



## Challenges in providing adequate mental health services to the refugee community in Bangkok: Identifying the real refugee needs when assessing to care providers

Teresa Soares

Institute of Human Rights and Peace Studies, Mahidol University, Salaya, Thailand  
Corresponding author, E-mail: Teresa\_c\_soares@yahoo.com

### Abstract

This research aims to provide comprehensive, integrated and responsive social challenges on adequate mental care services to the urban refugee community-based in Bangkok, Thailand. The delivery of effective patient care solutions is still a hidden myth for service users, particularly, for the many who are unaware of the service, despite the collective effort from service providers, medical professionals, and the refugee communities themselves. Recent studies have found the lack of skilled human resources and financial restrictions as the major cause for the ineffectiveness of the service. However, to date, little research has focused on the promotion of mental health and preventative mechanisms. The research employed a qualitative methodology to analyze the data from an in-depth interview with eight refugees, two counselors, and one legal advisor. The findings of this research suggest that social strategies should be implemented to improve the quality of care, by building trust and confidence in multi-cultural characteristics within a community taking into consideration expectations, beliefs, and needs. Thus, this research seeks to provide evidence of the challenges and opportunities through the implementation of social strategies to deliver adequate services to the refugee community. The results of the study may improve practices such as creating awareness of the existence of services, mitigating stigma, and strengthening inter-relations between the care professionals and the patient which could have positive impacts.

**Keywords:** *Mental health, Urban refugees, Care providers, Promotion, Counseling, Bangkok.*

### 1. Introduction

The upsurge in numbers of mental health problems among refugees worldwide derives from the increasing number of refugees in different parts of the world (Silove, 2017). Latest global estimated by the United Nations High Commissioner for Refugees (UNHCR) show that more than 68.5 million individuals are currently living as refugees or as displaced persons (UNHCR, 2018). Recent studies have examined diverse groups and confirmed that the mental health of refugees is strongly influenced by war, and persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. The forced migration has a significant impact on long-term health effects combined with the conditions they encounter not only in their home country but also within the host countries (Miller & Rasmussen, 2016).

A shared network of international and national humanitarian institutions such as the UNHCR, and non-profit organizations (NGO's), play an essential role in facilitating refugees' access to social services such as education, primary health, and economic support, as well as advising and providing legal protection to the urban refugee community in Bangkok. Thailand is not a signatory country to the 1951 or the 1967 protocol and does not have a formal national asylum framework, which invalidates the access to any welfare or social programs to urban refugees.

The UNHCR and legal providers are collectively working to help the refugee by conducting the Refugee Status Determination (RSD) and finding durable solutions for all people of concern. This is the legal and administrative process by which governments or the UNHCR determine whether a person seeking international protection is considered a refugee under international, regional, or national law. Finding durable solutions for refugees has become a significant challenge worldwide. The process is complex and slow due to the policies and regulations of the host countries. All these legal constraints contribute to the increase the mental health problems.

Although there are no publicly-available up-to-date numbers, it is estimated that Bangkok hosts around 4,800 urban refugees, mostly from Pakistan and Vietnam, and 1,200 asylum seekers, mostly from Vietnam, Cambodia, and Pakistan. In recent years, urban refugees have been received counseling service



from a few organizations which are specialized in mental health programs. According to one of the counseling providers, in 2017, around 300 individuals, have attended the counseling service.

For instance, the Tzu Chi Thailand, in collaboration with the Tzu Chi International Medical Association (TIMA), was able to assist 2,994 visitors (Tzu Chi Thailand, 2015), including more than 185 minors younger than 15 years old that have received child care, vaccinations, and health education. Apart from the basic services, these institutions are providing more extensive services such as dental and vision services, and additional mental health evaluations for those who requested it.

The availability of mental health services and specific programs for the refugee community in Bangkok remains limited and poorly disclosed. According to the APRRN Southeast Asia Refugee Mental Health Training, accessing mental health services in Southeast Asia have been severely curtailed due to the lack of available funds (APRRN, 2018). It is believed that mental health assistance and treatments are poorly implemented, lack of trust persists, language and cultural barriers are pervasive, and budget shortfalls are a challenge for refugees and care professionals (Chuah et al., 2018).

