



Refugee Services
National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

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



UNC
SCHOOL OF SOCIAL WORK



Refugee Mental Health & Wellness Initiative

UNC Global Transmigration



UNC


SCHOOL OF SOCIAL WORK

A 3D graphic of the Earth with a red path leading to a green path, surrounded by colorful human figures. The Earth is shown in a 3D perspective, with the red path curving around the globe and the green path continuing from it. Numerous small, colorful human figures are scattered along both paths, representing a diverse population. The background is black.

UNC Global Transmigration

**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

world relief™ 
DURHAM


U.S. COMMITTEE
FOR REFUGEES AND IMMIGRANTS


LUTHERAN
SERVICES

C A R O L I N A S



<http://mhacentralcarolinas.org/>



gulf coast
JFCS

Gulf Coast Jewish Family & Community Services



REFUGEE MENTAL HEALTH

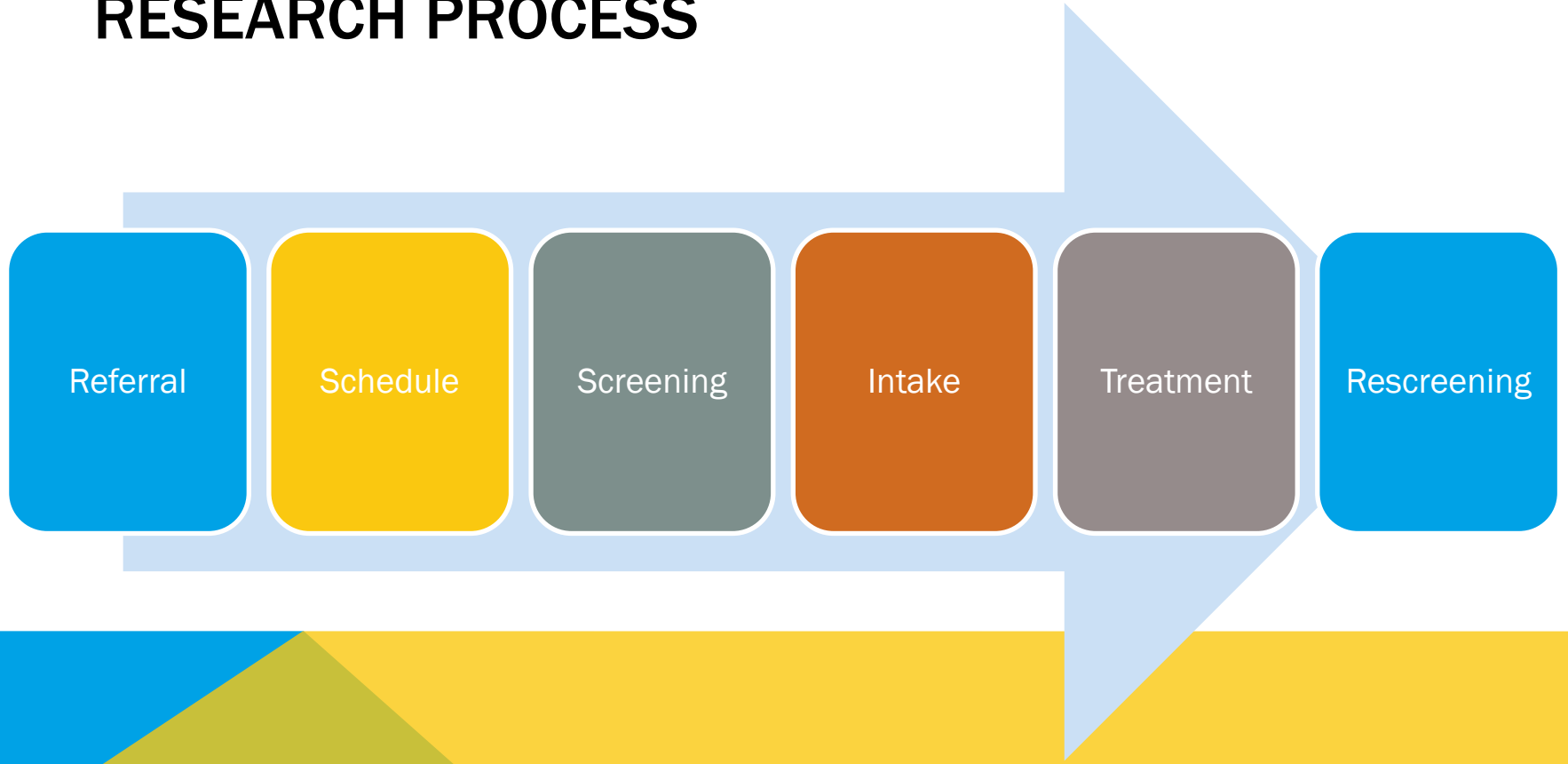
- Prevalence
 - Greater levels of psychological disturbance (Fazel, Wheeler, & Danesh, 2005; Porter & Haslam, 2005)
 - Half of all refugees have mental health concerns (Brundtland, 2013; Rousseau, 1995)
 - PTSD 10-40%
 - Major Depression 5-15% (RHTAC, 2011)
 - Anxiety and stress-related disorders
 - 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* (Ehnholt & 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



RESEARCH PROCESS



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."



