Integrating Refugee Mental Healthcare: RHS-15 and healthcare providers

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Defining Integrative Healthcare for Refugees:

Coordination of culturally-appropriate physical health and mental health care services.

- Coordinating among disciplines, not just offering multiple services
- Culturally-sensitive, validated tools and measures are utilized with refugee populations
- Whole system maintains holistic health approach

Based on definitions provided by SAMHSA-HRSA Center for Integrated Health Solutions, Mental Health America, National Council for Community Behavioral Healthcare
Objectives

• Illustrate benefits for refugees to have early mental health screenings and ongoing access to services within integrative healthcare models.

• Share how the scoring of the RHS-15 can help providers identify patient history, including torture.

• Describe process of creating strong collaborations among physical health and mental health professionals.
Agenda

• Colorado Refugee Wellness Center
  – Concept and development
  – Current model and programming
  – Collaboration across health disciplines
    • Community partnerships
    • Co-located partnerships

• Utah Health and Human Rights (UHHR)
  – Research Study
    • Is there a correlation between number of health concerns and survivors of torture?
    • Can RHS-15 help identify survivors of torture?
  – Community Partnerships
  – Mind-Body Skills group
Colorado Refugee Wellness Center
Concept and Development
Refugee Screening to Medical Home: An integrated behavioral health and health navigation model
Aurora, Colorado

- Most diverse city in the state
  - 3rd most diverse city (for its size) in the country
  - More than 133 languages spoken in school system
- Majority of refugees living in Colorado reside in Aurora
- High rates of individuals living in poverty around Colorado
  Refugee Wellness Center
Original Centralized Refugee Screening Model in Colorado

Contracted by Colorado Refugee Services Program (CRSP)
Initial Advisory Board and Partnerships

Medical Director and Medical Training

CU: University of Colorado
DOM: Department of Medicine
MCPN: Metro Community Provider Network Center

Refugee Screenings Contracted by CRSP

CDPHE: Colorado Department of Public Health and Environment

AuMHC: Aurora Mental Health Center

Primary Care

CU, DOM

MCPN

CDPHE

AuMHC

Behavioral Health (BH) Fiscal Sponsor BH Training
Colorado Refugee Wellness Center
Initial Referral System

Refugee Health Screenings

Off-Site Mental Health Care

Off-Site Medical Care

Metro Community Provider Network

Aurora Mental Health Center

Next Phase of Model:
Add Internal and External Referrals
Why Integrative Care for Refugees?
Benefits of Integrative Care Approach

• Effective
  • Improves health outcomes
  • Lowers long-term cost of care
  • Reduces unnecessary ER visits by addressing behavioral health factors

• Efficient
  • Streamlines care coordination through multiple services in one location
  • Decreased stigma of accessing mental health services in a medical clinic
  • Increases patient likelihood of accessing mental health care from initial visit to follow up appointment compared to off-site mental health referrals

• Inter-disciplinary collaboration
  • Enhances communication between medical and behavioral health providers
  • Addresses underlying mental health issues and culture-bound syndromes contributing to medical conditions
Integrative Care for Refugees: Addressing Social Determinants

Wrap-Around Services

• Social services
• Health insurance enrollment
• Health education
• Legal services
• Public transportation assistance
• Specialist referrals
• Coordination with resettlement agencies, state entities, and other community refugee organizations
Integrative Refugee Healthcare

- Primary
- Behavioral Health
- Specialty
- Social Services
- Transportation
- Health Navigation
- Health Education
- Interpretation (Language and Culture)
Refugee Health Screening Changes (2013-2014)

- Colorado Department of Health moved from providing to monitoring refugee health screenings
- State refugee office opened refugee screening contracts to federally qualified health centers (FQHCs)
- Metro Community Provider Network (MCPN) awarded contract along with multiple other FQHCs in distinct areas in the state
Colorado Refugee Wellness Center
Structure and Services
Colorado Refugee Wellness Center
Current Structure

