

Reducing Stigma by Providing Mental Health Assessments in a Primary Care Setting:

Implications for a Community Based Mental Health Delivery System

**Asian Americans for Community Involvement
Center Survivors of Torture**

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Primary Care Project

- Assessment of mental health service needs for refugees
 - To identify survivors of torture among newly arrived refugees
 - Linkage to appropriate resources, mental health and/or community providers
- Data Collection
 - Pervasiveness and severity of mental health symptoms



CST Refugee Health Assessment

- MD refers patients for screening
 - subsequent to health assessment
- MH Screening by CST trained clinician
 - Brief trauma history
 - Sxs measurement: clinical screening instruments: anxiety/depression and PTSD: HSCL and HTQ Part IV
 - Level of adaptive functioning across numerous life/health domains (CAFI-XC)
 - Case Management Needs Assessment



Clinical Screening Instruments: Harvard Trauma Questionnaire (HTQ) and Hopkins Symptom Check List-25 (HSCL)

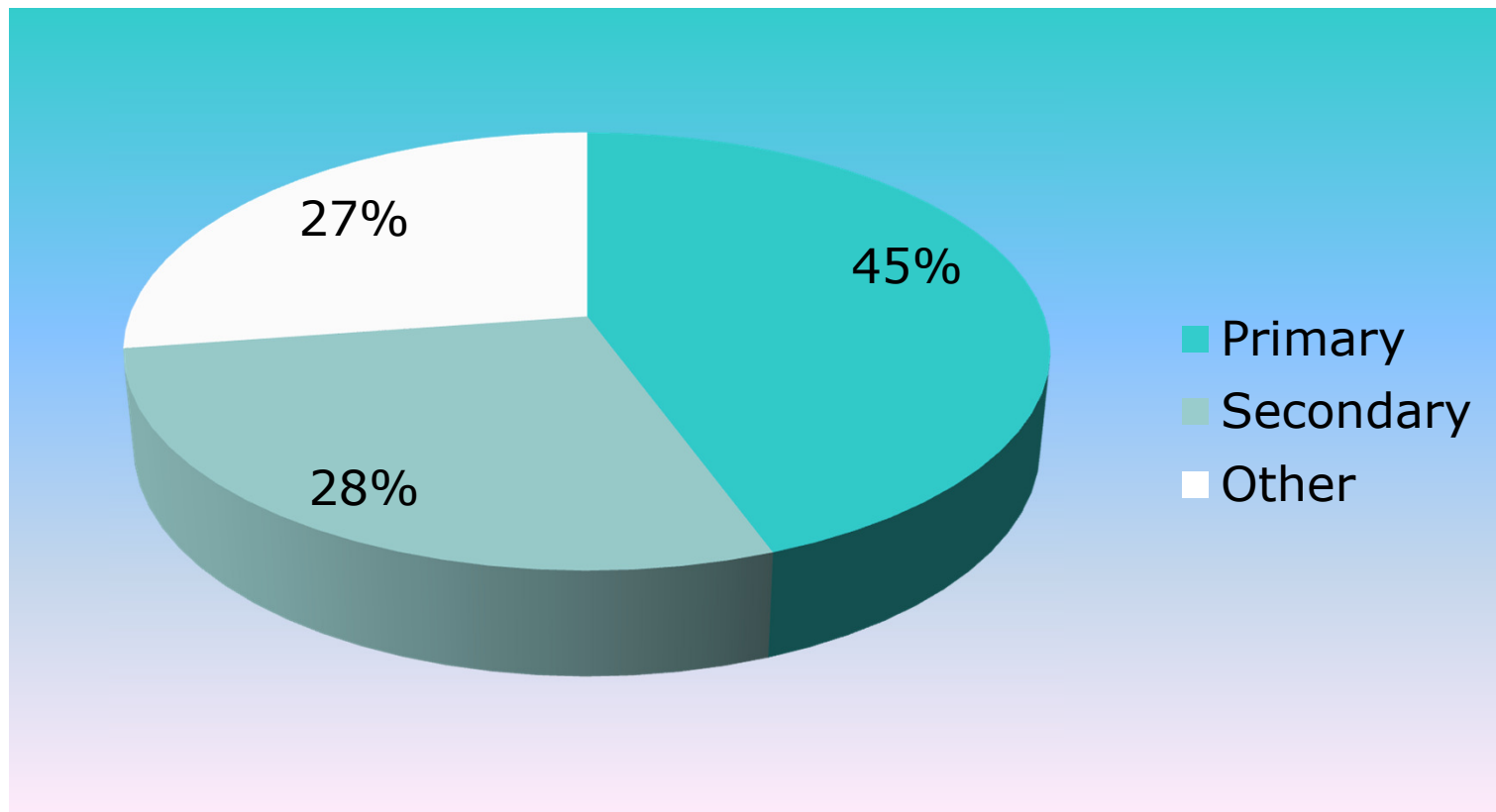
- Simple and Brief screening instruments
- Clinical Interview format
- Sxs measurement
- Refugee specific items
- High cultural validity
- PTSD specific items
- Available in several languages (Arabic versions available)
- Adaptive - culturally and linguistically



