



Evaluating and Responding to the Mental Health Needs of Refugees

Bolstering the emotional well-being of refugees to increase self-sufficiency and ease adjustment to life in the United States

SUMMARY

Despite clear evidence that most newly arrived refugees have faced violence and that they all experience a multitude of stressors, few resettlement programs screen them for mental health challenges.

From 2009 to 2013, the nonprofit [Lutheran Community Services Northwest](#), in SeaTac, Wash., developed, tested, and disseminated tools and programs to evaluate and respond to mental health disorders among refugees.

Collaborators on the project included Seattle-based [Asian Counseling and Referral Service](#) and [Public Health Seattle & King County](#). Michael Hollifield, MD, a research scientist at the [Pacific Institute for Research and Evaluation](#), led efforts to create and validate the tools and programs.

Key Results

In a journal article, a report to the Robert Wood Johnson Foundation (RWJF), and an interview for this report, the project team reported these results:

- The team developed and tested [Refugee Health Screener-15 \(RHS-15\)](#), a tool for evaluating refugees' mental health. The tool proved accurate in detecting anxiety and depression among refugees.
- The project team developed Pathways to Wellness, a program that connects refugees who score above a threshold on RHS-15 to culturally appropriate mental health services.
- To encourage the use of RHS-15 and replicate Pathways to Wellness, the project team provided training to more than 500 nurses, mental health practitioners, physicians, and other health workers at the request of states, cities, and refugee service organizations.

- Refugee service organizations in 44 cities signed agreements to use RHS-15, and collect and share data to improve it; 40 were in the United States, two in Australia, one in Canada, and one in Hong Kong.

Funding

RWJF supported this project from July 2009 to July 2013 with a grant of \$434,218, through the *Robert Wood Johnson Foundation Local Funding Partnerships* (read the [Program Results Report](#) for more information on this program). Eight other organizations also provided funding. For a complete list, see the [Appendix](#).

CONTEXT

Most of the 70,000 to 91,000 refugees who enter the United States each year have faced violence and lost contact with family members. Some 5 percent to 10 percent have experienced torture. All have lost a home and livelihood and face relocation stress.

Studies have shown a high rate of depression, panic attacks, traumatic brain injuries, and multiple physical complaints among refugees.¹ Refugees also have 10 times the rate of PTSD as the overall population.

Yet despite this evidence, few resettlement programs evaluate mental health during the health exam that refugees must undergo during their first 30 days in the United States. One reason has been the lack of an efficient, valid, and culturally appropriate screening tool, and a dearth of culturally and linguistically responsive models for providing mental health services to refugees.

Washington State is a major gateway for both refugees newly arrived in the United States and those relocating from another U.S. entry point. In 2008, King County, including Seattle, was home to more than 50,000 refugees, including Burmese, Bhutanese, Iraqis, and Somalis, and refugees from the former Soviet Union.

Lutheran Community Services Northwest has focused on the adjustment and mental health needs of refugees in King County for more than 20 years.

RWJF's Interest in This Area

Robert Wood Johnson Foundation Local Funding Partnerships provides matching grants for innovative, community-based projects aimed at improving the health and health care of underserved and vulnerable populations. Since 1988, the national program has

¹ Goldfeld AE et al. "The Physical and Psychological Sequelae of Torture: Symptomatology and Diagnosis." *Journal of the American Medical Association*, 259(18): 2725–2729, 1988. Abstract available at www.ncbi.nlm.nih.gov/pubmed/3282086.

awarded 366 grants in collaboration with 1,488 local funding partners for projects entailing a range of health services and interventions.

In 2009, the program added a special solicitation, Peaceful Pathways: Reducing Exposure to Violence, to attract smaller, under-resourced, diversity-focused funders and projects. The RWJF Board of Trustees has authorized \$146.2 million for the program through 2014, when it will end. Read the [Program Results Report](#).

THE PROJECT

Lutheran Community Services Northwest worked with collaborators to develop, test, and disseminate tools and programs to evaluate and address the mental health needs of newly arrived refugees.

