Pathways to Wellness:
Integrating Refugee Health and Well-Being

Operationalizing the RHS-15

Creating pathways for refugee survivors to heal

A program of:

Lutheran Community Services Northwest
Health • Justice • Hope

ACRS ASIAN COUNSELING and REFERRAL SERVICE

Public Health Seattle & King County

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER

Webinar overview

- Presentation by Beth Farmer and Sasha Verbillis-Kolp (50 minutes)
- Q&A via Chat Window (20 minutes)
- Slides, webinar recording, Question and Answers, and additional resources will be posted to http://refugeehealthta.org after the webinar
- Email refugeehealthta@jsi.com if you have any questions after the webinar

Learning Objectives

1. Describe the process and approach taken in integrating the RHS-15 in King County, WA

2. Analyze various issues to consider before adopting the RHS-15 in your community

3. Discuss the challenges and successes with integrating mental health into resettlement

Beth Farmer, MSW

Sasha Verbillis-Kolp, MSW

Thank You

- **Pathways Partners:** Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Dr. Michael Hollifield

- **Pathways Funders:** Robert Wood Johnson Foundation, The Bill & Melinda Gates Foundation, M.J. Murdock Charitable Trust, United Way of King County, Seattle Foundation, Medina Foundation, and the Boeing Employees Community Fund

The *Pathways to Wellness* Project

- ***Mental health screening rarely done*** during initial resettlement and/or at primary health care clinics
- Local refugee service providers ***observing refugee clients with emotional distress***
- Local service agencies ***unsure where to refer and how***
- ***"Mental health" having different meaning and high stigma*** *in refugee communities*
- Mental health agencies ***uncertain how to effectively work with refugees***

Pathways to Wellness: Vision

Early mental health screening

(while refugees still have resources)

* Prevent refugees in crisis
* Lower emotional distress
* Improve adjustment

Build capacity for refugee mental health

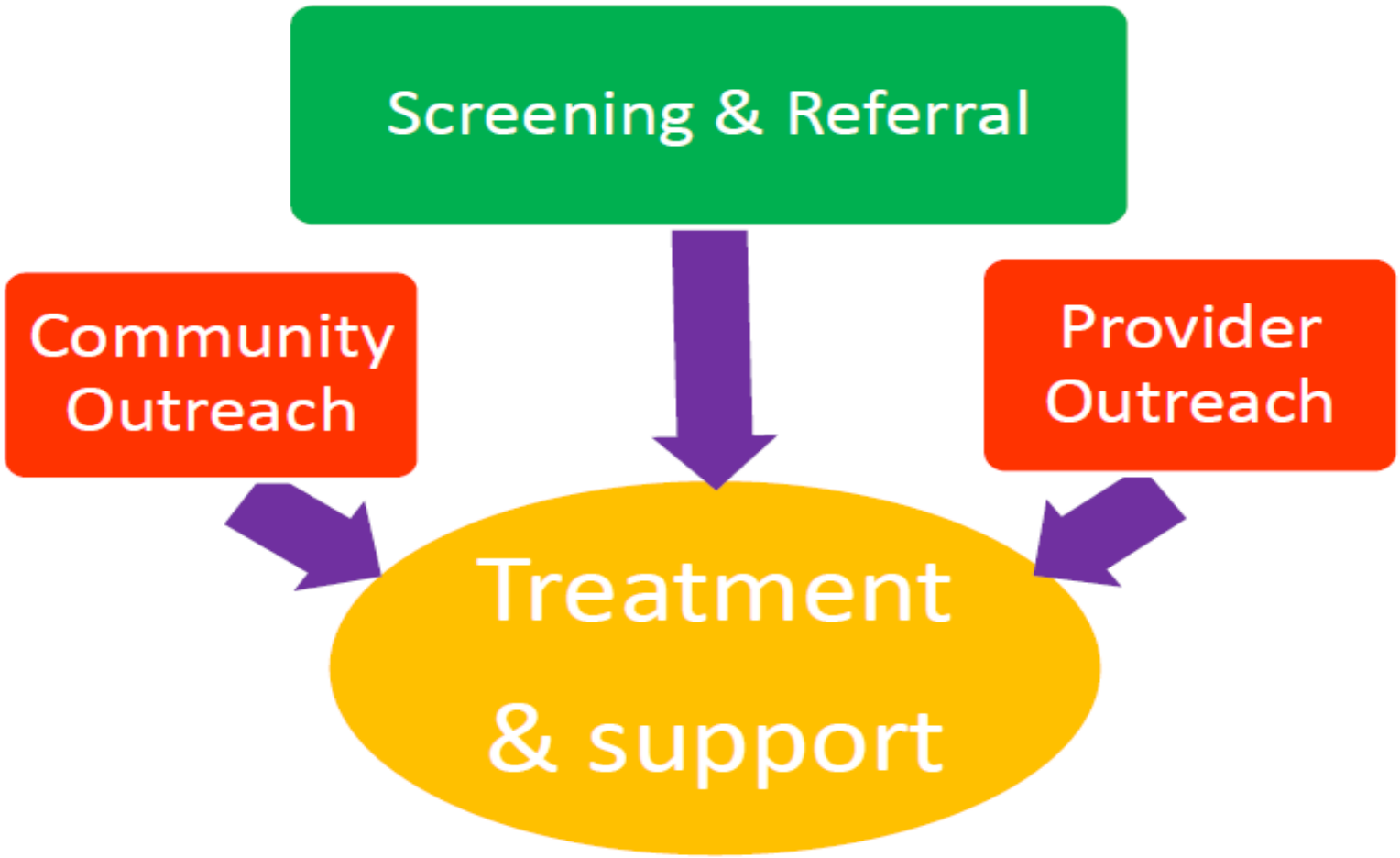
(mental health agencies & refugee communities)

