Reducing Refugee Mental Health Stigma by Leveraging Community Leaders to Educate Providers

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Refugee Services
National Partnership
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Overview

- Refugee mental health
- Understanding refugee stigma
- Strategies for intervention
- Conclusion

Refugee Mental Health

- Mental health diagnoses vary with different refugee populations and experience

- Risk factors include trauma, torture history, imprisonment, delayed asylum/resettlement application process, statelessness, loss of culture and support systems, etc.

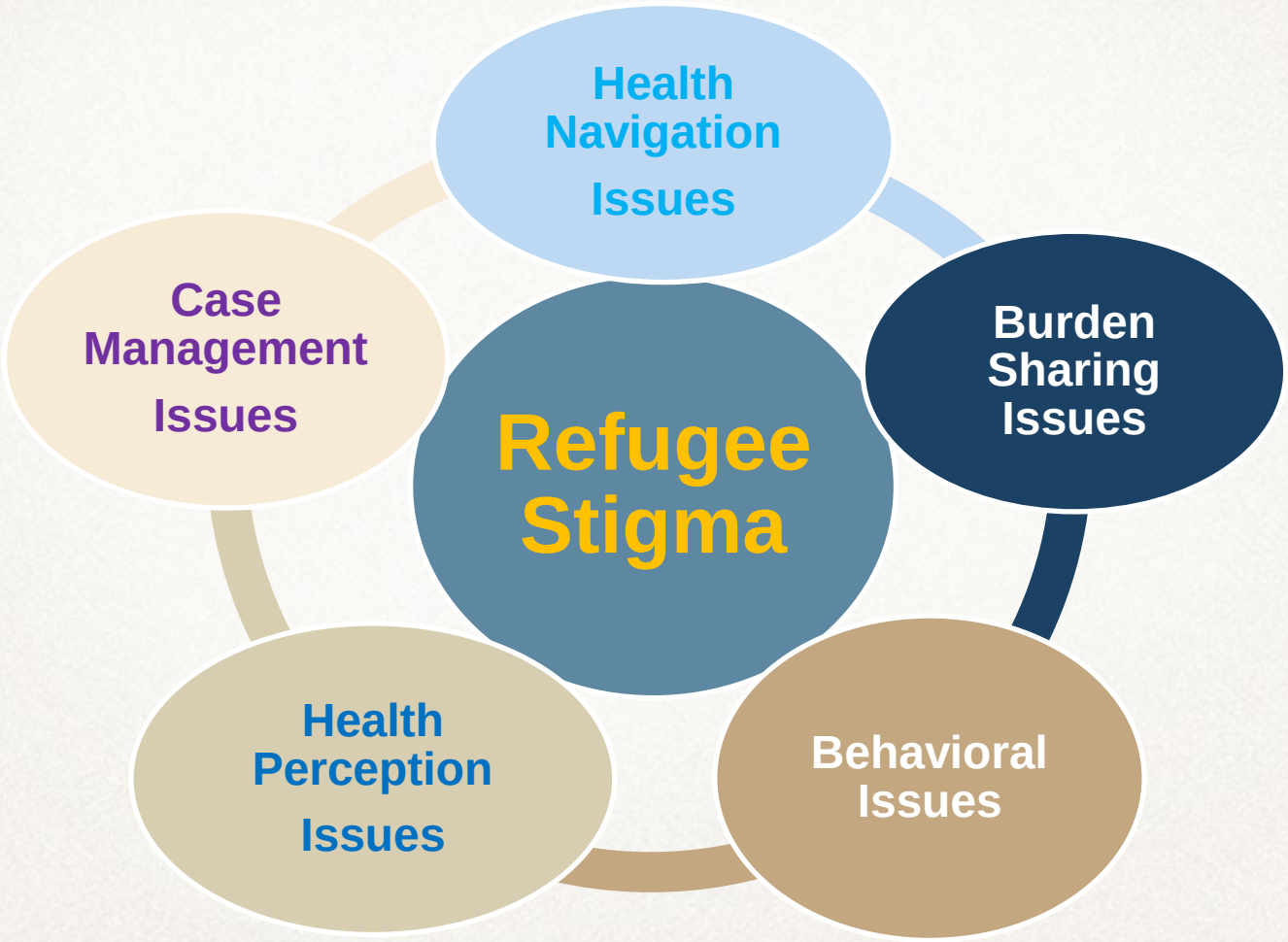
- Common mental health diagnoses include PTSD, major depression, anxiety, adjustment disorder, and somatization