Primary and Behavioral Healthcare Partners

Community Partners

Metro Community Provider Network

Aurora Mental Health Center
Live Life to the Fullest

Community Partners
Colorado Refugee Wellness Center

- **Metro Community Provider Network (MCPN)**
  - Medical services
  - Community services
  - Health education
  - Health promotion
  - 16 staff total
    - 6 part-time PCPs

- **Aurora Mental Health Center (AuMHC)**
  - Behavioral health services
  - Cultural health navigation
  - Psychiatry
  - 3 behavioral health professionals
  - 2 Psychology pre-doctoral interns or post-doctoral students

- Clinic staff represent 17 different countries and speak 24 different languages

- Shared access to **Electronic Medical Records (EMR)**
Health Navigation Services

- Evidence-based
- Decreases health disparities
- Improves patient adherence to treatment
- Enhances care coordination
Health Navigators

Key to Success

Somali
Karen Burmese
Chin Burmese
Nepali
Nepali
Kinyarwanda
French
Sango
Russian
Arabic
Arabic
Swahili
Russian
Luganda
Lugisu
Lingala
Health Navigation Program

• Aids in providing linguistically and culturally appropriate access to services
• Interpretation offered in both medical and behavioral health appointments provides continuity for patients
• Reduces barriers to accessing care
• Coordinates care
• Arranges specialty care, referrals, and transportation
• Connects to appropriate community resources
• Acts as cultural broker
• Assists with cultural trainings
• Completes patient reminder calls
• Conducts home visits
• Works on health disparities grant
• Facilitates health and wellness group
Behavioral Health Services

- Initial mental health screenings
- Medical clinic consultations
- Short-term behavioral health services
- Group therapy
- Long-term psychotherapy
- Medication management
Groups Offered

- Healthy families
- Health and wellness
- Mental Health First Aid
- Multilingual art therapy for trauma
- Heart health
- Diabetes
- Parenting
- Muslim women’s support group
- Smoking cessation
- Pain management
- Nutrition and cooking
- Hepatitis B
- Breast health

- Vary in size and population
- Offered consecutively
- Interpretation is provided
Cultural Training

- Virtual patient training
  - All new staff
- Ongoing trainings (all staff)
  - Monthly trainings include topics pertinent to local refugee populations
  - Quarterly trainings discuss how to adjust treatment to enhance cultural responsiveness of services and approach
Grant Funding

Previous
• **Colorado Health Foundation** - Initially helped establish clinic and hire health navigators

• **Substance Abuse and Mental Health Services Administration (SAMHSA)** – Provided grant to develop innovations to ensure refugees with significant psychological conditions received individually tailored healthcare and wrap-around services to reduce the impact of significant mental illness on overall health

Current
• **Colorado Trust** – Provides grant to work on health equity in the state through advocacy relevant to refugee health
  
  *As part of this project, we are able to provide free legal consultation for refugee patients*

• **CO Department of Public Health and Environment** - Focuses on reducing health disparities experienced by refugees by enhancing health education, outreach, prevention, early intervention, and regular treatment for several chronic medical conditions; using health registries to outreach refugees to ensure regular care; and enhancing health navigation innovations
Funding Integrative Care for Refugees with Limited Funding
Making Lemonade out of Lemons

**Braided funding** – creative ways to utilize current funding sources
- Grant Funding
  - Helpful, but is not always long-term
- Use to experiment with innovative models and treatment development
- Consider working on a sustainability plan while you have grant funding
- Become indispensable so organizations want to continue services when grant ends

**Example**
When our initial grant funding ended (which had paid for health navigators) and our primary care partner was unable to replace the deficit, we negotiated with the primary care partner to fund the interpretation services provided by the health navigators. Under this innovative model, the healthcare navigator program was funded partly through interpretation offered to the primary care partner and partly through interpretation dollars received from the state refugee’s office for health screenings.