* Increase access
* Decrease stigma

Design of evidence-based, validated tools

* Provide effective approach to reduce burden of mental illness
* Offer tools to other resettlement areas for replication

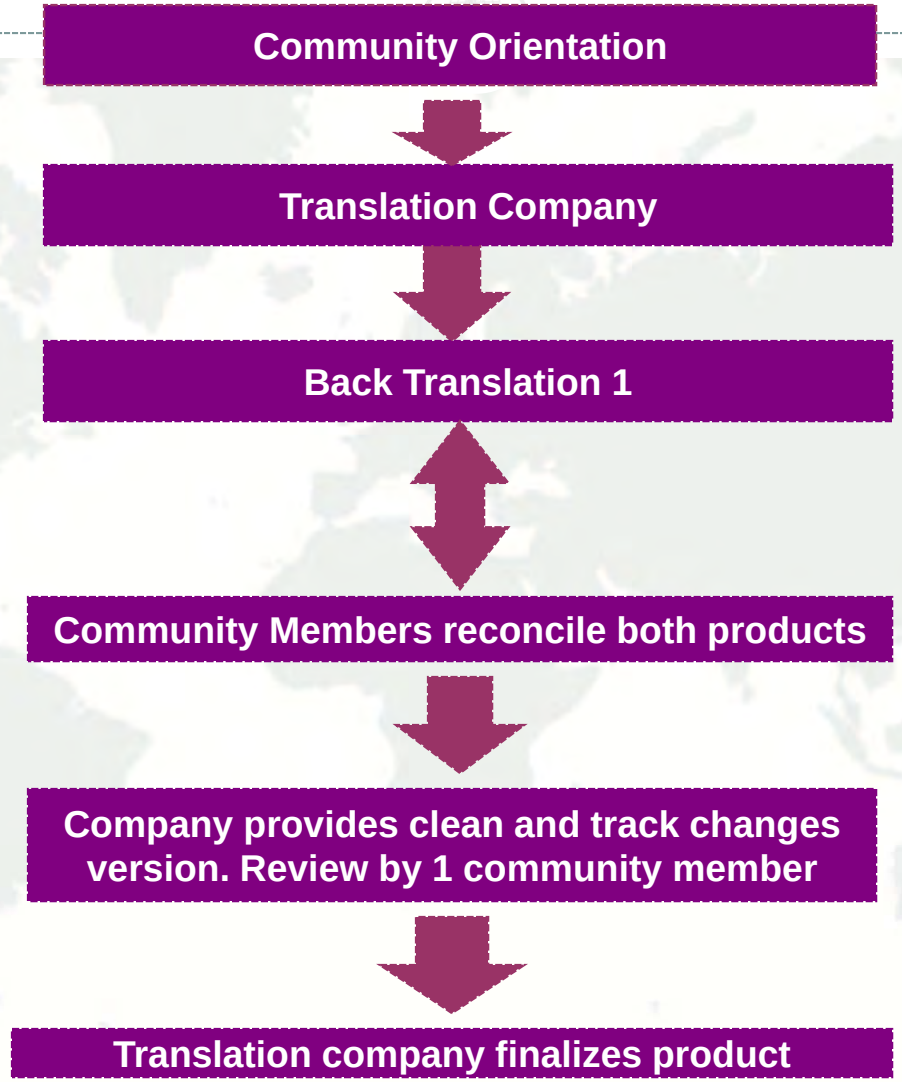
Pathways: Integrated Service Delivery



Pathways to Wellness: RHS-15

- **Pathways partnered with refugee communities and a renowned psychiatrist to validate a culturally competent, short screening questionnaire.**
  - The **RHS-15 (Refugee Health Screener-15)** screens refugees for distressing symptoms of **anxiety and depression**, including PTSD. It is not DIAGNOSTIC, it is PREDICTIVE.
  - ***After a rigorous year-long evaluation, the assessment was empirically proven to be reliable and effective, with about 30% of people showing significant distress.***
  - Available translations (bi-lingual/native language versions):
    - Arabic, Nepali, Karen, Burmese, Russian, Somali (other languages planned for translation in 2012: Tigrinya, Ki-Swahili, and Farsi)

Pathways: Translation Process



REFUGEE HEALTH SCREENER-15 (RHS-15)

Pathways to Wellness

Integrating Refugee Health and Well-being

Creating pathways for refugee survivors to heal

ENGLISH VERSION

DEMOGRAPHIC INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADMINSTERED BY: _____ DATE OF SCREEN: _____

DATE OF ARRIVAL: _____ GENDER: _____ HEALTH ID #: _____

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

Pathways to Wellness: Integrating Community Health and Well-being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER-ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

14. Generally over your life, do you feel that you are:

Able to handle (cope with) anything that comes your way 0

Able to handle (cope with) most things that come your way 1

Able to handle (cope with) some things, but not able to cope with other things.....2

