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
Similar Histories

Nepal

Bhutan
Nepalis in Bhutan

- Settlement in late 19th 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.

Extented 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

- Mood
- Affection
- Desire
- Concentration
- Personal Opinion
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)

<table>
<thead>
<tr>
<th>12-Month Prevalence</th>
<th>Torture Survivors (3%)</th>
<th>Non-tortured Refugees</th>
<th>RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>14-43%</td>
<td>3-4%</td>
<td>10.6 (7.6-13.8)</td>
</tr>
<tr>
<td>Affective DO</td>
<td>7.6%</td>
<td>5.1%</td>
<td>1.5 (0.9-2.5)</td>
</tr>
<tr>
<td>GAD</td>
<td>6.2%</td>
<td>5.6%</td>
<td>1.1 (0.6-1.9)</td>
</tr>
<tr>
<td>Pers. Pain DO</td>
<td>51%</td>
<td>27.6%</td>
<td>1.8 (1.6-2.1)</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>22%</td>
<td>25.8%</td>
<td>0.9 (0.7-1.1)</td>
</tr>
<tr>
<td>Diss. DO</td>
<td>17.9%</td>
<td>3.3%</td>
<td>5.4 (3.2-8.6)</td>
</tr>
<tr>
<td>Any Disorder</td>
<td>74.4%</td>
<td>48%</td>
<td>1.6 (1.4-1.7)</td>
</tr>
<tr>
<td>Physical DO</td>
<td>27%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>20%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Suicidal Ideation</strong></td>
<td>3%</td>
<td>2.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td>19%</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>21%</td>
<td>16%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>PTSD</strong></td>
<td>4.5%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Torture</strong></td>
<td></td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Physical Violence</strong></td>
<td>16%</td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>
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 of those seen per year by Major Ethnic Group

- Bhutanese
- Iraqi
- Afghani
Average Age

- Bhutanese
- Iraqi
- Afghani
- Other
- African
- Burmese
- Total
Percentage Female
<table>
<thead>
<tr>
<th>Religion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>11.5%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>19%</td>
</tr>
<tr>
<td>Christian</td>
<td>11.5%</td>
</tr>
<tr>
<td>No Preferred Religion</td>
<td>11.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>46%</td>
</tr>
<tr>
<td>Experience</td>
<td>Percent of those with traumatic experience</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Any experience</td>
<td></td>
</tr>
<tr>
<td>Torture</td>
<td>11%</td>
</tr>
<tr>
<td>Early loss</td>
<td>22%</td>
</tr>
<tr>
<td>Loss of family</td>
<td>22%</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>11%</td>
</tr>
<tr>
<td>Witnessed violence</td>
<td>16.6%</td>
</tr>
<tr>
<td>Family conflict</td>
<td>16.6%</td>
</tr>
<tr>
<td>Diagnoses</td>
<td>Percentage of Patients</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Affective</td>
<td>52%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>33%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>18.5%</td>
</tr>
<tr>
<td>Somatic Disorder</td>
<td>15%</td>
</tr>
<tr>
<td>PTSD</td>
<td>15%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>11%</td>
</tr>
<tr>
<td>Cognitive Disorder</td>
<td>7%</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>7%</td>
</tr>
</tbody>
</table>
Clinical Issues

- Alcohol use
- Depression, anxiety, somatic symptoms, and “thinking too much”
- Suicidal ideation
- Dreams and Nightmares
Alcohol use among Clinic Bhutanese Refugees versus in the Camps (Luitel, et al., 2013)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Percentage</th>
<th>Males in the Camp</th>
<th>Females in the Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>13%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Moderate</td>
<td>13%</td>
<td>23%</td>
<td>9%</td>
</tr>
<tr>
<td>Severe</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
</tr>
</tbody>
</table>
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”
<table>
<thead>
<tr>
<th>Medical Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain</td>
<td>54%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8%</td>
</tr>
<tr>
<td>Anemia</td>
<td>8%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>4%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>16.6%</td>
</tr>
<tr>
<td>At least one significant medical disorder</td>
<td>58%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Suicidal Ideation</td>
<td>31%</td>
</tr>
<tr>
<td>Active Suicidal Ideation</td>
<td>4%</td>
</tr>
<tr>
<td>Previous Suicide Attempt</td>
<td>4%</td>
</tr>
</tbody>
</table>
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
Psychotherapy/Medication Ratio

- Bhutanese
- Iraqi
- Afghani
- Other
- African
- Burmese
- Total
Therapeutic Improvement
<table>
<thead>
<tr>
<th>Relation to Native Country</th>
<th>Relation to Host Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Positive Integration</td>
</tr>
<tr>
<td>Positive</td>
<td>Traditionalism</td>
</tr>
<tr>
<td>Negative</td>
<td>Acculturation</td>
</tr>
<tr>
<td>Negative</td>
<td>Marginalization</td>
</tr>
</tbody>
</table>
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.


