

Needs assessment of Mental Health Services among Cuban refugees resettled in Roanoke, Virginia, USA. An exploratory study

Necesidades de uso de los Servicios de Salud Mental de refugiados cubanos residentes en Roanoke, Virginia, Estados Unidos. Un estudio exploratorio

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Abstract

A journey is usually defined as an act of traveling from one place to another; an odyssey is described as an eventful journey. American society has found the odyssey undertaken by refugees and immigrants landing on its shores to be a pressing issue. The following paper intends to explore the need for mental health services among Cuban refugees resettled in Roanoke, Virginia, USA. During our data collection, we gathered information regarding their levels of stress. We tracked indices of post-traumatic stress disorder based on their experiences during migration, their perception of needed mental health services, and their perception of barriers to access mental health services. Based on this data, social identity theory, and case studies, we made an exploratory approach of current mental health needs among Cuban refugees.

Key words: refugee, mental health needs, perception of barriers.

Resumen ampliado

Una expedición se define generalmente como un acto de viajar de un lugar a otro, una odisea, un viaje repleto de acontecimientos. La sociedad estadounidense percibe que la odisea llevada a cabo por los refugiados e inmigrantes que aterrizan en sus costas es un problema creciente. Por su parte, las personas en busca de refugio también tienen problemas, deben renunciar a un ambiente que les es familiar y afrontar la adaptación a uno nuevo. El proceso de transición y readaptación puede acarrear consecuencias traumáticas en las personas y, por ello, necesidades asistenciales en salud mental. El presente estudio explora la percepción de las necesidades de utilizar los servicios de salud mental en los refugiados cubanos residentes en Roanoke (Virginia, EE.UU), las barreras para acceder a dichos servicios y sus niveles de estrés y estrés postraumático.

Método

Población y participantes: en el universo muestral quedaron incluidos todos los refugiados cubanos con residencia permanente en Estados Unidos asentados en Roanoke. Participaron en el estudio 10 adultos (5 mujeres y 5 hombres, edad media de 45 años). La lengua materna de todos ellos es el español. La mitad había concluido la educación secundaria (equivalente a la Educación Secundaria Obligatoria en España) y la otra mitad tenía una titulación técnica (equivalente a la Formación Profesional en España). Respecto a su nivel de inglés, 8 tenían un nivel básico y 2 intermedio.

Diseño y variables: diseño mixto, se utilizaron escalas estandarizadas para medir el estrés y el estrés postraumático. Para recoger información acerca de la experiencia en el proceso migratorio, la percepción de la necesidad de uso de los servicios de salud mental y la percepción de barreras para utilizar tales servicios se diseñó una entrevista semiestructurada.

Procedimiento: El estudio se llevo a cabo con el apoyo de un consejero de migración del ayuntamiento de Roanoke. El consejero contactó con los potenciales participantes y les informó acerca de la naturaleza y alcance del estudio. Quienes se mostraron interesados en participar, de forma voluntaria, proporcionaron sus datos para ser contactados. Una vez contactados, se fijó un día para la reunión. En la reunión, firmaron un consentimiento informado, contestaron a las escalas de estrés y estrés postraumático y, finalmente, se realizó la entrevista.

Resultados

Estrés y Estrés Postraumático. La media en los indicadores de estrés fue 22,7 (SD = 5,2). Este resultado apunta a unos niveles de estrés superiores a la media en comparación con los datos obtenidos por Remor 17,6 (SD = 6,7). Uno de los 10 participantes se presentó indicios de trastorno de estrés postraumático. Respecto a las subescalas de la medida de estrés postraumático, el 60 por ciento puntuó alto en la subescala de evitación y un 50 por ciento punto alto en la escala de activación. En la subescala de experimentación, el 70 por ciento de la muestra evidenció la ausencia de estos indicadores.

Proceso migratorio. Los participantes informaron que la causa principal de su migración había sido la percepción de falta de libertad, muchos de ellos contaban con una ocupación pero no podían visionar un futuro con prosperidad. La mayoría de los participantes había llegado a Estados Unidos como «lanchero», por ello la mayoría de los detalles sobre su recorrido se relacionan con su experiencia del viaje en el mar y la llegada a las playas de Miami. En cuanto al reasentamiento en la comunidad de acogida muchos percibían y describían dificultades para su integración. Las más frecuentes fueron el idioma y el limitado contacto con personas nativas de la comunidad de acogida.

