Topics in Refugee Health Screening
Webinar II

Savitri Tsering, M.S.S.W.
Refugee Health Coordinator
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Webinar Objective

Provide education and review of the critical components of refugee health screening.
Webinar Contents

• Locating background information
• Mental health screening
• Prescriptions
• Health issues for refugees seen in Wisconsin
Background Information

- Cultural Orientation Resource Center
  http://www.culturalorientation.net/learning/backgrounders

- CDC Refugee Health Profiles
  http://www.cdc.gov/immigrantrefugeehealth/profiles/
  - Available refugee health profiles include:
    - Bhutanese Refugees
    - Congolese Refugees
    - Iraqi Refugees
Background Information

- Ethnomed
  http://ethnomed.org/ethnomed/index.html

- HealthReach
Background Information

Books

- *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* by Anne Fadiman
- *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers* by Kathleen A. Culhane-Pera and Dorothy E. Vawter
The National Partnership for Community Training (NPCT) is a program within the Gulf Coast Jewish Family and Community Services currently serving as the Office of Refugee Resettlement’s national mental health technical assistance provider.

Our objective is to build capacity in refugee mental health for providers to effectively

- Screen
- Refer
- Assist
- Serve
REFUGEES & MENTAL HEALTH SCREENING
Risk Factors for Refugees: Pre-flight, Flight, & Resettlement

- Exposure to war
- State-sponsored violence and oppression; including torture
- Loss of Property
- Betrayal
- Internment in refugee camps
- Human Trafficking
- Physical displacement
- Loss of family members and prolonged separation
- Stress of adapting to a new culture
- Low socioeconomic status
- Unemployment
COMMON MENTAL HEALTH DIAGNOSIS & REFUGEE COMMUNITIES

- Depression
- Post-Traumatic Stress Disorder
- Panic Attacks
- Somatization
- Traumatic Brain Injury
- Significant Psychiatric Symptoms can be present during the first few months of Resettlement
- Anxiety
WHEN DOES SCREENING TAKE PLACE?

- **PRE-RESETTLEMENT DURING OVERSEAS MEDICAL EXAMINATION**
- **MEDICAL EXAMINATION** – CDC, DGMQ, PANEL PHYSICIANS, and IOM REPORTED TO DEPARTMENT OF STATE
  - **CLASS A CONDITION** – ACUTE MENTAL CONCERNS ie, SUICIDALITY, PTSD, TBI, BI-POLAR, MAJOR DEPRESSION; REQUIRES IMMEDIATE TREATMENT BEFORE ADMISSION & AFTER RESETTLEMENT DUE TO SYMPTOMS OF
  - **CLASS B CONDITION** - LESS ACUTE MENTAL CONCERNS; REQUIRES ATTENTION UPON RESETTLEMENT
  - **CLASS C CONDITION** - NO IDENTIFIED MENTAL ILLNESS; PREVENTATIVE INTERVENTIONS, INCREASE ACCESSIBILITY TO MENTAL HEALTH SERVICES

- DURING RESETTLEMENT REFUGEE HEALTH SCREENING CAN INCLUDE MENTAL HEALTH SCREENING
- FOLLOW UP MEDICAL CARE IN RESETTLED COMMUNITY
COMMON TOOLS FOR ASSESSMENTS

Student/Family Advocate...
PROMIS
Kempe Assessment
MH Staff
BDI
Self-Sufficiency Plan
Cultural Bound Syndrome
GAF-7
Check-In Mtgs
DES
In-House Survey
Self-Referral
School Assessment (ASQ-SE)
Hopkins Symptoms Checklist
HQT
IOM
Clinical Interview
Bx Obs

Utilization
Mental Health Screening in Wisconsin

General Information Collected from Initial RHA (Refugee Health Assessment) and IOM Data

- In the old form that WI required ([F-42017](#)) there are some examples of mental health screening questions:

