



Refugee Services

National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

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 rationale 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



Contact Information

The screenshot shows the website header for Gulf Coast Jewish Family & Community Services (GCJFCS). The header is blue and features the organization's logo on the left, which consists of a tree inside a circle with the text "gulf coast JFCS" next to it. To the right of the logo is a white box containing the text "Gulf Coast Jewish Family & Community Services". Below the logo and text is a navigation menu with the following items: Home, About GCJFCS, About You, Children & Family, Elderly & Disabled, Employment, Jewish Community, Mental Health, and Refugee. Below the navigation menu is a large banner image. The banner features a close-up photograph of an elderly Black man's face on the left. To the right of the photograph, the text "in times of need" is written in a large, white, serif font. Below this text, the words "GCJF&CS Refugee Services" are written in a smaller, white, sans-serif font.

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