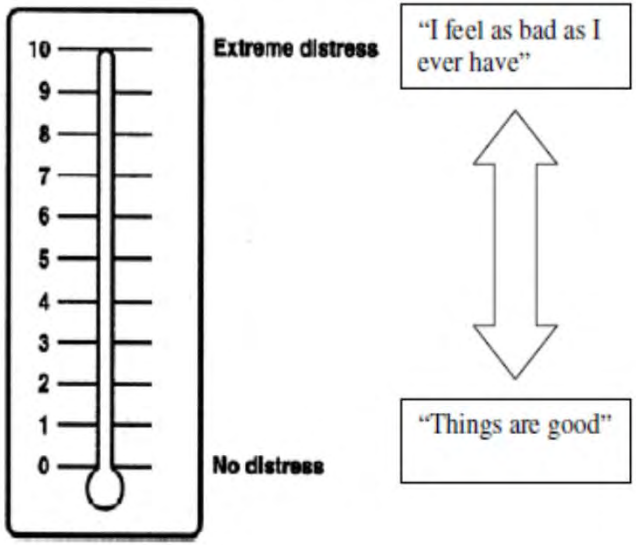
Unable to cope with most things.....3

Unable to cope with anything 4

15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



ADD TOTAL SCORE OF ITEMS 1-14: ___

SCORING

Screening is POSITIVE

1. **If Items 1-14 is ≥ 12 OR**
2. **Distress Thermometer is ≥ 5**

Self administered: ___
Not self administered: ___

CIRCLE ONE: **SCREEN NEGATIVE** **SCREEN POSITIVE REFER FOR SERVICES**

Scoring the RHS-15

SCORING

Screening is POSITIVE if:

1. Total score of items 1 to 14 is ≥ 12 OR
2. Distress Thermometer is ≥ 5

Self-Administered _____

Not Self-Administered

CIRCLE ONE: SCREEN NEGATIVE SCREEN POSITIVE REFER FOR SERVICES

Operationalizing the RHS-15

Universal Implementation Questions

Universal
vs.
Site Specific

Universal Implementation Questions

- **WHO can administer the RHS-15?**
  - **Health workers, interpreters, others involved in patient care.**
  - ***Pathways* recommends at least a one hour training for whomever is administering the tool to discuss the reasoning behind it, how to set the context, how to score it, and how and where to refer.**
  - ***Pathways* also recommends training interpreters IF POSSIBLE since many interpreters come from refugee communities may hold the same stigma and beliefs around mental health.**
- **WHEN should a healthcare worker administer the RHS-15?**
  - **Best if done early in the resettlement process while refugees still have coverage from Medicaid.**
  - **Ideal within healthcare settings where stigma is likely to be less.**

Universal Implementation Questions

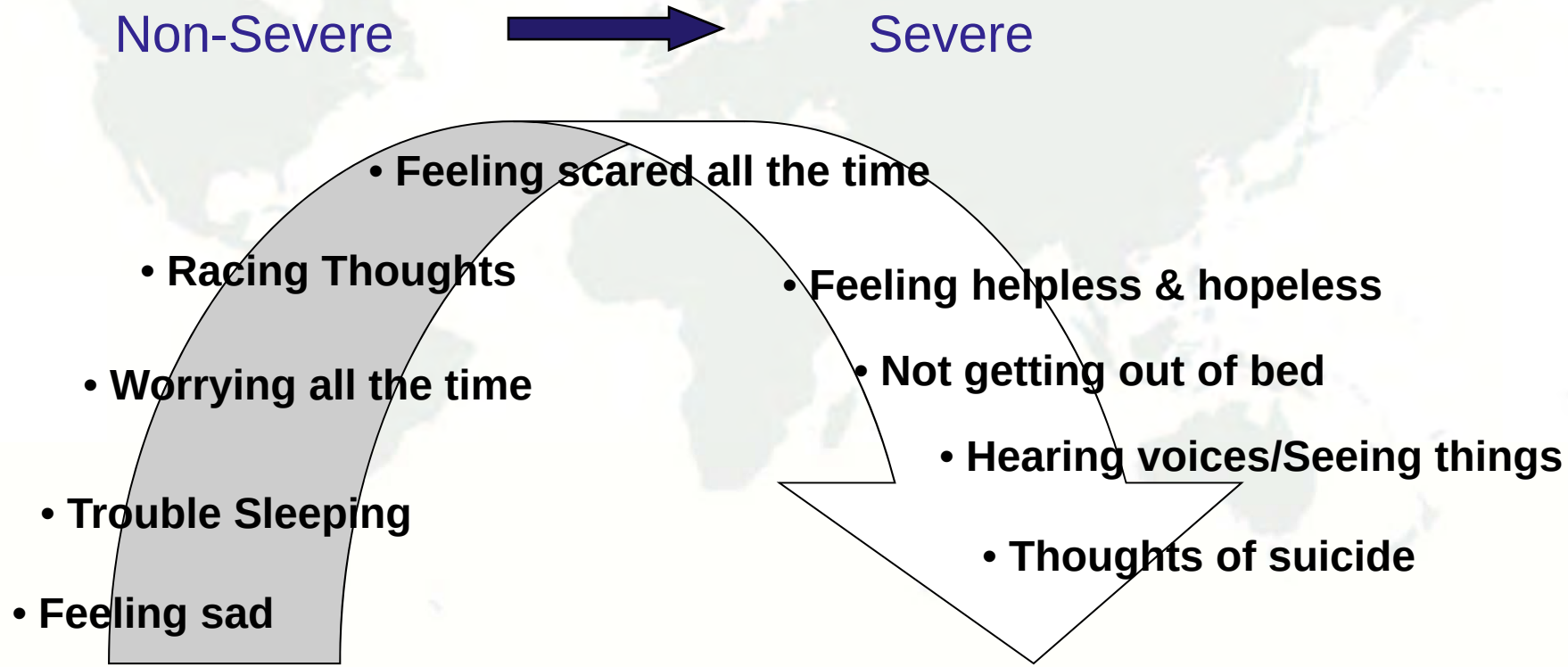
- **HOW does a healthcare worker administer and score the RHS-15?**
  - **Self-administered if client is literate**
  - **Interpreter assisted (over the phone or in person) if client is pre-literate**
- **WILL asking these questions *trigger* someone making it difficult to get to the next step of the exam?**
  - **In *Pathways* experience, clients express relief about being asked. Some clients may cry or show distress, but do not decompensate to the point where this is an issue.**
  - **Good idea to have a crisis referral in case a client does decompensate. In King County, the ER and the Crisis Line were both available.**

Universal Implementation Questions

- **If they score high on the RHS-15, does this mean they have PTSD or major depression?**
  - **The RHS-15 is PREDICTIVE not diagnostic.**
- **Will refugees accept referrals?**
  - **The referral will need to build a bridge between their perception of "mental health" and what it means in the United States to increase the chance of acceptance.**

Mental Health in the U.S.

