

ROOT OF CONFLICT

Root of Conflict Podcast

Episode: Refugee Mental Health

featuring

Aimee Hilado, Associate Professor of Social Work, Northeastern Illinois University,
Founder and Director, RefugeeOne Wellness Program

interviewed by

Aishwarya Raje, Pearson Fellow
Marina Milaszewska, MAIDP '20

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Full Transcript

Reema Saleh: Hi, this is Reema, and you're listening to the University of Chicago Public Policy Podcasts. You're listening to Root of Conflict, a podcast about violent conflict around the world and the people, societies, and policy issues it affects.

In this series, you'll hear from experts and practitioners who conduct research, implement programs, and use data analysis to address some of the most pressing challenges facing our world. Root of Conflict is produced by UC3P, in collaboration with the Pearson Institute for the Study and Resolution of Global Conflict, a research institute housed within the Harris School of Public Policy at the University of Chicago.

In this episode, Aishwarya and Marina speak with Aimee Hilado, a clinical social worker and researcher specializing in immigrant and refugee mental health.

Aishwarya Raje: My name is Aishwarya Raje, and I'm a graduate student at the Harris School of Policy where I'm also a fellow with the Pearson Institute. And on this episode of Root of Conflict, I'm joined by my classmate Marina Milaszewska to sit down with Dr. Aimee Hilado. Dr. Hilado is an expert on refugee and immigrant mental health. She's also an Associate Professor of Social Work at Northeastern Illinois University, and she's the founding clinical director of the RefugeeOne Wellness Program, which is a mental health program established in 2011 for refugees, asylum seekers and immigrants in Illinois. Dr. Hilado, thank you so much for taking the time to speak with us.

Dr. Aimee Hilado: Thank you for having me.

Aishwarya Raje: So, just to dive right in, what led you to focus your career on mental health and wellness for conflict-affected populations and those who have experienced trauma, and why are these issues that should be prioritized when it comes to working with these populations?

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Dr. Aimee Hilado: I'm the daughter of immigrants from the Philippines. And so, thinking about how to navigate adjusting to life in a new country was really part of my upbringing, watching my parents navigating life in the US. Now, every immigrant story is very different, but there was something about that draw. That draw of understanding, "How do people adjust to life in a new country." And as time had progressed, I realized that the nature of folks that are coming to the United States is because they have no choice, because they are forced to leave their home countries, that their experiences were unique. And that services in the field didn't adequately address some of the mental health issues that come when you are forcibly displaced.

And that really was what opened my eyes to this work. I'm a clinical social worker by training. I'm an academic researcher, as you said, an immigrant and refugee mental health and much of my career has really focused on how do we think about supporting the health and mental wellbeing of forcibly displaced immigrants and refugees who are in the United States, while elevating their stories to inform policies that are made that do directly impact those that we serve.

Aishwarya Rajee: So, later today, you'll be presenting at an event here at Harris, which is organized by the Pearson Institute and by Rotary International, which is focused on evidence-based approaches to working with conflict-affected populations, which makes a lot of sense because we're here at Harris where our slogan is "Social impact down to a science". So, can you speak to some of the evidence-based approaches that you use when working with these populations, and how do those approaches potentially change depending on the cultural context of the populations that you're working with?

Dr. Aimee Hilado: So, as part of my work, I started a mental health program for immigrants, refugees, asylum seekers called the RefugeeOne Wellness Program. This is a program that's nested in a larger refugee resettlement program, RefugeeOne, and we've been in operation since 2011. We've been resettling refugees, asylum seekers, unaccompanied minors from all over the world. And really for me, in thinking about how to effectively operate a program, we had to have a deep understanding of who we were serving.

And so, we integrated a lot of ongoing data collection methods to really get to the heart of what's the need: Who are we serving? What's their story, and what treatments are most effective? And so, we have been tracking what are the symptoms based on region of the world, length of time displaced, gender, age, level of education, because all of that directly impacts the treatment modalities that we use. And over time, in the eight years we've been doing this, some of it is just by what we do, what we learn while we're in the field, but also very intentional studies, descriptive studies, randomized controlled trials, to really understand and document services, needs, and impact.

And that's been part of the work of the Wellness Program. To illustrate, I think about some of the things that we just learned by surprise. When we were resettling refugees from Bhutan, from Southeast Asia, from Africa, we would do universal screening. I wanted that to be part of our programming because I wanted to remove the stigma of mental health. So, rather than say, "Okay, someone looks like they've got needs," let's ask them, "Have you been sad? Have you had difficulty sleeping?" We said any adult that arrives is going to be asked questions about their health and

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wellbeing. We would ask you questions about your mood, about your appetite, about your sleep and your relationships with others.

