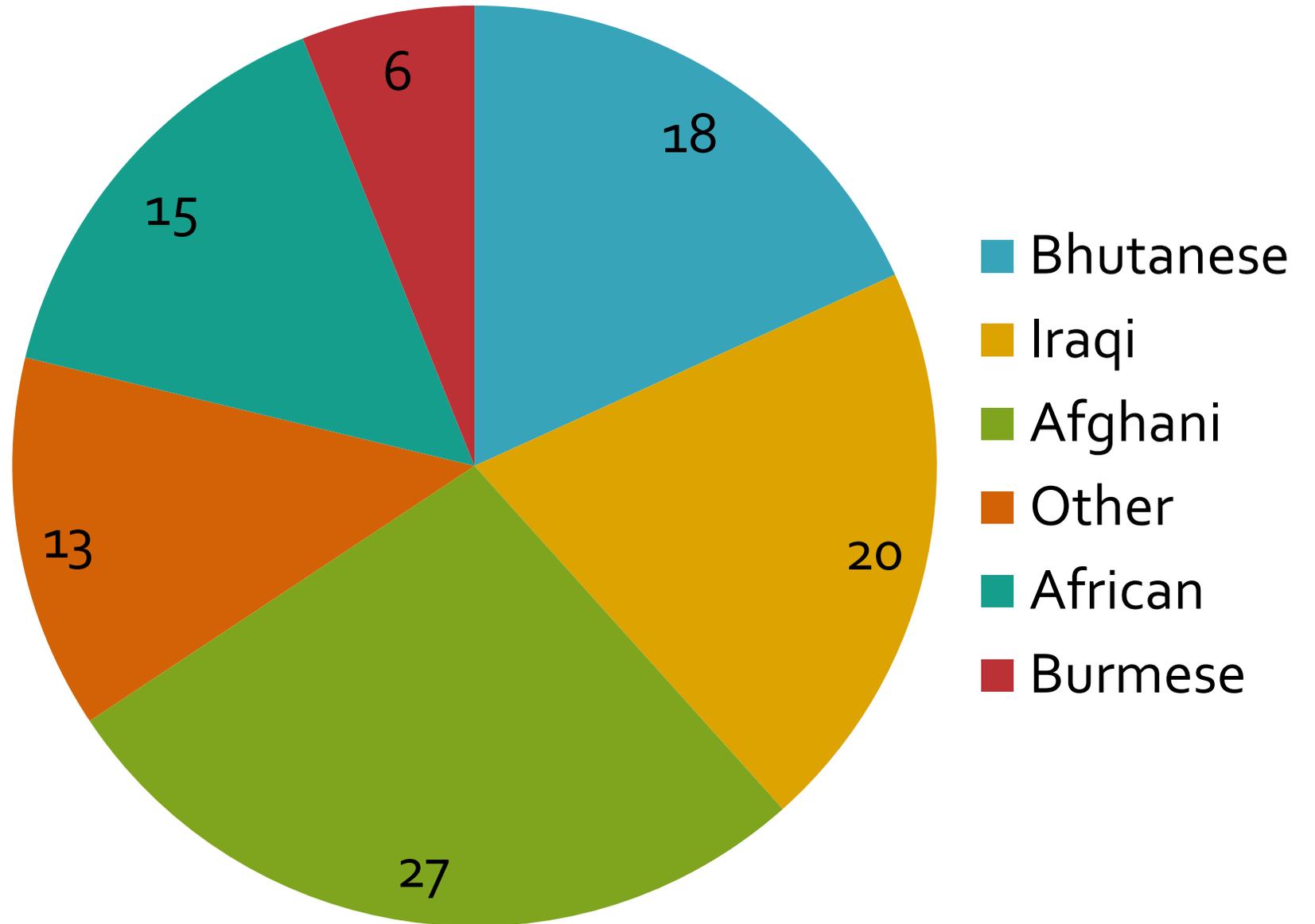
|                   | Total | Males | Females |
|-------------------|-------|-------|---------|
| Suicidal Ideation | 3%    | 2.7%  | 3.5%    |
| Anxiety           | 19%   | 15%   | 23%     |
| Depression        | 21%   | 16%   | 26%     |
| PTSD              | 4.5%  | 3%    | 6%      |
| Torture           |       | 13%   | 3%      |
| Physical Violence |       | 16%   | 2%      |

## The International Family Medicine Clinic

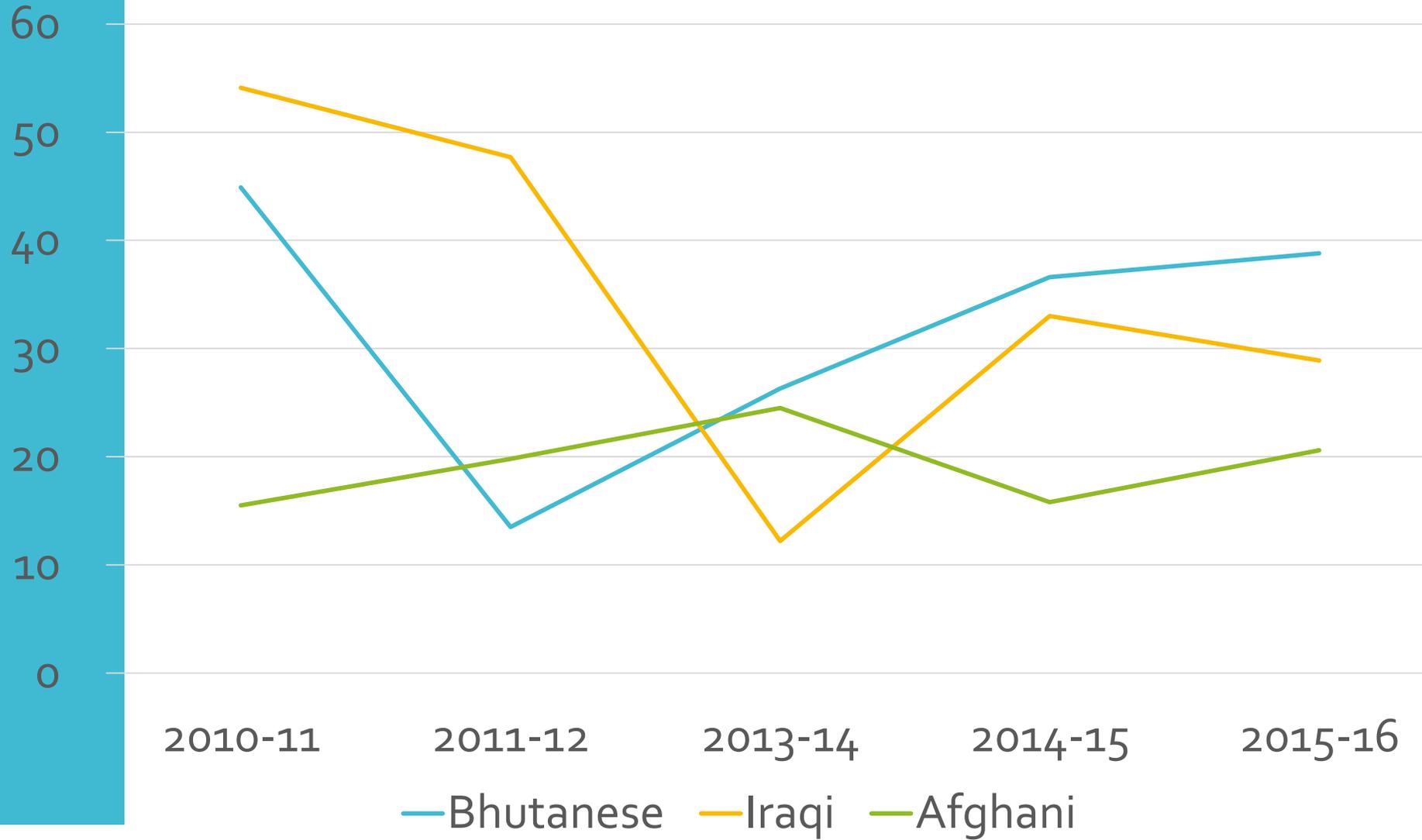
- Established in 2002
- Goal of providing comprehensive, timely, culturally sensitive and high quality primary health care to the growing refugee population of Central Virginia
- Coordinate and guide care with use of in-person and telephonic interpreters to provide medical and mental health care
- In short, to be the medical home for the refugees in Charlottesville and Albemarle County