Source: refugeehealthta.org

Categories of Refugees with Mental Health Conditions

- Refugees diagnosed overseas
- Refugees diagnosed after arrival in the resettled countries
- Refugees with **hidden** mental health conditions

Understanding Refugee Stigma



1. Healthcare Navigation Issues

- Health care facilities
- Billing offices
- Insurance companies
- Health insurance marketplaces
- Local health and human service offices

Case example-1

I was in a hospital for 15 days. After I was discharged from the hospital, in a week's time, I got a bill of $12,000. I didn't have money to pay, so I almost thought of ending my life. I collected money from extended family members and paid it. I am reimbursing them in installments. I feel bad.

Issues Related to Stigma

- Not understanding billing system may have a negative impact on emotional health
- It may have spillover effect to other community members, possibly discouraging healthcare visits
- Financial debt is often considered as taboo; may not share information with others

2. Healthcare Case Management Issues

- Making telephone calls for follow-up appointments
- Taking public transportation independently
- Recognizing when to apply/change medical insurance
- Co-pay at pharmacies

Case example-2

Over the past 6 months, I have been suffering from chronic medical conditions. My high school children have been taking care of my medical case management issues: scheduling appointments, locating specialist clinics and accompanying me. My wife, on the other hand, is the only working member of the family. She is in poor physical health too. I feel bad that I have been disturbing my children's education for my healthcare needs. And I feel bad that I have become a burden to my wife; I have to ask her even for transportation costs every time I visit the hospital.

Issues Related to Stigma

- Engaging children for parents healthcare appointments is considered as being " burdensome"
- Decreasing role as a provider in the family may have a negative impact on "confidence"
- Missing doctor's appointments because of lack of escort fosters "guiltiness"

3. Healthcare Perception Issues

- Visiting hospitals only when very sick
- Hiding illness from providers
- Feeling shy with interpreters

Case example-3

I had a skin disease problem in my genital area. Initially I did not take it seriously. When it started getting chronic and itchy, I requested my son-in-law to schedule an appointment with my PCP. I was afraid that my son-in-law would be interpreting for me in the clinic. Fortunately, I was provided an in-person interpreter. However, that interpreter was a well-known person from my community. I was hesitant to disclose my skin disease in front of him. So I just had a general check-up and returned home.

Issues Related to Stigma

- Disclosing hidden disease conditions may be an embarrassing issue
- Involvement of a family member or a well-known community member as an interpreter in certain situations might discourage refugees from sharing their disease conditions

4. Behavioral Issues

- Drugs and alcohol
- Gambling
- Non-compliance

Case example-4

My wife takes alcohol every evening. She also takes TB medicine. Case workers inform her to avoid alcohol while undergoing TB treatment. She ignores their advice. When I council her to limit alcohol drinking, she tries to confront me. We have been living a stressful life for the past few years.

Issues Related to Stigma

- Disclosing alcoholic behaviors of a family member is a taboo among refugee communities
- They may hide such behavior from family members, community members and providers

5. Burden Sharing Issues

- Change of family role
- Concept of nuclear family
- Time conflict

Case example-5

I have been supported by my son's family over the past 4 years to navigate the healthcare system. But he moved away from us and started living separately. I have tried managing healthcare navigation by seeking help from community members. However, community members always reminded me to seek help from my son whenever I approached them for help. I have stopped approaching them. I felt embarrassed.