**Braided Funding Strands**
- Grants
- Agency contributions to staff salaries, facilities, and equipment
- Medicaid to cover medical and behavioral health services
- Billing for interpretation of health screenings and other medical appointments
RHS-15 Research Study

- Relationship between scoring of the Refugee Health Screener-15 (RHS-15) and torture prevalence in refugee populations
- Impact of trauma history on physical and emotional health
- Principles of Adverse Childhood Experiences Study (aces.org)
Background: Refugee Health Screening in Utah

• Refugee resettlement began in 1980
• From 2000-2013, two family physicians conducted all refugee health screenings (11,000 total)
• **Primary purpose**: identify communicable diseases of public health significance
• **Secondary purpose**: identify health barriers for successful resettlement
• **Greatest challenge**: little or no health data on refugee populations prior to arrival
Mental Health Screening

• 2012: RHS-15 added to health screening
  – Validated mental health screening tool
    • 14 questions and a distress thermometer
  – Developed by Michael Hollifield, MD and others
    (www.refugeehealthta.org)
  – Can be self-administered
  – Used by many states during refugee health screening
Torture

- Torture means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control;
  - “severe mental pain or suffering” means the prolonged mental harm caused by or resulting from (A) the intentional infliction or threatened infliction of severe physical pain or suffering; (B) the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality; (C) the threat of imminent death; or (D) the threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality.
- As used in the Torture Victims Relief Act, this definition also includes the use of rape and other forms of sexual violence by a person acting under the color of law, upon another person under his custody or physical control.

This definition is used for the Office of Refugee Resettlement Survivor of Torture programs in accordance with the Torture Victims Relief Act authorizing legislation. The legislation uses the above definitions given in section 2340(1) of title 18, U.S. Code.
Public Health Epidemic

• Practiced in 141 countries (www.amnestyusa.org)
• High prevalence in refugee populations
• Causes long-term, adverse physical and emotional health consequences for survivor and family
• Treatment for difficult symptoms exists

Member Centers of the National Consortium of Torture Treatment Programs (NCTTP); Outcome data on 9,025 torture survivors over six years in the United States. Torture Journal Vol 25 Issue 2; Dec 2015
Barriers to Screening for Torture

• Provider barriers include
  – Lack of time
  – Discomfort with topic or discussion of torture
  – Lack of knowledge/understanding of potentially increased physical and mental health consequences of torture

• Multiple studies confirm that refugees will NOT share a history of torture unless directly asked
  – Crosby, S. Primary Care Management of Non-English-Speaking Refugees Who Have Experienced Trauma: A Clinical Review, JAMA August 7, 2013, Volume 310, Number 5 p. 519-528
  – Shannon, P.; O’Doughtery, M. Refugees Perspectives on Barriers to Communication about Trauma Histories in Primary Care, Mental Health in Family Medicine 2012; 9:47-55
Purpose of Research Study

• Determine what the prevalence and associated health conditions, if any, of primary and secondary torture survivors among Utah’s refugee arrivals in 2013.

• Determine if there is an RHS-15 score that predicts torture history?
Definitions

• Primary survivor: individual who has been tortured or has witnessed the torture of others
• Secondary Survivors: a close family member (spouse, sibling, parent or child) of a primary survivor
Methods

• Retrospective review of FY 2013 refugee arrivals (10/1/12 – 9/30/13)
• Institutional Review Board (IRB) approved through University of Utah
• 884 paper health screening records
  – Of these, 553 patients were screened using the RHS-15
• Data points extracted included:
  – Date of arrival
  – Date of birth
  – Ethnicity/country of origin
  – Gender
  – RHS-15 score
  – Health conditions
  – History of violence/torture
  – Mental health referral
• Analyses completed in Stata, v 12.0
Prevalence of Torture by Refugee Group in Utah (FY 2013)

- **Bhutan**: 24% primary, 15% secondary, 1% both
- **Burma**: 13% primary, 10% secondary, 0% both
- **DRC**: 5% primary, 17% secondary, 0% both
- **Iran**: 0% primary, 26% secondary, 2% both
- **Iraq**: 30% primary, 21% secondary, 7% both
- **Karen**: 8% primary, 6% secondary, 0% both
- **Somalia**: 23% primary, 27% secondary, 6% both
- **Sudan**: 20% primary, 20% secondary, 13% both
- **Overall**: 24% primary, 21% secondary, 1% both
Positive RHS-15 Score among Survivors