Necesidad de utilización de los servicios de salud mental. Los participantes reportaron haber sufrido muchas experiencias con un grado de estrés significativo, el deseo de utilizar los servicios de salud mental, pero ninguno había accedido a ninguno de éstos.

Percepción de barreras para el uso de los servicios de salud mental. Las barreras percibidas se relacionan habitualmente con el idioma y la falta de seguro médico.

Conclusiones

Los resultados presentados se basan en un estudio exploratorio, por lo tanto presentan limitaciones para su generalización. No obstante nos brindan una información relevante. Se han podido evidenciar las múltiples necesidades que aquejan a los refugiados cubanos; en particular las relacionadas con su salud mental, debido a los riesgos a los que han estado y están expuestos. Los resultados del estudio desvelan que se hace necesaria una mejor utilización de los servicios de salud mental para que pueda mejorar la vida de los refugiados cubanos y su integración en la sociedad. Estados Unidos a lo largo de su historia se ha beneficiado de las fortalezas y la resiliencia de muchos inmigrantes y refugiados. Las nuevas oleadas de refugiados y los inmigrantes puede seguir enriqueciendo esta sociedad. Sería necesario reconfigurar la percepción de los refugiados: no como los «otros» sino como «nosotros».

Palabras clave: refugiado, necesidades en Salud Mental, barreras percibidas de Salud Mental.

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Summary: Introduction. 1. Concept definitions. 2. Refugees and mental health. 3. Theory. 4. Method. 5. Results. 6. Discussion and conclusions. 7. References.

Introducción

Migrating has been part of human experience for millennia. Migration processes, which have defined the development and history of many nations, have changed the world's social composition dramatically. Migration is often defined as the movement of people from one geographic location to another, but primarily it is a process that involves change and adjustment. Whether this process is a mobilization within the same country, across international borders, voluntary or involuntary; it involves transition, renouncement of a familiar environment and adjustment to a new one (Marsiglia & Kulis, 2009).

Historically the immigrating processes were gradual, subsequently the process was he-

althy and beneficial to the host culture and integration and adaptation were possible. During recent decades, political struggles, economic inequities, war and famine have increased forced migrations around the world; as a direct result of these forced migrations, larger numbers of refugees are displaced globally. According to the United Nations High Commission on Refugees, one out of every 135 people alive in the world is a «refugee». In 1970, there were approximately 2.500.000 refugees worldwide, 8.200.000 a decade later and 17.000.000 in 1990. By the year 2000 there were approximately 40.000.000 of refugees around the world (Pumariega, Rothe & Pumariega, 2005).

Refugees experiences are characterized by intense and complex events that combine elements of premature death and rebirth, a peculiar process in which they are protagonists and conscious spectators. «Forced uprootedness from one's community is the salient feature of exile. Refugees do experience exile and consequently the symptomatology related to experience» (Rumbaut, 1976, p. 396). Moreover, refugees tend to experience an overwhelming sense of anxiety, depression, and inability to cope with emotional problems. If they do not possess a citizenship status, influence, connections and language skills (competency in English in this study) they will feel alone and bare in an unconquered environment, consequently they will be at risk of mental health deterioration. This study aims to explore the need of mental health services, perceived barriers and their utilization among Cuban refugees resettled in Roanoke, Virginia, USA.

Historically, the United States has been a country of resettlement for large number of refugees and immigrants. The census of 2000, reported the presence of more than 28 million foreign-born persons on U.S. soil, a number that represented ten percent of the U.S population. The average number of refugees admitted annually between 1995 and 2000 was 80,000. (Potocky-Tripodi, 2002). The population of immigrants and refugees in the U.S continues to grow rapidly. In January of 2009 the United Nations High Commission for Refugee (UNHCR) reported the presence of 279,548 refugees in America. It is estimated that by 2050, refugees will account for 65 % of the country's population (Nogales, Schoenholtz & Schrag, 2009).

