

**Pathways to Wellness:
Integrating Refugee Health and Well-Being**



**Refugee Mental Health
Screening:
Developing Resources in
Your Community**

*Creating pathways for
refugee survivors to heal*





Thank You

- **Partners:** Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Dr. Michael Hollifield

- **Funders:** Robert Wood Johnson Foundation, The Bill & Melinda Gates Foundation, M.J. Murdock Charitable Trust, United Way of King County, Seattle Foundation, Medina Foundation, and the Boeing Employees Community Fund

Learning Objectives

- One Solution – the RHS-15
- What is the RHS-15
- How to Use it
- Implementation in Your Community

Pathways to Wellness

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**The Pathways to Wellness Project:
Integrating Refugee Health and Well Being**

*Because no refugee should have
to suffer any more than they already have*

The Project

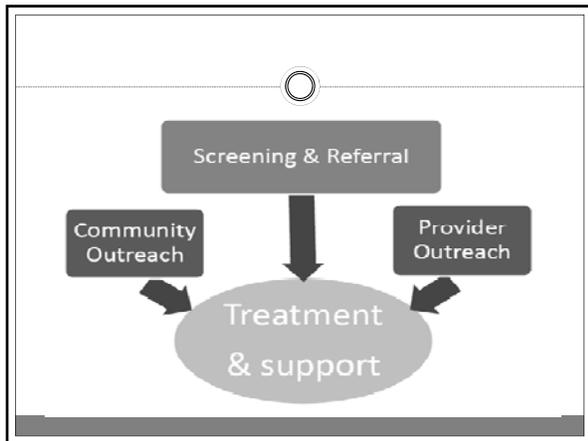
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- **Mental health screening rarely done** during initial resettlement and/or at primary health care clinics
- Local refugee service providers **observing refugee clients with emotional distress**
- Local service agencies **unsure where to refer and how**
- **“Mental health” having different meaning and high stigma** in refugee communities
- Mental health agencies **uncertain how to effectively work with refugees**

The Vision

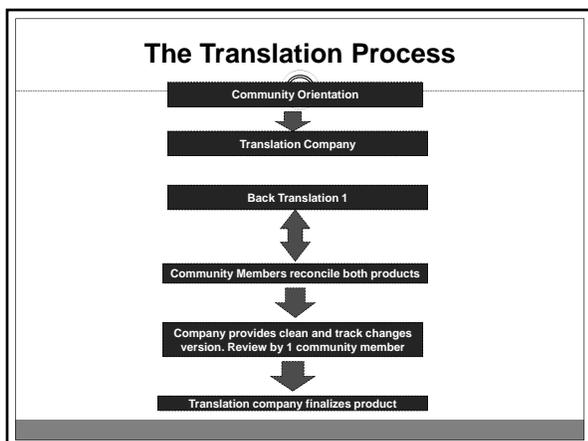
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<div style="background-color: #cccccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Early mental health screening</p> <p style="text-align: center; font-size: small;">(while refugees still have resources)</p> </div> <div style="background-color: #cccccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">Build capacity for refugee mental health</p> <p style="text-align: center; font-size: small;">(mental health agencies & refugee communities)</p> </div> <div style="background-color: #333333; color: white; padding: 5px;"> <p style="text-align: center;">Design of evidence-based, validated tools</p> </div>	<ul style="list-style-type: none"> • Prevent refugees in crisis • Lower emotional distress • Improve adjustment <ul style="list-style-type: none"> • Increase access • Decrease stigma <ul style="list-style-type: none"> • Provide effective approach to reduce burden of mental illness • Offer tools to other resettlement areas for replication
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The Refugee Health Screener-15 (RHS-15)

- Pathways partnered with refugee communities and a renowned psychiatrist to validate a culturally competent, short screening questionnaire.
 - The RHS-15 (Refugee Health Screener-15) screens refugees for distressing symptoms of **anxiety and depression**, including PTSD. It is not DIAGNOSTIC, it is PREDICTIVE.
 - After a rigorous year-long evaluation, the assessment was empirically proven to be reliable and effective, with about 30% of people showing significant distress.**
 - Available translations (bi-lingual/native language versions):
 - Arabic, Nepali, Karen, Burmese, Russian, Somali (other languages planned for translation in 2012: Tigrinya, Swahili, and Farsi)



Scoring the RHS-15



SCORING

Screening is POSITIVE if:

1. Total score of Items 1 to 14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5

Self-Administered _____

Not Self-Administered _____

CIRCLE ONE:

SCREEN NEGATIVE

SCREEN POSITIVE
REFER FOR SERVICES

Operationalizing the RHS-15



Universal vs. Site Specific



**Universal
vs.
Site Specific**

Universal

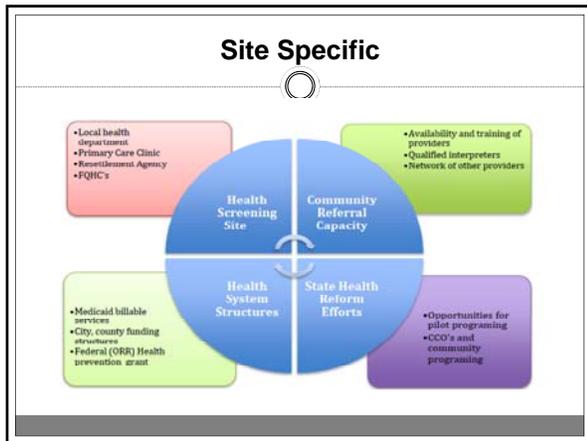
- **WHO can administer the RHS-15?**
 - Health workers, interpreters, others involved in patient care.
 - *Pathways* recommends at least a one hour training for whomever is administering the tool to discuss the reasoning behind it, how to set the context, how to score it, and how and where to refer.
 - *Pathways* also recommends training interpreters IF POSSIBLE since many interpreters come from refugee communities may hold the same stigma and beliefs around mental health.
- **WHEN should a healthcare worker administer the RHS-15?**
 - Best if done early in the resettlement process while refugees still have coverage from Medicaid.
 - Ideal within healthcare settings where stigma is likely to be less.

Universal

- **HOW does a healthcare worker administer and score the RHS-15?**
 - Self-administered if client is literate
 - Interpreter assisted (over the phone or in person) if client is pre-literate
- **WILL asking these questions *trigger* someone making it difficult to get to the next step of the exam?**
 - In *Pathways* experience, clients express relief about being asked. Some clients may cry or show distress, but do not decompensate to the point where this is an issue.
 - Good idea to have a crisis referral in case a client does decompensate. In King County, the ER and the Crisis Line were both available.

Universal

- **If they score high on the RHS-15, does this mean they have PTSD or major depression?**
 - The RHS-15 is PREDICTIVE not diagnostic.
- **Will refugees accept referrals?**
 - The referral will need to build a bridge between their perception of “mental health” and what it means in the United States to increase the chance of acceptance.



Starting Questions

- How many refugees resettle annually?
- Are resettlement patterns concentrated or dispersed?
- Who conducts health screening in your site; how many agencies/departments?
- What kind of community mental health resources do you have in your community?

Starting Questions

- What kind of funding do you have for refugee mental health?
 - o Medicaid?
 - o Diagnostic criteria?
 - o Covered interpreter services?
 - o Case management?
 - o Other sources of funding?

Starting Questions

- Concerns about cost and time
- Interpreter availability
- Belief that 'physical health' and 'mental health' should be separated
- Other screening tools already being used that may not have been 'normed' on other populations, and direct translation may be deemed to be sufficient.
- *And more.....*lack of coordination, limited funding, absence of community will, etc.

Case Examples



Pathways in King County, WA



Washington State accepts an average of 3,000 newly arrived refugees each year.

Average of 1,900 resettled in King County annually.

King County is large urban area with approximately 1.9 million people.

Refugees are dispersed throughout a wide geographic region, primarily south of the city center.

Initial Questions

- Are mental health services covered for new arrivals?
 - In WA State, Medicaid covers mental health treatment if the client meets diagnostic criteria; PTSD and MDD are covered.
 - King County also has additional funding for newly arrived refugees who need mental health treatment.



Therefore, there is a funding stream for the direct service delivery beyond the screening, including refugees who may lose coverage at 8 months.

Initial Questions

- Who does the initial health screening for refugees?
 - Public Health Seattle & King County screens all primary resettled refugee arrivals.
 - After refugee health screening, refugees are referred to numerous primary care agencies throughout the county primarily based on geography.



Therefore, the central and universal point of entry would be Public Health Seattle & King County

Initial Questions

- How will the referral process work?
 - In King County no central entry point to mental health agencies.
 - Refugees dispersed through large geographic region, making proximity a key factor in referral.
 - Some agencies have specific linguistic capacity or diagnostic expertise.



Developed universal consent form and central referral line.

Initial Questions

• How many will be referred ('n')?