- Mental health has a broader meaning than mental illness
- Symptoms vary from non-severe to severe



What ‘Mental Health’ Means in Many Countries

Creating the Bridge

- Because there is different MEANING…
- Because there is STIGMA and SHAME…
- A bridge needs to be created so there is a shared understanding and the issue is normalized.
- Clinic visit is first opportunity at psychoeducation

Setting the Context

At start of visit consider the following steps:

1. **Introduce Screening:** “In addition to blood draws, medical review, etc., your visit today will involve questions about how you are doing both in your body and in your mind.”

2. **Re-Introduce & Normalize:** Before handing out the RHS-15, remind the family that this is the last part of the visit and each person over the age of 14 will be asked the questions about sadness, worries, body aches and pain, and other symptoms that may be bothersome to them.

Setting the Context

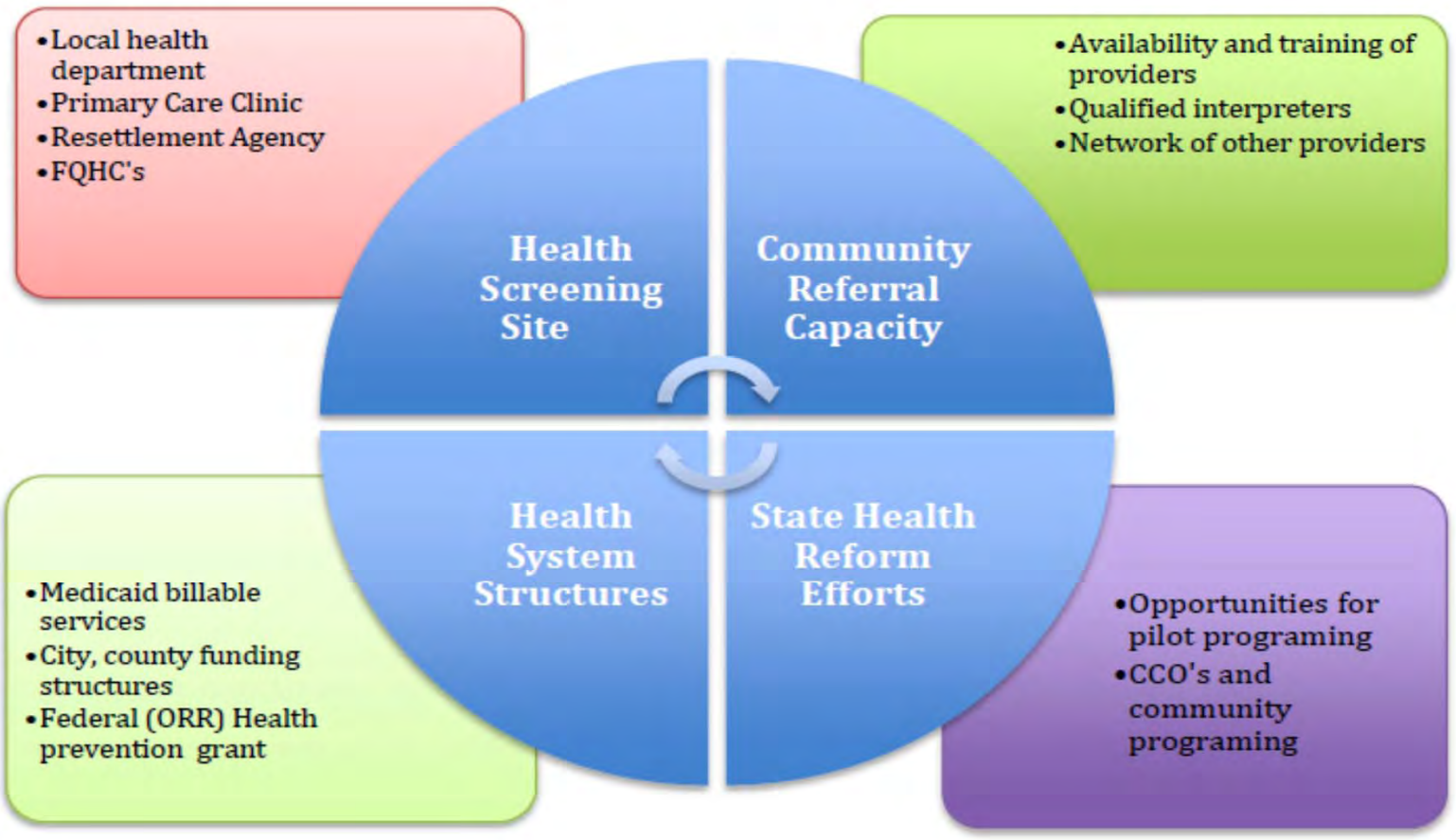
- The health worker explains: *"…some refugees have these symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. These questions help us find people who are having a hard time and who might need extra support. The answers are not shared with employers, USCIS, teachers, or anyone else without your permission."*

A Sample Referral Script

"From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement.

Are you interested in being connected to these services?"