Health and social services should promote mental health for all, working both with individuals and communities. However, the program's interventions are poorly developed. Public health institutions fail in improving legal frameworks to address the specific health needs of people. Illness prevention and care should be provided for the most vulnerable groups, without any discrimination. According to the WHO (2017), the mental health of refugees should not be considered separately from the health of the overall population.

Recent studies pointed out that multi-cultural groups have more difficulty in share their concerns and fears with medical practitioners: there is a misunderstanding and incomprehension of the real refugees care needs as well as language and cultural barriers, which, therefore, reinforces the lack of engagement and trust from the refugee community for the services provided by local medical institutions. Recent studies have shown that lack of knowledge and specialized training are also a concern in providing the service (Simmelink and Shannon, 2012). Mental health workers should be trained in specific competencies, such as cultural and languages to reach refugees perspectives.

Language and culture play an important role in mental health service delivery. The literature review suggests that culture and language barriers contribute to the lack of trust and confidentiality when they attend the service. For instance, the Tzu Chi agency, states that lack of resources, unable to provide assistance in other complementary health areas, which requires a medical specialist (Reliefweb, 2017). Currently, health services, including mental health treatments, provided by the UNHCR and some NGO's, have also been severely restricted due to the lack of available funds (Murray et al., 2010). Countries still allocated a low budget for mental health services. According to the information provided by the UNHCR budget for Thailand is unclear as to where the budget for mental health fits.

The limited service provided to refugees is not only related to the lack of resources, communication or budget. Be prepared to assist refugees, even with limited resources, requires a combined care service to deliver the most appropriate service. Thus, it may include community engagement, partnership working, and awareness. According to Franks, (2007), it is suggested that providing counseling and psychotherapy alone may not be the most appropriate way of improving mental health within the refugee community.

There is evidence of many gaps related to mental health promotion, awareness, and the effectiveness of the service. In the WHO report (WHO, 2017) it is recommended the inclusion of mental health into primary care service, which is a way to contribute to a better outcome. Improving services and outcomes for a multi-cultural population is a challenge for the mental health system. To mitigate the increase of mental health issues, medicals and patients should be assessed and together reach a better outcome of the mental health service.

There is a consensus that providing the necessary mental health support requires the collective effort of all international and national organizations. Health industry leaders, non-governmental organizations, and donors are creating strategies to strengthen links to promote mental health. However, when it comes to a national domain, new challenges arise. Local policies and regulations may restrict access to social services for the illegal population, leading to the inability to receive assistance directly from the



national care system. Mental health has been identified as one of the significant concerns amongst refugee and asylum seeker population, although there are still few opportunities for referral treatments.

The pool of resources can limit the access and the effectiveness of the care services; however, recent studies pointed that the problem may not be only related with the person or organization itself, but also with the misunderstanding about the real refugees' needs (Chuah et al., 2018). Still, need to analyze the level of refugee satisfaction with the service. The willingness to understand the refugee needs remains inexplicable or barely described, and the incoherence endures within the different approaches. Previous studies have pointed out that, "...services rarely offer opportunities to refugees to express their basic needs, or how the institutional responses to these needs are different from what is expected by population, increasing the risk of mistrust and stigma" (Bartolomei et al., 2016).

This research provides evidence on how finding international protection brings social concerns. Factors such as lack of employment, limited access to education and healthcare programs, delay of the refugee status determination procedures (RSD), a risk of arrest or detention, and finding durable solutions, are the main reasons for the appearance or the increase in mental health issues. Despite the humanitarian assistance from different organizations, urban refugees continue to suffer from poor social and material conditions (Miller & Rasmussen, 2016).

