



## ABSTRACT

**Background :** Historically as military conflicts and torture have occurred around the world, one effect of these events has been an increase in the number of resettled refugees experiencing mental health issues. At the time of first health evaluation of refugees, the Refugee Health Screener (RHS-15) is used as a tool to identify populations at risk for post-traumatic stress disorder, anxiety and depression. The objective of this project was to evaluate our current process for mental health referrals in meeting the needs of the refugee patients.

**Methods:** This study is a secondary data analysis of data obtained from the Newly Arriving Refugee Surveillance System database. Refugees older than fourteen who received a health assessment where administered the RHS-15. Those positive were referred for mental health evaluation. We reviewed data concerning the referral outcomes.

**Results:** 97 refugees from one of the resettlement agencies were screened from January 2015 through August 2015. A positive screen was documented in 69 (71%) of the refugees. Of those, 37 (54%) accepted the referral, 26 (40%) declined and in 7 (16%) the referral status was unknown. Out of the patients that screened positive only 3 (3%) were known to have seen a mental health care provider

**Conclusions:** This study indicates that only 3% of refugees at risk for mental health conditions followed up with a designated mental health care provider. Our data emphasizes a significant care gap in the existing referral process. A possible solution is initiation of mental health care at the time of the positive RHS-15 screen results.

## INTRODUCTION

A refugee is defined as someone who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.<sup>1</sup>

With the occurrence of military conflicts and torture around the world there has been an increase in the number of resettled refugees experiencing mental health issues.

The most commonly diagnosed mental health conditions among the refugee population are anxiety, depression and post traumatic disorder (PTSD).<sup>2</sup>

As part of the refugee health assessment, the Refugee Health Screener (RHS-15) is screening tool used to identify populations at risk for post-traumatic stress disorder, anxiety and depression.<sup>3</sup> It is currently available in Arabic, Burmese, Karen, Russian, and Nepali (Bhutanese)

Refugees that screen positive to the RHS-15 are sent to the mental health case manager at their resettlement agency who then refers them to a mental health provider for evaluation.

The objective of this project is to evaluate our current process for mental health referrals for refugees who screen positive on the RHS-15

## METHODS

- The RHS-15 was administered to refugees 14 years and older as part of the refugee health assessment. A score  $\geq 12$  or a distress thermometer score  $\geq 5$  was considered positive.
- A secondary data analysis of data obtained from the Newly Arriving Refugee Surveillance System database was conducted. This database contains data from domestic screens conducted across various resettlement sites across Kentucky. We then reviewed the data concerning the referral outcomes.

**REFUGEE HEALTH SCREENER (RHS-15)**

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	Scale				
	0	1	2	3	4
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

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**REFUGEE HEALTH SCREENER (RHS-15)**

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

ADD TOTAL SCORE OF ITEMS 1-14: \_\_\_\_

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.

SCORING

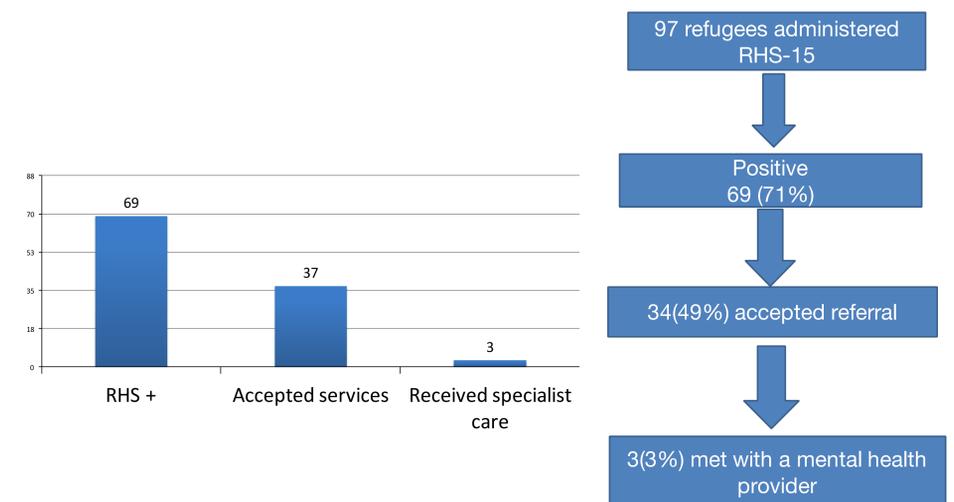
Screening is POSITIVE	Self-administered: _____
1. If Items 1-14 is $\geq 12$ OR	Not self-administered: _____
2. Distress Thermometer is $\geq 5$	
CIRCLE ONE: SCREEN NEGATIVE	SCREEN POSITIVE REFER FOR SERVICES

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Figure 1. Refugee Health Screener-15 (RHS15)

## RESULTS

- A total of 97 refugees from the resettlement agency were screened from January 2015 to August 2015.
- A positive screen was documented in 69 (71%) of the refugees. Of those, 37 (54%) accepted the referral, 26 (40%) declined services while the referral status was unknown in 7 (16%) of these patients.
- Out of the patients that screened positive only 3 (3%) were known to have seen a mental health care provider.



## CONCLUSIONS

- This study indicates that only 3% of refugees who screened positive actually received further mental health evaluation and care. Our data shows a significant care gap in the existing referral process.
- Reasons for loss to follow up included lack of transportation to the referral center, inability to secure child care, employment constraints, discomfort with recounting traumatic histories and other communication and cultural barriers.
- A possible solution is administration of the RHS-15 by trained specialists who can initiate mental health care at the first visit.
- On-site multidisciplinary care team that includes primary care physicians, psychiatric or psychological services, social services, trained interpreters minimizes the need for further referrals to other centers, avoids the trauma of retelling stories, overcomes barriers associated with communication transportation, and incomplete or inaccessible health records.

## REFERENCES

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- <http://www.cdc.gov/immigrantrefugeehealth/profiles/iraqi/health-information/mental-health.html>
- Hollifield M, Verbillis-Kolp S, Farmer B. Gen Hosp Psychiatry. 2013 Mar-Apr;35(2):202-9. The Refugee Health Screener-15 (RHS-15): development and validation of an instrument for anxiety, depression, and PTSD in refugees