Refugee Mental Health: Program Challenges

Amy Greensfelder
Monica L. Vargas, MSPH, MBA
Amber Gray, MPH, LCPP

National Symposium:
Connecting Leaders, Impacting Communities & Sustaining Programs:
Strengthening the National Torture Treatment Network
Refugee Mental Health: A Challenging Need

Amber E Gray
Clinical Advisor, The Center for Victims of Torture
Agray@CVT.ORG
restorativeresources@gmail.com
Objectives

• Participants will be exposed to key challenges in providing quality mental health services to the refugee population;
• Participants will learn about creative ways that states have responded to these challenges;
• Participants will learn about innovative mental health programming being implemented in refugee communities across the United States.
The UN refugee agency reported on World Refugee Day that the number of refugees, asylum seekers and internally displaced people worldwide has, for the first time in the post-World War II era, exceeded 50 million people. APPROXIMATELY 80% are in developing countries and half are children.

UNHCR’s annual Global Trends; News Stories, 20 June 2014
Global Overview

• “Every person is in some respects like every other person, like some other people, and like no-one else.” Andrea Northwood, CVT

• Who are Refugees: Vulnerable or Resilient?
  – “All they need to do is work.”
  – “Poor, poor refugees; they are all traumatized.”
  – “They can just get mental health services where everyone else does”

• Does it depend on where they come from?
Study of Domestic Capacity to Provide Medical Care for Vulnerable Refugees

• The CDC updated its guidelines to allow refugees with complex medical needs entry. In a recent study (USCRI, USDOS, April 2015):
  – On average, resettlement affiliates in this study invested more resources providing services for refugees with mental illness and mobility issues than any other conditions.
  – Emergency hospitalizations, or hospitalizations that occur within the first two weeks of arrival, require significant support from resettlement affiliates.
  – Resettlement affiliates do not have consistent or dependable funding mechanisms to support refugees with these specific conditions.
IASC Psychosocial Guidelines:
Immigrants, Refugees, Asylum Seekers
Displacement, War, Torture

- Basic Services & Security
- Community and Family Supports
- Focused, non-specialized supports
- Specialized Services
Interpretation as a Portal
Services: Why is Interpretation Essential?
Interpreting Refugee Mental Health

- Environment & “Climate”
- Organizational Systems, Structures & Dynamics
- Response & Resources
- Need
Interpreting Refugee Mental Health

- Advocate
- Culture Broker
- Clarifier
- Conduit

Dr. Mary Fabri
The Therapeutic Partnership: Model for a Treatment Team

- Expanding the conventional therapeutic dyad into a triad
- The therapist as team leader
- The interpreter as a bridge
- The client as an expert

– Dr. Mary Fabri
Interpretation: The Phases of New Mexico’s Refugee Mental Health Program

• Background of program
• Inception/Beginning
• Start up; early development
• Peak
• Plateaus and bumpy terrain

— And Interpretation Services Role in all of the above
Interpreting for Mental Health, or Interpreting Mental Health?

• Needs, Resources and Trends:
  – Client Demographics
  – Providers & Referral Sites
  – Interpretation
  – Funding Sources & Portals
  – Organizational Dynamics, Pressures and Politics
  – The world at large
Challenges of Mental Health Screening for Refugees in Georgia

Presentation to: NPCT Symposium – Miami, Florida
Presented by: Monica L. Vargas, MSPH, MBA
Date: April 27, 2015
Background Information

• Georgia is one of the top 10 recipients of refugees in the country
• In 2014, Georgia had 3,246 refugee arrivals
• The top five groups that are resettled in Georgia are from:
  • Burma (25%)
  • Bhutan/Nepal (13%)
  • Somalia (13%)
  • Iraq (11%)
  • Congo (8%)
Georgia’s Mental Health System

• Georgia Department of Behavioral Health and Developmental Disabilities
  • Primary mission is to ensure that individuals can live a life of independence and recovery and create a sustainable, self-sufficient and resilient life in their community
  • Overhauled in 2011
Georgia’s Mental Health System

- Community Service Boards
- Mobile Crisis Services (Adults & Children)
- Assertive Community Treatment (ACT) Teams
- Group Homes
- Crisis Stabilization Programs
Need for Mental Health Screening

- Common Mental Health Diagnosis among Refugees Resettled in Georgia
  - Post Traumatic Stress Disorders
  - Major Depression
  - Generalized Anxiety Disorder
  - Panic Attacks
  - Adjustment Disorders
  - Somatization
  - Suicide Ideation
Barriers to Screening Refugees for Mental Health

• Lack of Culturally-Appropriate Providers
• Language Needs
• Medicaid Reimbursements
• Addressing Stigma
Barriers to Screening Refugees for Mental Health

• Refugee Health Screener (RHS) – 15
  – Integrate into Domestic Health Screening

• Barriers to Implementation
  – Public Health has no jurisdiction over boards of health
  – Time-Consuming
  – No Compensation
Exploratory Responses to RHS-15 Implementation

• Seek Funding from State Refugee Resettlement Program
• Resettlement Agencies
• Academia Partnerships
  – Georgia State University
  – Emory University
• Continued Training & Education of Screening Tool
  – Local Health Department
  – Federally Qualified Health Centers
  – Private Providers
So What Are We Doing to Address Mental Health in the Mean Time?

