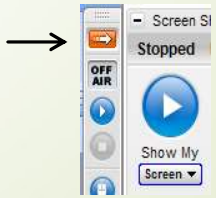
Welcome to the Webinar

- All attendees are on mute - to ask a question, please type it into the Q&A box in the control panel on your screen
- You can download the slides from this presentation at:
  http://www.zurickdavis.com/ZurickDavis_industry_insights.php
  OR
  http://tinyurl.com/ZD-webinar
- If you would like to minimize the control panel so that you can see more of the screen, click on the white arrow in the small orange box and the control panel will be minimized. You can click on the arrow to open the panel to type in a question.



ZurickDavis

Refugee Mental Health: Improving Screening Following Resettlement

Kelly Polcher, DNP, APRN, FNP-C
Family HealthCare
Fargo, ND
kpolcher@famhealthcare.org

Outline

- Introduction
- Literature
- Recommendations
- Barriers
- Refugee Health Screener 15 (RHS-15)
- Implementation
- Considerations
- Findings

Introduction

- Mental illness among refugees resettling in the United States can significantly impact their overall health, adaption and quality of life
- Triple trauma paradigm (preflight, flight, post-flight) describes three phases of stress refugees encounter and all phases impact mental well-being
  - Exposure to war
  - States-sponsored violence and oppression
  - Torture
  - Experience in refugee camps
  - Physical displacement from home country
  - Loss of family members and prolonged separation
  - Adapting to new culture
  - Low socioeconomic status and unemployment

Literature

- Significant link between mental illness among refugees and trauma exposure
- Refugees at much higher risk for mental illness such as anxiety, depression and PTSD
- Prevalence rate of PTSD among refugees estimated to be 30.6% and 30.8% for depression (U.S. rates 3.5% and 6.9% respectively)
- Strong relationship between trauma exposure and symptoms of PTSD and depression among refugees

(Bentley et al, 2011; Marshall et al.; Savin et al., 2005; Steel et al., 2009; NIMH, 2012)

Literature (cont.)

- Mental illness among refugees can lead to long-term consequences physically and socially
- Mental illness among refugees can lead to disabling health conditions, difficulty learning English language, difficulty adapting within society, and impaired overall functioning
- Global functioning scores inversely related to PTSD symptoms
- Only 56% (25/44) of states were providing refugees with mental health screening and less than half were addressing trauma or torture

(Shannon et al., 2012; Vojvoda et al., 2008)

Recommendations

- Initial refugee health evaluations included screening for infectious diseases, chronic/disabling conditions and immunizations
- Mental health screening is recommended by CDC under refugee health guidelines
  - Up until 2013, no universal/standardized mental health screening in Fargo
  - Mental health screening was briefly addressed during refugee physical if time allowed and with general office visits similar to any other patient (PHQ-9 most often used)

Why Screen?

- Earlier detection of mental illness
- Earlier opportunity to offer treatment
- Earlier treatment of mental illness will improve overall health
- Improving overall health of refugees will improve refugees' quality and life and overall success following resettlement

When to screen

- Ideally between 2-6 months following resettlement
  - After "honeymoon" phase
  - New stressors (work, school, financial, social)
  - Active insurance if require additional services or referrals
- Should rescreen in 3-6 months if able

Who to screen

- Ideally all newly resettled refugees
- Currently, FHC is only screening adult refugees
- Depends on screening tool used
- Depends on resources available

  (i.e. for children/adolescents)

Barriers

- Time
- Staff attitudes and motivation
- Reimbursement
- Mental health resources
- Stigma

Refugee Health Screener 15 (RHS-15)

- Background
  - Permission for use given by Pathways to Wellness
  - Validated, efficient and sensitive screening instrument for detecting emotional distress
  - Specific for refugees
  - Evaluates for emotional distress which may indicate PTSD, anxiety or depression – most common mental health disorders among refugees
  - Incorporates assessments from already-validated tools: New Mexico refugee Symptoms Checklist 121 (NMRSCL-121), Hopkins Symptoms Checklist-25 (HSC-25), and Posttraumatic Symptom Scale- Self Report (PSS-SR)
  - Predictive, not diagnostic
  - Initial development included ages 14 and older

    (Hollifield et al., 2013)

RHS-15 (cont.)

