Creating Refugee Wellness Programs in Ohio and North Carolina

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National Symposium:
Connecting Leaders, Impacting Communities & Sustaining Programs:
Strengthening the National Torture Treatment Network
Refugee Mental Health & Wellness Initiative

UNC Global Transmigration
UNC Global Transmigation
Refugee Mental Health
And Wellness Initiative
OBJECTIVES

• Developing partnerships with refugee resettlement and interpreter agencies
• Results from Pilot Year 2013-2014
• Implications for mental health service delivery
• Future directions
REFUGEE RESETTLEMENT

CHURCH WORLD SERVICE

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS

world relief DURHAM

LUTHERAN SERVICES CAROLINAS
REFUGEE MENTAL HEALTH

- Prevalence
  - Greater levels of psychological disturbance (Fazel, Wheeler, & Danesh, 2005; Porter & Haslam, 2005)
  - Half of all refugees have mental health concerns (Brundtland, 2013; Rousseau, 1995)
  - PTSD 10-40% 
  - Major Depression 5-15% (RHTAC, 2011)
  - Anxiety and stress-related disorders
    - Chronic physical illnesses, mental illnesses, and substance abuse (Palinkas et al., 2003)
  - 40% of refugees in the United States need mental health services but cannot access them (Ehntholt & Yule, 2006)
  - Failure to involve trained interpreters can disrupt services to refugees (Miller, Martell, Pazdirek, Caruth, & Lopez, 2005; Bischoff et al., 2003)
  - Impact: Higher healthcare costs, persistent and severe mental illness, and worse acculturation outcomes (Priebe et al., 2011; Pumariega, Rothe, & Pumariega, 2005)
ACTIVITIES

• Mental health screenings
• Psychotherapy
• Group treatment
• Psychiatric case management
• Community presentations
REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>MOST</th>
<th>SOMEWHAT</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Muscle, bone, joint pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Feeling down, sad, or blue most of the time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Too much thinking or too many thoughts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Feeling helpless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Suddenly scared for no reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Fatigue, diziness, or weakness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Nervousness or shakiness inside</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Feeling restless, can't sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Crying easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting out or feeling as if it were happening again? 0 1 2 3 4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma? 0 1 2 3 4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)? 0 1 2 3 4
13. Been jumper, more easily startled (for example, when someone walks up behind you)? 0 1 2 3 4

Distress Thermometer

14. Generally over your life, do you feel that you are:
   - Able to handle (cope with) anything that comes your way ......................................................... 0
   - Able to handle (cope with) most things that come your way ......................................................... 1
   - Able to handle (cope with) some things, but not able to cope with other things ................................ 2
   - Unable to cope with most things ........................................................................................................ 3
   - Unable to cope with anything .............................................................................................................. 4

15. **ADD TOTAL SCORE OF ITEMS 1-14:**

**SCORING**
1. If Items 1-14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5
   - CIRCLE ONE: SCREEN NEGATIVE
   - SCREEN POSITIVE
   - REFER FOR SERVICES

© 2011 Pathways to Wellness: Integrating Refugee Health and Wellbeing
RESEARCH PROCESS

Referral
Schedule
Screening
Intake
Treatment
Rescreening
Treatment Choices for Clients Above Threshold

- No Treatment: 24%
- Individual Therapy: 35%
- Group Treatment: 17%
- Individual + Group: 21%
- Couples Therapy: 3%
Eight week curriculum. Modules include:

- Culture Shock
- The Refugee Experience
- Mental Health
- The Mind and Body Connection
- Goals and Dreams
- Creating Wellness
- Creating a Community of Wellness
RESEARCH DATA COLLECTION

- Demographic data
- RHS-15 scores
- Qualitative follow up
- Process data
Referral Demographics

**Gender**
- Male: 77%
- Female: 23%

**Age**
- 18-25: 21%
- 26-30: 26%
- 31-35: 18%
- 36-40: 18%
- 40+: 15%
REFERRAL DEMOGRAPHICS: COUNTRIES

- Burma/Myanmar - 22%
- Sudan - 19%
- Iraq - 19%
- Somalia - 11%
- Congo - 7%
- Eritrea - 7%
- Other - 17%
SAMPLE DEMOGRAPHICS