# Percentage of Refugees seen by Ethnicity

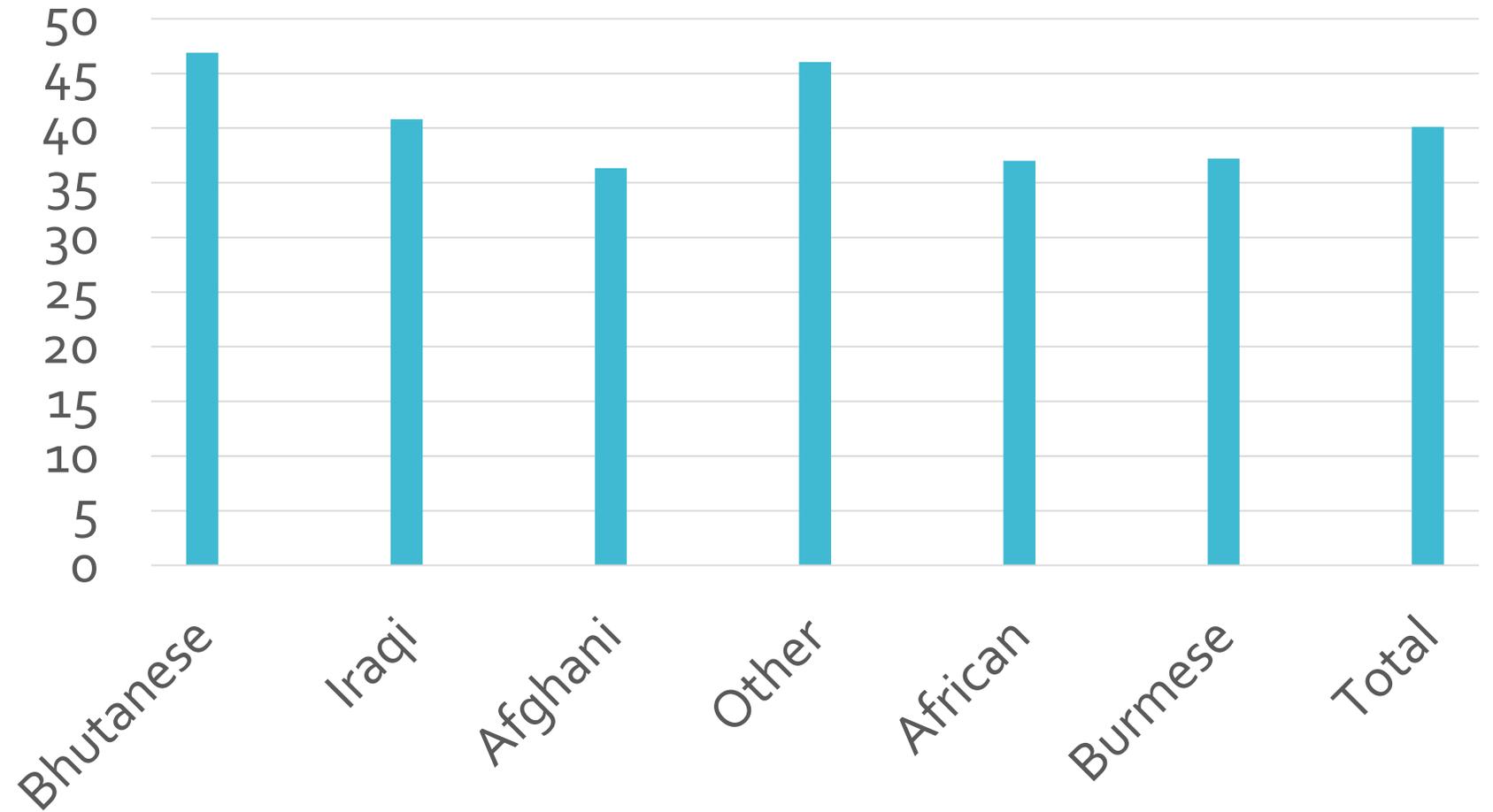
## Percentage



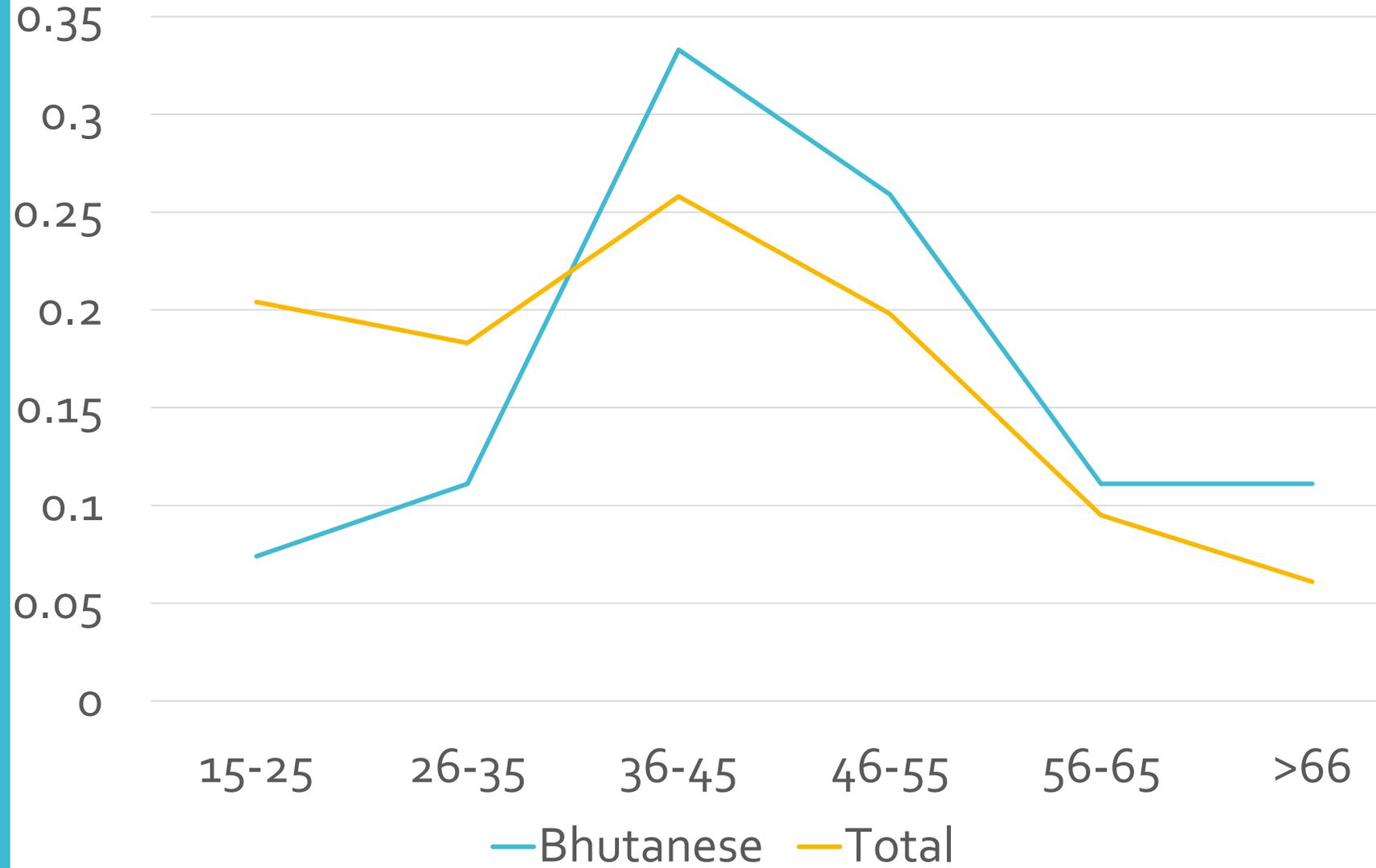
Percentage of those seen per year by Major Ethnic Group