Issues Related to Stigma

- Breaking traditional family setup is an emotional issue
- Support unavailability from the able family members is a taboo
- Requesting help from the community members (when able family members are available) is a prestige issue

Intervention: Leverage Community Leaders

Process to Leverage Community Leaders

1. Foundation Work for Collaboration

- **Identify specific community needs**
  - English language training
  - Elderly engagement services
  - Youth empowerment services
  - Health access and navigation assistance

- **Identify community strength**
  - Committed community leadership/ volunteers
  - Community healthcare professionals
  - Community center

2. Awareness and Training

- **Health/Cultural Orientation**
  - Guest speakers: At clinics & at community center
  - Discuss insurance issues, billing issues, interpretation issues, navigation issues, front desk reception issues, cultural issues etc.

- **Community Navigator Training**
  - Heath System Navigator
    - Gender priority
    - Bilingual
    - Interested in the health professions
  - Service delivery
    - Community-center-based
    - Individualized
      - ✓ Needs assessment
      - ✓ Instrumental assistance
      - ✓ Teaching

- **Mental Health First Aid Training**

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INTERNATIONAL JOURNAL OF MENTAL HEALTH SYSTEMS

REVIEW Open Access

Mental health first aid training for the Bhutanese refugee community in the United States

Parangkush Subedi[1*], Changwei Li[4], Ashok Gurung[3], Destani Bizune[1], M Christina Dogbey[1], Caroline C Johnson[1] and Katherine Yun[2]

Table 3 Comparison of mental health literacy and stigmatizing attitudes, pre- and post-MHFA training

Variables	Pre	Post	*P*
The 21 questions section of MHFA instrument on knowledge on mental health problems			
Scores on knowledge on mental health prob, mean (SD)	7.55 (3.32)	9.80 (1.76)	<0.0001
Quite a bit or extremely confident in providing help, %	58.5%	82.0%	0.0021
Correctly recognize depression in the vignette, %	27.6%	56.9%	0.0015
Scores on changes in stigma towards disease in vignette			
Personal stigma	22.12 (5.09)	22.1 (5.82)	0.9851
Perceived stigma	19.07 (4.91)	19.39 (4.94)	0.7251

3. Partnership

- Identify community leaders who have background and interest in healthcare field
- Engage some of them in your research activities or in your clinic
- Provide sense of ownership
- Conduct mobile clinics to address needs of that community

Conclusion

Leverage Community Leaders

Step 1

- Start with committed leaders with interest and passion to serve their community

Step 2

- Identify community needs and strengths, and train community leaders

Step3

- Engage directly with needy clients, teach them to solve problems by promoting knowledge and skills

Step 4

- Promote sustainable partnership with community leaders by engaging them in research activities/jobs

Reducing Mental Health Stigma

- **Ownership of community health concerns**

- **Reversing outreach**
  - BEFORE: Providers → Community leaders
  - AFTER: Community leaders → Providers

Questions

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Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

Presentation Overview

- Where do we get resources about refugee health?
- How are our issues being addressed?
- How do we find funding for our projects?

Where do we get resources about refugee health?

Refugee Health Technical Assistance Center

- **Refugee Health Technical Assistance Center**
  - *Access to Care* → Affordable Care Act, Language Access (including interpreter best practices), Translated Health Education Materials
  - *Physical and Mental Health* → Mental Health (including suicide), Prevention and Wellness
  - *Refugee Health Updates* → News, Resources, Trainings and Events, Funding Opportunities

RefugeeHealthTA.org

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Refugee Health Technical Assistance Center

- **Refugee Suicide Prevention Training Toolkit**
  - For trained QPR instructors (Question, Persuade, Refer) who are interested in training refugee gatekeepers/leaders/community members.
  - Handouts in Nepali
  - Posters
  - Also good for providers/others to learn about Bhutanese people (“Orientation to Refugees”)

http://refugeehealthta.org/physical-mental-health/mental-health/suicide/suicide-prevention-toolkit/

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Refugee Health Technical Assistance Center

- Refugees and the Affordable Care Act: **http://refugeehealthta.org/access-to-care/affordable-care-act/resources-for-providers-and-refugees/** (video and materials)