<table>
<thead>
<tr>
<th>Mental Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the overseas medical record indicate a diagnosis of mental illness? □ Yes □ No</td>
</tr>
<tr>
<td>If yes, treated or referral □ Yes □ No</td>
</tr>
<tr>
<td>Are there physical signs of maltreatment (scar, deformities – torture)? □ Yes □ No</td>
</tr>
<tr>
<td>Did the refugee become unusually anxious or agitated during the physical exam? □ Yes □ No</td>
</tr>
<tr>
<td>Questions that can be asked at different points in the screen:</td>
</tr>
<tr>
<td>1. Trouble sleeping? □ Yes □ No  Have you experienced any nightmares? □ Yes □ No</td>
</tr>
<tr>
<td>2. Any change in your energy level? □ Yes □ No</td>
</tr>
<tr>
<td>3. Unexplained somatic symptoms (headaches, stomach aches, or back pain)? □ Yes □ No</td>
</tr>
<tr>
<td>4. Have you noticed any change in your appetite (increase or decrease? with weight change?) □ Yes □ No</td>
</tr>
<tr>
<td>If behavior or answers to probes above indicate, ask, Are you willing or interested in speaking with a mental professional? □ Yes □ No</td>
</tr>
<tr>
<td>Do you have thoughts of harming yourself or hurting others? □ Yes □ No</td>
</tr>
<tr>
<td>5. If mental health screen is positive, identify main caregiver, inquire about caregiver stress. How is caregiver managing stress of this role? □</td>
</tr>
</tbody>
</table>

How is caregiver managing stress of this role?
GOALS OF DOMESTIC MENTAL HEALTH SCREENING

IDENTIFY
Identifying and triaging refugees in need of mental health treatment

EDUCATE
Educate them about mental health issues, discuss expected stress responses to resettlement

SERVE
Serving as an opportunity to provide mental health resources

INTRODUCE
Introduce US health-care systems and integration of mental health services

IMPROVE
Improve mental health hygiene to assist refugees integration and live more productive lives in their new homeland
MENTAL HEALTH SCREENING: RELATIONSHIP BUILDING

RESETTLEMENT AGENCIES: Health clinics providing screening should have a good working relationship with refugee resettlement agencies.

REFERRAL NETWORK: Screening sites should have a relationship with referral networks and process – expedited options for urgent situations.

CULTURAL AWARENESS: Clinicians performing the evaluations should have a developing relationship and understanding about the history and cultural beliefs of the refugee populations they serve.

INTERPRETERS: Screeners, Clinicians, Practitioners need relationship with Interpreter Services; In Person or Telephone Services.
MENTAL HEALTH SCREENING, DIAGNOSIS, & TREATMENT: BARRIERS AND CHALLENGES

- DIFFERENCES: Mental health screening may be different in each resettlement location, resettlement agency, health clinic, etc.
- AVAILABILITY: Availability of local mental health referral services, interpretation, transportation,
- STIGMA: Refugees may not volunteer or admit symptoms at initial screening
- TIMING: Symptoms may arise several months or even years after resettlement
- SELF-SUFFICIENCY: Prioritization of finding and maintaining employment can delay and deter follow-up care
WHAT’S HAPPENING ACROSS THE NATION?
WHAT’S HAPPENING ACROSS THE NATION?

- Collaboration; between social work programs and health clinics, resettlement agencies and mental health providers
- Best practices; mental health wellness groups for providers
- Networking across social service fields and departments
- Referral networks built with refugee input
- Normalizing Mental Health Care/Decreasing Stigma
- Reception and Placement Programs including mental health in orientation workshops
- Working with clients not only for them
- Searching for funding sources
- Community Liaisons and Mentorship programs
- Awareness of client and community resiliency
FIND FIFTEEN

- INTRODUCE: Yourself, Interpreter, Your Role, Confidentiality, Time Limitation, Goals 3 min

- NAME: Name exchange, practice saying your patient’s name and where they are from; share your name and your title again 1 min

- REVIEW: Explain (again) goal of assessment 7 min

- IDENTIFY: Share resources and referrals 4 min
WHAT WOULD YOU DO FOR THE AHMED FAMILY?

• REVIEW
  Medical documentation from IOM

• PLAN
  Who will conduct and where assessment will occur

• ASSESS
  Follow assessment Plan

• NORMALIZE
  Decrease stigma and increase mental health awareness

• REFER
  Schedule appointment to referral resource

• COMMUNICATE
  Provide client & resettlement agency with information about appointment

• FOLLOW UP
  Offer constant reminders about upcoming appointments
RESOURCES FOR YOUR WORK

- Webinars
- Trainings
- Technical Assistance
- Country Reports
- Community Orientation Programs
- Lunch and Learns

"It is wrong to deny the possible, as it is wrong to deny the problem."