- Languages
  - English
  - Arabic
  - Burmese
  - Karen
  - Russian
  - Nepali
  - Somali
  - Amharic
  - Cuban Spanish
  - Farsi
  - French
  - Swahili
  - Tigrinya
  - Kinyarwanda

Implementation

- RHS-15 administered 2-6 months post-resettlement on refugees ages 18+
- Positive screenings recommended follow up with primary provider
- Offered mental health services/treatments as indicated
- Urgent cases referred directly to psychiatric services (internally or at federally qualified behavioral health center)

Urgent cases

- Immediate referral for psychiatric care if:
  - Paranoia
  - Delusions
  - Hallucinations
  - Suicidal ideations
  - Homicidal ideations

  (CDC, 2012)

Considerations

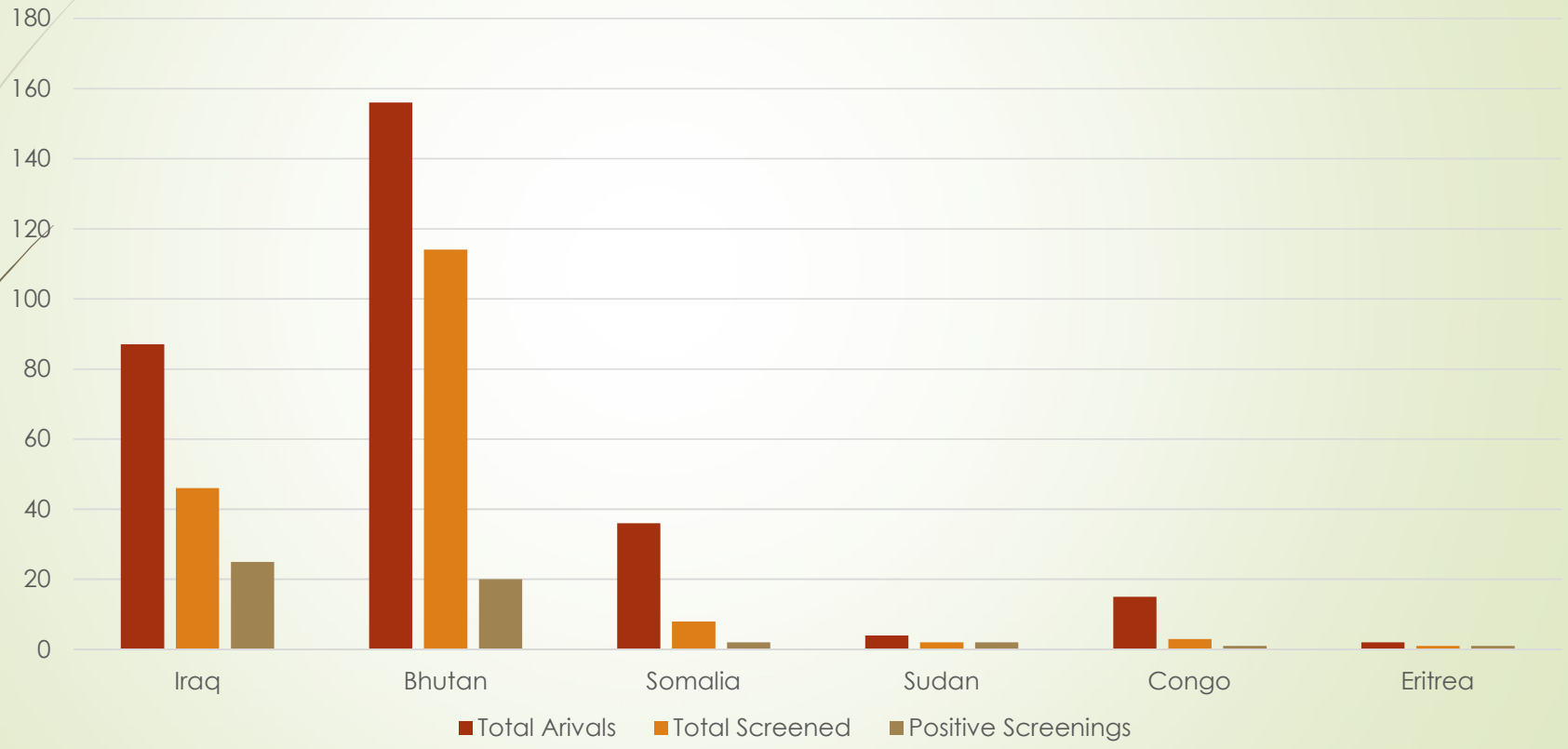
- Positive screenings can represent situational stresses
- In order to screen, need to be familiar with available resources
- Stigma on mental health
- Focus should be on mental well-being, not mental illness

