

Mental Health Screening Tools and Referral Networks

Overview of InfoGuide

Mental health screening conducted early during the refugee resettlement process can connect refugees with services useful to avoid future mental health crises due to untreated symptoms and to allow for better integration into their community. A vital component for a successful screening process is building and facilitating access to a culturally competent referral network. This guide will highlight important steps when implementing a mental health screening process and focus on ways organizations and providers can create an effective network to address refugee mental health.

First Steps

Each state, city, and resettlement program encompasses varying clientele demographics, staff levels, organizational partnerships, funding structures, and community resources. To be **most effective** in implementing an early mental health screening tool, it is important to first gain a proper grasp of the **surrounding landscape**. Partnering with stakeholders in this process can shed light on current best practices and provide clarity among current needs and perceptions surrounding refugee mental health.

Key Questions Prior to Implementing Screening and Referral Processes

Overall Analysis:

1. Landscape Analysis - *What is already out there?*
2. Resource Analysis - *Do we have the funding?*
3. Partner Analysis - *Who can help us?*
4. Capacity Analysis - *Which staff can help?*

Stakeholder Analysis:

1. Internal staff- *Do direct service staff understand and support this effort?*
2. Community stakeholders- *Does the community understand and support this effort?*
3. Funders- *Do they want to invest in this issue?*

Programmatic Considerations in Developing and Adapting Screening Tools

Approach: A community-based approach allows for multi-directional learning opportunities for programs, mental health providers, and refugees to learn more about each others' perspectives on mental health.
Example: Include members of the refugee community in the planning process to improve receptivity to mental health services.

Adaptability

Adjust approaches and processes as environmental factors (refugee demographics, mental health provider partnerships, funding) change to maintain relevancy within the community.
Example: If your state has recently adopted Medicaid expansion that provides coverage of diagnoses and alternative services not covered prior, update your current provider network and reach out to additional partners in your community.

Education

Provide training opportunities often for all stakeholders involved (case workers, directors, community leaders, mental health providers, physicians, and clients) is crucial for long-lasting success.
Example: While maintaining proper HIPAA compliance, consider inviting providers to a case staffing. Discuss with refugee communities, examples of common practices for emotional health and well-being native to their country of origin and ways to incorporate those practices into the U.S. systems.

Collaboration

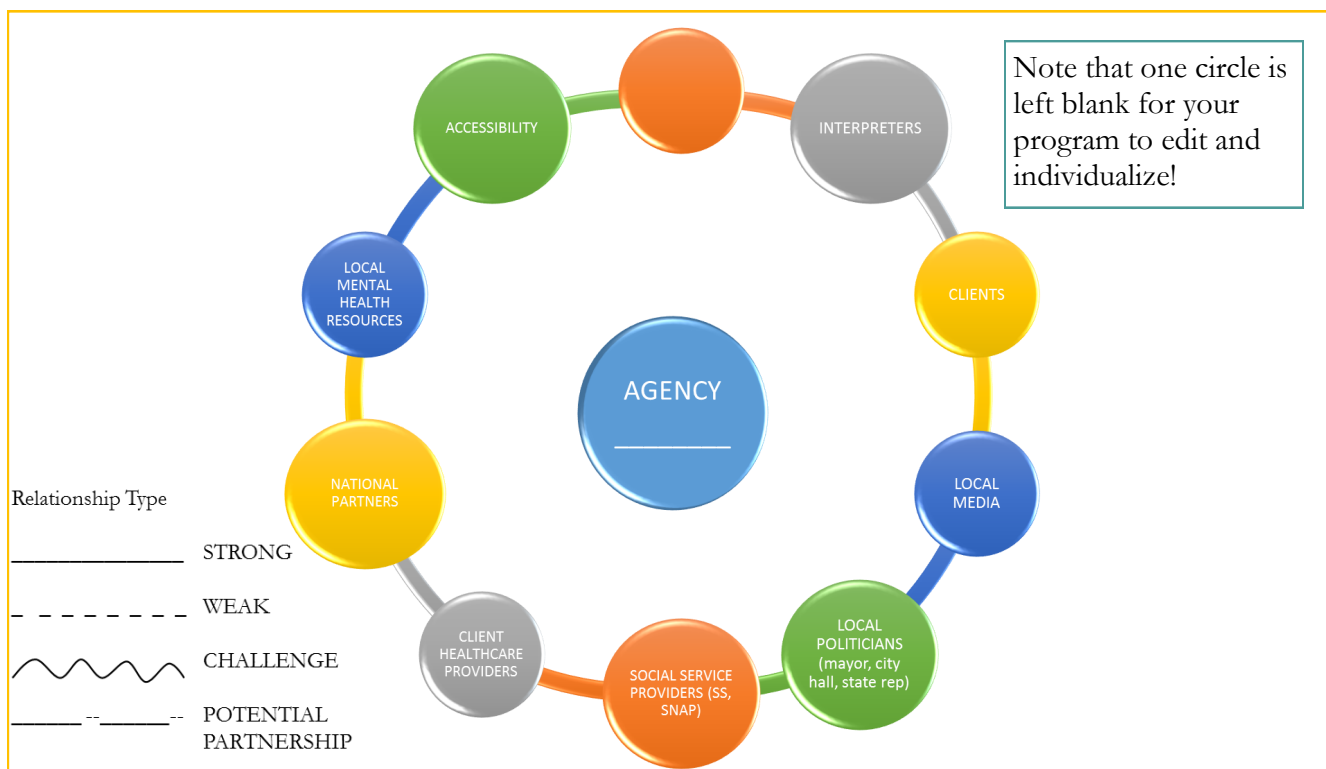
Build and maintain relationships among stakeholders to provide an infrastructure that allows for easy communication among relevant parties to address common barriers.
Example: Consult with a pro-bono mental health provider to assist with organizational approach to building partnerships within the provider network.