And even with that data, we were able to see trends based on country of origin. How long were they displaced? Where were they displaced? And we used that to inform our treatment modalities. As we started to provide services, we realized that different communities responded to therapy very differently. I think therapy is very much a Western approach to addressing mental health problems and we'd have clients that would come to the first session and they would be supremely polite. And then they wouldn't come back to the next session. And we realized that the one-on-one, face-to-face was just too intense for them.

I would say generally, this was the case with our refugees and asylum seekers coming from Southeast Asia and from Africa, where culturally they're used to being in a collective, they're used to telling their story, their needs within a community-based kind of setting, within groups of people, not one-on-one with someone who's definitely not from their own community. But when it came to other communities, specifically those coming from the Middle East, from Syria and Iraq, what we noticed is that privacy was very important to them. That they weren't ready to share their needs, especially with a stranger who's not from the community. They didn't want to share that with others within their community. And so, we had to tailor their services.

So, what I'm describing is lessons learned that we've collected and tracked to really inform our modalities. Tested the impact of different treatment approaches, whether it's narrative approaches, cognitive behavioral therapy, dialectical behavioral therapy, mindfulness practice, we've seen the level of effectiveness. We track our clients based on pretest and post-test to see is their symptom reduction around the areas that they struggle with most, with the hope of always moving them forward on that pathway to healing.

Marina Milaszewska: Hoda Katebi of *Because We've Read* and *JooJoo Azad* fashion blog utilizes economic empowerment to improve the refugee experience in Chicago. Her sewing factory in the Chicago area is called Blue Tin Production Co-op and employs immigrant and refugee women who may otherwise be barred from employment due to language or legal barriers. What do you think is the role of economics and personal finance in the mental health of refugees?

Dr. Aimee Hilado: I think it's incredibly relevant that oftentimes, when we think about how people arrive into the United States, we think about their migration story and their story doesn't begin just when they arrive. We think about their experiences abroad, the time in which they are traveling to their next destination, whether that's a week, whether that is decades. And then we think about their experiences upon entering the United States.

For those that we're serving, and I think about the RefugeeWellness program, and I think of who we're serving right now, many of them have been displaced on average 17 to 20 years. And so, when you think about that time, just waiting for a resolution to come to the United States, when they come here, the first priority for them is not to talk about mental health. It's about getting the job. It's

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about learning the language and rebuilding their lives because no matter where our refugees are coming from around the world, the United States is still a beacon of hope.

They hear about the American Dream, and that is a priority for them. We also know that the policies, the funding that's allocated to US refugees, the State Department, is really not enough. That there is a housing allocation that really is just about three months of housing funds, where there is an expectation that new arrivals are going to be able to become self-sufficient in a very short period of time. And so, there is that driving force to stabilize themselves with jobs, stabilize the economics, and so, it is so critical.

We are lucky that we are in a time where there are more employment opportunities. We have, in the resettlement program, specific services, where we have employment staff that work with local companies, hotels, factories, the airport services, to make sure that they can serve as liaison for those that maybe had been farmers in their own home countries. Because really, the stress of not being able to put food on the table, the stress of not being able to pay the rent is overwhelming and it actually takes priority before they start talking about previous past trauma symptoms. It's in the here and now, and that's relevant survival. I think about Maslow's *Hierarchy of Needs*. We're not going to get them to talk about past trauma if they're worried about their most basic needs being met. So, very critical.

Aishwarya Raje: Just going back a little bit to what you were saying about the different cultural context that you work with: in addition to managing personal finance and mental health, given the gender breakdown of the populations that you work with, what do you see as some of the unique challenges that women face? Whether they're trying to find employment or accessing mental health services or being a young mother, what are some of the challenges and maybe automatic obstacles that some of the women that you've worked with face?

Dr. Aimee Hilado: Majority of our arrivals are women and children. When we think about those that are forcibly displaced, they tend to be the most vulnerable. And so, in terms of immediate challenges, we've been resettling over the last eight years very large families where dual income is critically important. Those coming from the Democratic Republic of Congo, Central African Republic, we've got a lot of single mothers. And what's hard in the current workplace is that we don't have standard shifts, second shift, third shift that operate from afternoon to late evening. We have to balance transportation that's available. Standard ordinary typical daycare programs that run from 7 to 6 oftentimes don't fit with the schedule of those that are seeking employment now. And the costs are also quite high for high quality childcare.

So, that's a barrier that's there, but we address that barrier by working with the community. Oftentimes we pair families together so that one parent, one family can watch children while another person takes a shift so that we can work it around some of those barriers so that it doesn't keep people from being able to get a job and to be able to provide for their families.

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One of the trends that we've seen is that actually women are finding an easier time getting a job because especially during the summer months, even in the winter months, there's a lot of work around hospitality, and oftentimes they're looking for female employees. Women are not always seen as the viable candidate for factory jobs. It's a lot of hard labor. The challenge with that is potentially changing family dynamics. What happens when in cultures where the women never worked before, now they are the breadwinner? What's the power dynamic that we need to address in the family system as a result of that?

