Making Effective Service Referrals for Refugee Populations: Insights and Practicalities

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Process and Content

• We will focus on **process issues**: What is the information we need, and how do we best communicate, in order to make the most effective referrals?

• We will also focus on **content issues**: For example, under which circumstances should a mental health referral be made?
What do service providers see as getting in the way of making effective referrals?
Barriers to Successful Referrals

- Waiting for services, Waiting rooms
- Fears of authority figures in general
- Fears of medical procedures or instruments and/or medical staff
- Fears of uniformed personnel (medical, police, etc.)
- Environmental stressors
- PTSD sx’s: fear of being flooded with painful memories or feelings
- Depressive sx’s: (i.e. hopelessness; lack of energy for following up)
- Shame at having to describe their experiences and history
- Hospitals/agencies may viewed as unsafe places connected with the government
- Concerns about being seen by other members of one's ethnic/tribal/national community
- Lack of trust or comfort with the interpreter
- Language barriers
- Lack of transportation
- Traveling to another neighborhood or town
Adjunctive Services for Refugee Populations

• What are the services (that are not handled by your agency) that are most often needed by the refugees you serve?
Medical Referrals

• Every agency should have some resource in the community where initial health screenings and primary follow-up care can be provided.

• If this is not the situation, what are the impediments to accessing these services in your community?
Medical Referrals

• What information do you need to know in order to make an informed and effective medical referral?
Medical Referrals

• What can we do to facilitate the gathering of this information in a useful way?
Exercise – What do we need to know in order to make a referral to...?

• Vocational Services
• Educational Service
• Housing services
• Legal Services
• Social support services
• Religious services
• Mental Health
• Medical
Initial Connections

• There are providers of many of these services in this room. I bet that many of us do not even know about these particular services.

• By show of hands, who provides (vocational, educational, housing, legal, social, religious, health and/or mental health) services?

• Let’s take 10 minutes and talk with at least one provider in the room, and try to answer as many of the questions we developed as possible.
Follow-up on Connections

• Many contacts are made at conferences like this. Many times business cards get dusty after months of non-use. How do we combat against this?

• Create a centralized listing of the particular information we are gathering here today that will be shared among participants. We would like to see this completed when we visit again.

• Scheduling a follow-up meeting or visit before leaving this conference. Avoid the “let’s do lunch” syndrome.
Follow-up on Referrals

• Important to follow up with clients who have been referred.

• Not in a punitive “Why didn’t you do this?” attitude. More of a “What are the challenges? How can we make this happen?” approach.

• Listen for any impediments or misunderstandings to make even better referrals going forward.
Making a Referral for Mental Health Services
Refugees most at risk for psychological distress:

The elderly, adolescents, single parents and widowers

Those with prior physical and psychological health problems

Family separations – especially when family members are still at risk – with limited means of communications

Those with significant traumatic migration histories or having suffered multiple personal/family losses

Individuals who cannot regain or adjust to loss of professional/social/economic status

Poor English proficiency – especially after several years in the US;
   These tend to be most dependant on government and private charity, the poorest, the least educated, and employable
Common Reactions to Torture and Refugee Trauma

**Emotional**
- Emotional numbness
- Increased arousal/irritability
- Fear/anxiety
- Guilt/shame
- Depression/hopelessness
- Low self-esteem

**Behavioral**
- Avoidance/withdrawal
- Sleep/eating problems
- Missed Appointments
- Substance Abuse
- Angry outbursts
- Changes in relationships

**Physical**
- Headaches
- Lack of energy
- Hypertension
- Upset stomach
- Muscle tension
- Chest pains/trouble breathing

**Cognitive**
- Poor memory and loss of concentration
- Changes in core beliefs
- Nightmares/Flashbacks
- Disorientation
- Changes in spiritual beliefs
Referral Priorities

These issues should always be prioritized as the most crucial:

- Suicidal ideation,
- Assaultive and/or Homicidal Ideation
- Child Welfare
Making a Referral when a Client Speaks of Suicide

• Suicidal ideation
  – Is there any intent?
  – Have they made a plan?
  – Do they have access to deadly implements (firearms; knives; medications)?
  – Is there expressed hopelessness?
  – Is it more “philosophical”
    • i.e. “What purpose does life serve?”

• If in doubt, make this referral immediately.
Making a Mental Health Referral

• Especially focus on reported or observed changes in cognitions, emotions, physical functioning and behaviors.
Referral Do’s and Don'ts

* Couch the referral in terms of utilizing resources.

Do not stigmatize the client by saying “you need help” or hinting that they are “sick” or “crazy.”

* Don’t overwhelm the client with information.

* Give rational for referral
Referral Do’s and Don'ts

• Have person talk through following up on referral (cognitive planning)

• Provide support

• Follow-up with pt. on referrals, i.e. “Great, how’d it go?” Or “What got in the way?”
Community Resources

• Discuss what resources exist in your community.

• Identify areas of need.

• Plan outreach efforts to fill the perceived gaps