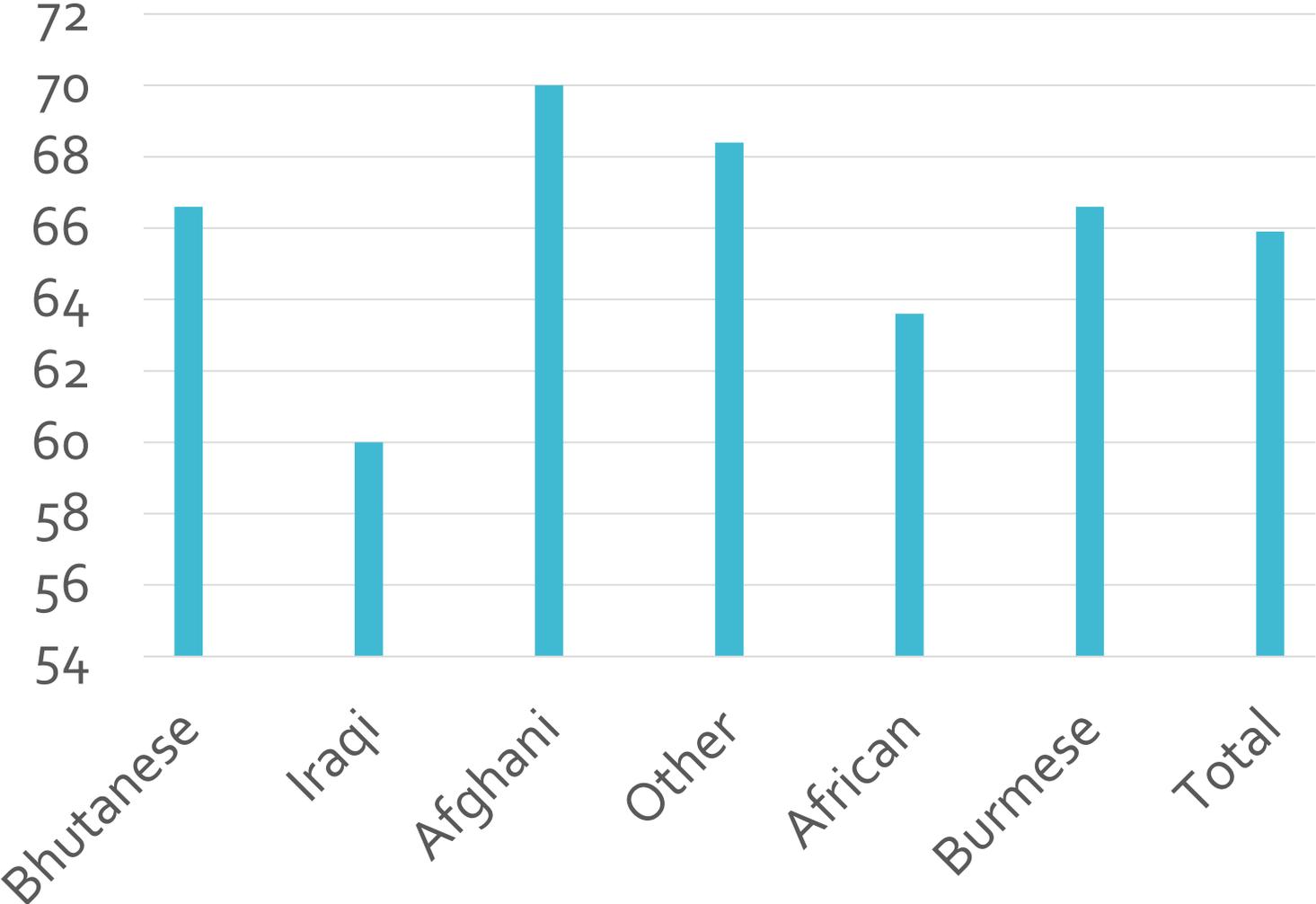
# Average Age



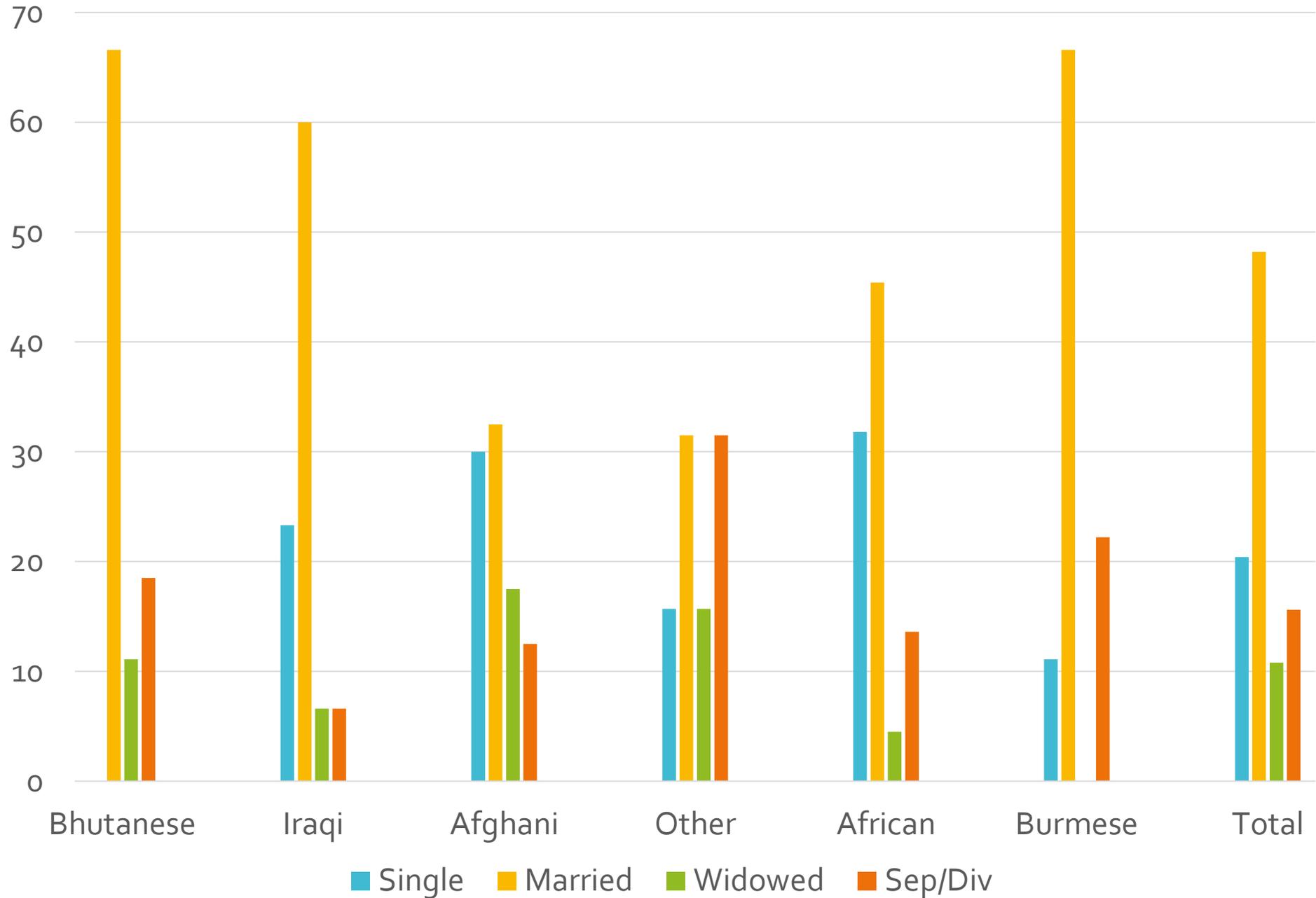
# Age Distribution



# Percentage Female



# Marital Status



## Religious Affiliation

| Religion              | Percentage |
|-----------------------|------------|
| Hindu                 | 11.5%      |
| Buddhist              | 19%        |
| Christian             | 11.5%      |
| No Preferred Religion | 11.5%      |
| Unknown               | 46%        |

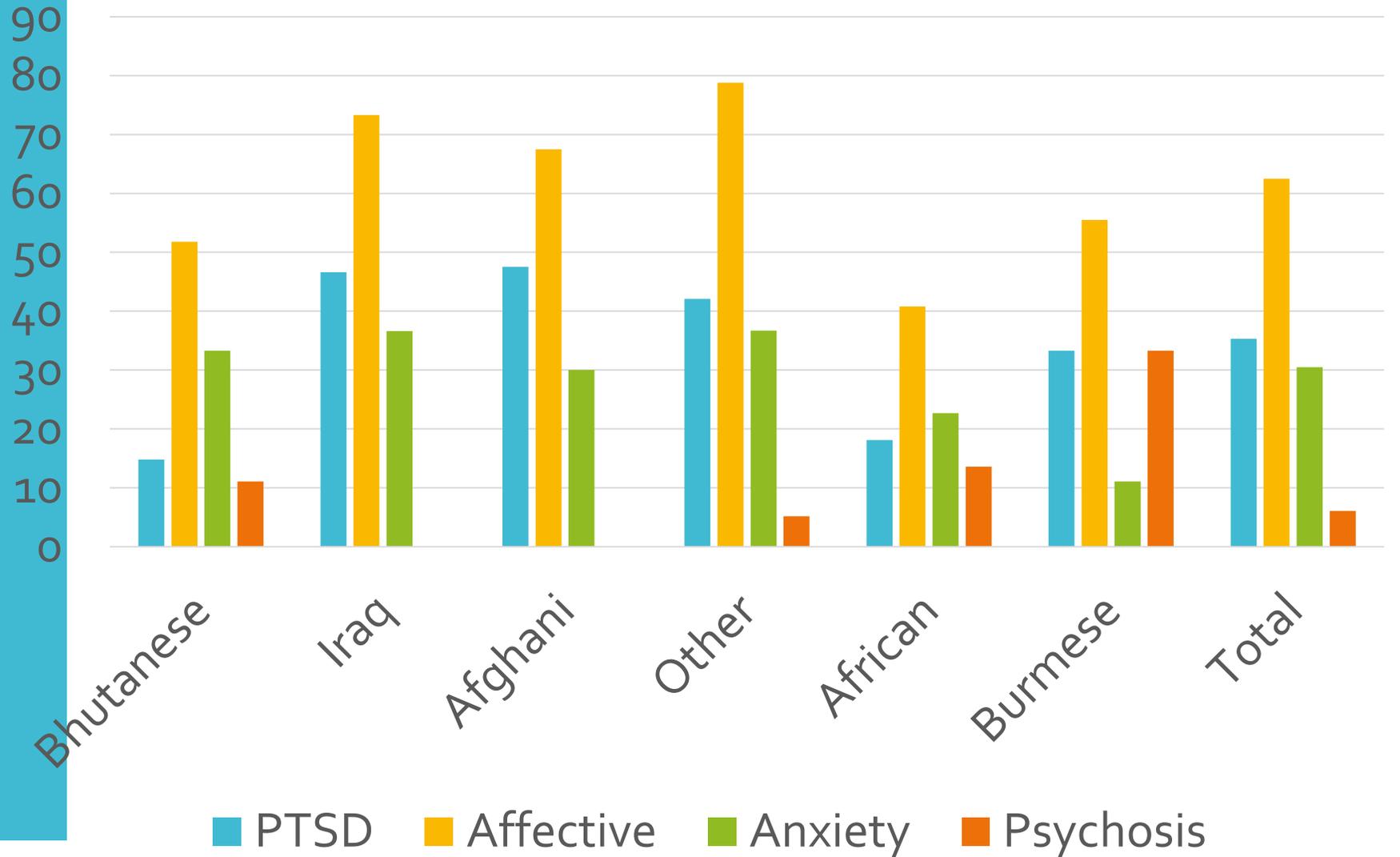
# Trauma Experience

| Experience         | Percent of those with traumatic experience | Percentage of Total Clinical Sample |
|--------------------|--|-------------------------------------|
| Any experience     |  | 69%                                 |
| Torture            | 11%  | 7.6%                                |
| Early loss         | 22%  | 15%                                 |
| Loss of family     | 22%  | 15%                                 |
| Motor Vehicle      | 11%  | 7.6%                                |
| Witnessed violence | 16.6%                                      | 11.5%                               |
| Family conflict    | 16.6%                                      | 11.5%                               |