<table>
<thead>
<tr>
<th>Torture History</th>
<th>Prevalence of Positive Screen</th>
<th>Prevalence Ratio</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>25.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>primary</td>
<td>54.0%</td>
<td>2.1</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>secondary</td>
<td>45.6%</td>
<td>1.8</td>
<td>0.0004</td>
</tr>
<tr>
<td>both</td>
<td>87.5%</td>
<td>3.4</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

Positive RHS-15 screen:

- Score of 12 or greater on questions 1-14
- Score of 5 or greater on the distress thermometer
<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &lt; 18.5 kg/m²</td>
<td>350</td>
<td>43.5%</td>
</tr>
<tr>
<td>Torture history</td>
<td>294</td>
<td>36.0%</td>
</tr>
<tr>
<td>Abnormal vision</td>
<td>265</td>
<td>33.0%</td>
</tr>
<tr>
<td>Positive screening RHS-15</td>
<td>206</td>
<td>26.0%</td>
</tr>
<tr>
<td>Latent TB</td>
<td>186</td>
<td>23.0%</td>
</tr>
<tr>
<td>BMI &gt; 25 kg/m²</td>
<td>182</td>
<td>22.6%</td>
</tr>
<tr>
<td>MSK/back pain</td>
<td>111</td>
<td>14.0%</td>
</tr>
<tr>
<td>Anemia</td>
<td>69</td>
<td>8.6%</td>
</tr>
<tr>
<td>Elevated blood pressure</td>
<td>58</td>
<td>7.2%</td>
</tr>
<tr>
<td>Headaches</td>
<td>50</td>
<td>6.2%</td>
</tr>
<tr>
<td>Parasitic infection</td>
<td>47</td>
<td>5.8%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>44</td>
<td>5.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Health Conditions among All FY 2013 Refugee Arrivals
Health Conditions

• Survivors of primary torture were SIGNIFICANTLY more likely to have more co-morbid health conditions (average 4.2 conditions) when compared to those who did NOT experience torture (average 2.6 conditions)

• P-value 0.000

• Survivors of secondary torture were not significantly different than those with no torture history
Chronic Health Conditions

• **Primary** torture survivors were 5.37 times more likely to have either diabetes or hypertension when compared to those with no torture history (p<0.0001)

• **Secondary** torture survivors were not significantly different from those with no torture history
Conclusions:
Torture Prevalence among Refugees

- High prevalence of torture among refugee populations resettled in Utah, although percentage varies by ethnicity/country of origin
- Highest torture prevalence among Iraqi (58%) and Sudanese (Darfur) (50%) refugees
Conclusions:
Torture Screening

For health providers using RHS-15 to screen for mental health symptoms and NOT routinely screening for torture, our study suggests the following criteria to further inquire about a patient’s torture history:

• An RHS-15 threshold score $\geq 12$

• A patient with $\geq 4$ health conditions (though this may only identify primary survivors)
RHS-15 Questions Related to Traumatic Experiences

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?
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?
12. Felt emotionally numb (for example, feel sad but can’t cry, unable to have loving feelings)?
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?
Benefits of Early Access to Mental Health Services

Example: San Jose, CA
n=278 resettled refugees

Research Results:

• Regression data indicate that length of time between arrival in US and clinical services was significantly associated with PTSD and depression

• participants receiving services after 1 year of resettlement were more likely to experience PTSD (adjusted OR = 3.29) and depression (adjusted OR = 4.50) than participants receiving services within 1 year.
Benefits of Early Mental Health Screening

“Clinicians and policy-makers should be aware of the importance of early mental health screening and intervention on reducing the psychiatric burden associated with torture and forced relocation”

Screening for Trauma (healthcare providers) 
Validated Question for Refugee Populations

“We see many patients who have been forced to flee their homes because of threats to the health and safety of patients and their families. I’m going to ask you a question about this now. Were you or any of your family members victims of violence in your home country?”