The increased number of refugees globally and nationally is also reflected regionally. The Roanoke Refugee and Immigration Services (2009) office quarterly reported a total of 239 refugees were resettled in the Roanoke area in 2009; 161 of them were adults and 78 were children. The countries of origin were diverse, but were predominantly Iraqis, Burmese, Buthanese, Cubans, Iranians, Ethiopians and Afghanis were resettled in Roanoke by January of 2010.

1. Concept definitions

The definition of an immigrant-refugee is diverse. Categorizations such as «immigrant,»

«undocumented immigrant,» «refugee,» «asylum seeker,» «permanent resident,» and «naturalized citizen» are often utilized as description of someone's residency status. These nominations, legally emplaced, do not necessarily explain the different journeys and the psychological impact of the immigration process on individuals psyche (Marsiglia & Kulis, 2009). Refugees are defined by international law, the United Nations High Commission on Refugees at the Geneva Convention on 1951 defined a «refugee» as «person who owing to a well founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of that country» (Hein, 1993).

Categories such as «internally displaced» are used to describe individuals who have been forced to migrate within their own country, often due to war and/or persecution. These individuals suffer the same fear and human rights violations as any refugee. Due to the fact they have not left their country they are not considered as refugees. Another refugee-like situation occurs when individuals are forced to leave their country due to a natural disaster such as droughts, earthquakes or tsunamis. Like refugees, the «internally displaced» are forced to migrate; however they are not refugees, since they were not forced to leave their country by persecution, but a natural disaster instead (Potocky-Tripodi, 2002).

The refugee process has created more categories to describe individuals who are in different stages of asylum in the host country. For example, there are «asylees», which describes people who are outside their country applying to be admitted as refugees to another country; or «parolees» which define the individuals who have been allowed entrance to U.S under emergency humanitarian conditions pending final decision (Potocky-Tripodi, 2002).

The socio-economic and political aspects that impact asylum need to be addressed when formulating studies with refugees. Legal categorizations provide us with a basis to identify mental health services and possible perceived barriers among refuges. First, due to the fact that asylum seekers or soon-to-be refugees do not have the right to public defenders, legal re-

presentation is at their own expense. Most of the time, these asylum seekers do not have the financial resources to seek adequate legal advice and, in consequence, this situation creates a great deal of stress and a higher vulnerability to break down. Secondly, the asylum seekers generally are not well versed with the English language or the legal procedures in the U.S.A. Language and cultural barriers often delay an already lengthy process. During this limbo period of time, if the asylum seekers are already living in the U.S they are not entitled to employment or welfare benefits. As a consequence, higher levels of stress are evidenced.

It is only when the asylum seeker is granted the «refugee status» that they can gain access to work authorizations, TANIF, food stamps, subsidized housing and qualify for Medicaid and possibly mental health services, if available. During this time, lack of consistent assistance on navigating welfare systems deters refugees from proper access to mental health services. This study will utilize the definition of «refugee» provided by the UNHCR in order to determine criteria of inclusion or exclusion from the study.

2. Refugees and mental health

One of the most common problems among refugees is the increasing risk of psychological disorders such as the Adaptive Disorder. The manual of mental illness DSM IV-R, characterizes adaptive disorder by instable mood and subjective discomfort, which will interfere on the individual social interaction. Usually, individuals feel anxiety, depression, sadness and an inability to face daily life problems. This disorder is usually found among refugees who are unfamiliar with the language and have job related problems (Diaz, 2003).

Another mental illness, which is common among refugees, is depression. Fazel, Wheeler & Danesh (2005) presented meta-analysis about the most recurrent mental disorders among refugees. They identified fourteen studies where major depression was the most common disorder. These studies, with at least 200 participants each, reported that 5% of the population was diagnosed with major depression. They also reported that about 1 over 20 refugees has major depression, and about one over 25 has a generalized anxiety disorder,

with the possibility that these disorders overlap in many people.

Post Traumatic Stress Disorder (PTSD) is caused by exposure to high levels of stress for extended periods of time, or sudden traumatic events, which are common experiences among people who go through forced migrations. The meta-analysis conducted by Fazel, Wheeler & Danesh (2005) reported, «One over ten adult refugees in western countries have Post Traumatic Stress Disorder» (p.1312). According to the data they collected, is evident that there is a high prevalence of PTSD found among refugees. This potentially disabling disorder is a condition characterized by traumatic flashbacks, hypervigilance, and emotional numbness; these factors often lead to substance abuse and suicide. Likewise, reported that roughly 50,000 of about 500,000 current refugees living in the United States have PTSD. Such burden of the disability implied by the overall numbers is unknown. The studies analyzed by these authors did not collect data pertaining to functional impairment or psychiatric co-morbidity; however, the studies do suggest that most refugees experiencing PTSD do not seek mental health.