Site Specific Considerations



Initial Questions

- How many refugees resettle annually?
- Are resettlement patterns concentrated or dispersed?
- Who conducts health screening in your site; how many agencies/departments?
- What kind of community mental health resources do you have in your community?

Initial Questions

- What kind of funding do you have for refugee mental health?
  - Medicaid?
  - What diagnosis?
  - Covered interpreter services?
  - Case management?
  - Other sources of funding?

Other Challenges

- Concerns about cost and time
- Interpreter availability
- Belief that ‘physical health’ and ‘mental health’ should be separated
- Other screening tools already being used that may not have been ‘normed’ on other populations, and direct translation may be deemed to be sufficient.
- *And more*……lack of coordination, limited funding, absence of community will, etc.

Taking the First Step

Critical to do a landscape analysis of

your communities needs and resources

before implementation. Consider inviting:

Community Mental Health

Refugee Health Screening entity

Primary Care Providers

Mutual Assistance Associations

Public Health

Case Examples

Pathways in King County, WA

Washington State accepts an average of 3,000 newly arrived refugees each year.

Average of 1,900 resettled in King County annually.

King County is large urban area with approximately 1.9 million people.

Refugees are dispersed throughout a wide geographic region, primarily south of the city center.

Initial Questions

- Are mental health services covered for new arrivals?
  - In WA State, Medicaid covers mental health treatment if the client meets diagnostic criteria; PTSD and MDD are covered.
  - King County also has additional funding for newly arrived refugees who need mental health treatment.

Therefore, there is a funding stream for the direct service delivery beyond the screening, including refugees who may lose coverage at 8 months.

Initial Questions

- Who does the initial health screening for refugees?
  - Public Health Seattle & King County screens all primary resettled refugee arrivals.
  - After refugee health screening, refugees are referred to numerous primary care agencies throughout the county primarily based on geography.

Therefore, the central and universal point of entry would be Public Health Seattle & King County

Initial Questions

- **How will the referral process work?**
  - In King County no central entry point to mental health agencies.
  - Refugees dispersed through large geographic region, making proximity a key factor in referral.
  - Some agencies have specific linguistic capacity or diagnostic expertise.

Developed universal consent form and central referral line.

Initial Questions

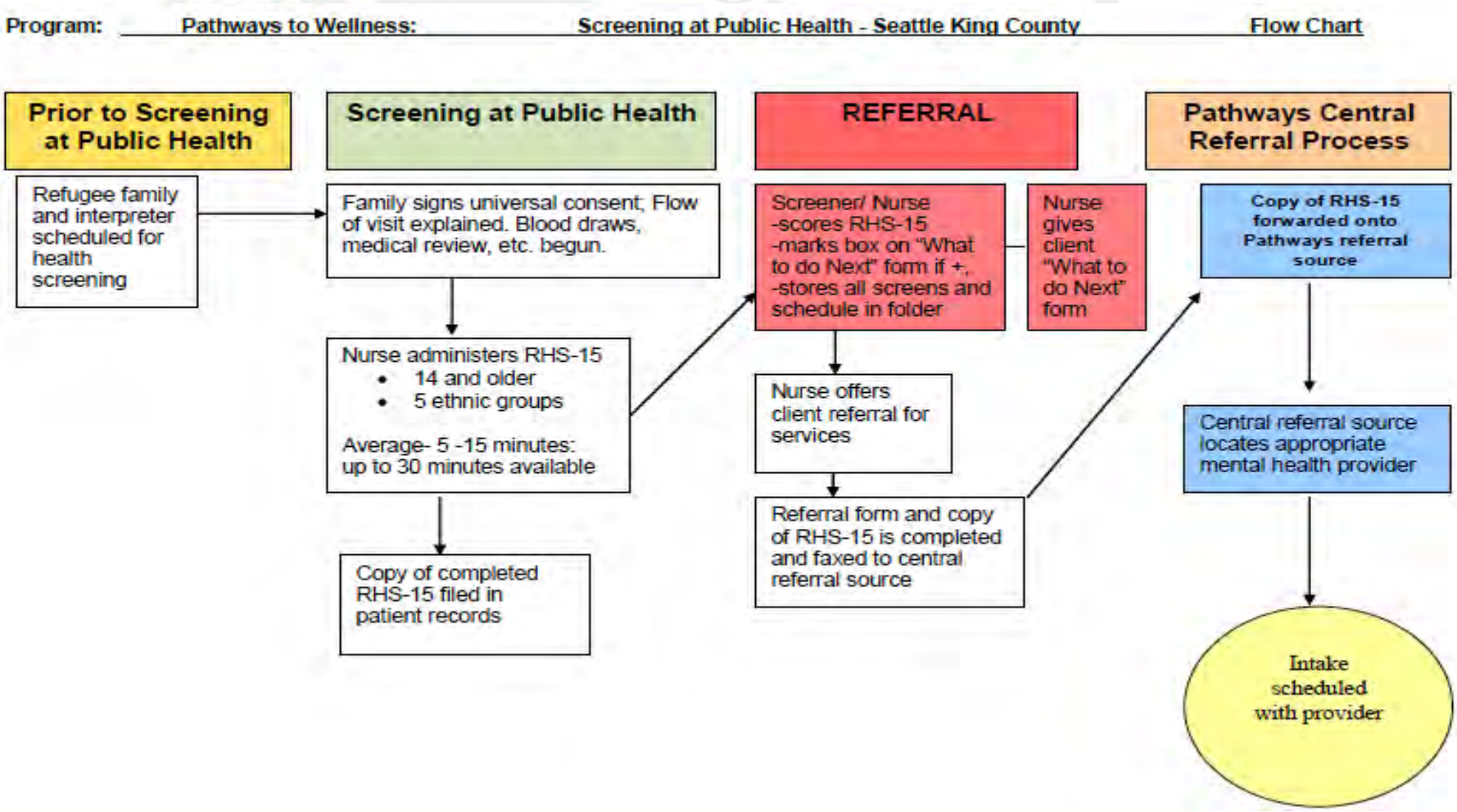
- **How many will be referred ('n')?**
  - TOTAL= **675** refugee arrivals in targeted languages during **pilot phase of 7 months**
  - **73%** 14 and over = 493
  - Able to screen= 251
  - **31%** screened significant = 77
  - **70%** accepted referral = 54