However, this research reveals that, apart from the stressors faced by the care providers, it is necessary to have a more collaborative and effective communication, including sharing the benefits, and follow-up outcomes. Fostering deeper links such as community engagement, partnership working, and mental health awareness initiatives are the key areas of improvement of the counseling service. According to Franks (2007), it is suggested that providing counseling and psychotherapy alone may not be the most appropriate way of improving mental health within the refugees' community. Likewise, the promotion of mental health programs is still poorly developed. The absence of information is one of the reasons for the increase in mental health issues. According to the Addiction and Mental Health Collaborative Project Steering Committee (2014), the lack of knowledge and the poor information about where to get care is one of the issues reported by some researchers.

More funding is required to promote and create awareness of mental health programs. Institutions are still struggling to provide the service with the resources available, which clearly reveals the incapacity to provide an adequate service in the near future. Many countries still allocate a very low budget for mental health services. According to WHO for Southeast Asia, apart from the low governmental priority for mental health, the lack of financial and human resources remains the major problem. The WHO report (WHO, 2017) recommends the inclusion of mental health into primary care service as a way to contribute to a better outcome. Improving services and outcomes for a multi-cultural population is a challenge for the mental health system.

There is a growing number of studies on the challenges presented by the refugee population when accessing mental health services; however, such research focuses mainly on organizational or institutional performance rather than patient perception, beliefs, and needs. To reduce the burden of mental health issues, it is essential to identify the healthcare providers' challenges and what the real needs of the refugee population are. From an academic perspective, this research will give a positive contribution to identifying how urban refugees assess the counseling service and also study the challenges faced by the care providers in improving mental health service. Additionally, this study identified opportunities and further operational adjustments to better support the urban refugee community in Bangkok.

## 2. Objectives

1. Identify how works the mental health system in urban settings to meet refugee needs.
2. Understand how urban refugees assess mental health service.
3. Comprehend the responsiveness of the care providers in providing counseling and psychological support.
4. Identify the key areas of concern to deliver a better service.
5. Comprehend, how care providers disclosure the mental health programs.



### 3. Materials and Methods

Given the comprehensive nature of the subject of this study, qualitative study design was conducted through in-depth individual interviews. To address the aim of this research, the researcher sought to explore participants' assessment of the mental health service, as well as identify the challenges faced by the care providers.

#### Target population and sampling design

The primary data collection was carried out from an integrated delivery care system and patients. A total of 11 participants (eight refugees, two counselors, and one legal provider) were enrolled in this study. Purposive sampling was conducted to recruit key informants with professional expertise and experience working in the field of urban refugee mental health or in providing healthcare services to refugees and asylum-seekers. Pre-Selection criteria identified the participants through a stakeholder analysis process, which involved the selection of who is attending the counseling service. A sample size of 8 participants was obtained for each category of participants with the socio-demographic characteristics showed below:

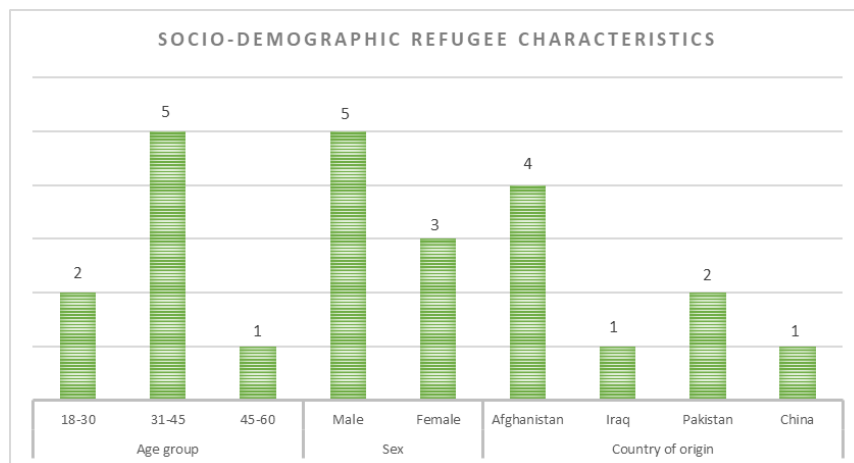


Table 1 Socio-demographic refugee characteristics

#### Study site

Bangkok district was the selected area to conduct the research. The majority of the urban refugee community is based in Bangkok due to the access to social and economic facilities such as education, medical support, and job opportunities. It is estimated that more than 3,000 refugees attending health services, including mental health services and treatments.