So, I think the challenges look different. They cut across ethnic groups, but in the spirit of looking for gainful employment and becoming self-sufficient, these are challenges, real challenges that directly impact how families function, how individuals function, and also a cumulative impact and the influence on mental wellbeing.

Marina Milaszewska: That's so fascinating how those roles are possibly getting flipped right now. So, for any students who are interested in doing some of the work that you are doing or similar with refugees and immigrants placing a focus on mental health and wellness, what do you think are some important experiences to grasp outside the classroom?

Dr. Aimee Hilado: I would say getting to know the communities, because I've shared a number of the arrivals that are coming to the United States and they're incredibly diverse. And with each community, there are just different belief systems, different cultural traditions, different experiences. And so, to really be able to do this work well, we have to get to the heart of the uniqueness of each family.

I think generalizations are always helpful, but really starting where clients are and recognizing the uniqueness of their immigration story and their experiences is really at the heart of being able to do this work well. I think culture humility is a huge part of what we do. Recognizing that we don't know all the answers, and we've got to be ready to apologize and ask to learn and become partners in this work and recognizing that the people that we serve, they're incredibly resilient. I think when we oftentimes talk about conflict afflicted people, vulnerable populations, forcibly displaced populations, we put them into a box of having needs that they're at greater risk, that we need to pity them in some way.

And what I will say, the stories that I get to hear in therapy, the privilege of being able to serve these populations, they're so incredibly resilient. That they speak 5 to 10 languages in some cases where many of us probably speak only one to two, if we're lucky. That they have overcome insurmountable challenges and yet they're strong, and they're positive, and they're hopeful. And I think we just can't lose sight of the fact that they bring inherent strengths to our communities. And so, what we do in terms of our work with them is really just support them on that pathway to really thriving in a new country.

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Marina Milaszewska: As you just mentioned, refugees face trauma due to loss of familiarity in space, place, routines, and family. When you are working with refugees and immigrants as a mental health practitioner, how do you take care of your own mental health?

Dr. Aimee Hilado: Really good discipline. I think that secondary trauma is not something we talk about enough for immigrant and refugee mental health providers. That, to do our work well, we have to be able to be vulnerable and to take in the stories, but there's always a cost to that. And so, for me, it's really putting self-care as a high priority. To not wait to when I start to feel burnt out to the point that I'm not finding joy in the work. To be disciplined in making connection, to reflect on all the gains, to be able to seek services, my own therapy services, reflective supervision, to process what I'm seeing in the field, because really it is about sustaining yourself in the hard work, that's so incredibly important.

For students in the social work program in which I teach, that's also one of the lessons that we emphasize. Self-care, and even more so than that, a focus on mindfulness, that mindfulness is gaining quite a bit of attention, not only as an effective treatment modality for trauma-experienced populations, but for the professionals that are serving them. Learning how to quiet your mind so that you're less reactive and more responsive. I think that's something that's a skill that all of us need have, and certainly part of my ongoing practice so that I can be in the field for as long as I have been.

Aishwarya Raje: And we couldn't let you go without asking a public policy question. So, given the relatively resistant rhetoric coming out of the Trump administration towards refugees, immigrants, we're seeing things like Muslim ban and families being separated at the border. What do you see, especially gearing up for the 2020 presidential election, as the biggest policy challenges facing the issues that you work on?

Dr. Aimee Hilado: Unfortunately, there are consequences to the anti-immigrant heated rhetoric out there, that there are populations that absolutely feel vulnerable as a result of the policies. And so, one of the charges we've put forward to clinicians and all of those that are advocates for immigrants and refugees is to tell the story. Because I think that oftentimes, we don't have an opportunity to control the narrative, that the narrative that's being spewed is one with a lot of hateful rhetoric.

And so, one of the things that we focused on at RefugeeOne is to show the positive side of what immigrants and refugees bring to the community. How they contribute to the economy, how they contribute to relationships, how they contribute to our schools. And the hope is that as we continue to spread this information that, that creeps up into the policy discussion, that they're not seen as a liability, they're not seen as a threat, but they're seen as contributing members of society that pay taxes. They want to rebuild their lives with dignity and safety, and that hopefully the policies reflect the wonderful contributions that they're making to our communities every single day.

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Aishwarya Raje: Well, thank you so much Dr. Hilado for joining us and for all the incredible work you're doing.

Dr. Aimee Hilado: Thank you.

Reema Saleh: Thank you for listening to this episode of Root of Conflict. This episode was produced and edited by Aishwarya Kumar and Reema Saleh. Special thanks to UC3P and the Pearson Institute for their continued support of this series. For more information on the Pearson Institute's research and events, visit thepearsoninstitute.org and follow them on Twitter.