**Age**
- 18-25: 20%
- 26-30: 30%
- 31-35: 21%
- 36-40: 14%
- 41+: 14%

**Gender**
- Male: 86%
- Female: 14%
SAMPLE DEMOGRAPHICS: COUNTRIES

- Sudan: 25%
- Iraq: 18%
- Burma/Myanmar: 18%
- Somalia: 14%
- Eritrea: 9%
- Other: 16%
• 57 refugees screened
• 63 psychotherapy sessions
• 19 group treatment sessions
RHS-15 RESULTS

**PRE-TEST SCORES**

Mean = 14.67  
\( n = 51 \)

**POST-TEST SCORES**

Mean = 16.06  
\( n = 16 \)
WHO CHOSE TREATMENT?

**Sudan**
- None - 13%
- Individual - 33%
- Group - 33%
- Individual + Group - 20%

**Iraq**
- None - 50%
- Individual - 30%
- Couples - 20%

**Other Countries**
- None - 65%
- Individual - 15%
- Group - 8%
- Individual + Group - 12%
TX GROUP IMPROVEMENT

No Treatment Group

Treatment Group

Frequency

Change in Score

Change in Score
ACCEPTABILITY
What Is “Help”?

LASSIE!
GET HELP!!
“My whole time as a refugee, no one has ever asked how I am feeling. It feels good to be asked.”
“You gave us hope that things would get better, and here we are. It was true. Even with words, you helped a lot.”
“You open our eyes on many things. If someone gives you money, you spend the money and it’s gone. But when you give advice, it stays. I use the teaching. You are not useless.”
“You did your best. You gave some help, but it wasn’t enough.”
“When are you going to start helping me?”
THE SEARCH FOR WHAT WORKS
Health Advocacy for Resettled Refugees: Promising Practices from a Refugee Wellness Program in Columbus, Ohio

Sarah Miller
Objective 1: Participants are prepared to involve resettled refugee communities, encouraging communication and advocacy for communities in healthcare arenas.

Objective 2: Participants have an understanding of how lessons learned from this Refugee Health and Wellness Program can be applied to other contexts.

Objective 3: Participants gain an understanding of the major barriers that can occur between healthcare consumers and providers.
Overview

• CRIS’ Refugee Wellness Program
• Best practices and possible barriers in healthcare settings
• Advocacy and partnership suggestions for engaging health networks
• Partnerships, resources, and tools
• Discussion
Introduction

- Community Refugee and Immigration Services (CRIS)
- CRIS’ Health and Wellness Program, Oct. 2013
- Previously no screening or coordinated mental health services
- High levels of need, along with stigma and shame
Resettlement Patterns in Ohio

- 10 Resettlement Agencies
- FY2014: 2,825 arrivals (does not include secondary migrants)
- Bhutan, Iraq, Burma, Somalia
- CRIS FY2014: 609
- Large numbers of secondary migrants

Communities Resettled by CRIS

- Bhutan: 36.8%
- Somalia: 35.1%
- Iraq: 19.7%
- Eritrea, Ethiopia, Sudan, Myanmar, Cuba, Afghanistan, Iran: Other

[Diagram showing communities resettled by CRIS with percentages]
Reasons for CRIS’ Refugee Wellness Program

• Local service providers observed refugee clients with emotional distress who were not being adequately served or connected to resources
• Mental health screening rarely done during initial resettlement and/or at primary health care clinics
• Mental health agencies noticing need but unsure how to effectively work with refugee clients
• Most services accessed in crisis through ER
CRIS’ Refugee Wellness Program

- Refugee Health Screener (RHS-15)
- Follow up assessment and strengths-based case management to determine client’s needs and facilitate referral to services
- Development of alternative wellness activities such as yoga, dance, exercise classes, etc.
- Ongoing Community Adjustment Support Groups to begin dialogue around mental health issues and foster connection within communities
- Provider outreach and training
- Advocacy
The Pathways to Wellness Model