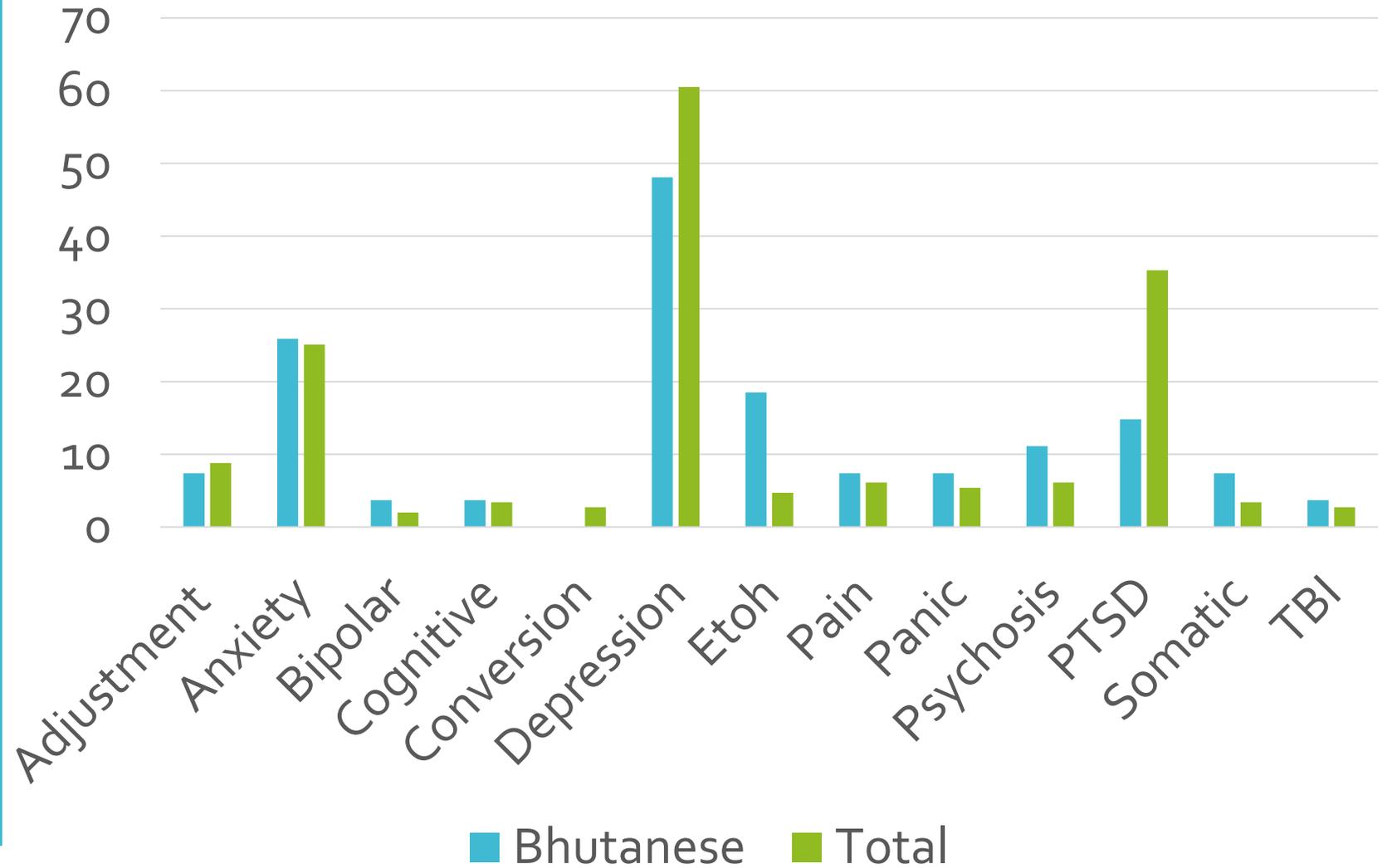
# Clinical Diagnoses

| Diagnoses           | Percentage of Patients |
|---------------------|------------------------|
| Affective           | 52%                    |
| Anxiety             | 33%                    |
| Alcohol Use         | 18.5%                  |
| Somatic Disorder    | 15%                    |
| PTSD                | 15%                    |
| Psychosis           | 11%                    |
| Cognitive Disorder  | 7%                     |
| Adjustment Disorder | 7%                     |

# Diagnoses



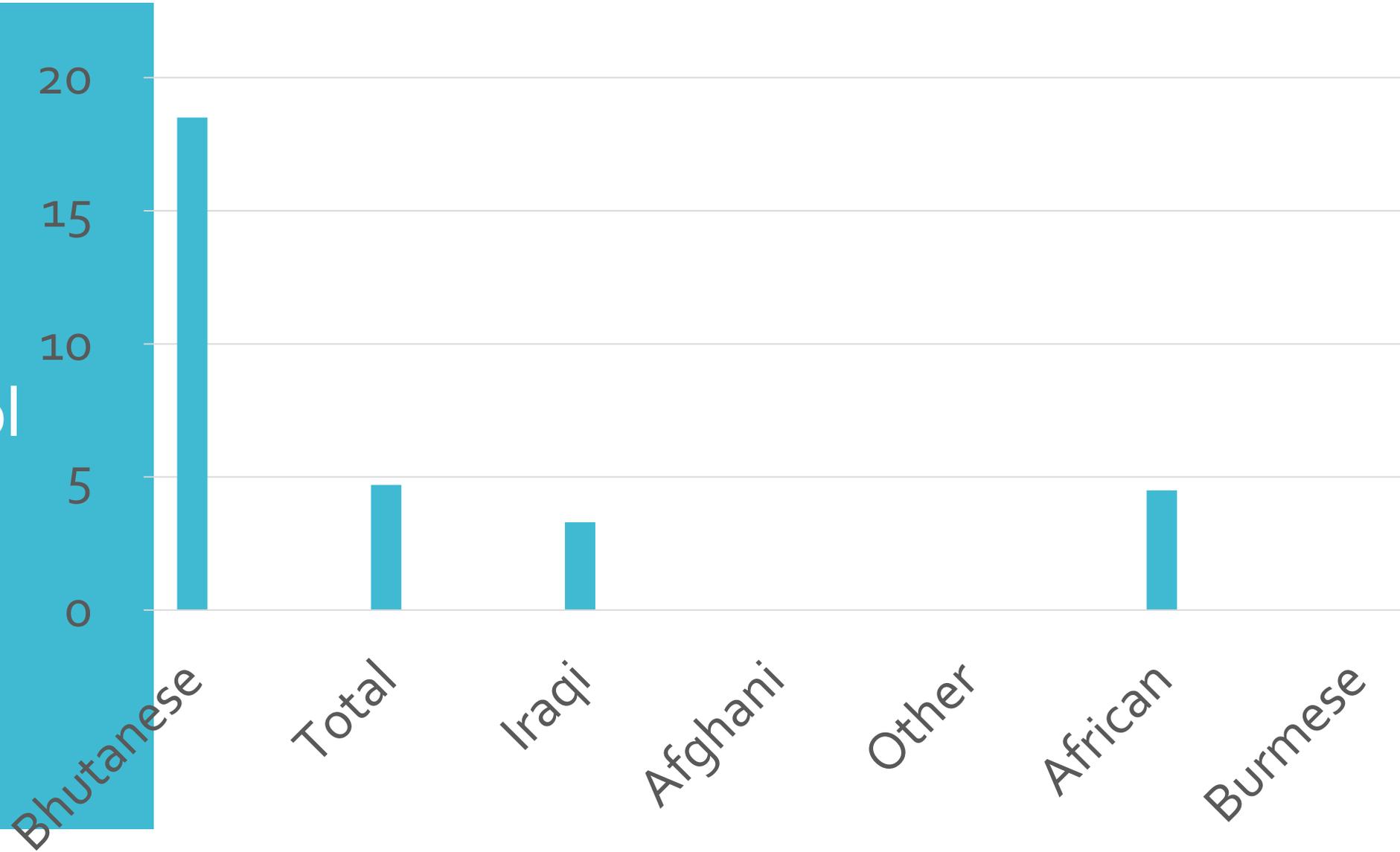
# Percentage Diagnoses



## Clinical Issues

- Alcohol use
- Depression, anxiety, somatic symptoms, and “thinking too much”
- Suicidal ideation
- Dreams and Nightmares

# Percentage with Alcohol Use



Alcohol use  
among Clinic  
Bhutanese  
Refugees  
versus in the  
Camps (Luitel, et al.,  
2013)

| Amount   | Percentage | Males in<br>the Camp | Females in<br>the Camp |
|----------|------------|----------------------|------------------------|
| None     | 70%        |                      |                        |
| Mild     | 13%        | 22%                  | 7%                     |
| Moderate | 13%        | 23%                  | 9%                     |
| Severe   | 4%         | 5%                   | 2%                     |

Correlates with  
hazardous  
drinking in the  
camps (Luitel, et al.,  
2013)

- Being Male
- Family history of alcohol use
- Use of tobacco
- Use of other substances
- Being Christian

## Case # 1

- 36 year old separated, homeless male
- Beaten by government forces at age 17
- Severe car accident age 21 with TBI
- Mood and behavioral instability
- Began drinking alcohol daily age 18 years
- Symptoms of PTSD
- Struck by a van while crossing a busy street and died 2 days later.