Initial Questions

- **Where to refer?**
  - In King County, several well-established mental health agencies who serve linguistically and culturally diverse clients. However, not enough to handle total capacity.
  - Interpreters are NOT reimbursed by Medicaid for mental health, but a slightly higher case rate which discourages traditional agencies from serving.
  - Met with additional agencies to determine their desire and their barriers to service.
  - Established training program to build additional capacity.

Therefore, established relationship with community mental health agencies and asked them to serve refugees and agreed to help them with consultation and finding interpreters if needed.

Pathways in King County, WA

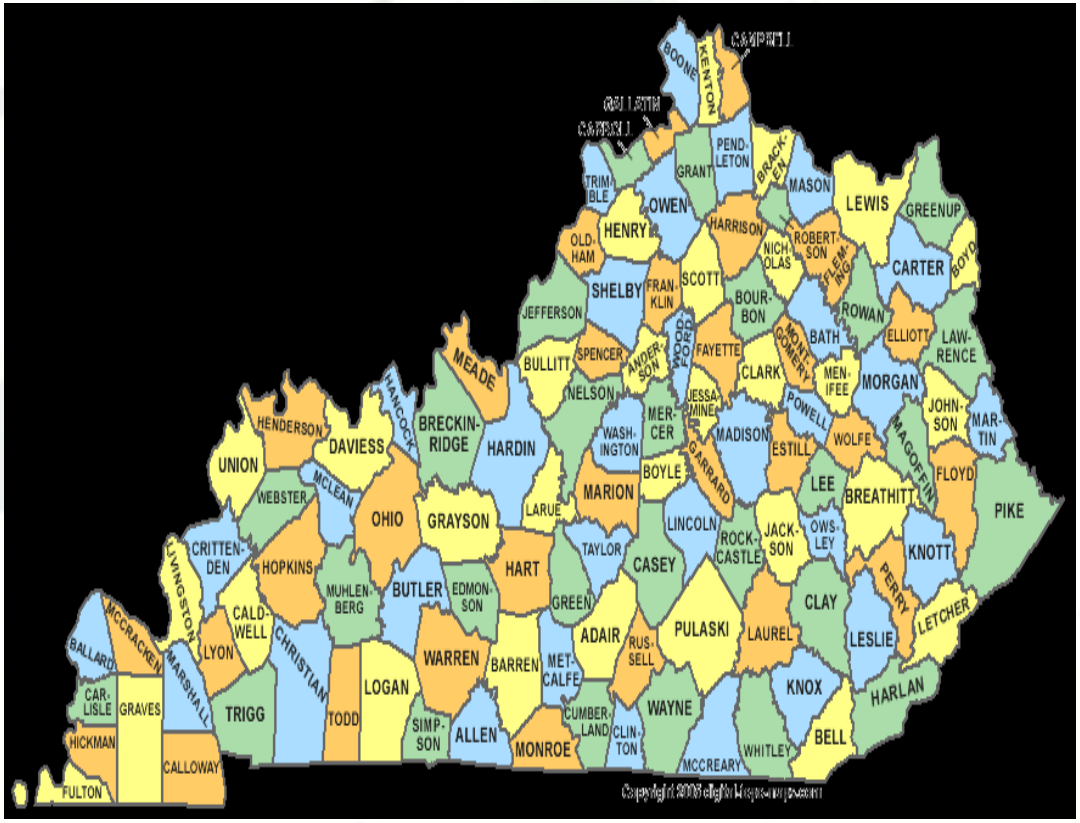


Site Profile: State of KY

Average 2,000 refugees are resettled in KY annually

Refugees are dispersed throughout Louisville, Lexington, Bowling Green and Owensboro cities.

Ex: Louisville is a city of 750,000.



Site Profile: State of KY

- RHS- 15 Integrated into Resettlement Agencies
- Later this summer hoping to role it out into Health Screening Clinics

RHS-15 is being used,

but in a different way than in King County

Site Profile: State of KY

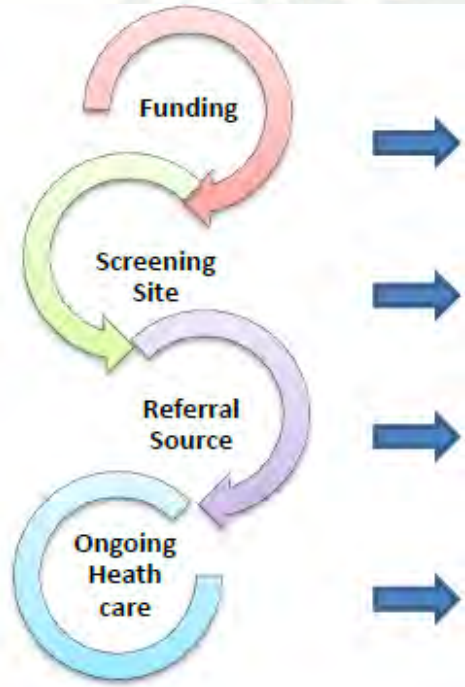
In Louisville, 2 Existing Individual Providers and 1 Community Mental Health Agency with history of serving Refugees