The evidence suggests that mental health problems experienced by refugees are related to the different stages of migrations as well as the asylum process. Having to relocate under unfamiliar environments, places them at risk of isolation and high levels of stress. The psychological distress often manifested as somatic problems is not addressed at the mental health dimension.

In brief; the migration process, traumatic events related to the migration (prior-during or after) and the difficulties that refugees will find during adaptation or integration to host societies; could lead to high levels of stress and general deterioration of the physical and mental health of refugees. Serious mental illnesses such as Adaptive Disorder, Depression and PTSD are clear examples of the impact of forced migration into individual's psyche.

This study has two main purposes. First: Explore the need of mental health services among Cuban refugees resettled in Roanoke VA. Consequently an assessment of their stress levels, indicators of PTSD, recollection of their experiences during migration process and their per-

ception of needed mental health services will be documented. Secondly, we will inquire about perceived barriers on accessing mental health services.

3. Theory

Due to the complexity of the refugee experience and its impact on society we need to consider a wide theoretical framework. At the macro level, systems theory provides us with an interesting insight into migration and refugee processes. At the mezzo level, assimilation theory has attempted to explain individual's transition to a new culture and their adaptation. Lastly at the micro level, social identity theory will help us to understand how categorizations and group identifications restructure refugee's personal identity when integrating into the host society.

Since this paper focuses on the discussion of the mental health needs among Cuban refugees, social identity theory will be used as our theoretical framework of research. The social identity theory (Hogg, 2006; Tajfel, 1974, 1981; Tajfel, Billig, Bundy & Flament, 1971; Tajfel y Turner, 1979; Turner, Hogg, Oakes, Reicher & Wetherell, 1987) allows us to explore important components of categorization and group identification. These constructs explain why refugee identification with peers from the same cultural background is vital to their integration process.

Considering that refugees have experienced many transitions and lost familiar environments, when integrating to host countries the loss of their personal identity is at stake. They are often perceived as the «others», consequently they will perceive themselves as «others». A conflict between their personal identity and social identity is generated, increasing tension and stress. They try to fit in and integrate, a process that causes change, but at the same time they strive to remain the same as their group of reference, because it brings them familiarity and reduction of stress. Social identity theory, which conveys with both psychological and sociological aspects of group behavior, will provide us better understanding of refugee's individual conflict. Any individual often experiences reacting against people who are different, but it is more prominent in group dynamics. The tendency to categorize one group

in contrast to another accounts for group identity, which holds together both society and individuals (Hogg, 2006).

Social Identity theory focuses on four main areas of research, which are categorization, role cognitive processes, correlation between discrimination and categorizations, and the impact maximizing differences between self as «in group member» and other «as out group» member. The social identity approach has several conceptual components that focus on group membership and group life. They help us articulate dyadic relationship between self-conception and group processes, providing background to explain identity processes of refugees during periods of migration and settlement. Moreover, a great deal of research has been done regarding stereotyping, collective behavior, norms and social diversity. These conceptual components, allow us to determine the importance of group reference and social identity, especially under periods of stress.

Undesirable outcomes such as isolation, depression or generalized anxiety disorder are correlated to the uncertainty that refugees are forced to live. An adequate integration involves restructuring of their personal and social identity. However, a supportive network limits their acceptance into host societies, given that it is composed by stereotypes and categorizations of these individuals, due to their condition of refugees.

Tajfel defined social identity as «the individual's knowledge that he belongs to a certain social group, together with some emotional and value significance to him of this group membership» (Hogg, 2006. p. 113). Four aspects of Social Identity Theory (Hogg, 2006) are especially relevant for this study. First, group membership will be a matter of a collective self-constructing «we» and «us» versus «them», which contrasts with the personal identity, where idiosyncratic personal attributes are not shared with other people. From a social construction perspective, a group of reference is necessary to develop personal and social identities. Changes in our social environment will affect the continuum process of self-ideation in correlation to others.