Collaborators on the project included Seattle-based [Asian Counseling and Referral Service](#) and [Public Health Seattle & King County](#). Michael Hollifield, MD, a research scientist at the [Pacific Institute for Research and Evaluation](#), led efforts to create and validate the tools and programs.

RESULTS

In an [article](#)² in *General Hospital Psychiatry*, a report to RWJF, and an interview for this report, the project team cited these results:

- **The team developed and tested [Refugee Health Screener-15 \(RHS-15\)](#), a tool for screening refugees for anxiety, depression, and PTSD.** To avoid distressing clients, the tool's 15 questions use neutral language that does not ask directly about their exposure to violence, torture, or trauma.

The team used RHS-15 to screen 251 clients of Public Health Seattle & King County from Iraq, Burma, and Bhutan. The team then evaluated the mental health of 190 of those clients more fully, to gauge the tool's sensitivity. To look for delayed onset of emotional distress, the team also rescreened 177 of the original 251 refugees 10 to 14 months later, and fully evaluated 134.

The tool proved valid in revealing anxiety and depression among the refugees. Based on its findings, the team recommends that agencies use it during the health exam given to all refugees. However, because some refugees showed evidence of mental health needs only at the second screening, and accepted referral to services later, after declining them at first, the team recommends that agencies use RHS-15 to screen refugees a second time, if possible.

2 Hollifield M et al. "The Refugee Health Screener-15 (RHS-15): Development and Validation of an Instrument for Anxiety, Depression, and PTSD in Refugees." *General Hospital Psychiatry*. 35(2): 202–209, 2013. Abstract available at www.ncbi.nlm.nih.gov/pubmed/23347455.

- **RHS-15 provided consistent information on refugees in different resettlement environments.** To gauge the tool’s consistency, the team compared findings from screenings at four sites, including two offices of Lutheran Community Services Northwest in King County and Multnomah County, Ore., and two unaffiliated sites in Salt Lake City and Baltimore.

About a quarter of the refugees (24% to 31%) across the sites screened positive for mental health problems such as anxiety and depression, and 74 percent to 100 percent of those accepted referral to services.

- **The team translated RHS-15 into 11 languages.**³ After having translators translate the tool’s questions into other languages, project staff held focus groups to ensure that the words and phrases used to describe emotional distress in each language were accurate.

The team also worked with refugee communities to develop a short script introducing the tool and the concept of mental health to each culture, and created a script to aid in referring refugees to culturally appropriate services.

- **The team developed [Pathways to Wellness](#), which relies on care managers and a central referral line to connect refugees in King County who score above a threshold on RHS-15 to a culturally appropriate mental health clinic.** A counselor at each clinic conducts a formal mental health assessment and provides treatment, if needed.

The project team used the Global Assessment of Functioning Scale to evaluate outcomes among 49 clients referred to International Counseling and Community Services—a clinical program of Lutheran Community Services Northwest. Among clients who received treatment, the team found a statistically significant benefit across ethnic groups, and individuals with the highest scores on RHS-15 tended to experience the most benefit.

Read the [Story of a Refugee](#) who benefited from the program.

- **To encourage the use of RHS-15 and replicate [Pathways to Wellness](#), the project team provided training to more than 500 nurses, mental health practitioners, physicians, and other health workers at the request of states, cities, and refugee service organizations.**⁴

The team also held two webinars with more than 150 participants; contacted refugee health coordinators in all 50 states; and gave presentations on the project at venues

³ The languages were Arabic, Burmese, Karen, Nepali, French, Amharic, Swahili, Tigrinya, Russian, Somali, and Farsi.

⁴ Providers were trained in Arizona; Baltimore; Idaho; San Diego; Philadelphia; Portland, Ore.; Raleigh, N.C.; Snohomish County, Wash.; Spokane County, Wash.; Utah; Virginia; Wilmington, N.C.; and Hong Kong among other locations.

such the 2011 National Refugee and Immigrant Conference in Chicago, and the 2013 North American Refugee Health Conference in Toronto.

To facilitate this work, the team developed guidelines, training aids, toolkits, and a [website](#). See the [Bibliography](#) for details.