- Dennis Saleeby
No Health without Mental Health
REFERENCES


- Subedi, Parangkush; et al. (May 9, 2015). *Mental Health First Aid Training for Bhutanese Refugee Community in the United States*. International Journal of Mental Health Symptoms. DOI: 10.1186/s13033-015-0012-z


- Betancourt, Theresa S.; et al. (Dec 2012). *Trauma History and Psychopathology in War-Affected Refugee Children Referred for Trauma-Related Mental Health Services in the United States*. Journal of Traumatic Stress. DOI: 10.1002/jts.21749


- Brune, Michael; et al. (Dec 2002). *Belief systems as coping factors for traumatized refugees: a pilot study*. European Psychiatry. doi: [10.1016/S0924-9338(02)00708-3](10.1016/S0924-9338(02)00708-3)


Literacy Prescribing Challenges

Paul J Hoffmann, RPh
Clinical Pharmacist
Bread of Healing Clinic
Opening Comments

• Medical care for Internationals and Refugees is a new and growing area and has not infiltrated all Healthcare Providers.

• The suggestions contained in this discussion are designed to help the prescribing providers navigate prescription drug challenges.

• Most large pharmacies are not equipped with translators, interpreters or educational materials in multiple languages. In addition, pharmacist are not staffed to provide the counseling and literacy materials needed for your patient.
The Problem with Pharmacies

- As a provider, you have the patient face to face in your private office with the translator or advocate present.
- You can rely on non-verbal cues from the patient that indicate an understanding or misunderstanding.
- Pharmacies do not have quiet, private areas for the patient and pharmacist in most cases.
- Most pharmacies do not have the literacy aids that I will introduce later in this discussion.
- If you really want to insure your patient knows YOUR intention, you need to make that known before they leave your office.
Pharmacy Shortcomings

• Pharmacists do not receive bi-lingual training and have minimal exposure to language resources.
• Cultural training (or sensitivity) is minimal, federally mandated and mainly directed to empathy, sexual and gender issues.
• Translation and Interpretive services are difficult to find and expensive. Large chains do not have 3 way phone interpretation.
• Written material is not reliable because the pharmacist & staff do not speak the languages. Can the patient read their language?
• Consultation time allowed at a pharmacy is minimal, no time allowed for interpretive services. Approximately 6 minutes per patient in a large pharmacy with the pharmacist.
• In Wisconsin, technicians cannot consult on behalf of the patient which places great time restrictions on the pharmacist.
Initial Screening

- A complete medication history should include:
  - Current Prescription Drugs—usually scheduled
  - Non Prescription Drugs—taken as needed
  - Nutritional Supplements
  - Teas and Drinks
  - Topically applied products
  - Allergies to drugs, foods or environmental allergens
  - Immunizations—already covered in medical history.

A form will be emailed to participants after the Webinar that has been developed and used by Pharmacy Students at Concordia University. We use this form with all patients at Bread of Healing.
First Visit to the Pharmacy

- Most non-English patients will need a confident translator working on their behalf, you may need to assist with this. Friend or Family.
- Advocacy, you may need to make calls to the pharmacy to make sure your patient gets the service they require.
- Encourage the patient to give permission for the pharmacist to speak with an advocate or translator on behalf of the patient. Pharmacies adhere to HIPAA strictly.
- Encourage your patient to give pharmacy staff the name and phone number for their translator or advocate.
- You (The Prescriber or your staff) may have to call ahead or call multiple pharmacies to find one who can meet the needs of your patients.
Basic Understanding
For Your Patient

Due to the way pharmacies are operated, you will need to instruct your patient that they need to know the following about their medications:

• Know the NAME, STRENGTH, SHAPE & COLOR
• Know WHY you need to take it.
• Know HOW MANY PILLS at a time and HOW MANY times each day. If more than 1 per day, how many hours apart.
• Know HOW LONG this supply will last
• Know WHEN you need to get more
• Tell them to ASK the pharmacist for extra help and information, and keep asking until they get answers.
Sample Misunderstanding

Complete instructions to be given to the patient:

<table>
<thead>
<tr>
<th>Dosage Instruction</th>
<th>Patient Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take one teaspoonful by mouth three times</td>
<td>Take three teaspoons daily</td>
</tr>
<tr>
<td>daily</td>
<td>Take three tablespoons every day</td>
</tr>
<tr>
<td></td>
<td>Drink it three times a day</td>
</tr>
<tr>
<td>Take one tablet by mouth twice daily for 7</td>
<td>Take two pills a day</td>
</tr>
<tr>
<td>days</td>
<td>Take it for 7 days</td>
</tr>
<tr>
<td></td>
<td>Take one every day for a week</td>
</tr>
<tr>
<td></td>
<td>I’d take a pill every day for a week</td>
</tr>
<tr>
<td>Take two tablets by mouth twice daily</td>
<td>Take it every 8 hours</td>
</tr>
<tr>
<td></td>
<td>Take it every day</td>
</tr>
<tr>
<td></td>
<td>Take one every 12 hours</td>
</tr>
</tbody>
</table>

Medication Card

Patient Name: ____________________________  Birthdate: ____________________________
Dr. Name: _______________________________  Dr. Phone: ____________________________
Pharmacy: _______________________________  Pharm Phone: __________________________

1. ____________________________
   Dose: ____________________________
   Take for: ____________________________

2. ____________________________
   Dose: ____________________________
   Take for: ____________________________

3. ____________________________
   Dose: ____________________________
   Take for: ____________________________

Schedule
- Breakfast
- Lunch
- Dinner
- Bedtime

Additional Instructions
- Take with a meal
- Swallow whole
- Do not drink alcohol
- Limit your time in the sun
- Other ____________________________

Schedule
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Schedule
- Breakfast
- Lunch
- Dinner
- Bedtime

Additional Instructions
- Take with a meal
- Swallow whole
- Do not drink alcohol
- Limit your time in the sun
- Other ____________________________
## Alternate Medication Card

<table>
<thead>
<tr>
<th>Name</th>
<th>Used For</th>
<th>Instructions</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
# Common Tablet Shapes

<table>
<thead>
<tr>
<th>Rounded rectangle</th>
<th>Round pill</th>
<th>Diamond pill</th>
<th>Oval pill</th>
<th>Two-tone capsule</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Illustration" /></td>
<td><img src="image2" alt="Illustration" /></td>
<td><img src="image3" alt="Illustration" /></td>
<td><img src="image4" alt="Illustration" /></td>
<td><img src="image5" alt="Illustration" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Half rounded rectangle</th>
<th>Half round pill</th>
<th>Half diamond pill</th>
<th>Half oval pill</th>
<th>Square pill</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image6" alt="Illustration" /></td>
<td><img src="image7" alt="Illustration" /></td>
<td><img src="image8" alt="Illustration" /></td>
<td><img src="image9" alt="Illustration" /></td>
<td><img src="image10" alt="Illustration" /></td>
</tr>
</tbody>
</table>
Picture Label for Bottles

*Use to clarify the Pharmacy Label the patient was given.  
*Can be printed on a standard Avery Return Address Template,  
*You may have to provide these labels for the patient to place on  
their prescription bottles. Pharmacies do not have these labels.
Resources

• Points Kelly Todd made in the first webinar “Dignity, Understanding and Empathy”

In some cases, the foreign patient DOES need to be treated differently, particularly when you send this patient to the Pharmacy for the first time.

Cultural differences require creative approaches when caring for a foreign patient. A single source of resources is not generally available.

• Materials to go with today’s recording:
  • Medication History Form
  • Medication Card (Comprehensive and Simple)
  • Common Tablet Shapes
  • Picture Label for Prescription Bottles
Contact

Paul J. Hoffmann, RPh
Bread of Healing Clinic
phoffm2298@aol.com
Cell: 414-614-4123
Fax: 414-892-5783
Top 5 health issues for refugees in Wisconsin

1. Latent tuberculosis (LTBI)
2. Dental care
3. Vision
4. Hepatitis B
5. Hypertension
Questions?

**Savitri Tsering** – Savitri.Tsering@wisconsin.gov (608) 267-3733

**Isabelle Darling** - Isabelle.Darling@gcjfcs.org (786) 423-7067

**Paul Hoffmann** - phoffm2298@aol.com (414) 614-4123

**Ellen Frerich** - Ellen.Frerich@state.mn.us (651) 201-5827
Questions?

Savitri Tsering
Refugee Health Coordinator
Division of Public Health
Wisconsin Department of Health Services
(608) 267-3733
Savitri.tsering@wisconsin.gov