SYMPTOMS	NOT AT ALL	SLIGHTLY	MORE WITH	QUICKLY	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

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 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 jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

14. Generally over your life, do you feel that you are:
- Able to handle (cope with) anything that comes your way0
 - Able to handle (cope with) most things that come your way1
 - Able to handle (cope with) some things, but not able to cope with other things2
 - Unable to cope with most things3
 - Unable to cope with anything4
- 15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

"I feel as bad as I ever have"



"Things are good"

No distress

ADD TOTAL SCORE OF ITEMS 1-14: _____

SCORING

Screening is POSITIVE

1. If Items 1-14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5

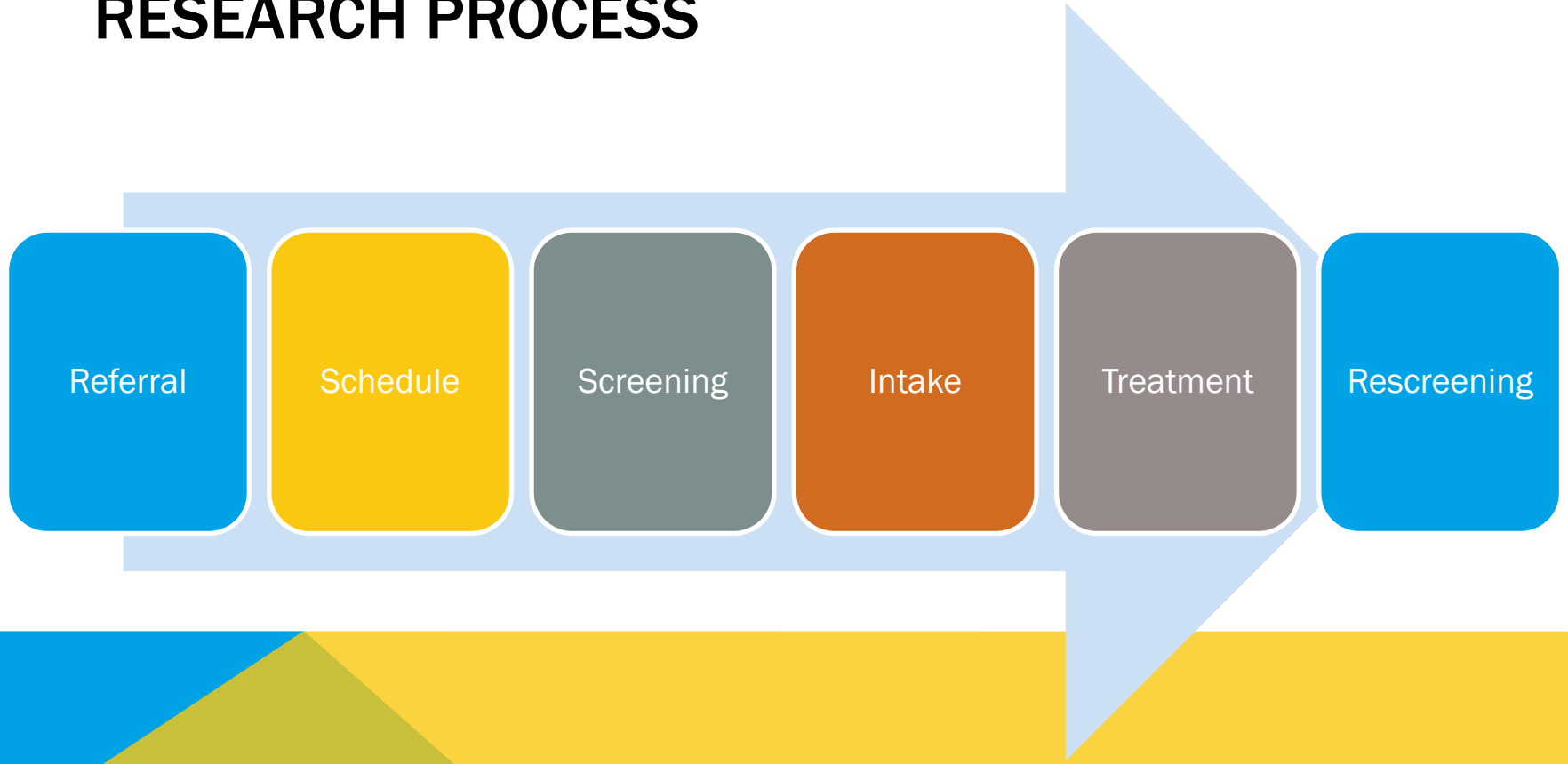
Self administered: _____
Not self administered: _____

CIRCLE ONE:

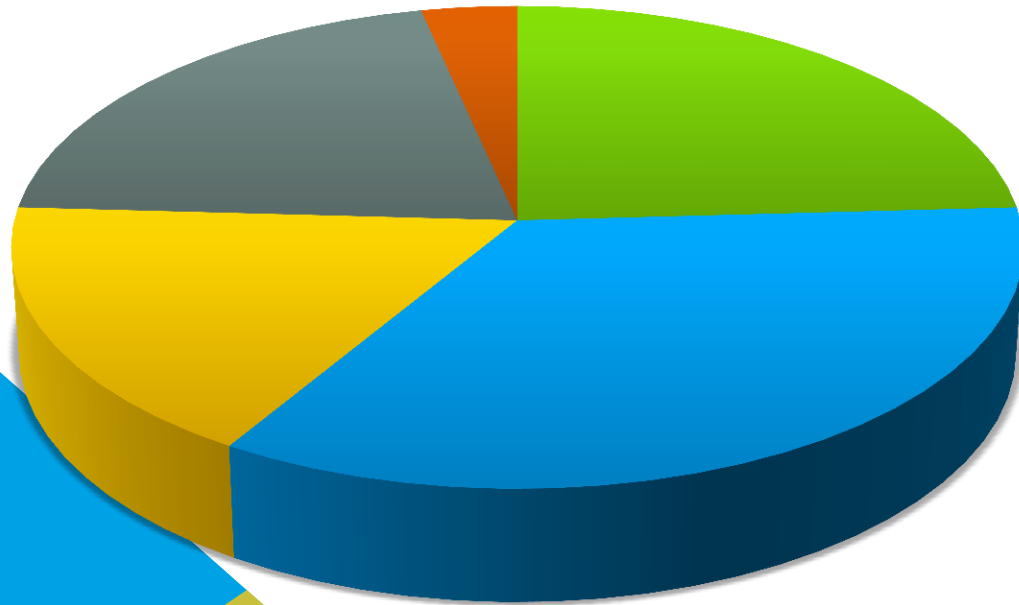
SCREEN NEGATIVE

SCREEN POSITIVE
REFER FOR SERVICES

RESEARCH PROCESS

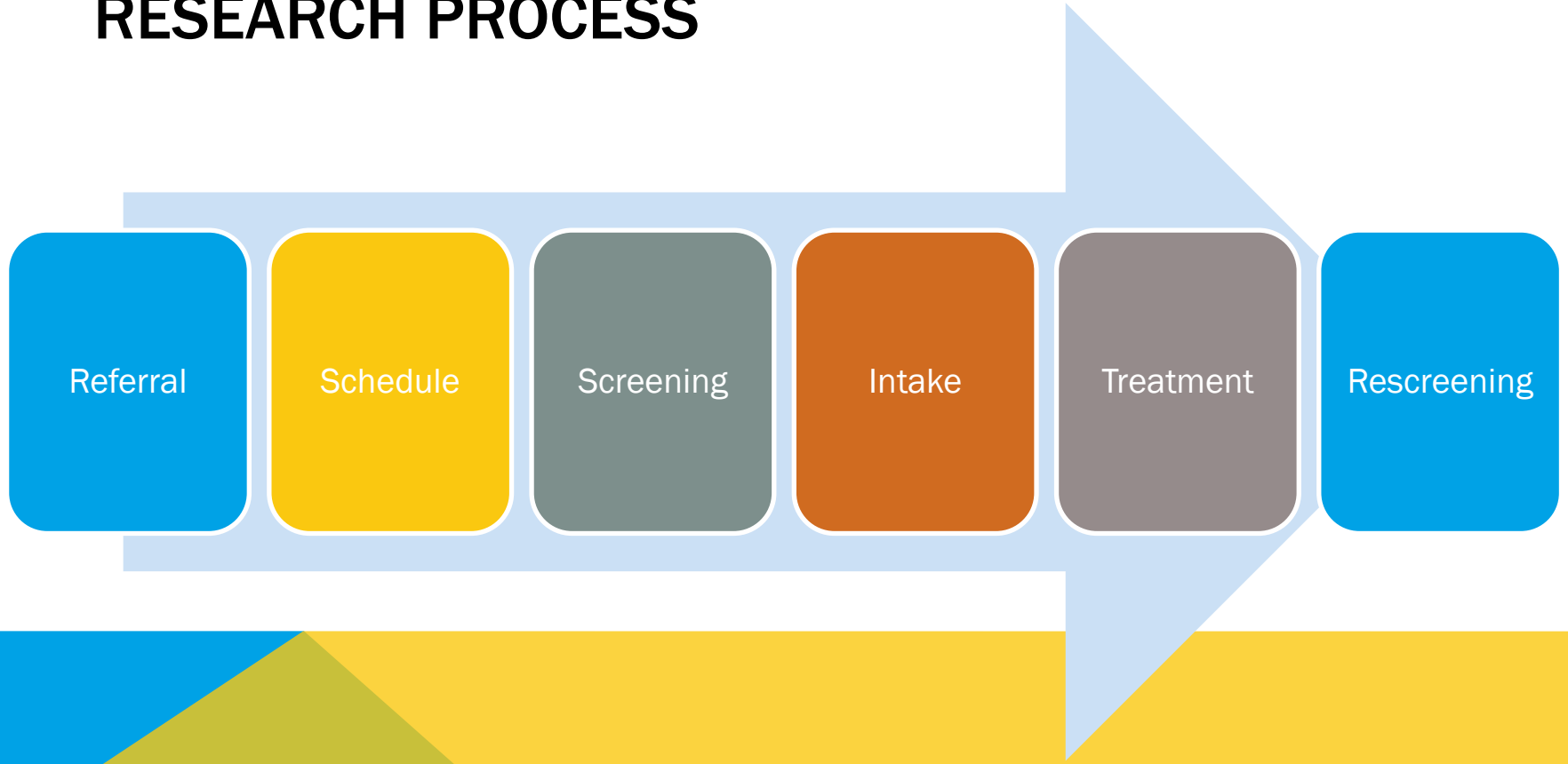


Treatment Choices for Clients Above Threshold



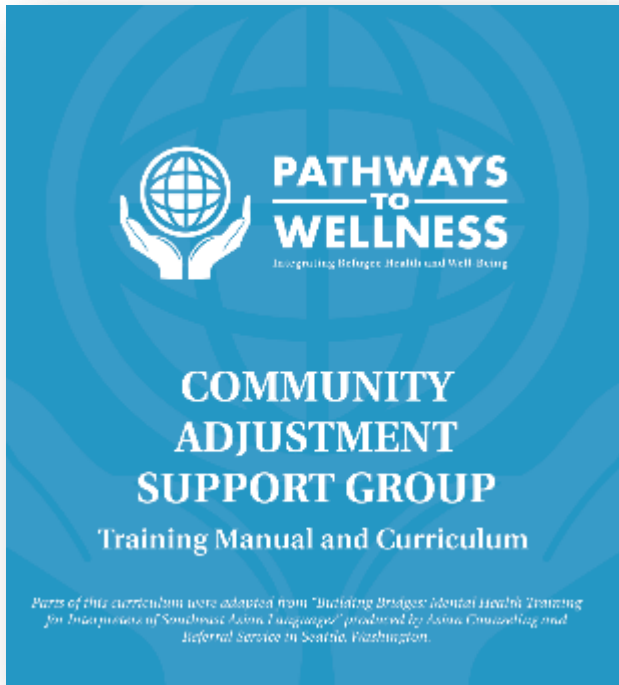
- No Treatment - 24%
- Individual Therapy - 35%