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Organizational Tool and Exercises

Eco-Map Tool

The Eco-Map is a version of a tool often used within the field of social work called a “Genogram,” used to aid in identifying program’s relationships to external systems. This graphic has been adapted to aid your agency in building a landscape analysis by visualizing its connections to local and national partners.



Partnership Identification Exercise: During a staff meeting, provide a copy of this Eco-Map for staff to **draw the type of relationship** (see key on eco-map) they believe the agency has with each circle. Discuss any questions and identify common themes that arise.

Evaluation and Implementation Exercise: Use discussions around the Eco-Map to develop goals, identify challenges and strengths, and list action items for specific staff to complete.

- Agency Goals for Building Mental Health Services
- Challenges to Building Mental Health Service Capacity and Potential Solutions (*see page 5 for examples*)
- Internal Strengths Helpful in Implementation of Screening and Referral Processes (i.e. on-site clinician, monthly cultural competency/trauma-sensitive discussions; staff trained in suicide prevention, strong partnership with local hospital, etc.)
- Next Steps to Build Capacity (i.e. contact local mental health provider, invite service agency to attend next webinar, attend community meeting related to refugee health needs)



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For detailed information about **specific screening tools** and their relevancy, please see our information guide “Making Specialized Referrals” on our website gcjfc.org/refugee, under [Information Guides](#).

Screening

Once a general analysis identifying key stakeholders and action items has been completed, the next step is to **outline the basic protocols** surrounding the refugee mental health screening. Take into account the sensitivity of the individual conducting the screening, the integrity of the screener, and the appropriateness of the setting. Please note that this process can and often will take place concurrently with the Analysis and Eco-Map exercises described previously. Gaining stakeholders’ input in every stage will provide deeper understanding of any community hesitations and allow for streamlined facilitation of services during the referral process (*see next page*).

Individual

Examples

- Primary Care Physician
- Nurse
- Caseworker
- Mental Health Provider

Whoever conducts the mental health screening should be knowledgeable of the client’s background and comfortable with navigating difficult emotional concepts and situations. The individual should also strive to gain the client’s trust. The primary reason being screeners often rely on self-report and refugees are more engaged, and therefore more likely to disclose mental health information, with those individuals who have taken time to build up a positive rapport.

Note: Regular contact with clients is one way to quickly form trusting relationships. With the proper training and/or education, any of the above examples of individuals would be able to administer a screening effectively. A case worker or resettlement agency staff may be best positioned to conduct the screening, as they often have the most contact with clients. Choose the best person relative to your programming.

Tool

Factors

- Validity
- Reliability
- Linguistic Relevance
- Cultural Sensitivity

The tool used for refugee mental health screening should incorporate all of the above factors. Without those components, the screening process will not be an effective measure of the client’s symptoms or a useful means to facilitate a referral. Linguistic and cultural relevance are factors imperative for refugee populations specifically.

Example: Linguistic relevance can encompass multiple components. One example is the English language phrase “feeling blue.” While this phrase implies a sense of sadness in the U.S., the color blue is not a universal emotional color for sadness. If this phrase has been translated word for word on a mental health screener, not only will the meaning be lost, but it will also cause unnecessary confusion. This type of irrelevant tool would only add to the barriers many refugees face in identifying adverse mental health symptoms and accessing needed services.

Setting

Examples

- Resettlement Agency
- Initial Health Screening
- Client’s Home
- Mental Health Clinic

Often, combining a screening with a scheduled medical appointment or routine agency visit can help provide a normalizing environment for the client. However, if the screening is conducted within the client’s home, additional factors should be considered, such as confidentiality, internal family conflict, and community opinion. Consider also the timing of the screening. Is it best to complete a screening immediately upon arrival, several months after arrival, a year after arrival, or a combination of several points in time?