Refugee Screenings: Patients and Country of Origin

- 322 adult refugee patients
 - 155 females
 - 167 males
 - From August 2008 to May 2011
- 23 countries of origin
 - Iraq - 34%
 - Iran - 23%
 - Eritrea - 8%
 - Burma - 7%

Survivors of Torture - Identified





HSCL

HSCL 25	Range	Median	Mean	% ≥ 1.75
Anxiety ALL	1 - 3.9	1.7	1.78	44%
Anxiety Male	1 - 3.2	1.5	1.65	35%
Anxiety Female	1 - 3.9	1.8	1.91	52%



HSCL

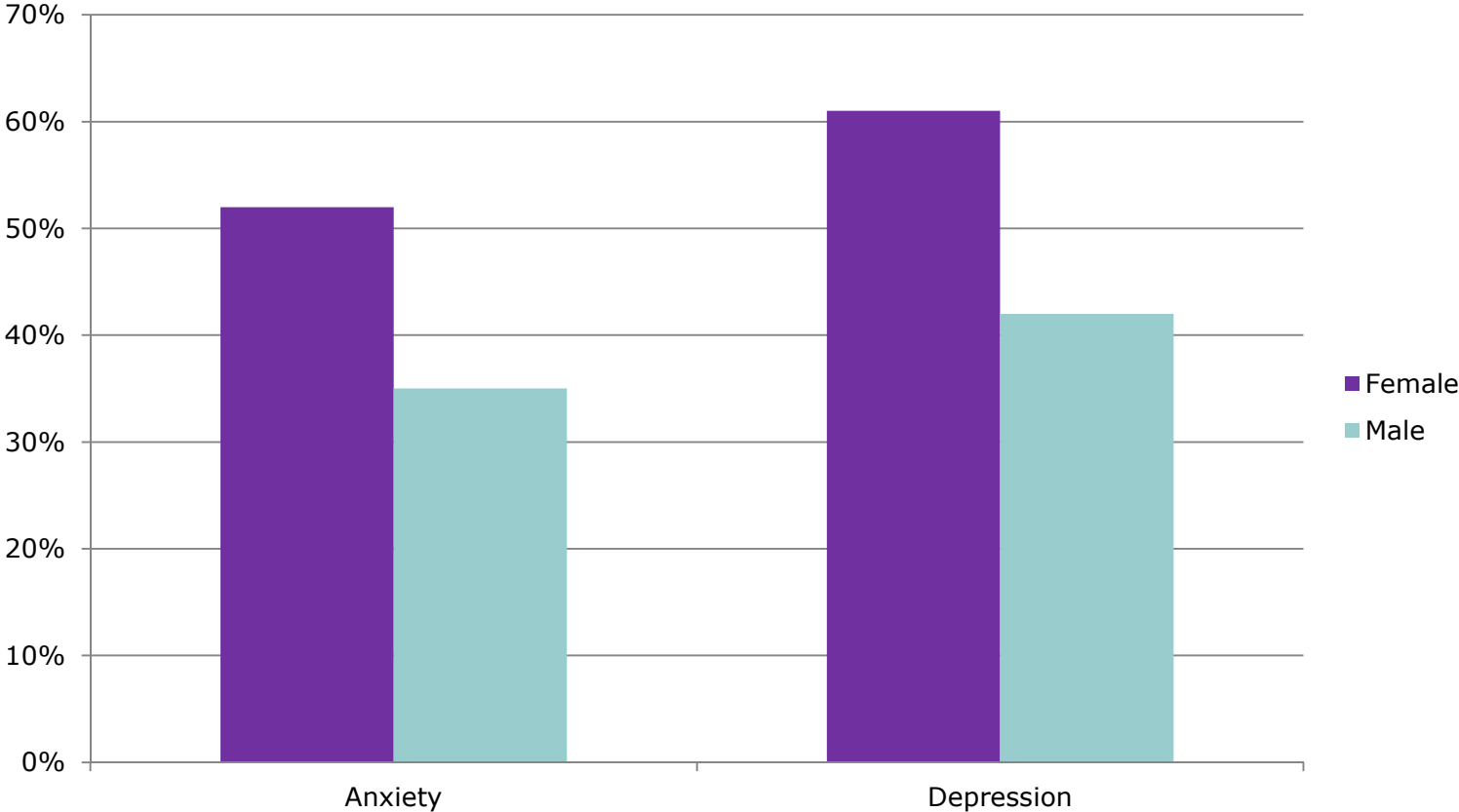
HSCL 25	Range	Median	Mean	% ≥ 1.75
Depression ALL	1 - 3.8	1.8	1.91	51%
Depression Male	1 - 3.4	1.6	1.8	42%
Depression Female	1 - 3.8	2	2.04	61%