- Group Treatment - 17%
- Individual + Group - 21%
- Couples Therapy - 3%

RESEARCH PROCESS



TREATMENT





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

Age



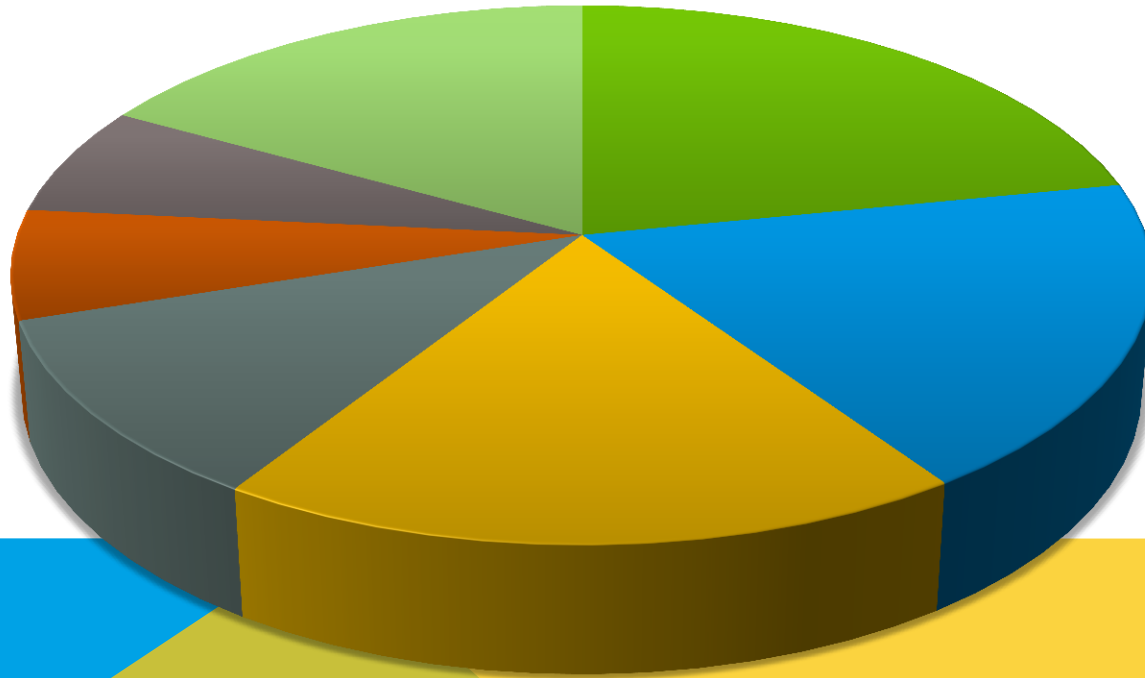
- 18-25 - 21%
- 26-30 - 26%
- 31-35 - 18%
- 36-40 - 18%
- 40+ - 15%