Up to 2,000 refugee arrivals, of these:

- **Approx. 70% are 14 and over = 1,400**
- **Est. of 70% in targeted languages = 980**
- **30% screen significant = 294**
- **30-70% accept referral = 88-205**

'n' = 80-200 annually

Site Profile: State of KY



- Medicaid available for those that qualify
  - For those not eligible for Medicaid, State purchases private insurance (RMA funding)
    - (TAG) Targeted Assistance Grant (ORR)
- FQHCs and a couple private providers
  - In Louisville, 3 clinics that conduct screening
    - In person and over- the phone interpretation
- In Louisville, a Countywide Mental Health Coordinator administers RHS-15 & coordinates referrals *
  In Lexington, the refugee health clinic has social workers on site
  - State contract with 2 individual therapists that serve uninsured
    - In Louisville, there is one large mental health provider that accepts Medicaid
- Will depend on either Medicaid based or private insurance RMA
  - Hope care will occur at FQHCs and/or private provider

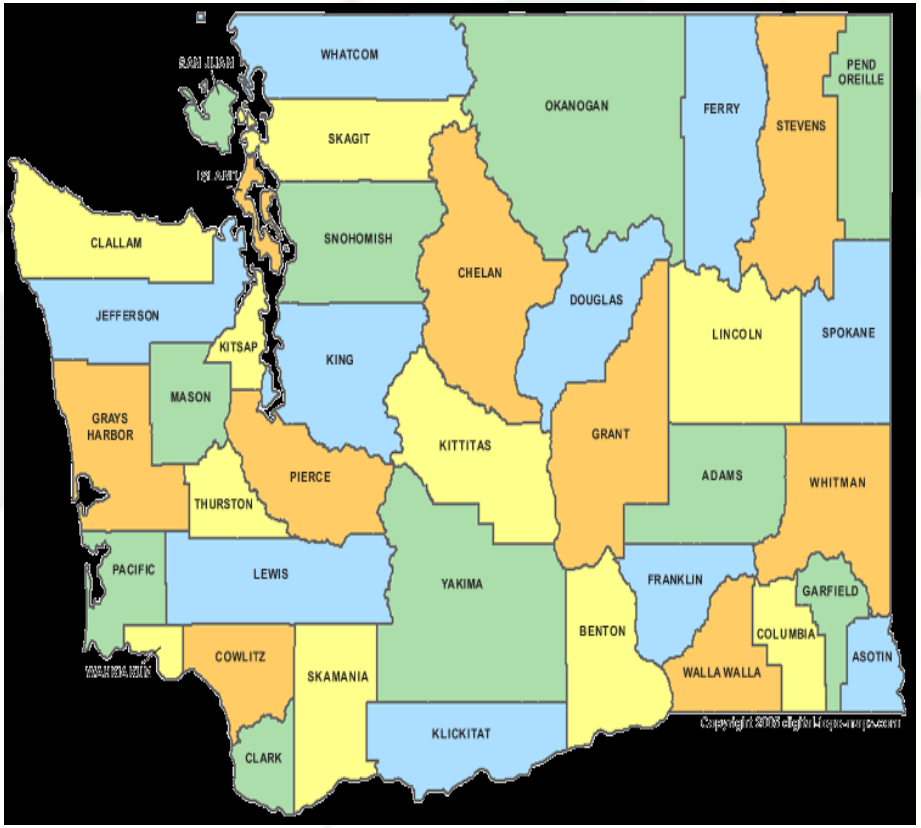
*The RHS-15 is currently administered to clients who are referred to the Mental Health Coordinator (self-referrals, referrals from employment specialists and caseworkers). Later this summer the Health sites will integrate the RHS-15 as part refugee health screening.

Site Profile: Spokane, WA

Approximately 600 refugees are approved for resettlement in Spokane county annually.

Spokane is a County of about 500,000 people.

Refugees are dispersed throughout the County.



Site Profile: Spokane, WA

- Not currently integrated with health screening
- Consideration of whether or not RHS-15 is used depends on answer to subsequent questions

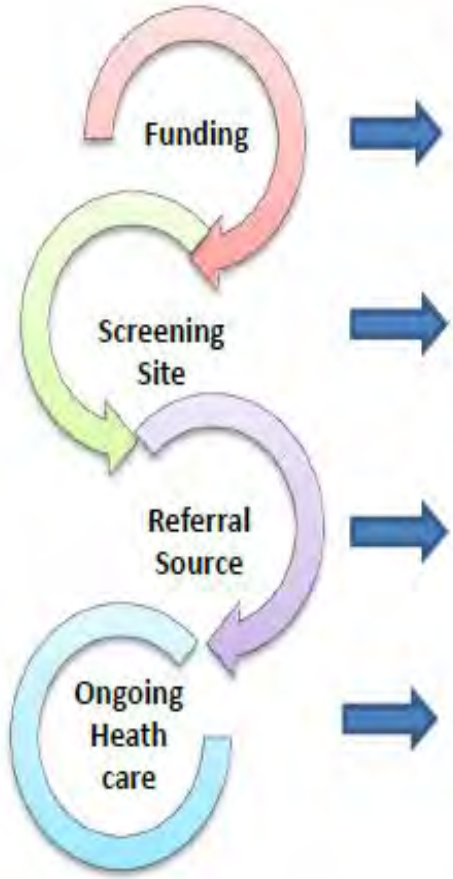
Site Profile: Spokane, WA

Limited community mental health providers with refugee mental health expertise.