- Youth and Mental Health: **http://refugeehealthta.org/physical-mental-health/mental-health/youth-and-mental-health/** (videos and materials)

Refugee Health Information Network

- Multilingual health information for refugees and their health providers

- Can search by language (80 resources available in Nepali)

http://rhin.org/

Refugee Health Information Network

- Examples of resources
  - Medical Care and Health Insurance
  - Adjusting to a New Culture
  - Drug and Alcohol Abuse
  - Remembering What's Good
  - 10 Ways to Show Understanding
  - Ways to Manage Stress and Anger
  - Mental Health (PTSD) (material and video)
  - Primary Care, Urgent Care, and ER
  - Substance Use and Abuse (material and video)

What is available from SAMHSA funded programs for refugees?

Suicide Prevention Resource Center (SPRC)

- Resources for you and the people who want to help (doctors, community members, etc.)
- Information about suicide, risk and protective factors, warning signs, and suicide prevention.
- Information available about your state → local contacts, resources, events.
- Sign up for a weekly newsletter that includes training and webinars, funding information, research, and news.

Suicide Prevention Resource Center (SPRC)

- Resources
  - Trainings (some free online trainings)
  - Best Practices Registry (those programs that are known to work)
  - Help after a death by suicide
  - Suggested sources for funding (see FAQs) and suggestions for fundraising
  - Help locating a Garrett Lee Smith Suicide Prevention Grantee (funded by SAMHSA)

How are our issues being addressed?

Conversations

- With community members, providers, researchers
- Perspectives on the issue from each group
- Ideas for discussion and next steps