Gender



- Male - 77%
- Female - 23%

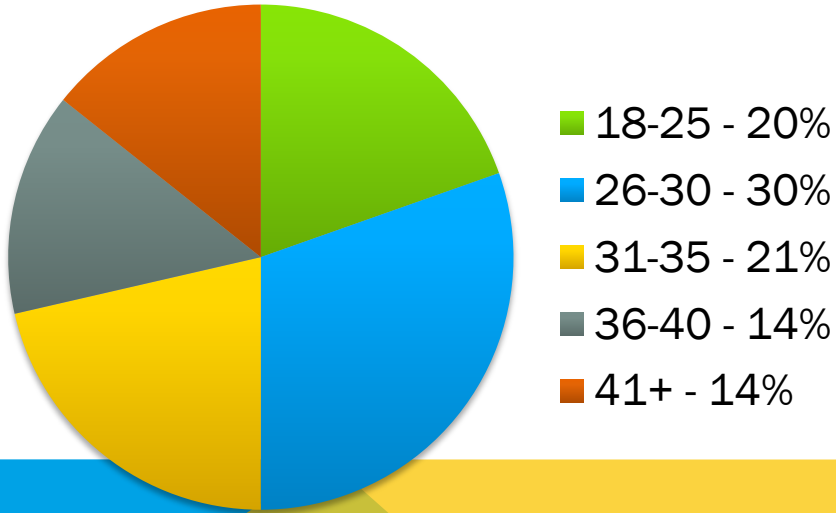
REFERRAL DEMOGRAPHICS: COUNTRIES



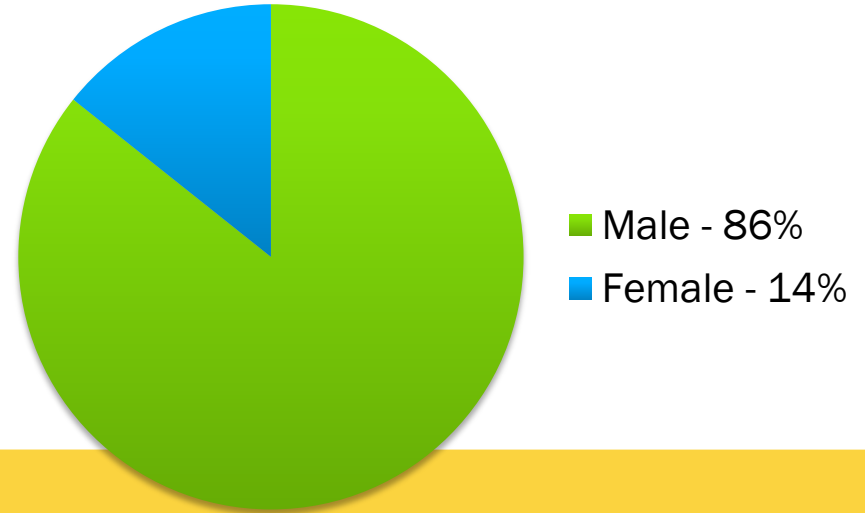
- Burma/Myanmar - 22%
- Sudan - 19%
- Iraq - 19%
- Somalia - 11%
- Congo - 7%
- Eritrea - 7%
- Other - 17%