Depression,  
Anxiety,  
Somatic  
Symptoms  
and Thinking  
Too Much (Ao, et  
al., 2012; Ommeren, et al.,  
2002; Thapa, et al. 2003)

- Depression, anxiety, and somatic problems all linked
- PTSD predicts somatic symptoms
- Health problems predict suicidality
- Health problems predict disability
- “Thinking too much”

## Significant Medical Problems

| Medical Problem                           | Percentage |
|---|------------|
| Chronic Pain                              | 54%        |
| Hypertension                              | 8%         |
| Diabetes                                  | 8%         |
| Anemia                                    | 8%         |
| Pulmonary                                 | 4%         |
| Gastrointestinal                          | 16.6%      |
| At least one significant medical disorder | 58%        |

## Case # 2

- 46 year old married female
- Having conflict with her second husband while in the camp.
- Experienced poor sleep, thinking too much, decreased appetite, fatigue, multiple body aches and pains. Bugs crawling in her chest.
- No response to multiple treatments, but improved when became Christian.
- Recurrence of symptoms in US with renewed marital conflict, responded to Prozac.
- 3 years in US has a manic episode. Responded well to lithium.

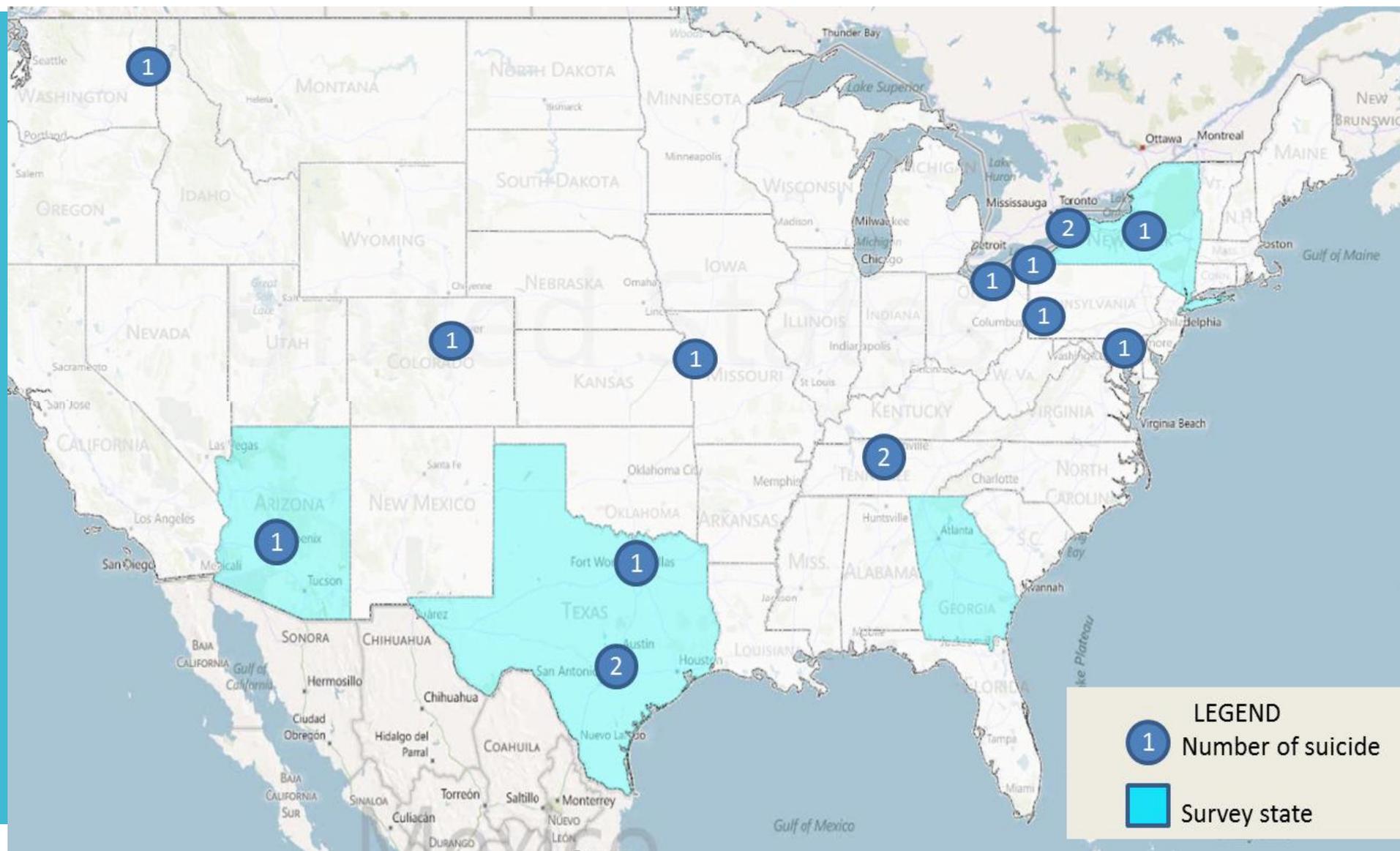
# Suicidal Behavior

# Bhutanese Refugee Suicides

(Ao, et al.,  
2012; Ellis, et al., 2015)

- 16 suicides between 2009-2012. Rate of 24.4/100,000.
- 14 studied – 9 men and 5 women
- Median age 34
- 79% married, 79% Hindu, 57% unemployed
- Most by hanging
- Risk factors: not being a provider in the family; having low perceived social support; anxiety, depression, and distress; and experiencing increased family conflict after resettlement.

Location of suicide cases among Bhutanese refugees (2009–2012) and states where cross-sectional survey was conducted (Ao, et al., 2012)



# Suicidal Ideation

(Ao, et al.,  
2012; Ellis, et al., 2015)

- CDC interviewed 423 Bhutanese refugees in 4 states.
- 3% Suicidal ideation
- Suicidal ideation correlated with thwarted belongingness and perceived burdensomeness
- These correlated with health status, employment status, and domestic worries.
- Different male and female patterns of correlation.

# Suicidal Behavior Among Clinic Bhutanese Refugees

| Behavior                  | Percentage |
|---------------------------|------------|
| Passive Suicidal Ideation | 31%        |
| Active Suicidal Ideation  | 4%         |
| Previous Suicide Attempt  | 4%         |

## Case # 3

- 43 year old married female with children and no previous disorders.
- Expressing suicidal ideation to PCPs.
- 3 months of restless thoughts, worrying, poor sleep with nightmares, poor appetite, dizziness, inability to work, frequent crying, weak legs, back pain, noises in her ears, and fear of being attacked.
- Hypertension, obesity, DM2, and hyperlipidemia

# Dreams and Nightmares

- Traditional Understanding
- Symbolic Understanding
- Ritual Healing
- Therapy Monitor

