Assessment and Awareness of Mental Health Conditions among Refugees in Vermont

Guidance for Addressing Mental Health among Refugees

(Information for Primary Care clinic sites across the State of Vermont and beyond)

Approach:

1. Recognize that broaching such a stigmatized topic with refugees may cause a patient to be withdrawn or disengage in the clinical encounter
    a. One profound example of mental health stigma is among Iraqi refugees who often associate mental illness with "grim-places (psychiatric hospitals) which you may never leave" (EthnoMed)
    b. If you are unable to avoid using "mental health" in your clinical encounter, explain your intention and emphasize that this does not label a patient as "crazy" as may be common in their culture
    c. Furthermore, regularly emphasize the conceptual framework of confidentiality in our healthcare model; lack of confidentiality in several refugee cultures often contributes to mental health stigma
2. Consider talking about mental health with your refugee patients in plain language as this will improve rapport
    a. As an example, avoid regular use of the following terms: depression, Post-traumatic stress disorder (PTSD), psychosis and anxiety
    b. Try to make use of plain language scripts; as an example, when discussing PTSD, you could say "you are having bad nightmares and think about what happened to you frequently"
3. As a provider be aware of culturally specific beliefs surrounding preventative medicine and the reluctance of some refugee patients to endorse concerns outside of the acute setting (Somali refugees, as an example)

Identification/Screening:

1. Several refugee populations somaticize symptoms of mental health illness, often reporting headaches, body aches, abdominal pain and weight loss
2. The Centers for Disease Control and Prevention (CDC) recommends use of the Refugee Health Screener-15 (RHS-15) as a screening tool for patients >18 years of age
    a. The RHS-15 provides reliable screening for PTSD, depression and anxiety as a single tool

b. When introducing the RHS-15 to a refugee patient it must be emphasized that the tool serves a screening purpose and is not diagnostic. Below is an example of an introductory script to be used

"Some refugees have mind and body symptoms because of the difficult things they have been through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support" -EthnoMed

Resources and Referrals:

1. Brief self-education
    a. EthnoMed.org: expansive online resource for brief, informative educational material aimed at appropriately integrating culture into healthcare and mental health
    b. Centers for Disease Control and Prevention (CDC) Immigrant, Refugee, and Migrant Health: expansive resource including mental health screening strategies (RHS-15 and others) as well as Refugee Health Profiles
    c. MedlinePlus.gov: resource which contains several translated documents, many of Vermont's large refugee populations are represented
2. Referrals
    a. Community Health Centers of Burlington- Riverside (617 Riverside Avenue Burlington, VT 05401 T: **802-864-6309**)
    b. New England Survivors of Torture and Trauma/ Connecting Cultures at the University of Vermont (2 Colchester Avenue Burlington, VT 05405 T: **802-656-2661**)
    c. Howard Center (208 Flynn Ave Suite 3J Burlington, VT 05401 T: **802-488-6000**)

Information was gathered largely through the Centers for Disease Control and Prevention, EthnoMed, Area Health Education Center (AHEC) colleagues and discussions with local providers within the University of Vermont Health Network.