



VCU

Virginia Commonwealth University
VCU Scholars Compass

Undergraduate Research Posters

Undergraduate Research Opportunities
Program

2020

The Impact of Acculturation on Help-Seeking and Mental Health Among Refugees in Minnesota

Analynne Escobar

Follow this and additional works at: <https://scholarscompass.vcu.edu/uresposters>

© The Author(s)

Downloaded from

Escobar, Analynne, "The Impact of Acculturation on Help-Seeking and Mental Health Among Refugees in Minnesota" (2020). *Undergraduate Research Posters*. Poster 327.

<https://scholarscompass.vcu.edu/uresposters/327>

This Book is brought to you for free and open access by the Undergraduate Research Opportunities Program at VCU Scholars Compass. It has been accepted for inclusion in Undergraduate Research Posters by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.



Introduction

Refugees and immigrants experience high levels of acculturative stress when integrating into western society. Research suggests immigrants and refugees have experienced various encounters of trauma, i.e. death of a family member, housing issues, and war zones, which later provokes symptoms of mental illnesses (Kartal & Kiroopoulos, 2016). The United States hosts over a million refugees and immigrants than any other country, and they all come from different ethnic, racial, and religious groups (Ellis et al, 2011). With a growing trend of immigrants and refugees entering into the United States, there is a need to address high levels of acculturative stress, mental health, and a lack of trust with human services for this population. There is a lack of research that addresses the relationship between trust, acculturative stress, and mental health.

Methods

Data collection:

A convenience sample was conducted by six volunteers in a community based organization in Minnesota with a sample size of 242 participants from five different ethnic groups (Liberian, Oromo, Karen, Hmong, and Samali).

Measures:

A survey questionnaire was utilized to gather information about refugee's resettlement experiences. The survey had seven sections consisting of questions about their resettlement experiences, use of social services/ help seeking, social capital, how acculturated are they to American society, mental health, detailed questions about demographic information, and child welfare, using likert scale question, open ended questions, and questions with options.

Data Analysis:

A descriptive statistic test was computed on SPSS to analyze the demographic of the population, which includes the participants ethnicity, age, and years lived in America. A Pearson's Correlation test was computed on SPSS to measure the relationship between acculturation (level of english, tradition, and identification as an American) and mental health (anxiety, depression, and loneliness). An independent sample t-test was used to understand the mean differences of acculturation between those who responded yes and those who responded no to language being a barrier to help seeking attitudes.

References

Ellis, B. et al. (2011). Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender. *American Orthopsychiatric Association*, 80(4), 564-575.

Fatahi, N. & Krupic, F. (2016). Factors beyond the language barrier in providing health care to immigrant patients. *Med Arch*, 70(1), 61-65.

Im, H. (2007). Hidden homelessness: A refugee survey. *Heading Home Hennepin*.

Kartal, D. & Kiroopoulos, L. (2016). Effects of acculturative stress on PTSD, depressive, and anxiety symptoms among refugees resettled in Australia and Austria. *European Journal of Psychotraumatology*, 1-1.

Raghallaigh, M. (2013). The causes of mistrust amongst asylum seekers and refugees: Insights from research with unaccompanied asylum-seeking minors living in the Republic of Ireland. *Journal of Refugee Studies*, 27(1), 82- 100.

Tables

Table 1

Participant Demographics (N=242)

Variable	Frequency	M (SD)
Gender		
Male	102 (42%)	
Female	140 (58%)	
Ethnicity		
Somali	49 (20%)	
Karen	48 (20%)	
Liberian	49 (20%)	
Oromo	46 (19%)	
	50 (21%)	
Immigration Status		
Refugees	173 (73%)	
Asylees	29 (12%)	
Immigrant	24 (10%)	
Other	16 (10%)	
Employment		
Full-time	114 (47%)	
Part-time	36 (15%)	
Unemployed	92 (38%)	
Education		
No formal education	15.9 (6%)	
Elementary school	10.6 (4.4%)	
Secondary school or GED	40.7 (17%)	
College or University	24.8 (10%)	
Graduate school or more	8 (3%)	
Religion		
Muslim	114 (47%)	
Catholic	14 (6%)	
Protestant	70 (29%)	
Buddhist	27(11%)	
No religion	5 (2%)	
Other	12 (5%)	
Age		38.(13.7)