#### Data analysis

A combination of transcription and keynotes were analyzed using content analysis following the standards of qualitative data analysis procedures. A process of coding was used to identify categories, clustering, and themes after the interviews transcription.

#### Ethics approval

The research project for this study received ethical approval from the Ethics Committee from the Institute of Population and Social Research, Mahidol University. All participants were provided with a writing consent document containing the description of the research project, its purpose, length of the interview and confidentiality. The respondents were also advised that they could freely withdraw at any point of the interview. Only participants who provided informed consent were allowed to participate.

### 4. Results

#### 4.1 Mental health service assessment

This study revealed a broad consensus of a positive assessment of the provision of the counseling service. During the interviews, the respondents reported that they didn't have to wait so long for an appointment and they feel trust in sharing their concerns with the medical practitioners. One of the refugees



stated "it was good for me. For example, they told me that I could study. I didn't have problems sharing my problems. At first, I was a little bit shy, after that I talked again. I started to talk about everything in my life. And also, they gave me some books for me to read. After I read, I can make an appointment and talk about the book also." This research suggests that the favorable assessment of the service, it can be related to the delivery of complementary services such as education, health and economic support in the same institution, which stimulates engagement and trust for an easier the relationship between the patient and medical practitioners.

#### **4.2 Social, economic and protection concerns upon arrival in Bangkok**

A high rate of stress and concerns about their future was shared by the respondents: limited financial resources, lack of employment, fear of being arrested, and living in poor conditions are the refugee concerns upon arrival in Thailand. In some cases such as chronic diseases, the refugee population has no money to pay, because they are not under a national service care provider. Institutions that serve refugee, have a limited budget, so chronic health or regular visits to the hospital are not supported. According to one of the counselors, she reported that "The refugees seek counseling because of limited budget and they don't have money to pay their sickness." All these concerns increase their stress and anxiety. Protection concerns are one of the factors that increase mental health issues. The respondents showed concerns regarding their social environment "We have many problems, refugee have many problems. We stay in one room, we cannot go out, we cannot do anything." Refugees seek counseling not only related to social and economic constraints but also to get help for legal procedures. The uncertain about their future is one of the concerns faced by the refugee community.

#### **4.3 Limitation of the pool of resources**

Limited budget and limited human resources are challenges common to the care providers. Providing some support for the administrative staff is one of the concerns for the counselors. However, this research reveals that even with a limited pool of resources, it is possible to attend to those in need, and special concern and attention is given to special cases where hospital intervention is necessary. One of the counselors stated that "In the operation level, I don't have any problem, because we have a way to manage our budget...in some serious level where the patient needs to continue the medicine, I have to talk with my boss to support the payment."

In some cases, the organizations can refer the refugees to other refugee care providers that have a special focus on medical specialties, and where they can support different health interventions. The care providers also stated that the number of refugees receiving services is increasing, although the official number of refugees based in Bangkok is decreasing, which suggests that more allocation of human resources and budgets is necessary to assist more refugee in the near future.

#### **4.4 Partnerships engagement: Empowerment through local networks**

The study reveals that most of the refugees who attended the counseling services were referred by the UNHCR or from other care providers who have dedicated service to the urban refugee community in Bangkok. Despite the organizations referring the refugee to the counseling service to gain a deeper understanding of the mental health problem, a gap remains in terms of communication between the care institutions. Communication regarding the refugee's condition dates of initial treatments and outcomes remains absent. Disclose information is necessary to identify future opportunities for improvement or at the operation level. One of the institutions reported that "when we refer the asylum seekers or refugees to see the counselor, I think that they are able to get the services, but honestly there is no much continuity in that process." Active and responsive care coordination will provide a more efficient service by tracking follow-up appointments and treatment evolution, for example. The data about operational procedures is only available for the providers who deliver the mental health service.