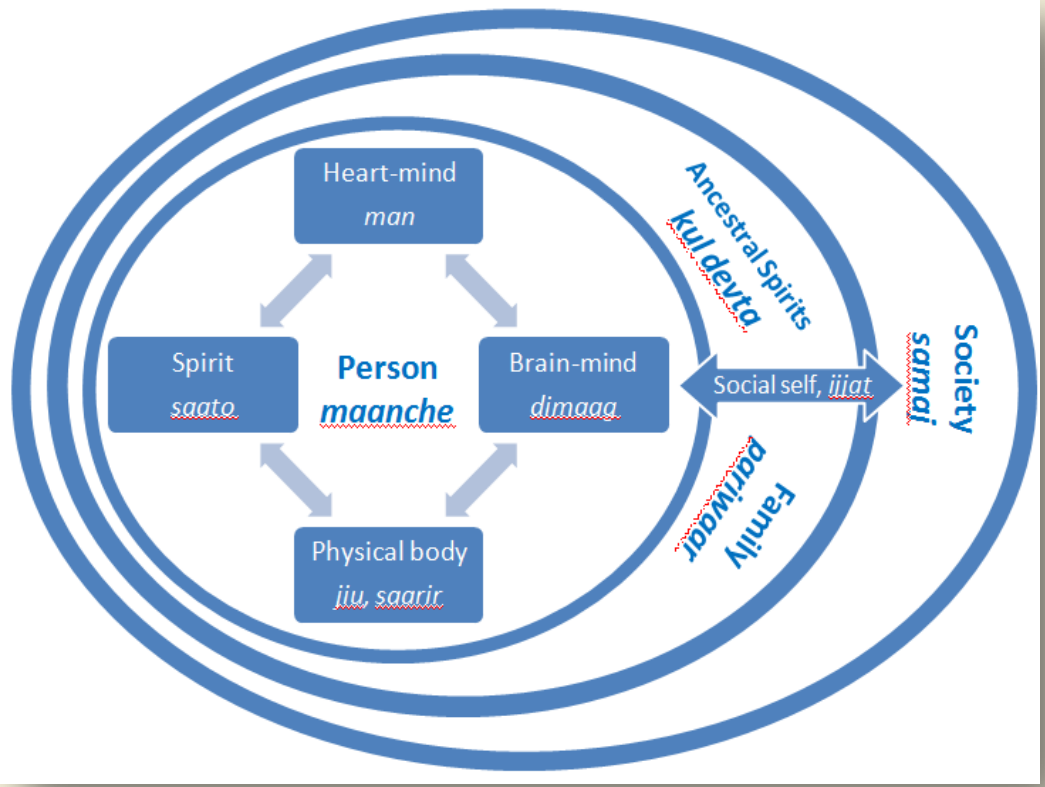
Validated Clinical and Research Tools

Adult Mental health	Domain	Comments
Alcohol Use Disorders Identification Test (AUDIT)	Adult mental health—**Alcohol use**	Validated in Bhutanese refugee camps; Distinguishes harmful drinking at moderate and severe levels
Beck Depression Inventory (BDI)	Adult mental health—**Depression**	21-item questionnaire on depression symptoms; Validated in rural Nepal; also used in clinical facilities in Nepal; Has appropriate cut-offs for Nepali-speaking populations
CIDI Suicide and Self Harm Module	Adult mental health—**Suicide and self-harm**	Assesses lifetime and recent suicide attempts and other self-injury; adapted for suicide attempt methods common among Bhutanese and Nepalis
*Resiliency Assessment**	Adult mental health—**Positive resilience**	8-item assessment of resilience and positive mental health; has also been used with Nepali speaking children and adolescents
Nepali Family Supports and Difficulties Scale	Current family emotional environment	Brief screener of current family support and difficulties, helpful to identify persons lacking family support; has been used to assess family support among Nepalis with chronic physical illness
Stressful Life Events Rating Scale (SLERS)	Stressful life events across range of domains	64-item assessment of past-year stressors in multiple domains including family, interpersonal relationships, environment, health, economics, etc.

Nepali-language culturally adapted mental health treatments

- Mental health treatments have been adapted to match Nepali language terms, idioms of distress, Nepal psychological theories, and acceptable ways of discussing mental health

- Treatments are framed around discussing distress in the heart-mind (मन) and promoting positive mental health



Culturally-Adapted Interventions

Ethno-psychology Component	Description	Cognitive Behavior Therapy (CBT)	Interpersonal Therapy (IPT)	Dialectical Behavior Therapy (DBT)
Heart-mind (*man*)	Organ of emotions, memories, and desires	'Feelings' in CBT should reference heart-mind processes	Heart-mind processes are examined in the context of social relationships; IPT theme of grief relates heart-mind	Radical acceptance and change framed in heart-mind and brain-mind conflicts
Brain-mind (*dimaag*)	Organ of social responsibility and behavioral control	'Thoughts' and 'appraisals' in CBT should reference brain-mind processes	Behavioral control through the brain-mind is examined in the context of social relationships	Brain-mind and heart-mind conflicts are reduced; the brain-mind is responsible for regulating "opposite actions" and "response prevention"
Physical body (*jiu*, *saarir*)	Physical sense organ, topography of pain	Somatic complaints in CBT may be consequence of heart-mind and brain-mind processes	The connection between physical suffering and relationships is explored through the social world, heart-mind, and physical body	"Opposite actions" and "response prevention" are used to prevent self-injury to the body
Spirit (*saato*)	Vitality, energy, immunity to illness	Lost vitality in CBT can be associated with strong emotions in heart-mind (anger, fear)	Loss of vitality can be tied to difficulties in interpersonal relationships with both family and ancestral spirits	Preventing soul loss (*saato jaane*) is addressed through reducing intensity of emotions in heart-mind
Social status (*ijjat*)	Personal and family social standing and respect	Social status can maintained through better insight into thoughts and feelings in CBT	Social status is explored by considering network of relationships; interpersonal deficits related to perceived social status can be challenged	Distress from perceived social status loss (*bejjat*) is managed through heart-mind emotional acceptance
Family and community relationships	Social support and social burden	The brain-mind processes related to relationships are explored for their effect on heart-mind processes	IPT themes of interpersonal disputes and role transitions examine social relationships	The group therapy component of DBT is used to discuss and model appropriate social relationships

National Suicide Prevention Lifeline

- **Separate Spanish line @ 888-628-9454**

- **Translators for 150 languages including Nepali**
  - *Need to be able to ask for the language in English.*
  - *Which version of Nepali?*

Where do we find funding or other support for projects?