Screening & Referral

Community Outreach

Provider Outreach

Treatment & support
Compounded effects of trauma

Chronic persecution

Physical and psychological violence

Trauma, dislocation

Collapse of social infrastructure (lack of basic housing, health, nutritional, educational needs)
Cultural Competence in Mental Health

- Continually developing research on cultural competence and how to bridge the mental health resource gap
- Counseling is not universally known or even proven to be effective
- Mental health and wellness is defined and treated differently in different contexts: We need to learn from our program’s participants!
A Culturally Competent Model

- Services reflective of family’s priorities and goals
- Respectful of family’s concepts of well-being and distress
- Utilizing culturally syntonic values as much as possible
- Focus on strengths-based care
- Coordinate with services that family is already connected to (schools, community orgs, refugee centers, religious groups, etc.)
Common barriers observed by Healthcare Professionals

- Confusion about referral process, specialists, insurance coverage, and wait times
- Limited provider knowledge of working with patients from different countries
- High rates of depression and anxiety, history of trauma often makes treatment more difficult
- Working with interpreters
- Transportation
- How to involve family in patient care
Provider Outreach and Training

- Outreach to providers that regularly see refugee patients (mental and physical health)
- Identify providers to work with refugee patients (insurance, interpretation, cultural competence)
- Provide training on cultural competence in practice
- Offer ongoing support and regular check-ins with providers
Advocacy

- Listen and respond to the needs of refugees (on individual and group levels), what they see as the most important issues
- Ask refugee communities what would be most helpful for them and work to structure programming around this
- Invite refugee leaders from their communities to participate (training, public health initiatives, neighborhood meetings)
- Encourage community-based organizations
- Support groups co-lead by community members
- Encourage employment
Implementation in other settings

- Partner with refugee resettlement agency or other existing community agency that providers services to refugees
- Screening tools as starting point
- Mapping services and resources in the community
- Collaborate with community leaders to identify needs they see in their communities and possible ways to address there
Sample Program Structure

- Building for sustainability in precarious funding environment
- Importance of volunteer, pro-bono, and community support
Partnerships

• Have community based organizations led by refugees come to CO: establish critical contact early
• Trainings (health, nutrition, suicide prevention)
• Volunteer recruitment: community navigators from the communities
• Advocate for scholarships for social service/social work professionals at local community colleges
• Organize outings: help program participants be able to navigate and feel comfortable in their environment
• Educate the community: who are our refugee neighbors (especially important for healthcare providers)
Partnerships

- Leadership development (collaboration with Women’s Fund, LeaderSpark or others)
- Community gardens
- Disability empowerment services
- Free computer classes and other library resources—consider having an intern focused on this compilation or mapping for your community and have that be part of the caseworkers’ “to-dos” to orient program participants towards services they may benefit from
Thank you!
Questions?

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Resources

- Community Conversations on Mental Health: A National Curriculum
- NASW: Local chapter of National Association of Social Workers
- CAPACITAR: for clinicians
- “Trauma and You”: Ohio Domestic Violence Network-materials and information
- ESL Yoga
- Vancouver Coastal Health: Curriculum, “Cross Cultural Mental Health Program: Enhancing Emotional and Physical Wellbeing”
- LeaderSpark Training
- School Health Programs: Stress Reduction Activities for Students
- ARHC: Association of Refugee Health Coordinators Mental Health working group
Resources

- Refugee community groups and healthcare practitioners that speak the languages of our clients
  - *Living a Healthy Life with Chronic Conditions*, Lorig, Sobel, Gonzalez: Curriculum implemented in many locations by the Asian American Health Initiative for Seniors free of charge or that can be integrated into courses
  - *Music and Wellness*: Approaches to music therapy and regular trainings provided
  - *Dancing Mindfulness*: Trainings provided for movement for emotional release
  - *Refugee Mental Health Bibliography*: Research and best practices compiled
  - *Other refugee resettlement agencies*: best practices—may include gardening, cooking classes, yoga and movement, park outings
  - *RHTAC*: Emotional Support-You are not Alone!
  - *Mental Health America (MHA)*: “Get Connected” curriculum
  - *Local colleges and universities*: health education, trainings, student placements
Contact Information

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