#### **4.5 Mental health prevention and promotion**

Most respondents reported that they started to attend the counseling service when the UNHCR or the care institutions who support refugees, referred them to seek counseling support. Torture, trauma, illusions or paranoid are the symptoms shared by the refugee community when attending the service for legal procedures. This organization also stated that sometimes it's quite obvious that they are facing mental health problems. This also confirmed the refugee answers when they were asked how they become aware of the service. Most participants informed that they started attending the counseling service after being



referred by the UNHCR or from the care institutions. "I went to meet with the UN officer and the UN officer refers me to the psychological counseling." This finding suggests that the lack of awareness of the service is poorly disclosed. This was supported by the refugee answers, where they were asked if the institutions should create awareness about the existence of the service among the refugee community, where all agreed that the service should be promoted.

#### **4.6 Future priority needs**

During the research, concern for assessment of special education needs for refugee children was expressed by some parents. Problems with child development are one of the real refugee needs identified in this research. Parents showed distress with their children's behavior, particularly at school, and with problems in speaking. This requires special attention and specialization from the care providers. Culture, language, and inclusion might be among the reasons for childhood behavioral disorders. According to the counselor staff, child behavior or disorders is normally reported by the teacher at school. After receiving the information, the counseling services scheduled a meeting with the family and the children. However, parents stated that "they should provide other services for my son." Find proper solutions remain a gap for child development amongst the refugee community in Bangkok.

#### **Discussion**

This study reveals that refugees faced several social constraints with direct impact on their mental health, agreeing with other studies (Miller & Rasmussen, 2016). Refugees suffer from a high rate of preventable social, physical, emotional, and stressors in new environments, including insecurity, primary care services and lack of jobs opportunities (Mutiso et al., 2018). These constraints that caused the emerge or increase of mental health problems among the refugees is attributed to the traumatic events experienced in the home country, in addition to multiple consequences of living in a country without legal protection and access to social services as the rest of the population. In addition, this research found that one of the motives for mental health issues is related to family matters. Some respondents shared that their needs are related to their child. According to Minhas (2017), traumatic experiences early in life significantly impact a child's development. One of the consequences can be related to parents' histories of traumas, which can lead the children to face the same problems. However, one of the counselors stated that sometimes, the parents say that their child is normal and don't have any problem. The findings suggest that finding an alternative solution with complementary services to help with development, learning potential, and behavior needs.

Despite some respondents concerns, this research shows that refugees have a positive assessment of the service. Trust, engagement, and understanding of their needs, as well as the presence of an interpreter, does not bring any discomfort in sharing their concerns with the counselors. However, some researchers Murray (2010) and Giacco (2014) argue that the presence of an interpreter is one of the reasons for not providing a better service. During the interviews, some respondents had to use an interpreter. Based on the researcher observation, it was clear the easy-friendly communication between the interpreter and the respondent.

The findings in this study are comparable to the majority of the study, where the limited pool of resources becomes the main issue to deliver a better service, especially to complementary services. Limited budget for mental health is assumed, as well as the pool of resources to provide additional services. According to Haroon (2008) e Murray (2010), the pool of resources can limit access to the effectiveness of the service. In fact, this research shows several challenges in providing the service, such as administrative support and tight budget support. The findings suggest that mental health, although available, is not considered a priority when compared to other services.

Several studies discussed that it is a complexity accessing mental health services, including fear of lack of confidentiality and fear of medication side effects (Bartolomei et al., 2016). However, the findings suggest that the urban refugee population interviewed have access to the counseling service. However, operational gaps remaining in disclose the existence of the service. The lack of awareness and promotion of the service is the cause of the possibility of the unfamiliarity of the service. This fact is well-known by the care providers. During the interview, it was clear that the promotion of mental health service will bring more patients, and the institution has no capacity to attend all in need. Building capacities of the health staff by promoting the integration of mental health into primary health care, will avoid the development of mental health issues and improve patient care.