- **Refugee service organizations in 44 cities signed agreements to use RHS-15 and collect and share data to improve it.** The organizations included 40 in the United States, two in Australia, one in Canada, and one in Hong Kong.
- **Pathways to Wellness was a 2012 Peter F. Drucker Award finalist for Nonprofit Innovation—and received other awards.** The Agency for Healthcare Research and Quality profiled the program on its [Innovations Exchange](#).

LESSONS LEARNED

1. **Consider the needs of front-line workers who will use a screening tool.** Because of their heavy workload and concerns about client sensitivity, nurses and other staff at refugee agencies initially resisted using RHS-15. They asked that the tool be brief and emotionally neutral, and that one entity manage mental health referrals.

The project team built the screening and referral process around those concerns, and highlighted them when training staff. When the team later tried to suspend use of the tool for one month to modify it, the nurses asked: “But what if people have mental health concerns and we miss them?” (Project Director/Elizabeth Abbott Farmer, LICSW)

AFTERWARD

Project staff members are pursuing a federal grant to convene professionals to plan further research on refugee mental health and disseminate tools and findings.

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STORY OF A REFUGEE

W., a middle-aged Imam from Iraq, walked with a cane and seemed to be in profound physical pain. He was quiet and diffident as the nurse began to ask him questions designed to reveal common mental health problems among refugees. But soon his eyes lit up.

Three questions into the screening, he asked, “How do you know these things about me?” Two questions later, he began to quietly cry.

He told the nurse that his injuries—the limp, the pain—were the result of torture. In his home country, he had been shot in the back and dumped at the door of his house, left for dead. He received some treatment, but at a tragic price: the doctor who treated him was later killed for giving him medical care. He said he couldn't remember a night without nightmares in years.

Staff with [Pathways to Wellness](#) offered him support, and he eagerly took it. He enrolled in their community mental health program and was evaluated by a therapist and a psychiatric nurse. His counselor worked up an extensive stabilization plan, which included not just mental health but also goals in areas such as physical health, housing, and finances.

W. began medication for his nightmares, and soon his sleep began to improve. A community volunteer visited his home, which helped reduce his isolation. His counselor also helped him gain approval for home care and low-income housing. A year after treatment began, his wife and daughter also asked to enroll in services.

W. remained in treatment for more than three years. His stability dramatically improved, which allowed him to advance to trauma-focused therapy for some persistent symptoms. In fact, his entire family is more stable and better able to adjust to life in the United States.

According to Pathways to Wellness Director Farmer, “Now W. has improved so much that he’s beginning to serve others, in his old role as an imam. None of this would have been possible if Pathways had not conducted the initial screening and referral.”

APPENDIX

Other Funders

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

- Bill & Melinda Gates Foundation (\$135,000)
- M.J. Murdock Charitable Trust (\$119,114)
- State of Washington Office of Refugee and Immigrant Assistance (\$59,000)
- United Way (\$40,000)
- Boeing Employees Community Fund (\$34,500)
- Seattle Foundation (\$25,000)
- Medina Foundation (\$20,000)
- State of Washington Office of Women's Health (\$6,000)

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Article

Hollifield M, Verbillis-Kolp S, Farmer B, Toolson EC, Woldehaimanot T, Yamazaki J, Holland A, St Clair J and Soohoo J. “The Refugee Health Screener-15 (RHS-15): Development and Validation of an Instrument for Anxiety, Depression, and PTSD in Refugees.” *General Hospital Psychiatry*, 35(2): 202–209, 2013. Abstract available [online](#).

Toolkits

Tools and Strategies for Refugee Mental Health Screening: Introducing the RHS-15 (Part 1 of a two-part webinar series). Seattle: Lutheran Community Services Northwest, 2013. Available [online](#).

Refugee Mental Health Screening: Operationalizing the RHS-15 (Part 2 of a two-part webinar series). Seattle: Lutheran Community Services Northwest, 2013. Available [online](#).

Pathways to Wellness: RHS-15 Replication Packet Toolkit. Translations. Seattle: Lutheran Community Services Northwest, 2013. Available [online](#). Translations are available by contacting the project director at bfarmer@lcsnw.org.

Communication or Promotion

www.lcsnw.org/pathways. Information on RHS-15 and Pathways to Wellness. Seattle: Lutheran Community Services Northwest.