Psychosocial resilience among resettled Bhutanese refugees in the US

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Addressing high rates of suicide among resettled Bhutanese refugees calls for culturally appropriate, community-based approaches to mental health care.

In the late 1980s the government of Bhutan passed a series of restrictive laws that led to the expulsion of roughly one sixth of the nation's population (mostly, Nepali-speaking minorities). Close to 100,000 Bhutanese refugees fled to eastern Nepal, where many have remained in refugee camps for the past two decades. In 2007, several nations began to resettle Bhutanese refugees and today more than half of the population lives in developed countries. The transition from the bounded life of the camps to economic independence in a new culture has proved psychosocially complex. Over the past four years, a rising rate of suicide among Bhutanese refugees in the US – as well as those remaining in the camps – has caused international alarm.[1]

One community of approximately 600 Bhutanese refugees living in Burlington, Vermont, in the US may serve as a case-study of resilience in the post-resettlement context. Members of this community supplement professional services with community groups that promote psychosocial well-being. Initial exploration revealed low utilisation of professional Western mental health services by Bhutanese refugees due to linguistic, economic and cultural barriers. Significantly, there is often stigma associated with accessing professional mental health care in this population to the extent that the sufferer and his or her family fear social exclusion.

Fortunately, several community initiatives help to fill the mental health-care gap. Although seldom explicitly linked with a 'psychosocial' agenda, many community groups such as the women's knitting circle 'Chautari', the New Farms for New Americans community farming project or the Vermont Bhutanese Association incorporate popular knowledge and beliefs related to resilience.

Among Bhutanese refugees, it is widely believed that remaining engaged, both physically and mentally, is critical to preventing states of mental distress, as is sharing feelings of distress through conversation. Most interviewees only felt comfortable sharing their 'burden' with one or two trusted friends or relatives; in light of the separation caused by resettlement, forums for meeting new friends are more vital than ever to promoting emotional expression and social support. In addition, preservation of cultural identity is closely related to wellness, especially among elderly refugees. Taking part in familiar activities such as knitting and farming promotes feelings of self-worth and identity by drawing on existing skill sets from Bhutan or Nepal. Finally, individual well-being is contingent upon a strong sense of community and one's standing within it; this value, inherent to the interdependent agricultural lifestyles of Bhutanese villages, has been reaffirmed through years of communal living in the refugee camps. Such community groups ease the shock of relocating to a more individualistic society by upholding this sense of security and cohesion.

Bhutanese refugee being resettled having her photo taken at the overseas processing office in Damak, IOM Nepal.

Notably, the language surrounding these community initiatives reflects Bhutanese refugee concepts of psychological vulnerability without attaching harmful labels associated with stigma and disease. Participants may be described as refugees who "remain idle", "stay in the home all day", "think too much" (especially about the past) or experience *dukha* (sadness), *manaasik bhoj* (mental burden) or *tanab* (tension) in the *man* (heart-mind). By addressing these unhealthy states before they become a more stigmatised disorder of the *dimaag* (brain-mind), the preventative community-care model embodies culturally appropriate intervention. In addition, this approach dovetails with Bhutanese refugees' claims to having a 'culture of helping', wherein the suffering of individuals is addressed at the level of family or community.

Such community group activities demonstrably support ethno-psychological mechanisms for fostering psychosocial wellness in the post-resettlement context. While the importance of professional mental health services should not be underrated, community initiatives can supplement these services by helping to prevent the development or worsening of mental disorder, thereby contributing to efforts to prevent suicides.

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1. See International Organization for Migration 2011 report on suicide at: http://tinyurl.com/Bhutanese-suicide-IOM