Findings

- One year pilot for arrivals between August 1, 2013 – July 31, 2014
- 178 adult refugees from eight different countries screened
- 51 positive screenings (28.6%)
- Ages of positive screenings ranged from 18 to >51

(Polcher & Calloway, 2016)

Findings (cont.)



Findings (cont.)

- Refugees from Iraq more likely to screen positive (25/51)
- Mean questionnaire scores significantly higher (31.04 vs. 15)
- Distress meter scores significantly higher (5.24 vs 2.85)

(Polcher & Calloway, 2016)

Findings (cont.)

- Follow up care for positive screenings
  - 76.5% agreed to follow up evaluation (39/51)
  - 77% attended follow up (30/39)
  - 50% agreed to treatment (15/30)
- Treatments based on diagnosis, severity of symptoms and patient's perception of illness
- Treatments included pharmacologic therapy, counseling services and/or behavioral health specialist/psychiatry referral

(Polcher & Calloway, 2016)

Conclusion

- Earlier mental health screening of refugees may lower emotional distress, improve adjustment and prevent crisis
- Findings from pilot consistent with similar studies of refugees and mental illness
- Refugees from Iraq have higher incidence of emotional distress following resettlement
- Important that mental health of all refugees be addressed post-resettlement

Questions

References

Bentley, J.A., Thoburn, J.W., Stewart, D.G., & Boynton, L.D. (2011). The indirect effect of somatic complaints on report of posttraumatic psychological symptomatology among Somali refugees. *Journal of Traumatic Stress, 24*(4), 479-482.

Centers for Disease Control and Prevention. (2012). *Immigrant and refugee health*. Retrieved from: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html

Hollifield, M. et al. (2013). The refugee health screener-15 (RHS-15): Development and validation of an instrument for anxiety, depression and PTSD in refugees. *General Hospital Psychiatry*. doi: 10.1016/j.genhosppsych.2012.12.002

Marshall, G., Schell, T., Elliott, M., Berthold, S., & Chun, C. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *Journal of American Medical Association, 294*(5), 571-579.

National Institute of Mental Health. (2012). Statistics. Retrieved from http://www.nimh.nih.gov/health/statistics/index.shtml.

Polcher, K & Calloway, S. (2016). Addressing the need for mental health screening of newly resettled refugees: A pilot project. *Journal of Primary Care & Community Health*. doi: 10.1 177.2150131916636630

Savin, D., Seymour, D., Littleford, L., Bettridge, J., & Giese, A. (2005). Findings from mental health screening of newly arrived refugees in Colorado. *Public Health Reports, 120*, 224-229.

References (cont.)

Shannon, P., Im, J., Becher, E., Simmelink, J., Wieling, E., & O'Fallon, A. (2012). Screening for war trauma, torture, and mental health symptoms among newly arrived refugees: A national survey of U.S. refugee health coordinators. *Journal of Immigrant & Refugee Studies, 10*(4), 380-394.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R., & VanOmmeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. *Journal of the American Medical Association, 302*(5), 537-549.

Vojvoda, D., Weine, S., McGlashan, T., Becker, D., & Southwick, S. (2008). Posttraumatic stress disorder symptoms in Bosnian refugees 3 ½ years after resettlement. *Journal of Rehabilitation Research & Development, 45*(3), 421-426.

Thank You!

We hope you enjoyed this presentation. To make sure you receive invitations to future Webinars, follow us:
@ZurickDavis

A copy of the presentation slides can be downloaded at:
www.zurickdavis.com/ZurickDavis_industry_insights.php
OR
http://tinyurl.com/ZD-webinar

We will be posting the recording at the same location on our Website within the next day so you can access it.

ZurickDavis