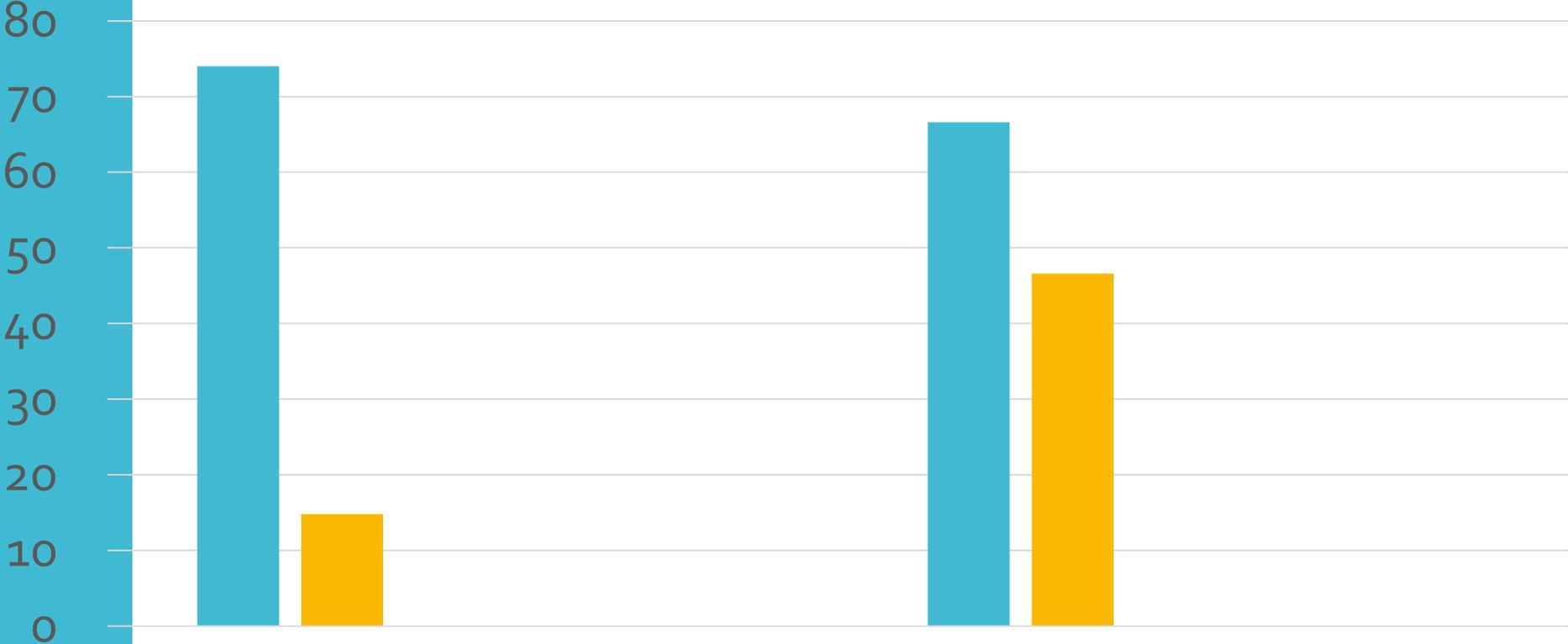
## Case # 4

- 32 year old married female complaining of chronic GI problems, dizziness, headaches.
- Sleep is OK, but frequent nightmares.
- Thinks too much.
- Onset upon learning that they were coming to the US.
- She is afraid she will die, but is not suicidal.