- **Approval for up to 600 refugee arrivals**
- **Approx. 70% are 14 and over = 360**
- **Est. of 70% in targeted languages = 252**
- **30% screen significant = 75**
- **30-70% accept referral = 22 to 52 people entering services**

Possible ‘n’ = 22-52 referrals annually

Site Profile: Spokane, WA

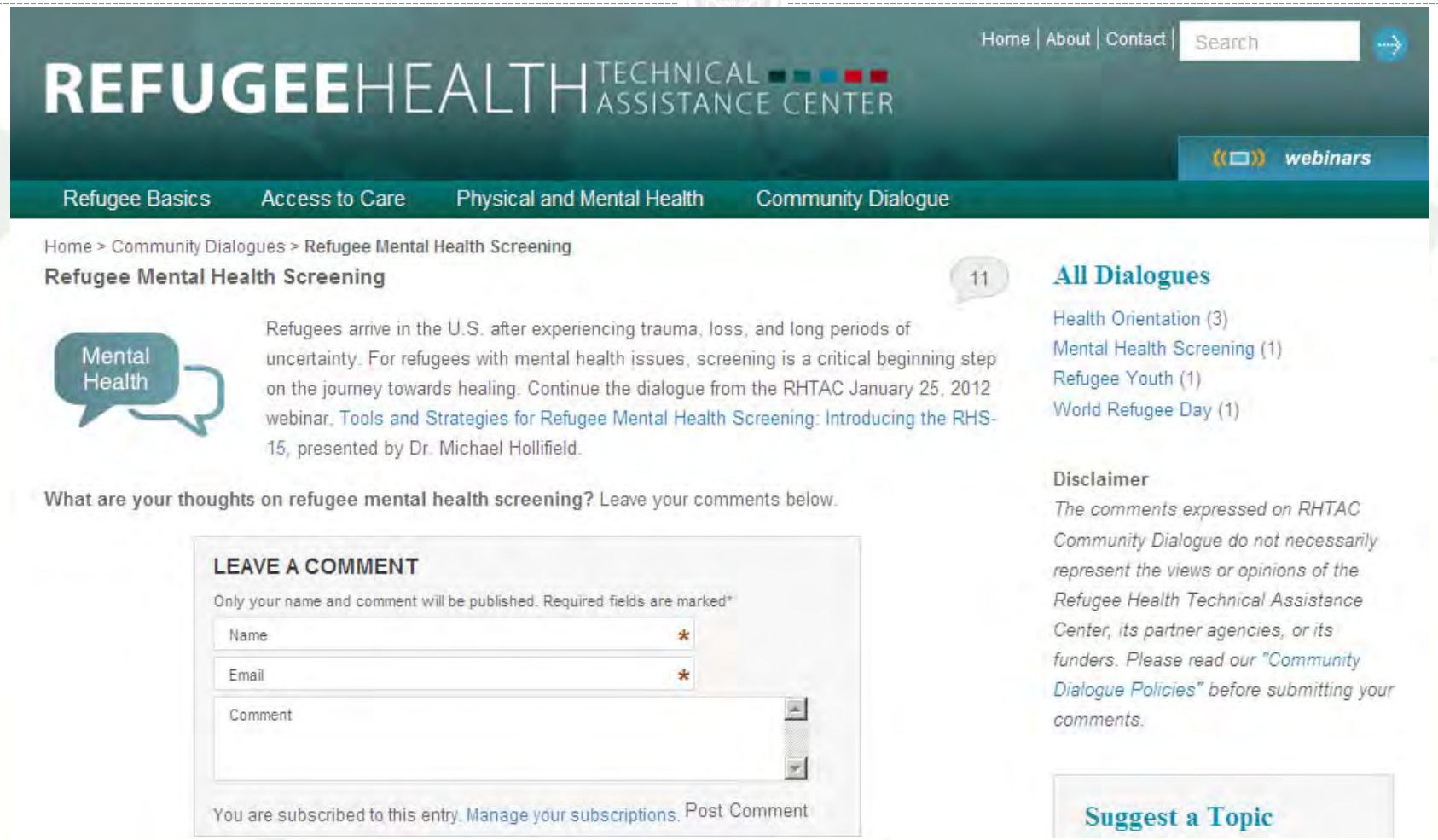


- Medicaid in Washington State covers mental health treatment
  - PTSD and MDD covered
    - No additional funding available
- Local Health department
  - Brokered phone interpreters
- No identified agency willing to coordinate referrals
  - Limited providers with refugee mental health experience
- Referred to numerous PCP countywide based on geography

Continue the Conversation!

www.refugeehealthta.org

Your Space to Discuss & Share!



http://www.refugeehealthta.org/community-dialogue/

Discussion Questions

- What are the biggest barriers to offering mental health services to refugees in your community?
- What would it take to overcome those barriers?
- What strengths currently exist in your community that you can leverage?

Pathways to Wellness Partners

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2012 North American Refugee Healthcare Conference

June 28-30 | Radisson Hotel | Rochester, New York

Discover. Connect. Reflect. www.refugeehealthcareconference.com

June 28th - 30th, 2012

Rochester, New York

Discover what's most effective...

Connect with like minded professionals...

Reflect on how your work has changed your community...

Join us for this 3 day event focusing on best practices in refugee health.

Lectures include contemporary issues in refugee health, mental health, OB/GYN, pediatrics, and primary care. Come take a look at what we have to offer and register now for this important event.

Keynote Speakers

Eskinder Negash
Director, U.S. Office of Refugee Resettlement

Martin Cetron, M.D.
Director, Division of Global Migration and Quarantine, U.S. Centers for Disease Control and Prevention

Register now!

www.refugeehealthcareconference.com

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER

Thank you!

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