SAMPLE DEMOGRAPHICS

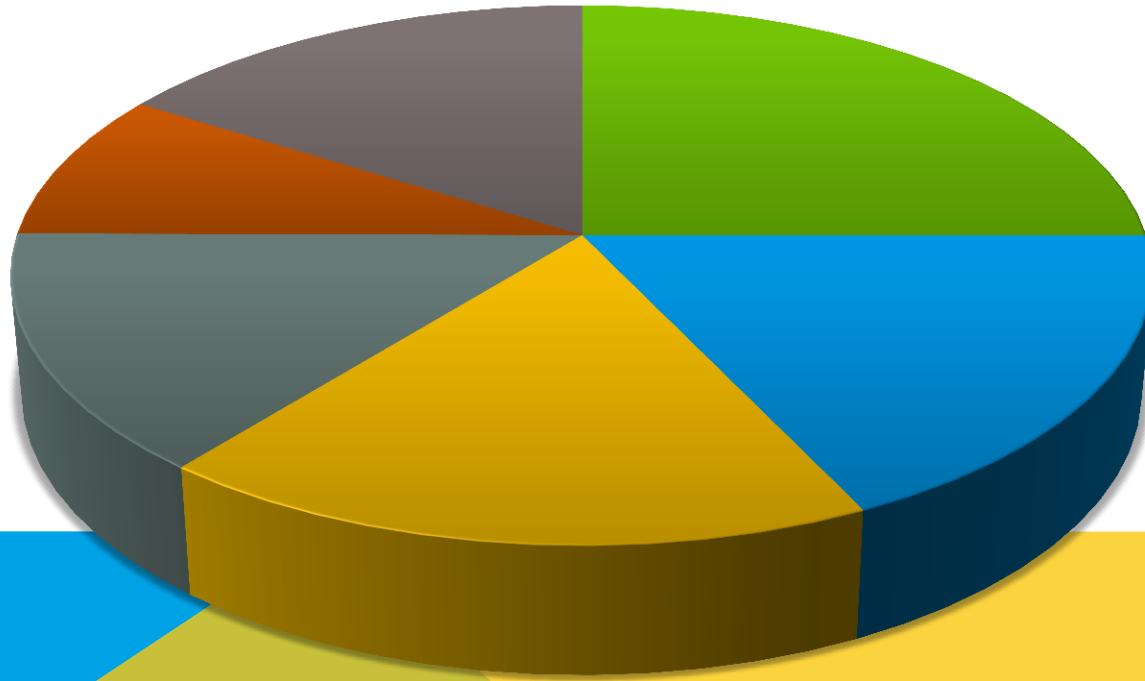
Age



Gender



SAMPLE DEMOGRAPHICS: COUNTRIES



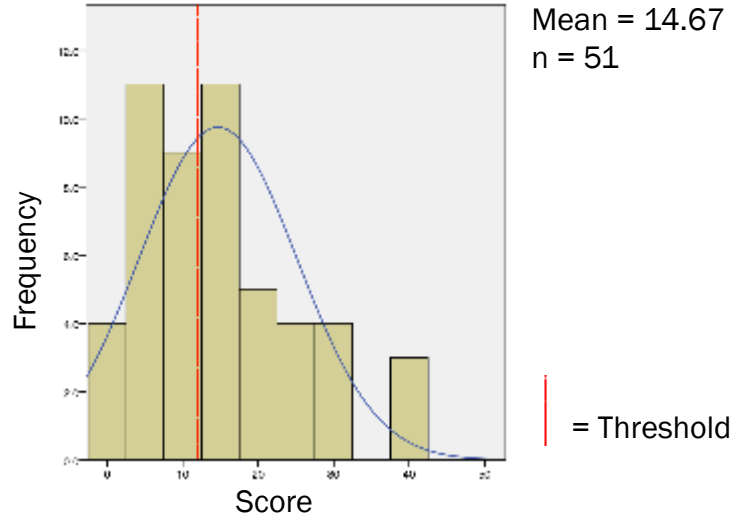
- Sudan - 25%
- Iraq - 18%
- Burma/Myanmar - 18%
- Somalia - 14%
- Eritrea - 9%
- Other - 16%

PROCESS DATA

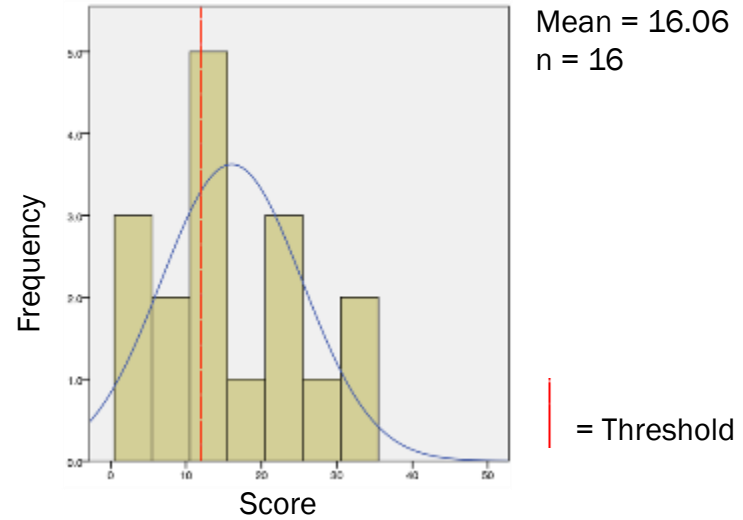
- 57 refugees screened
- 63 psychotherapy sessions
- 19 group treatment sessions

RHS-15 RESULTS

PRE-TEST SCORES

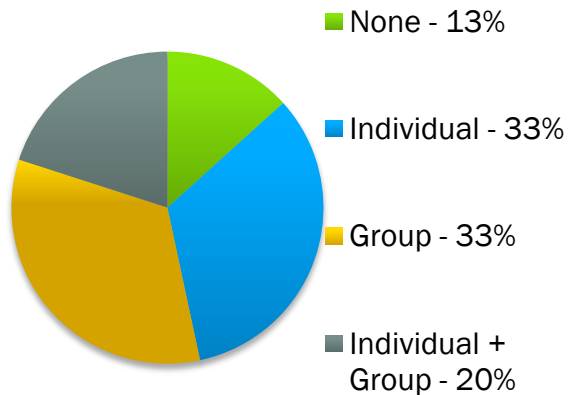


POST-TEST SCORES

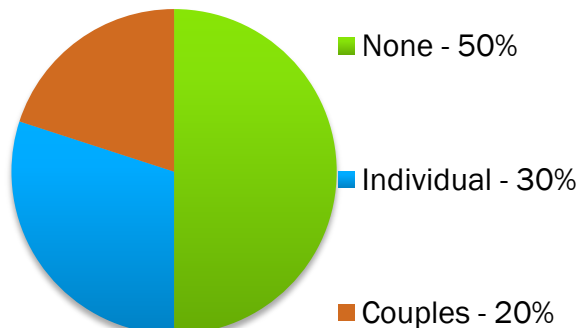


WHO CHOSE TREATMENT?