The coordination among the different organizations should be improved. The research revealed a lack of engagement to identify and share refugee mental health needs adequately. A network for the exchange of information such as counseling appointment or eventually expected outcomes should be shared. According to Silove (2017), one of the successful programs, is to establish a more comprehensive, inclusive and integrated response, which includes networking on mental health agencies, community, and general health services. More collaborative work among institutions will improve a better understanding of what the real refugees are.

#### Recommendations

This research showed that there are some complex needs to be explored in the future. Allocation of human resources for mental health remains low when compared to other services. Identifying how to reduce the administrative tasks such as checking the patient information and medicines provided, is one of the goals to provide a more effective service. The solution may pass by hiring a new member staff. This readjustment will allow the counselors to have more dedicated time for the patients, resulting in a reduction of follow-up scheduling.

Insufficient funding is also a challenge faced by the care providers in providing more efficient service to the refugee community. Services could certainly be improved by identifying additional sources of funding to support the implementation of new activities and programs to prevent the increasing need for mental health service.

A more collaborative approach between care humanitarian institution and mental care professionals is fundamental. This requires that organizations take actions such as implementing mental service design, systems for sharing information, coordinating services delivery and service evolution (this should exclude sharing personal information of the patients). A promising solution might include a regular reporting program on progress in mental health service be available to all humanitarian organizations involved in this process.

There is a clear need to create access to complementary services, such as specialist for children. As far as it is known no previous research has attempted to look at refugee children's disorders. There is a need to prioritize education and other developmental needs of children, including more support to parents desperate to ensure the well-being of their children.

Establish periodic visits to the refugee community to understand the current situation among the refugees. Create social programs, with strategies that foster communities to create new social networks and promote community engagement with social activities. Such practices will help individuals to obtain assistance in relation to housing, economic and social problems and also deal with gender-based violence. Trained facilitators such as trained facilitators (interpreters, volunteers, and care providers) will create a mutual social relationship and a safer environment. This is important to reduce isolation and share experiences amongst the refugee communities.

Most of the recommendations are based on the creation of new models and strategies on how the coordination between health care providers and human resources are crucial, and to gradually build a more effective use of the available services and achieve a better outcome for the care providers and for the refugee population.

## 5. Conclusion

This study aimed to identify and explore the gaps existing in the literature review, by comparing the challenges faced by the health providers while providing the service, and also understand how refugees assess the service when receiving psychological support from the service providers. The methodology and the techniques that were chosen allowed the researcher to identify how refugees assess the service, as well as recognize opportunities for improvement.

This research highlights that there is a good relationship between refugees and care providers, which contributed to an overall positive assessment of the service. The results perceived some links shared by care providers, as they shared the tight budgets and limited human resources.

Concerns and constraints were shared by care institutions and patients, and the majority of the social and financial concerns was shared by several researchers as well. However, it was noticed that there is a necessity of having more dedicated attention to children's disorders.



An advocacy role is necessary to create awareness about mental health programs within the institutions that directly or indirectly are involved with the urban refugee process, as this is one of the challenges in preventing the increase of mental health problems. The importance of promoting mental health programs was a consensus with all refugees interviewed.

The key to successful delivery and effective accomplishment of all the established goals annually is to create a more proximate and effective communication between institutions and to create a more comprehensive, inclusive and integrated response for mental health concerns.

More research should be conducted to understand the trends of the impact of mental health on the urban refugee community in Bangkok, as it is known that the number of referred persons to the counseling service is increasing each year.

### Limitations

The main limitations of this study are that the data was only gathered from a small sample size for the refugee and care providers, out of many urban refugees and care institutions in Bangkok. Thus, the data collected can therefore not be generalized. Secondly, the lack of prior researches in this research area may be difficult to identify the trends and understand in-depth the research problem.

## 6. Acknowledgements

This paper was partially supported by the Faculty of Graduate Studies, from Mahidol University. The content in this manuscript is the responsibility of the author and does not represent the official views of Mahidol University. I also would like to thank you to the care providers and the urban refugee community who contributed with their knowledge for the purpose of this research.

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