HSCL

HSCL 25	Range	Median	Mean	% ≥ 1.75
Total ALL	1 - 3.8	1.74	1.85	50%
Total Male	1 - 3.3	1.6	1.74	41%
Total Female	1 - 3.8	2.0	1.98	60%

HSCCL – Symptomatic for Anxiety and Depression

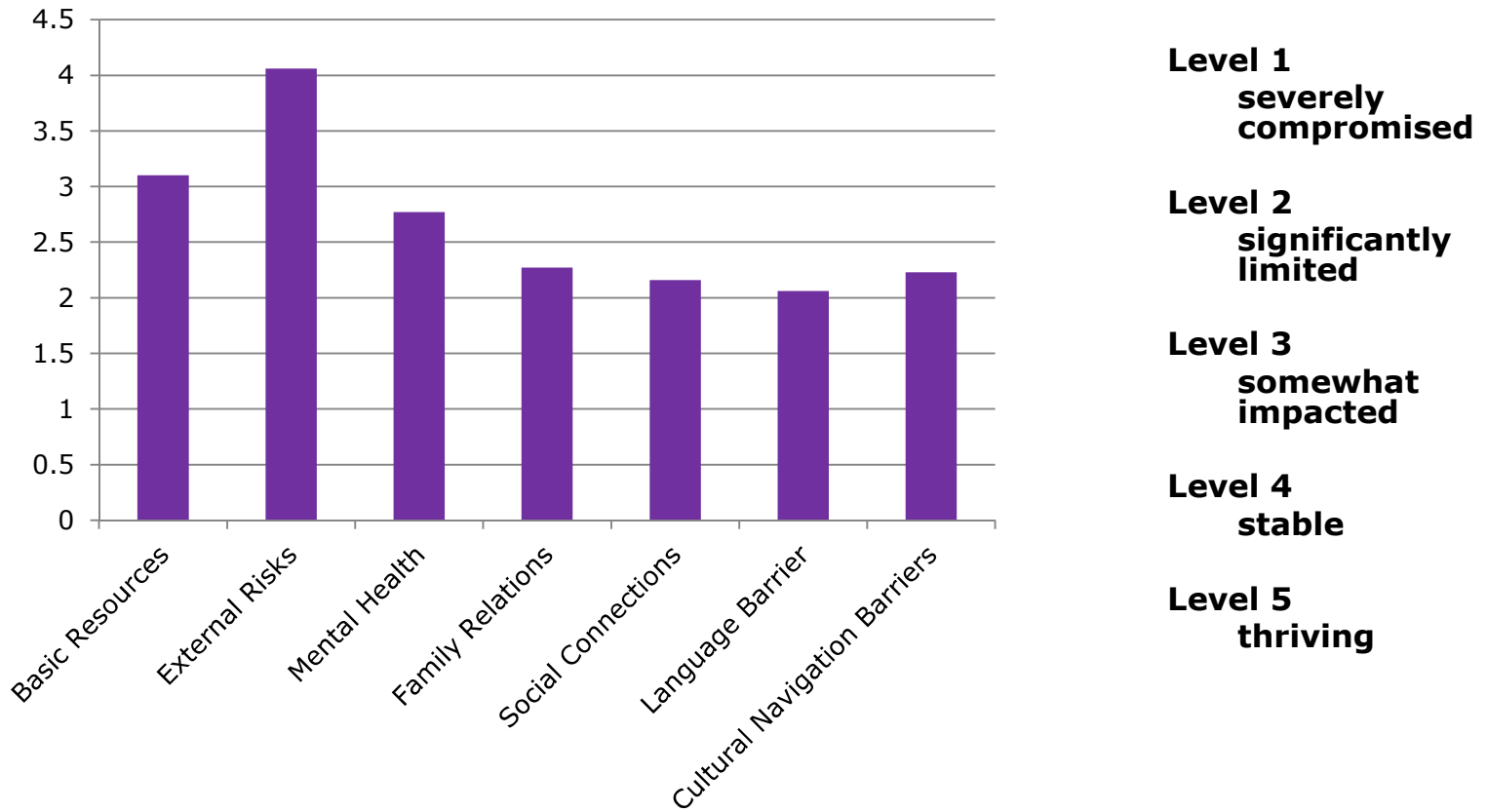




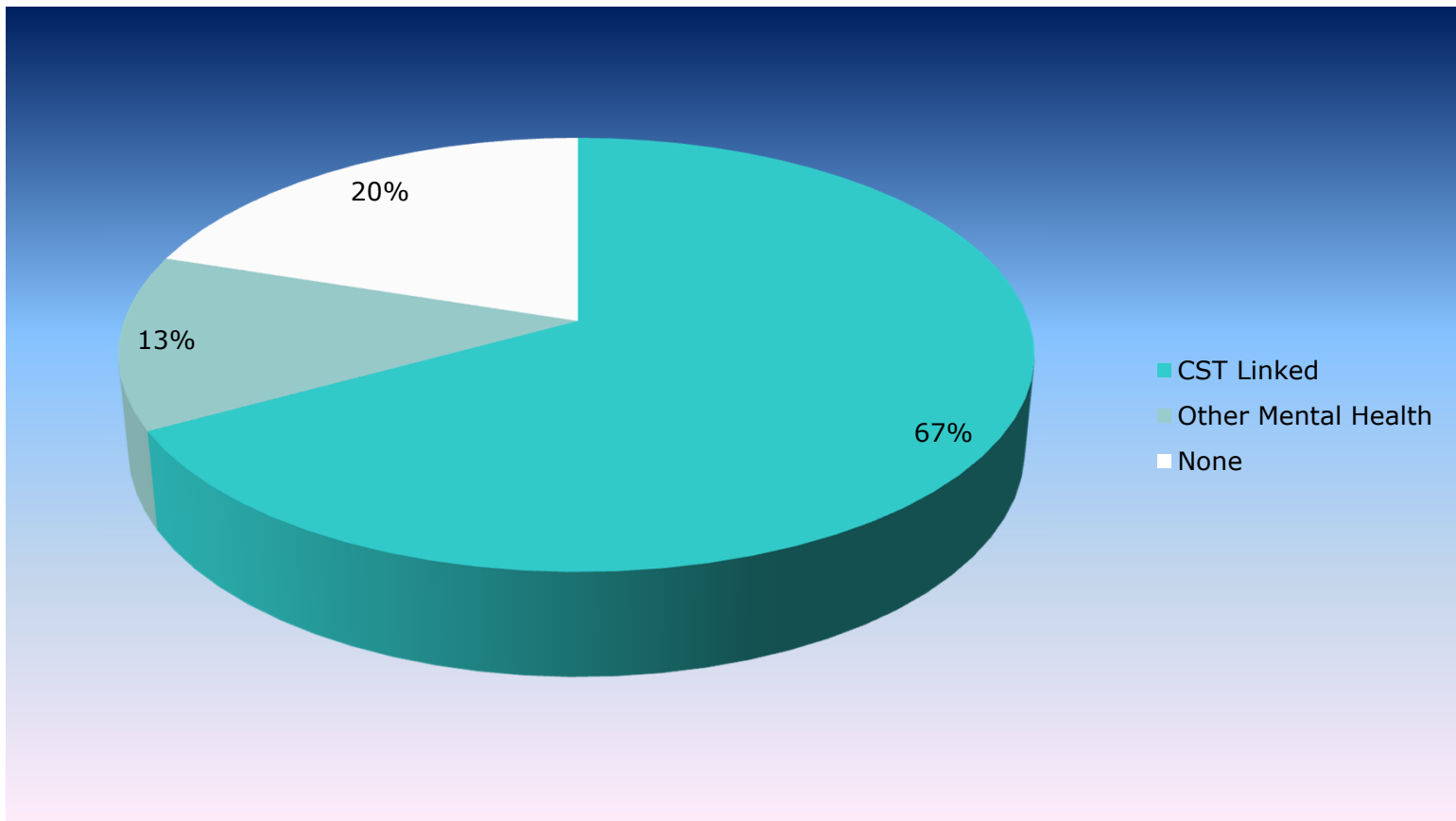
CAFI-XC

- **Adaptive Functioning** (Current Adaptive Functioning Index – **Cross-cultural Version** CAFI-XC)
- **Patients' level of functioning was measured across several life domains**
 - Daily functioning and cultural adaptation were measured on a scale (1 to 5)
 - Level 1 daily functioning severely compromised
 - Level 5 functioning thriving