# Treatment



# Type of treatment



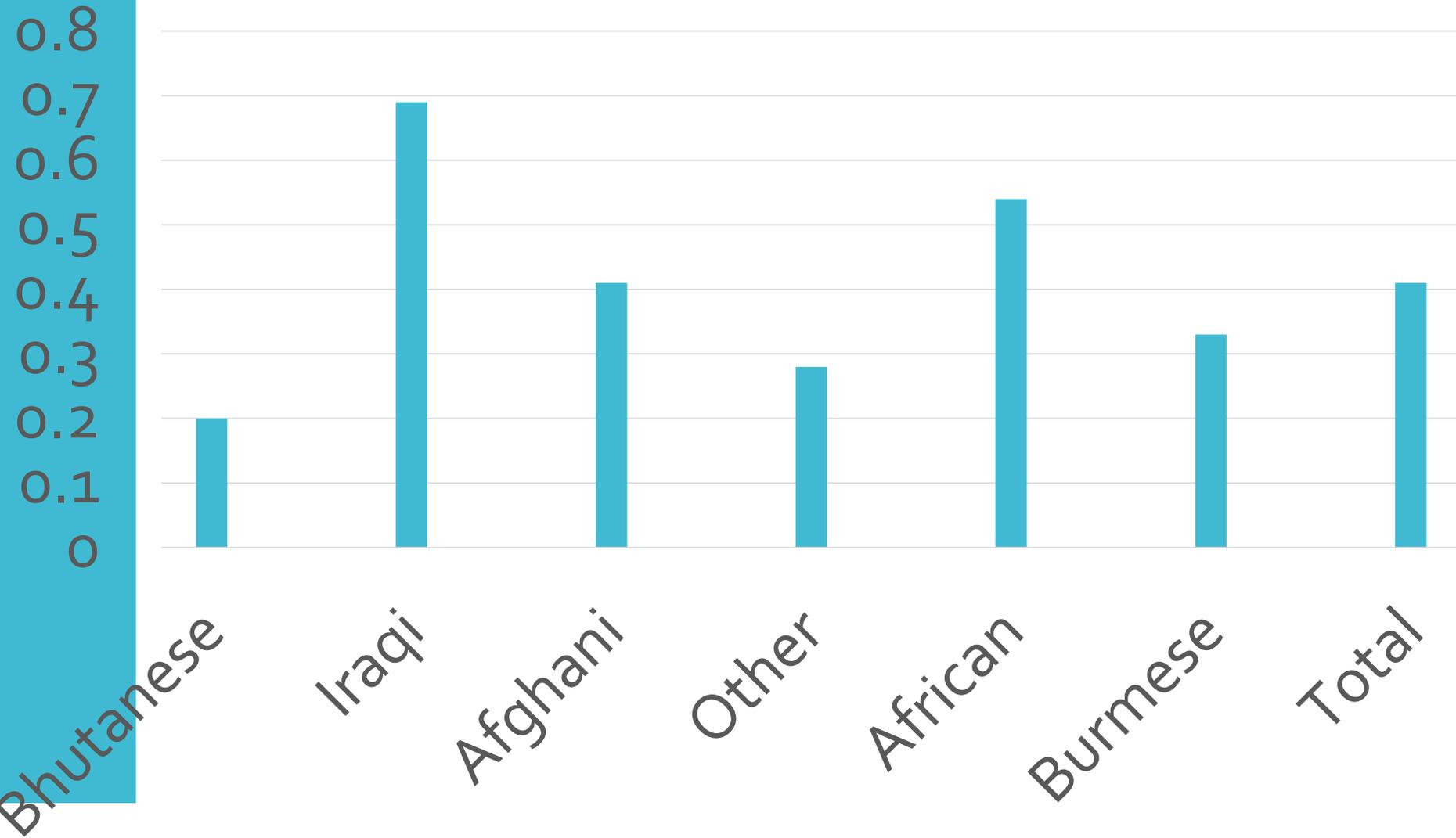
Type of Treatment

Bhutanese

Total

■ Medication ■ Therapy

Psychotherapy/  
Medication  
Ratio



Percentage of  
Missed  
Appointments

60  
50  
40  
30  
20  
10  
0

Bhutanese

Iraqi

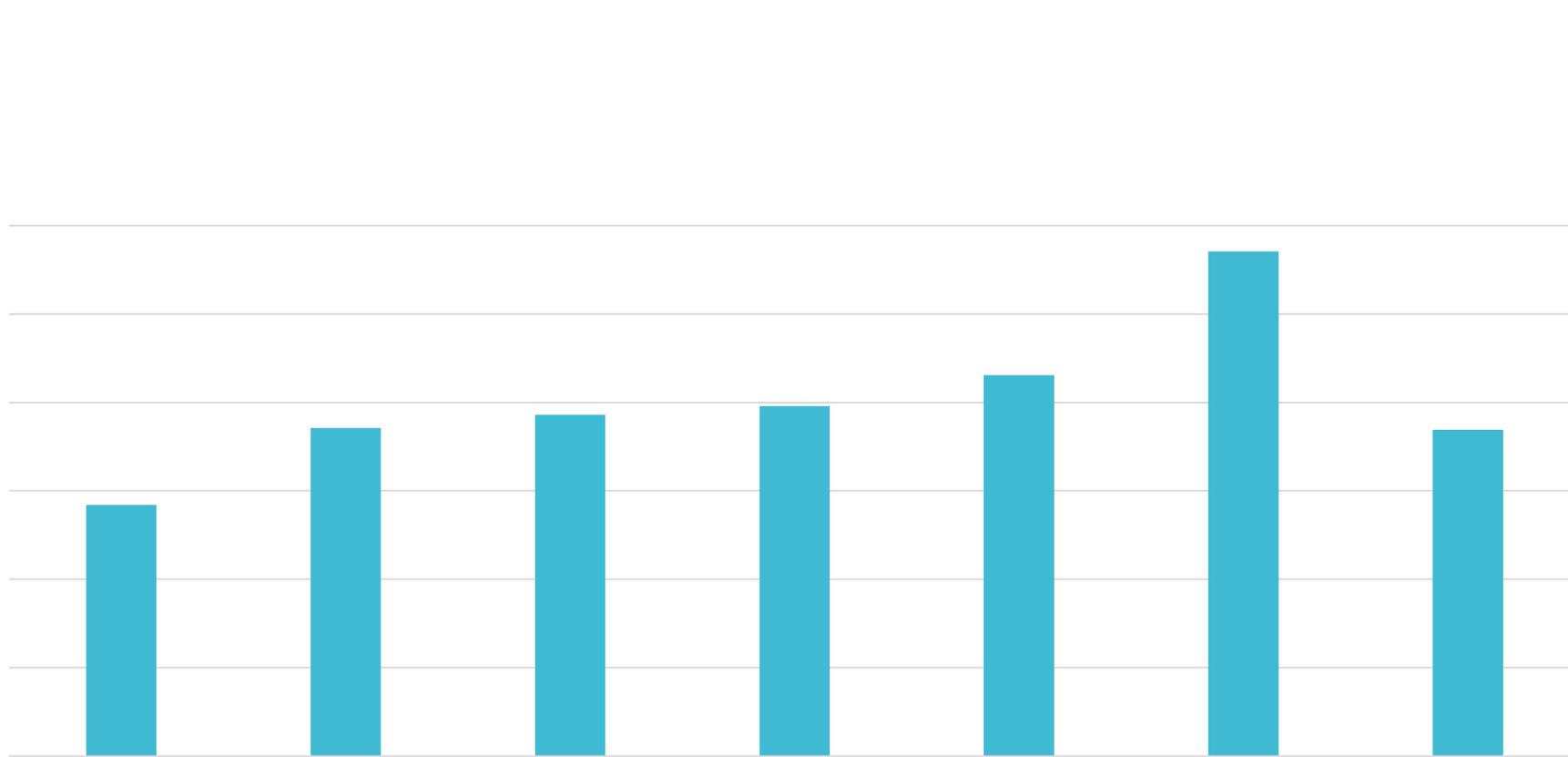
Afghani

Other

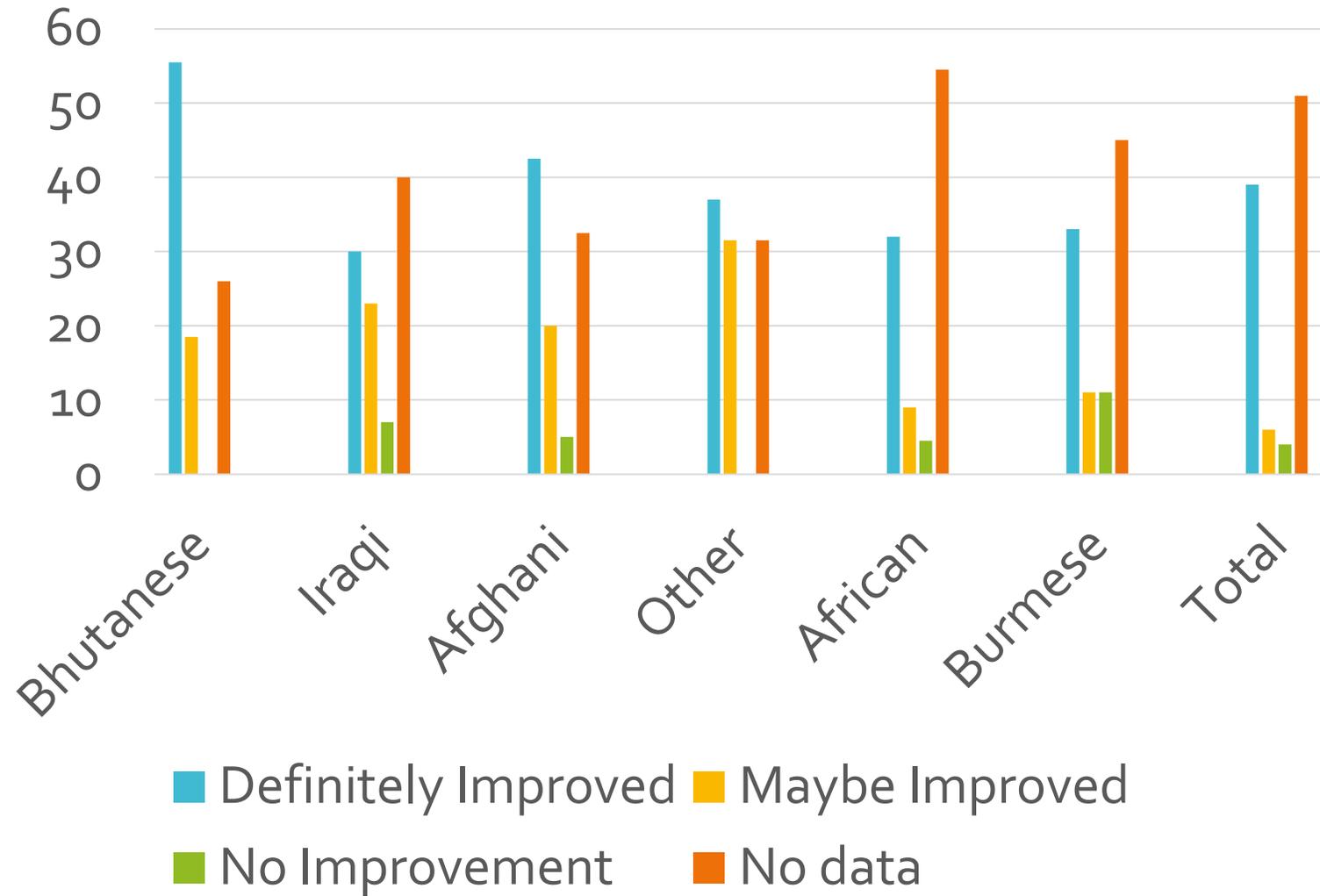
African

Burmese

Total



# Therapeutic Improvement



# Berry's Acculturation Model

|                                   |                 | <b>Relation to Host Country</b> |                        |
|-----------------------------------|-----------------|---------------------------------|------------------------|
|                                   |                 | <b>Positive</b>                 | <b>Negative</b>        |
| <b>Relation to Native Country</b> | <b>Positive</b> | <b>Integration</b>              | <b>Traditionalism</b>  |
|                                   | <b>Negative</b> | <b>Acculturation</b>            | <b>Marginalization</b> |

# Dilemma of the Bhutanese Community

(Benson, et al., 2011;  
Betancourt, et al., 2015)

- Acculturative stress increases with being more traditional, increased use of Hindu rituals, being older, being married
- Acculturative stress decreases with being employed, being more educated, having better English
- Perceived resettlement problems: language barrier, lack of financial resources, children struggling in school
- Perceived emotional problems: Decreased friends, fighting in the family, feeling afraid, scared, lonely, depressed and/or sad.
- The Bhutanese community is seen as the major source of support.

# Conclusion

- Although there are lower rates of trauma and PTSD, there is still significant health concerns.
- Stress and suffering appear as a combination of depressive and anxiety symptoms and somatic difficulties and chronic medical conditions.
- Bhutanese refugees utilize a great deal of traditional care, but also look very much to and are open to western medicine.
- There is a community wide effort to establish a home, adjust to the US, while preserving traditional values and ways of life.
- Conflicts arising from this effort are a significant source of stress and distress.

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