Table 2

Pearson's Correlation

Subscale	Acculturation			
	English	Tradition	American	U.S. stay
Mental Health				
Anxiety	.005	.085	.037	.175*
Depression	-.031	-.042	.072	-.154*
Loneliness	-.046	.017	.123	.05

Note. *p <.05

Table 3

Effect of Hesitancy on Acculturation

Variable	Language Barrier	N	M	SD	t	p
English	N	82	1.87	.87	-5.2	.045*
	Y	106	2.59	1.0		
Tradition	N	82	1.76	.73	-2.4	.002*
	Y	106	2.08	1.4		
American	N	82	3.11	.96	.68	.019*
	Y	105	3.00	1.2		

Note. *p <.05

Results

Demographics:

For data analysis, 242 responses (from 49 Somali, 49 Karen, 48 Hmong, 45 Liberian, and 50 Oromo) were used, including 140 female and 102 male respondents. Most (73.3%) of their immigrant status when entering the U.S. was refugee. Participants were between the ages 19 to 74 (M=38.6, SD= 13.7). 140 females and 102 males participated in this study. (Refer to table 1)

Acculturation and Mental Health:

There is a significant positive correlation between anxiety and length of stay in the U.S., $r(242) = .175, p = .010$ and depression and length of stay in the U.S. $r(242) = .154, p = .154$. There are no significance between level of English speaking skills and anxiety/ depression $r(242) = -.005, p = .936, r(242) = .031, p = .647$, use of traditions and anxiety/ depression $r(242) = .085, p = .210, r(242) = .042, p = .538$, and identification as an American and anxiety/ depression $r(242) = .037, p = .589, r(242) = .072, p = .289$. (Refer to table 2)

T-Test, Effects of Hesitancy on Acculturation: Language Barrier:

The language barrier response had a significant effect on acculturation (English $t(186) = -5.195, p < .045$, Tradition $t(186) = -2.431, p < .002$, and American $t(185) = .677, p < .019$), with participant's responses were higher for yes than those who responded no (English, Tradition, and American). Those who responded yes (English (M= 2.59, SD= 1.00), Tradition (M= 2.08, SD= 1.04), and American (M= 3.0, SD= 1.2)) reported significantly higher levels of acculturation than those who responded no (English (M= 1.87, SD= .886), Tradition (M= 1.76, SD= .730), and American ((M= 3.11, SD= .956)) because of language barriers. (Refer to table 3)

Discussion

Summary:

This study confirms that refugees who stay longer in America are more likely to experience high levels of anxiety and depression, however, there was no significant difference between one's level of English and anxiety/ depression/ loneliness, tradition and anxiety/ depression/ loneliness, and identification as an American and anxiety/ depression/ loneliness.

Highlights:

It was also found that there was a significant difference when comparing participant's yes or no choices to the reason why they are hesitant to seek social services, where participants in the 'yes' group responded most to language barrier being the reason why they were hesitant to seek services.

Limitations & Implications:

This study did lack a diverse participant pool, being that the data was collected from a community based program in Minnesota, which limits geographical diversity. It also does not utilize assessment tools to determine a quantifiable score on an individual's level of mental health, acculturation, and help seeking attitudes. Those from a diverse cultural background view others who have little understanding of their cultural background as less trustworthy than those of the same background (Fatahi & Krupic, 2016). It is important for healthcare and service providers to consider trust, an individual's level of acculturation, and mental health when working with the refugees and immigrant populations.