Where do we find funding for projects?

- **Grants**
  - Usually go to states, counties, non-profit organizations, universities, researchers, federally-recognized tribes.
  - Refugee Health TA Center : http://refugeehealthta.org/refugee-health-updates/funding-opportunities/
  - Grants.gov : http://www.grants.gov/web/grants/home.html
- **Other sources**
  - http://www.benefits.gov
  - Local or state non-profits or foundations

SAMHSA's ROLE

- ➔ Creating a national dialogue on the role of behavioral health in the community with a public health approach that:
  - *Engages everyone – general public, elected officials, schools, parents, community coalitions, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families*
  - *Is based on facts, science, common understandings/messages*
  - *Is focused on prevention (healthy communities)*
  - *Is committed to the health of everyone (social inclusion)*
- That incorporates lessons from other countries:
  - *Models of inclusion and destigmatization (IIMHL)*
  - *Integration of mental health services at every level of health care (Afghanistan)*
  - *The importance of outreach and recognizing underlying trauma among vulnerable groups (PEPFAR)*
  - *That "recurring or ongoing" trauma is a more accurate characterization; and that family and community are critical to recovery (Iraq)*

Center for Mental Health Services

- Building a peer network

- Work with providers through the National Association of Mental Health State Program Directors (NAMHSPD) → National Center for Trauma-Informed Care
  - SAMHSA website →Trauma & Justice

- Issue-specific TA centers (e.g., Suicide Prevention Resource Center; sprc.org)

Center for Substance Abuse Treatment

- National Association of State Alcohol/Drug Abuse Directors
- National network of centers (ATTCs) that provide technical assistance on substance abuse
- Focus on recovery

SAMHSA ATTCs

Region X:
Seattle
AK, ID, OR, WA
David Dickinso
MA
2201 6th Ave,
MS RX-02
Seattle, WA
98121

Region VIII:
Denver
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UT, WY
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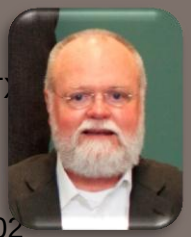

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Roles of SAMHSA's Regional Administrators

Represent SAMHSA & Connect with Stakeholders	•Voice of SAMHSA Administrator in the regions and states. •Educate and engage the public and key stakeholders in SAMHSA's vision, mission, Strategic Initiatives, vital few, theory of change and priorities. •Connect the public and key stakeholders to people and resources. •Coordinate with and support the functions of the SAMHSA POs related to grants, contracts and cooperative agreements.
Promote Initiatives & Engage Target Populations	•Contribute to the development and support of HHS/SAMHSA initiatives and activities that advance behavioral health. •Lead strategic discussion within communities, states and regions promoting behavioral health and advancing prevention, diagnosis, treatment of and recovery from mental and substance use disorders.
Collaborate to Support HHS Regions Together	•Lead cross-agency initiatives within the region and incorporate the support and collaboration of key HHS OPDIVs and other federal partners to advance behavioral health. •Support HHS regional initiatives championed by Regional Directors, Regional Health Administrators, and/or regional OPDIV counterparts •Identify opportunities to increase collaboration among HHS colleagues to assure behavioral health is a priority.
Support Stakeholders	•Provide regional behavioral health leadership that supports stakeholder action, program development, policy innovation, and system transformation. •Leverage national and regional resources and technical assistance in collaboration with headquarters. •Assist stakeholders in expanding relationships and obtaining the information and resources they need.
Conduct & Report Regional Environmental Scan	•Prepare periodic reports to communicate important regional/state trends, issues, and policy changes that affect SAMHSA's programs, grantees, and stakeholders. •Communicate performance success, challenges, and opportunities for improvement.

LEADERSHIP

•As part of SAMHSA leadership, participate in development and implementation of SAMHSA strategic vision, direction and policies nationally.

•Promote engagement across Centers and Offices as members of the leadership team.

Questions??

www.samhsa.gov

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SAMHSA

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