Example: If mental health screenings are standardized as part of the domestic health screening, it may lower the negative connotations surrounding mental health symptoms and services. Some refugee populations may feel more comfortable approaching the topic if they knew that every other patient engages in the same screening process.

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Making Referrals and Cultivating a Referral Network

The referral generally takes place after the mental health screening; however, it is possible it would occur prior to or during a screening. Keep in mind that the referral process is dependent on and interconnected with the program analysis and screening process. Referring resettled refugees to mental health care takes substantial considerations of all factors involved, including cultural norms and taboos, language and phrasing, available resources, and sensitive follow up. Having a clear picture of all of the pieces will allow for a smoother transition between each phase. Also note that screening and referrals may take place at multiple points in time, depending on environmental changes and client needs.

To best utilize a referral process, your program will need a quality referral network. Developing a referral network involves similar stakeholders and questions as the organizational analysis. The screening and referral are interdependent with the referral network, as all three stages require ongoing communication and effective collaboration to best meet the mental healthcare needs of resettled refugees. Using insights from the organizational analysis (i.e. identifying local partners and interpretation options), review the goals and guidelines below to best situate your organization as a thoughtful advocate and community partner.

Remember: A referral is more than a checklist. It is an art and a process that involves offering services which are potentially foreign or uncomfortable for many refugees.



Screen, Refer, Treat: All three phases are interconnected and require continual organizational analysis and evaluation to ensure services are streamlined.

Goals for the Referral Process

- Promote wellness and help-seeking behaviors for overall health and well-being.
- Normalize symptoms for refugee clients that may feel uncomfortable discussing mental health.
- Address stigma around discussing mental health symptoms and accessing mental health care.
- Link clients with community based activities that best meet their individual needs.

Implementation Guidelines for Referral Networks

- Establish partnerships with clinicians and organizations who are open to collaboration and ongoing education regarding current and changing refugee populations
- Understand and incorporate provider strengths into referral process, such as the use of alternative therapies offered as viable pathways to recovery
- Reach out to national and local partners to gain a comprehensive view of available resources.
- Partner with programs, such as agricultural programs, that provide a familiar space for refugee populations to build community and can alleviate some mental health distress.

This information guide is based on an NPCT webinar on this topic presented by Sasha Verbillis-Kolp, Amber Gray, and Annie Bonz. The webinar is archived on our website, www.gcjfc.org/refugee under [Webinars](#). For more details about **individual referrals** and ways to **create partnership connections**, please see our information guide “Making Specialized Referrals” on our website gcjfc.org/refugee, under [Information Guides](#).



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Common Implementation Challenges and Potential Solutions

The table below represents common struggles seen throughout all levels of resettlement programming. The solutions provided are not one-time interventions, but rather possible steps to begin the process of program change that can and should be adapted to your particular site's landscape. Use the table below to compliment the Eco-Map exercises on page 2.

	Challenge	Solution	Challenge	Solution
Community/ Partnerships	Community - refugee populations often maintain perspectives on mental health that do not align or perhaps directly contrast the views a local clinic or psychiatrist has on mental health.	Community - engage community leaders as cultural brokers for your organization and as health promoters for the refugee community. Provide culturally inclusive mental health training and brainstorm alternative approaches.	Partnerships - cultural competency is necessary when providing mental health-care services for refugees, though it can be hard to assess providers' past experience and current training needs.	Partnerships - reach out to mental health providers offering services to the general public to gain an understanding of the provider network's knowledge of and ability to work with refugees.
Organization/ Program	Staff Capacity - additional tasks may sound burdensome for staff members with an already full workload	Staff Capacity - request honest feedback regarding staff's views on mental health; use feedback to inform ongoing trainings on mental health symptoms and trauma-informed programming	Program Capacity - some current programs may be overloaded, while other programs may have room to envelop mental health screening and referrals	Program Capacity - conduct internal analysis of each program's capacity; consider integrating mental health processes within an existing program instead of requiring staff to build and maintain a new program
Screening	Trust - some refugee populations prefer to be seen by a medical doctor for their health concerns, including symptoms that Westernized medicine may attribute to mental health distress.	Trust - it may be helpful to leverage the relationship a refugee client has with their primary care physician to discuss mental health concerns	Instrument - client's literacy level can affect which tool is used	Instrument - informal initial screenings may be helpful as a start to screening; for demographics with more complex trauma, standardized use of a validated tool may be helpful in identifying more refugees with acute symptoms
Referral	Follow Up - making time to discuss the client's experience with referral services or any hesitations of accepting the initial referral	Follow Up - implement regular appointments through your program or agency to check up on clients at intervals post-resettlement to gauge ongoing mental health symptoms.	Logistics - transportation and time management issues can act as barriers	Logistics - partner with a local university or develop a volunteer group who can be trained to compliment referral services, such as providing public transportation orientations.

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Mental Health Screening Tools and Referral Networks Information Guide

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