

# Navigating Barriers in Treating Psychosis: A Case Report of an Afghan Refugee in El Paso, Texas

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## Background

El Paso, Texas is a border city in Far West of Texas uniquely situated as a port of entry for migrants but also temporary home for refugees on the military base, Fort Bliss. This unique population along with other challenges that include lack of resources adds to the complexity of treating psychiatric patients.

## References:

Patanè M, Ghane S, Karyotaki E, Cuijpers P, Schoonmade L, Tarsitani L, Sijbrandij M. Prevalence of mental disorders in refugees and asylum seekers: a systematic review and meta-analysis. *Glob Ment Health (Camb)*. 2022 Jun 14;9:250-263.

Mental health and forced displacement [Internet]. World Health Organization. World Health Organization; [cited 2023Mar27]. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement>

## Case Report

We present the case of a 23-year-old female Afghan refugee who was brought to the ED from the refugee camp after attempting to stab someone. She presented acutely psychotic with symptoms of auditory hallucinations, disorganized speech and behavior. The first challenge came with finding a translator to speak to specific dialect, Parsi, of the patient. We performed a thorough psychiatric evaluation, of note the family recounted her first psychotic episode triggered by sexual abuse while living in Turkey and working in difficult conditions at a textile factory. Due to the level of decompensation, high risk factors, we had to place an involuntary hold, which resulted in significant distress and panic from both the patient and family due to confusion and seeing a security guard now supervising her. Moreover, admission to an inpatient psychiatric hospitalization was a challenge due to several factors unclear migration status, language barriers, and the potential interference with the permanent placement process of the patient and her family. We instead admitted her to the medical hospital, providing work-up and treatment by collaborating with the primary team, social worker, and nursing staff. We created a discharge plan that included follow-up with the military physician, recommending safer living environment at the camp and relapse prevention plan.

## Conclusion

The case presented highlights the challenges of managing schizophrenia in a refugee population, particularly in communities with limited resources. Clinicians must be prepared to work collaboratively with patients and their families, and to be sensitive to the unique cultural and social contexts that may impact the patient's condition. The case also suggests the need for further research on the best practices for managing mental health in a refugee population.

## Discussion

The management of schizophrenia in the context of cultural, linguistic, and socioeconomic barriers can be challenging, particularly in communities with limited resources such as El Paso. Moreover, the prevalence of mental illness is higher among refugees and asylum seekers (1) with risk factors including exposure to armed conflict, violence, life threatening conditions during transit poor living conditions after migration uncertainty regarding legal status (2). Management of this patient involved providing extensive psychoeducation, cultural humility, paying attention to the psychosocial aspects of her condition. While they were grateful about receiving a diagnosis and recommended treatment, there was significant backlash when suggesting an inpatient hospitalization that would separate her from her family. This case involved tailoring our treatment plan specifically to her situation, but still providing quality care and not sacrificing safety.