Second, groups are rarely homogeneous. In most cases they are structured into roles and subgroups. The majority of groups have gene-

ric roles. Whenever examining refugee networks in host societies, different groups and roles are identified. Generic roles such as the «newcomers», «full members», and «old timers» are flexible and vary with time. These networks are key factors in determining resources and a group of reference for refugees' integration.

Thirdly, «social categorization is particularly effective at reducing uncertainty» (Hogg, 2006, p. 126). People strive to reduce subjective uncertainty about their social world and their place within it. People like to know who they are and how they behave. Social categorizations are particularly effective, since we are able to measure people in regard to their stereotypes. When we categorize individuals as members of specific groups, our perception about them changes. Consequently, instead of differentiating individuals with idiosyncratic characteristics, we tend to perceive through the lens of stereotypes. Depersonalizing individual attributes, refugees are frequently perceived with the attributes of their category. In order to social categorization affect individual behaviors, they would have to be psychologically salient. Moreover, social identity is motivated by self-enhancement and uncertainty reduction. Every individual possess the inherent need for identification to a group of reference or social network.

Finally, one last conceptual component of the social identity theory explains conformity with norms. «Self-categorization and depersonalization processes, previously described, will produce conformity to in-group norms (normative behaviors) because it assimilates self to in-group prototype» (Hogg, 2002 p. 124). Group norms are the guidelines for perception and behavior of the individuals who belong to the group.

4. Method

4.1. Participants

The sampling frame included all Cuban refugees with permanent residency in USA who have been resettled in Roanoke, VA. (from this sample, individuals who were Cuban immigrants without status of refugee or did not meet criteria as legal residents were excluded). A sample of 10 Cuban adults (5 men and 5 women) par-

ticipated on the research; the mean age of the participants was 45 years old ($SD = 12.08$), and their mother tongue was Spanish. Based on the analysis of the frequencies, the sample was composed by 50% males and 50% females. Moreover 50% reported to have finished High School (equivalent to E.S.O in Spain) and 50% had acquired some technical training in Cuba (equivalent to FP in Spain); 80% of them spoke Basic English and 20% managed the language at an intermediate level. In regard of their legal status, 70% were permanent residents of the United States, 10% had a parole, 10% were citizens and 10% were in exile. Considering the time of their residency, 60% were in U.S. at least two years, while the remaining 40% of the sample was residing in U.S. for more than two years. None of them utilized mental health services.

4.2. Variables and measurements

Stress. When measuring stress there are two different perspectives. One is where the scales of stress have been constructed directly to the objective measures of stressful events, implying that events are considered as precipitants of pathology or disruptive behavior. On the other hand, there is the perspective that a person interacts with environment appraising potentially threatening or challenging events in the light of available coping resources. Based on this perspective, we used the Perceived Stress Scale (PSS-10) constructed by Cohen, S. (1983) and adapted to European Spanish by Remor (2006).

Post Traumatic Stress Disorder. We have considered the definition provided by DSM-IV, where the essential feature of Post Traumatic Stress Disorder is the «development of characteristic symptoms following exposure to an extreme traumatic stress or involving direct personal experience of an event that involves actual or threatened death or serious injury, or threat to one's physical integrity, or witnessing an event that involves death, injury, or threat to physical integrity of another person» (DSM-IV, 2005). We measured this variable using the scale constructed and validated by Echeburua in 1997. The Severity of Symptom Scale of PTSD is a 17-item structured interview based in the DSM-IV criteria, which intends to assess the symptoms of this mental disorder in victims of

traumatic life events. From this scale, 5 items are related to re-experiencing symptoms, 7 to avoidance and 5 to hyper- activation (Echeburua, 1997).