• QPR Training
  • Implement QPR Training as part of Public Health Training
  • Provide QPR Training to Local Resettlement Agencies
  • Provide QPR Training to Communities

• Whole Action Management Training
  • Pilot WHAM Training to Bhutanese Community Leaders
  • Explore additional funding to provide to other refugee groups

• Continued Education
Think Positive

Be Positive

And

Positive Things will Happen
SUPPORT GROUP LOGISTICS

Amy R. Greensfelder
Refugee Mental Health Program Coordinator
Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Office of Immigrant Health
Maryland Refugee Mental Health Program

• Situated in Office of Immigrant Health

• Screening
  • Through the Refugee Health Assessment, all new arrivals will be screened for depression, anxiety, and PTSD

• Assessment and Referral
  • Newly arrived refugees who screen positive will be referred for assessment, and if needed referred into on-going mental health care

• Education
  • Newly arrived refugees will participate in adjustment groups. Through these groups they will receive peer support, learn positive coping skills, and be introduced to the American mental health care system
Format of Groups

• Adjustment support groups
  • Aimed at all new arrivals
  • Follow Cultural Orientation
  • Curriculum
  • Pre-/Post-Test
  • Started as five week program/now three week program

• Elderly groups

• New projects
Topics

• Challenge: Selecting topics to focus on when there are many important issues
• Approach: When planning groups engage with key partners including refugee communities, resettlement staff, and group facilitators
• Coping Skills, Communication Skills, Adjustment, Family Dynamics, Safety
Providers

- Openness to field
  - Occupational Therapist
  - Licensed Clinical Professional Counselor
  - Licensed Social Worker
  - Challenges: Different approaches/focuses; acceptance of OT as a mental health field

- Qualities of providers
  - Flexibility
  - Willing to work with multiple partners
  - Experience working cross-culturally
  - Willingness to work with interpreters
  - Commitment to project
Attendance

- Challenges
  - Initial buy in
  - Transportation
  - Childcare
  - Competing priorities
    - Medical appointments
    - Job interviews
    - ESL
- Approaches
  - Work with resettlement staff to explain program
  - Hold groups at familiar, accessible location
  - Plan programming around school day
  - As possible plan groups for times that do not conflict with other programs
Working with Partners

• Challenges
  • Competing priorities
  • Different timelines
  • Everyone is “doing more with less”

• Approaches
  • Meet frequently with partners
  • Meet with partners prior to initiating grant proposals
  • Share information as possible
  • Recognize limitations
Measuring Outcomes

• Challenges
  • Facilitator buy-in
  • Participant literacy
  • Time!

• Approaches
  • Met with providers to discuss issues with original measure, and barriers
  • Drafted new test with facilitator input

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Individual Assessment
Living in America

Instructions: Please take a few minutes to answer these questions. Your answers will help us improve the group meetings. Please check the box that best represents your answer to each question.

Each question has an answer ranging from zero (0), which means "none" or "not at all" or "never," to four (4) which means "always" or "completely." You can think of the answers as being like when you go to the doctor because you have a pain. Your doctor will want to know how severe the pain is, that is, do you hurt just a little bit, are you in constant pain, or is your pain somewhere in the middle. You will see scales like this used often in the United States.

You will answer these questions twice, once at the first group meeting, and again on the last day. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>1. Do you know ways to calm yourself when you feel upset?</td>
<td>Never able to, sometimes able to, able to, always able to</td>
</tr>
<tr>
<td>2. How comfortable are you talking to others when you feel upset?</td>
<td>Always comfortable talking to, half of the time comfortable talking to, most of the time comfortable talking to, always comfortable talking to</td>
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<tr>
<td>3. How likely are you to help someone in your community who may be feeling upset?</td>
<td>Agree, disagree</td>
</tr>
<tr>
<td>4. How much do you agree with the statement: &quot;I believe that it is better to hide my feelings than to talk about them with others&quot;</td>
<td>Agree completely, agree mostly, agree somewhat, disagree</td>
</tr>
<tr>
<td>5. How much of the time do you have difficulty coping with problems in your life?</td>
<td>None of the time, a little of the time, some of the time, most of the time, all of the time</td>
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Interpretation

• Challenges
  • Group Interpretation
    • Individuals speaking over one another, side conversations
  • Language of preference
  • Multiple languages
  • Skill level of interpreters

• Approaches
  • Access to phone interpretation for languages in case participant arrives who does not speak language of interpreter
  • Training for facilitators in working with interpreters
  • Trainings for interpreters
Bringing it All Together

- Flexibility
- Hardwork/Commitment
- Assess, and re-assess
- Evaluation
- Compromise
“BEFORE I CAME TO GROUP IT WAS LIKE I WAS WALKING IN THE DARK. NOW I FEEL LIKE I HAVE A TORCH TO SHOW ME THE WAY.”

--PARTICIPANT
Stay in touch!

Amy R. Greensfelder
Refugee Mental Health Program Coordinator
Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Office of Immigrant Health
410-767-1850
Amy.Greensfelder@Maryland.Gov
Contact Information

www.gcjfcs.org

E: partnership@gcjfcs.org    T: 305-275-1930