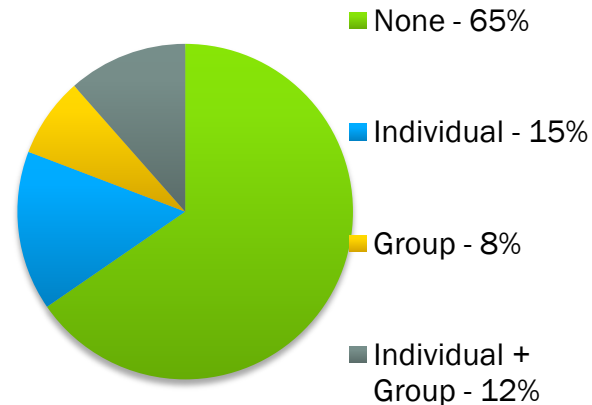
Sudan



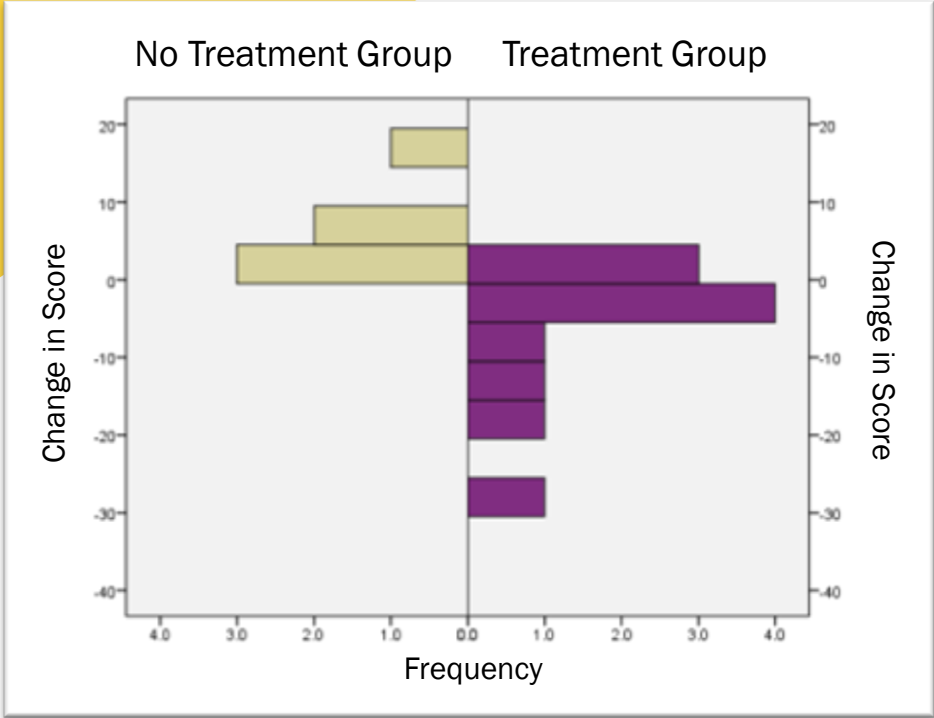
Iraq



Other Countries



TX GROUP IMPROVEMENT





FEASIBILITY

ACCEPTABILITY

What Is "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





U.S. COMMITTEE
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IMPLICATIONS

REFUGEE MENTAL HEALTH SERVICE DELIVERY



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



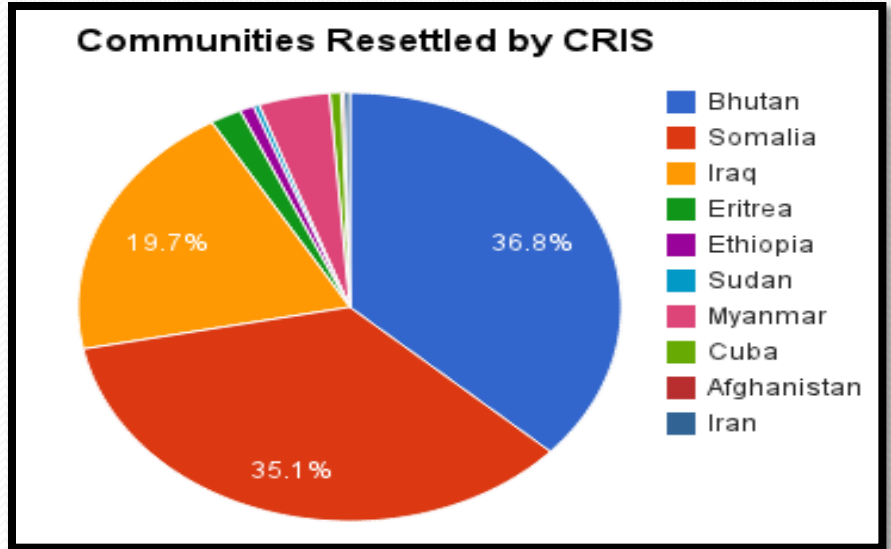
Introduction

- 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



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



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

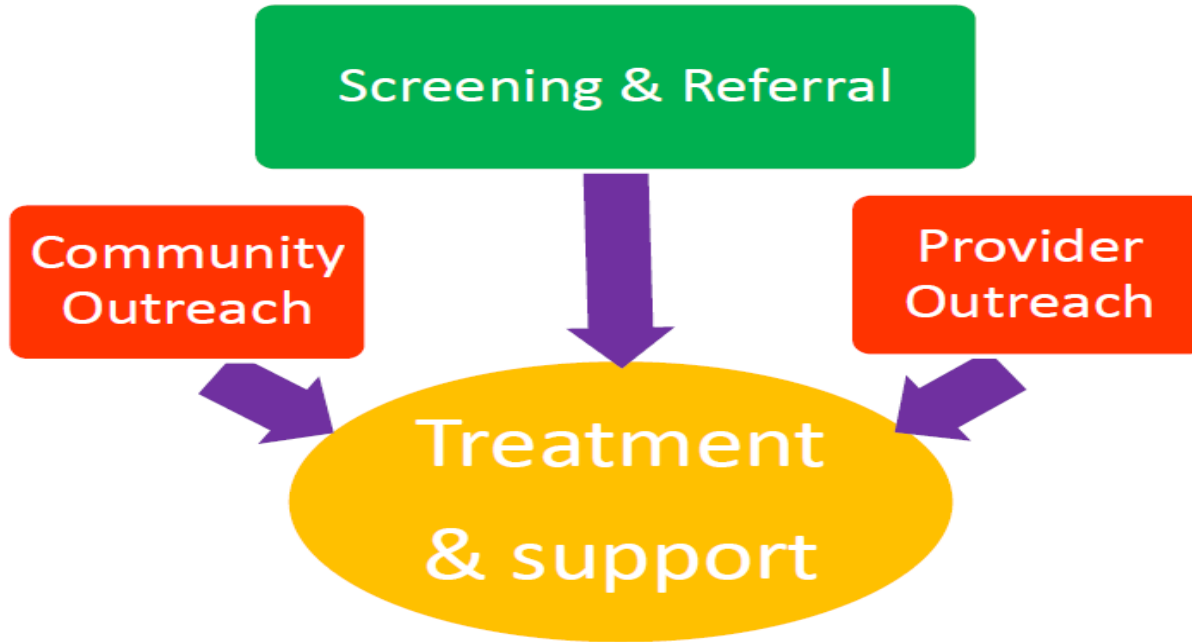


CRIS' Refugee Wellness Program

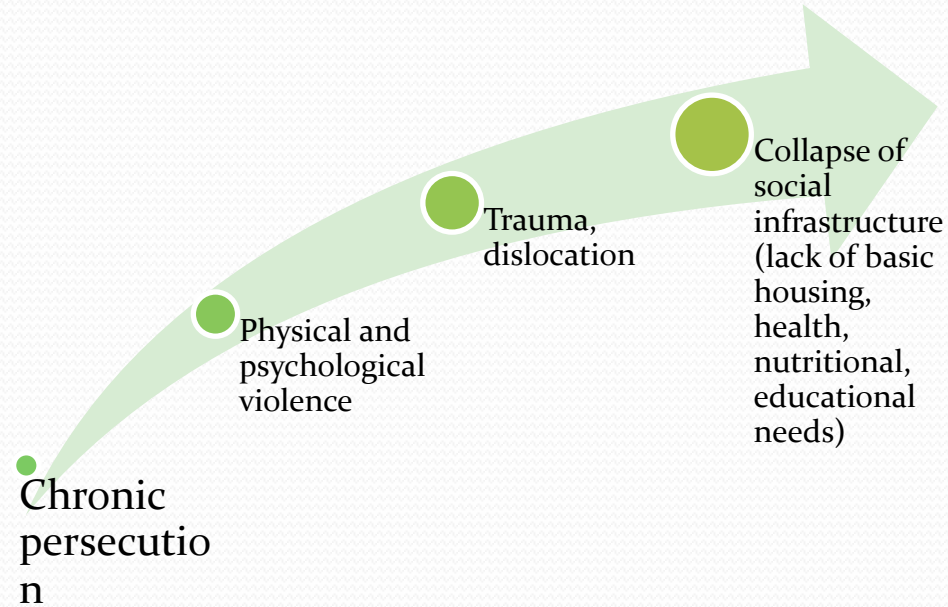
- Refugee Health Screener (RHS-15)
- Follow up assessment and strengths-based case management to determine client's needs and facilitate referral to services
- Development of alternative wellness activities such as yoga, dance, exercise classes, etc.
- Ongoing Community Adjustment Support Groups to begin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



The Pathways to Wellness Model



Compounded effects of trauma



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
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 orga
- Support groups co-lead by commu
- Encourage employment



Implementation in other settings

- Partner with refugee resettlement agency or other existing community agency that provides 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

A screenshot of the GCJFCS website. The header is blue and contains the logo on the left, which includes a tree and the text "gulf coast JFCS". To the right of the logo is the text "Gulf Coast Jewish Family & Community Services". Below the header is a navigation menu with links: "Home", "About GCJFCS", "About You", "Children & Family", "Elderly & Disabled", "Employment", "Jewish Community", "Mental Health", and "Refugee". Below the navigation menu is a banner with a close-up photograph of a Black man's face. Overlaid on the right side of the photograph is the text "in times of need" in a large, white, serif font. To the right of the photograph, in a smaller white font, is the text "GCJFCS Refugee Services".

gulf coast JFCS
Gulf Coast Jewish Family & Community Services

Home About GCJFCS About You Children & Family Elderly & Disabled Employment Jewish Community Mental Health Refugee

in times of need
GCJFCS Refugee Services

www.gcjfcs.org

E: partnership@gcjfcs.org T: 305-275-1930