Migration Process. The journey of refugees is an endless one and it can be described in three main stages (this distinction was considered during elaboration of semi- structured interview in order to identify possible stressor that refugees could be facing at each particular stage). During the *pre migration and departure stage*, refugees might have live under politically oppressive conditions or in the midst of war; they might have been subject to discrimination, torture, violence or rape (Van Arsdale, 2006). Consequently, they start they journey in chaotic conditions, leaving all their material possessions and emotional connections behind. At the *transit stage*, many refugees might have taken their journey on foot, where they were exposed to starvation, dehydration and hypothermia; others might have left on boats that were poorly constructed and overcrowded. Regardless the route for their journey, in many cases they were placed on refugee camps, which consist of tent cities, who have poor sanitary conditions and are usually overcrowded (Van Arsdale, 2006). While living in refugee camps, refugees placed their lives on hold; escaping from the past and embracing an uncertain futu-

re, they are expected to wait. They wait for a new life in a foreign country, or a chance to return to their country of origin. *Resettlement* is the final stage of the migration process, and is often the stage in which linguistic and cultural barriers, as well as lack employment or health, could increase high risk of mental illnesses (see Table 1).

Need assessment. It refers to perception of needed mental health services. This information was collected through semi-structured interviews, where participants were asked indirectly about their current usage of mental health services, and whether or not they thought they could need them. Indirect questions were utilized in order to prevent possible cultural biases that direct interviewing could cause (Table 1).

Perceived barriers. Information related to the utilization of mental health services and perceived barriers was collected through semi-structured interviews when inquiring about possible difficulties encounter (Table 1).

4.3. Procedure

This research was conducted in the following manner. Local immigrant counselor informed potential participants about the study and its purpose. Participants who were interested on research disclosed their contact information; a

<i>Migration</i>	<i>Pre migration and departure stage</i>	¿Cuál era su oficio antes de venir de Cuba? ¿Qué lo llevó a tomar la decisión de venir para USA? ¿Cómo fueron sus preparativos antes de su viaje?
	<i>Transit stage</i>	¿Recuerda qué sucedió durante su viaje para US? ¿Cómo fue su llegada a USA?
	<i>Resettlement: Perception of loss Adjustment/integration to host country Thoughts about the new language Social network Thoughts about the future</i>	¿Qué siente que ha perdido? ¿Cómo es un día de su vida cotidiana? ¿Qué limitaciones encuentra en este nuevo ambiente? ¿Con quiénes tiende a relacionarse más? ¿Cuáles son sus expectativas de futuro? ¿Qué siente que no es igual?
<i>Mental health services</i>	<i>Perception of services needed Perceived barriers on accessing mental health services</i>	¿Tiene conocimiento sobre servicios de salud mental existentes en esta área?

Table 1. Themes and questions-semi structured interview.

meeting was set up, participants provided them with a written copy of the informed consent forms in the language of their preference. Participants were provided the two data collection forms (PTSD symptoms scale and Perceived Stress Scale). Upon completion of scales, a semi-structured interview was conducted. By the end of the interview, participants were given a list of resources related to mental health services if requested.

The data collected was processed into two codebooks. This first code book was not correlated with data from questionnaires. In fact, this code book contained general information about participants such as gender, age, income, level of education, etc. (if participant request results from questionnaires and research findings, then their name and address was noted in order to provide them with findings from the research). The second codebook contained data collected from questionnaires and interviews; they both were assigned with a number, questionnaires were coded, entered to SPSS and filled. Moreover descriptive statistics were obtained from this data. The information collected in the interviews was transcribed verbatim and semantic analysis was performed in order to transform the data from each interview into units of meaning and consequently identify general themes.

4.4. Design

This study used a cross-sectional design that can only assess correlation. Mixed methods, with standardized measures of stress symptoms, PTSD and semi-structured interviews regarding experiences of integration, assimilation, help seeking behaviors and barriers to access mental health services, were used.

5. Results

5.1. Stress and post traumatic stress

Considering the measured variables of the study such as stress and PTSD, the mean of total of stress measured (PSS-10) was 22.7 ($SD=5.2$). On the PTSD scale, 90% did not present a diagnosis of PTSD and 10% did. Even though in the sub scales the result presented some variations, 60% punctuated high in the sub-scale «*Evitacion*» (Avoidance), the sub-scale «*Activacion*» (Activation) 50% did score

high and 50% did not score any indicator. Lastly in the sub-scale «*Reexperimentacion*» (Re-experimentation), 70% of the sample reported absence of these indicators.

5.2. Migration process

On the other hand the seven themes formulated from general synthesis were: *pre migration and departure* (motivators-resources and the journey to US); *resettlement* perception of loss (what is missed from Cuba); current adjustment/integration to host country; thoughts about the new language, current social network, thoughts about the future; and *usage-access of mental health services*.