Level of Current Adaptive Functioning



Referrals and Linkage: CST





Referrals and Linkage: CST

- Primary Service Needs identified:
 - **Clinical Services**
 - **Psychotherapy** – individual therapy, PTSD support groups, home visits
 - **Psychiatry** – psychiatric evaluation, and medication treatment with SSRI's
 - **Case Management** – housing, benefits, employment assistance, SSI, linkage to college and vocational programs, community, etc



Problems in providing screenings

- Stigma re: Mental Illness and mental health care
 - Reluctance to seek mental health care
 - Shame
- Lack of transportation
- Interpretation needs – difficulty with English language – use of language bank
- Cultural barriers
 - To many, counseling as a treatment sounds silly
- Distrust



Medical Collaboration

- Team approach
 - MD's and clinic staff use their status and relationship with clients to facilitate the MH screening referral
- Educate clients: MH considered just as important as physical well being
 - A complete Refugee health assessment includes a mental health component
- CST Clinician provides scripts to Medical and community staff with regard to CST Referral and patient FAQ's
 - “Is there something wrong with me?”
- Case Disposition
 - Feedback re: outcome of MH screening



Benefits of Providing Screenings

- Reduces stigma of MH care
 - Physician lends credibility to MH
- Early Detection of trauma and Identification of survivors
- Services provided in same location
 - Has improved pt show rate
- Prevention of severe mental health crises
- Enhances collaboration/coordination between MH and Medical care providers
- Opportunity for education: trauma and stress
- Enables early intervention and access to MH treatment



Challenges

- Role definition – an ongoing process
 - Internal to clinic
 - Crisis intervention
 - Not designed to provide
 - Limited time and resources
 - Collaborating on emergency psychiatric hospitalizations
 - Information sharing
 - Distinguishing screening vs evaluation vs treatment



Challenges

- Role definition

- External

- Resettlement agencies seeking immediate services for clients

- Crisis

- Treatment

- Mediation

- Community members either feeling themselves/family members being targeted, or excluded



Challenges

- Staff resistance
 - Medical staff generally supportive and appreciative
 - Tendency of non-medical staff to attach similar stigma to MH services
 - Trainings on refugees and trauma helpful
 - Appreciated scripts for scheduling appointments, responses to FAQ



Challenges

○ Interpreters

- Accustomed to medical, not psychological interpretation
- Protective of patients
 - Usually from same community
 - Often have similar experiences and their own trauma histories
- Pre and Post screening discussions crucial
 - Debrief interpreter
 - Receive cultural consultation



Findings and Implications

- Clinically significant MH symptoms among refugees – within first few months of arrival
- Remarkable incidence of survivors of torture among newly arrived refugees
 - Torture Survivors vs. non-survivors more symptomatic
- Gender differences in depression and anxiety
- Future Research – Practical information for assisting new arrivals



Case Example

- Ms. M.B., 21 yr old woman from Cameroon, Africa
- Arrived in the U.S. 9/24/08
- c/o abdomen pain, headaches, dysuria
- Hep B positive
- Hx of home invasion, witnessed parents murdered in front of her, then raped
- 5 yr old brother ran off – unable to find
- Subsequently homeless, sexually assaulted multiple times on the street
- Took traditional abortifacient after becoming pregnant from one of the rapes
- Although frequently feels life not worth living, denies a suicide plan as it would be against her religious beliefs
- Referral to CST accepted



Case example – follow up at CST

- Enrolled in ESL classes, living with Parishioner and his wife from a local Church. Joins a running club. Braids hair at hair salon. Obtains a part-time job.
- Diagnosis of Hep. B – medication management
- Counseling sessions - Further to a clinical assessment, tx sessions with a CST Clinician and African French speaking interpreter focus on coping with stress/worry/headaches, medical diagnosis, self care, and symptom management.
- Psycho-education – refugee resettlement and developing life skills necessary for independence and identity development.
- Case Management – goals focus on enrolling in adult school, learning to read and write and going to cosmetology school
- Brother located by Red Cross 2010
 - Now seeking his entry into U.S.



Comments from Refugees

- “I never imagined there would be anyone who cared about what happened to me.”
- “To be safe, and give me someone like you to help me. God is great.”
- “Life in America would be so hard without your guidance.”
- “I don’t feel so alone now.”