- **TOTAL= 675** refugee arrivals in targeted languages during **pilot phase of 7 months**
- **73% 14 and over = 493**
- **Able to screen= 251**
- **31% screened significant = 77**
- **70% accepted referral = 54**

Initial Questions

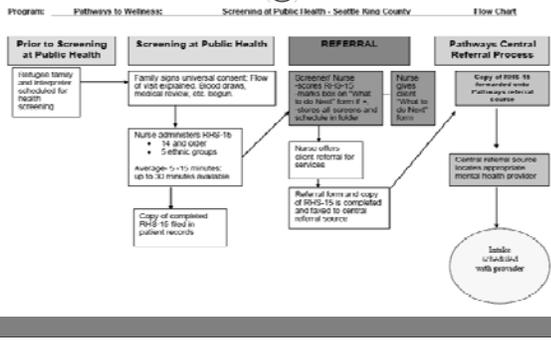
• Where to refer?

- o In King County, several well-established mental health agencies who serve linguistically and culturally diverse clients. However, not enough to handle total capacity.
- o Interpreters are NOT reimbursed by Medicaid for mental health, but a slightly higher case rate which discourages traditional agencies from serving.
- o Met with additional agencies to determine their desire and their barriers to service.
- o Established training program to build additional capacity.



Therefore, established relationship with community mental health agencies and asked them to serve refugees and agreed to help them with consultation and finding interpreters if needed.

Pathways in King County, WA

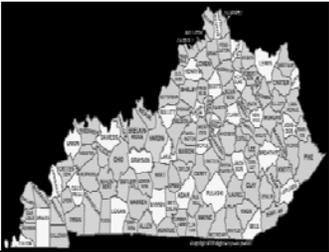


Site Profile: State of KY

Average 2,000 refugees are resettled in KY annually

Refugees are dispersed throughout Louisville, Lexington, Bowling Green and Owensboro cities.

Ex: Louisville is a city of 750,000.



Site Profile: State of KY

- RHS- 15 Integrated into Resettlement Agencies
- Later this summer hoping to role it out into Health Screening Clinics

**RHS-15 is being used,
but in a different way than in King County**

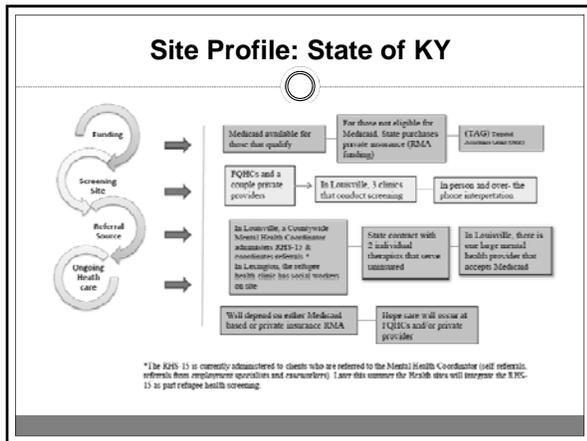
Site Profile: State of KY

In Louisville, 2 Existing Individual Providers and 1 Community Mental Health Agency with history of serving Refugees

Up to 2,000 refugee arrivals, of these:

- Approx. 70% are 14 and over = 1,400
- Est. of 70% in targeted languages = 980
- 30% screen significant = 294
- 30-70% accept referral = 88-205

‘n’ = 80-200 annually



Site Profile: Spokane, WA

Approximately 600 refugees are approved for resettlement in Spokane county annually.

Spokane is a County of about 500,000 people.

Refugees are dispersed throughout the County.

Site Profile: Spokane, WA

- Not currently integrated with health screening
- Consideration of whether or not RHS-15 is used depends on answer to subsequent questions

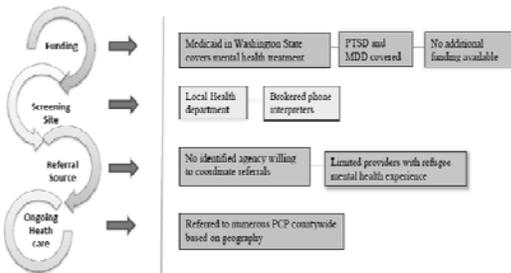
Site Profile: Spokane, WA

Limited community mental health providers with refugee mental health expertise.

- Approval for up to 600 refugee arrivals
- Approx. 70% are 14 and over = 360
- Est. of 70% in targeted languages = 252
- 30% screen significant = 75
- 30-70% accept referral = 22 to 52 people entering services

Possible 'n' = 22-52 referrals annually

Site Profile: Spokane, WA



Small Group Discussion

- Break up into small groups and do an informal landscape analysis
- Identify barriers
- Identify assets
- Who needs to be at the table?
- What is a good FIRST step?

Other Considerations

- IF your community would like the RHS-15
- IT IS FREE AND AVAILABLE
- If you decide to do screening, you need a good script to set the context and a good scrip to refer
- THESE ARE AVAILABLE
- If screening is done, we would recommend outreaching to refugee groups around mental health
- TRAININGS ARE AVAILABLE

Questions and Contact

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