Pre Migration and departure. Most participants reported that they left Cuba due to the lack of freedom and opportunities. Even though they were employed or had an occupation, they perceived they did not have future, since individual economical advancement was not stimulated. Most of the participants reported that they left the island by boat; consequently the circumstances in which their journey took place were the most stressful part from migrating experience:

En Cuba todo es ilegal. No puedes hacer nada ni salir adelante porque todo es ilícito. Cuando decidí venirme para Juma (EE.UU.). No fue fácil, ya que desde la construcción de la balsa, el conseguir a las personas para organizar el viaje, las municiones, partida, todo tuvo que ser en absoluto secreto. Luego cuando estuvimos cerca de 21 horas en el mar, atentos a los guardacostas y con mal temporal, eso fue duro. Al venir a Juma te juegas la vida (R001). *In Cuba everything is illegal. You cannot progress since everything is illicit. When I decided to come to Juma (Slang nomination for United States), it was not easy. Everything was a secret, since we built the boat and organized people for the trip. Then when we were in the ocean for at least 21 hours, we had to be alert all the time, avoiding the coast guards and dealing with the inclement weather that was hard. You risk your life* (R001).

Recuerdo que cuando veníamos para Juma tuvimos que salir cerca de las 5 de la mañana. Después de recorrer 12 millas tuvimos que parar evitando el guardacostas. Hubo mal temporal, y esperamos en el mar hasta a las 7 de la noche para poder avanzar. El motor no encendía, lo tuvimos que reparar en medio del mar. Recuerdo que todos estaban asustados ya que no había sufi-

cienta comida, el agua se mezcló con gasolina y la gente estaba entrando en pánico cuando no podíamos reparar el bote. R005 *I remember when we were on the way to Juma, we left Cuba around 5 AM. After traveling 12 miles we had to stop and wait until 7 pm in order to avoid coast guards. After that, the engine did not start and we tried to fix it in the middle of the ocean. I remember that we were scared since we did not have enough food, the water got mixed with gasoline and people started to panic* (R005).

Llegué a los Estados Unidos en el tercer intento. Recuerdo que la segunda vez que quise venir me descubrieron y fui encarcelado. Yo era capitán de un barco pesquero y en la cárcel me pusieron en aislamiento, para que dijera cuáles eran los planes del grupo y donde estaba el barco que preparaba. Pasé cosas que prefiero no recordar (R008).

I arrived to USA in my third attempt. After the second attempt I was incarcerated, since I was the Captain of fishing boat I was placed on isolation in order to disclose the plans of the group that was leaving with me, and place where the boat was hidden. I prefer not to recall some of these events (R008).

Resettlement: Perception of loss; none of the participants had been able to return to Cuba and been reunited with their family. It was also common that they were not granted with proper visa to return; consequently expectations to return to Cuba were minimal. Thoughts of their siblings and other relatives were cause of concern. Most of the participants said they felt economically responsible for their family in Cuba, and express their desire to assist them into leaving the island. One strong feeling expressed by the participants was the sense of losing half of their lives, such as childhood and other memories:

He perdido mi vida, mi infancia y todos mis recuerdos de juventud están en Cuba (R005). *I have lost my life, my childhood and all the memories from my youth are in Cuba* (R005).

Dejar a tu gente, todo lo familiar y los recuerdos me causa mucha nostalgia (R004). *Leaving your people and everything that is familiar to you makes you very nostalgic* (R004).

Adjustment/integration to host country. Even though the majority of participants reported sense of well-being, some participants described lack of integration into the host commu-

nity. They reported many barriers, linguistic, cultural and geographical limitations to integrate into host society.

Yo siento que la mayoría de personas que llegan a los Estados Unidos, especialmente los cubanos, nos encontramos en un ambiente diferente. En Cuba hay mucha camaradería, nos ayudamos los unos a los otros y somos unidos, hay amigos por todo lugar y visitas a tu familia. Aquí estamos todos más aislados y distantes (R001). *I feel that most of the people who arrive to US, especially Cubans, find themselves in a different environment. Back home I felt more friendship and camaraderie. Here we are distant and isolated* (R001).