Screening for Torture
Healthcare Provider Questions

• “It is helpful for me as your doctor (or child’s doctor) to understand some of the difficult events that you may have encountered in your journey to safety. Sometimes bad events can impact a person’s emotional and physical health. Could you please share with me some of the reasons that you left your home country?”

• “Please tell me a little bit about why you left your home country?”
Screening Considerations

• Personnel conducting screening (ex. healthcare provider)
• Adequate time
• Appropriate interpretation
• Age of individual at time of trauma
• Country specific risks:
  – Kidnapping
  – Witnessing violence
  – Child product of rape
  – Forced conscription
Utah Health and Human Rights (UHHR)

Holistic, multi-disciplinary approach to healing

• **Trauma-informed services**
  – Realizes the widespread impact of trauma and understands potential paths for recovery;
  – Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  – Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
  – Seeks to actively resist re-traumatization.

• **Client-directed**
  – In-house mental health therapy
  – Case management
  – Psychiatry and pharmacy clinics
  – Medical advocacy
  – Massage
  – Psycho-education (individual and group)
  – Mind Body Skills, Knitting, Health Literacy, and Wellness groups

Extensive community partnerships

UHHR has over 30 partners, including:

• Free health clinics
• Occupational therapists
• Massage therapists
• Resettlement agencies
• YWCA
• Jewish Community Center (JCC)
• University of Utah’s graduate programs:
  – Social work
  – Public health
  – Occupational therapy
• Refugee Justice League
• Jewish Family Services
• Immigration attorneys
Case Study: A.A.

- 44 year old Iraqi female
- Arrived August 2013
- Health screening completed Sep. 2013
- RHS-15 Score = 44/10
- Identified as a torture survivor
- Referred to UHHR
A.A. (Case Study Cont.)

• Primary & secondary torture survivor
• In 2007:
  – A.A.’s daughter was randomly shot in arm
  – Husband shot at and put through mock execution by soldiers
  – Husband later kidnapped by militia, severely beaten, and then released after he was thought to be dead.
  – A.A. witnessed killing of mother, brother and 9 month old niece by militia
• In 2010:
  – A.A.’s son was getting married during the "Ashur" holiday. Soon after the small, secretive wedding took place, members of the Iraqi army burst into their home, severely beat her husband and son, and said A.A.’s son should not have been getting married during that holiday. She begged the soldiers not to kill them. The soldiers spared them, saying they would come back and kill the family unless they left Iraq immediately.
• A.A. and her family fled to Turkey the next day.
A.A. (Case Study Cont.)

• At intake at UHHR, the client was highly symptomatic
• She had panic attacks multiple times during the week, with frequent ER visits and ambulance services
• For over a year, she had panic attacks in many of her therapy sessions
• She would use a disconnected oxygen mask to help with her panic attacks
• A.A. was resistant to learning any self-soothing or breathing exercises because she didn't think they would work
• UHHR provided the following services:
  – Individual therapy
  – Intensive case management
  – Psychiatry clinic
  – Massage
  – Occupational therapy
  – Medical advocacy
  – Collaboration with primary care physician
A.A. (Case Study Cont.)

• A.A. refused to attend available groups at UHHR for 1 year
• After over a year of building trust with her individual therapist, A.A. agreed to attend UHHR’s Mind-Body Skills group

Center for Mind-Body Medicine: cmbm.org
“Feeling shattered”
A.A.
Mind-Body Skills Group

• A.A. attended 9 two-hour sessions of Mind-Body Skills group
• A.A. continued bi-weekly individual therapy sessions and other wrap around services
• Last session: “Draw yourself as you see yourself now.”
“Standing happy with hope”
Contact Presenters

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References


Metro Community Provider Network, Bridges to Care, Innovation Grant Data