Thoughts about the new language. Most of the participants indicated that their quality of life, job opportunities and adjustment to their circumstances could improve with an increased proficiency in English. Participants reported that their contact with native speakers of English could help them; however this was limited since most of their friends spoke Spanish. Some participants worked alone, constructing sites or developing a task that did not involve interaction with English speakers. Lack of English proficiency is perceived as one of the main barriers on accessing health services, especially mental health services.

Social network. The social network that participants had built in the country of refuge consisted on friends and relatives from their own ethnic group. Majority of participants described close-knit networks with other Cuban refugees. They did not have close acquaintances from the majority of the population.

Bueno tengo algunos amigos americanos, pero la mayoría son amigos y familia de Cuba (R002). *Well I have some American friends, but most of my friends and family are from Cuba* (R002).

Thoughts about the future. Most of the participants reported that among their ambitions was to establish in the host country and bring the rest of their family. They also felt frustrated about the lack of possibilities to return to Cuba. Some of them reported the need to improve their English proficiency to obtain better employment.

A mí me gustaría volver para Cuba. El problema es que me han negado la visa. No entiendo como mi propio país me niega la entrada y Juma me acepta. Esto me molesta mucho (R010). *I would like to return to Cuba, however my visa was denied. I do not understand how my own country denies my entry and Juma accepts me (R010).*

Need and perceived barriers of mental health services. Most of the participants reported that they have not accessed mental health services; neither had experienced the need recently. However, they reported that they were concern about the difficulties they could face on trying to access them, such as language barriers, limited economical resources and lack of health insurance.

Los servicios de salud en general son muy costosos en US, inaccesible si no tienes seguro medico (R001). *Healthcare in US is very expensive, inaccessible if you do not have insurance (R001).*

Yo sé de muchos cubanos viven en constante estrés y se enferman de los nervios. Pero no sé nada de servicios de salud mental (R001). *I am aware that several Cubans could have a nervous break down, however I am not aware of any mental health services (R001).*

La represión que se vive en Cuba puede causar daño emocional. Tengo una prima que necesita ayuda psiquiátrica, por todo lo que vivió. Pero yo sé que no es posible en este país ya que los servicios de salud son muy costosos. Mucho más si no tienes seguro (R004). *In Cuba we were repressed, that could cause us emotional damage. I have a cousin who needs psychiatric assistance, but I know that she won't be able to receive help since everything is expensive and she does not have health insurance (R004).*

A veces por la noche tengo escalofríos. Siento una sensación de malestar en el pecho. No me explico la razón (R008). *Sometimes at have cold sweats at night. I feel discomfort on my chest. I cannot explain why I feel this way (R008).*

6. Discussion and conclusions

Even though the results presented in this report are based on exploratory research, we consider them relevant due to three main reasons: a) The data collected provides relevant information regarding demographic characteristics and the

prevalence of some PTSD indicators among Cuban refugees settled Roanoke, VA; b) We have expanded our knowledge regarding Cuban refugees experiences, their journeys and the challenges they face when settling in a different society; c) This provides us a better understanding of their immediate needs and the perceived barriers on accessing mental health services.

Based on the data collected in the semi-structured interviews, we could improve our understanding of the motivating factors for the Cuban migration. The migrating journey, which is often described as the most stressing part of the migration process, allows us to understand the resilient characteristic of this population who is striving to co-exist in a foreign society. The experience of refuge that most Cuban experience are very different and unique, since there are several laws that allow adjustment on their permanent status easily. Consequently levels of stress or trauma experienced by them will be different from other refugee experiences.

Finally, further research on this subject is needed. Our analyses are limited due to the size of our sample, time, resources and access to participants. Moreover, since the sampling method is non-statistical and the test used was non-parametric, this research lacks of external validity and generalization.

From revising empirical data regarding the multiple needs that afflict Cuban refugees, we have focused on mental health due to the imminent risk that they are exposed to. By advocating for better utilization of mental health services, (so widely spread in our community) we could enhance Cuban refugees' lives and integration into society. It is true that financial resources will limit our interventions, by better rationalizing services that already exist and redirect them to target refugees' communities.

The foundation of this great nation had benefited from the strengths and resiliency of many immigrants and refugees who have come to America for many years. The new waves of refugees and immigrants can enrich our society. Let's reconfigure our perception of refugees and reach out to them. They are not the «others», they are «us».

7. References

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