



Topics in Refugee Health Screening Webinar II

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May 2, 2016



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
<https://healthreach.nlm.nih.gov/default.aspx>



Background Information

Books

- *Mosby's Pocket Guide to Cultural Health Assessment*, 4th Edition
- *Transcultural Health Care: A Culturally Competent Approach*, 4th Edition by Larry D. Purnell Ph.D. R.N. F.A.A.N.
- *Immigrant Medicine* by Patricia Frye Walker M.D. D.T.M.& H., Elizabeth Day Barnett M.D.
- *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



Refugee Services
National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services



ISABELLE DARLING, MSW LCSWA



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

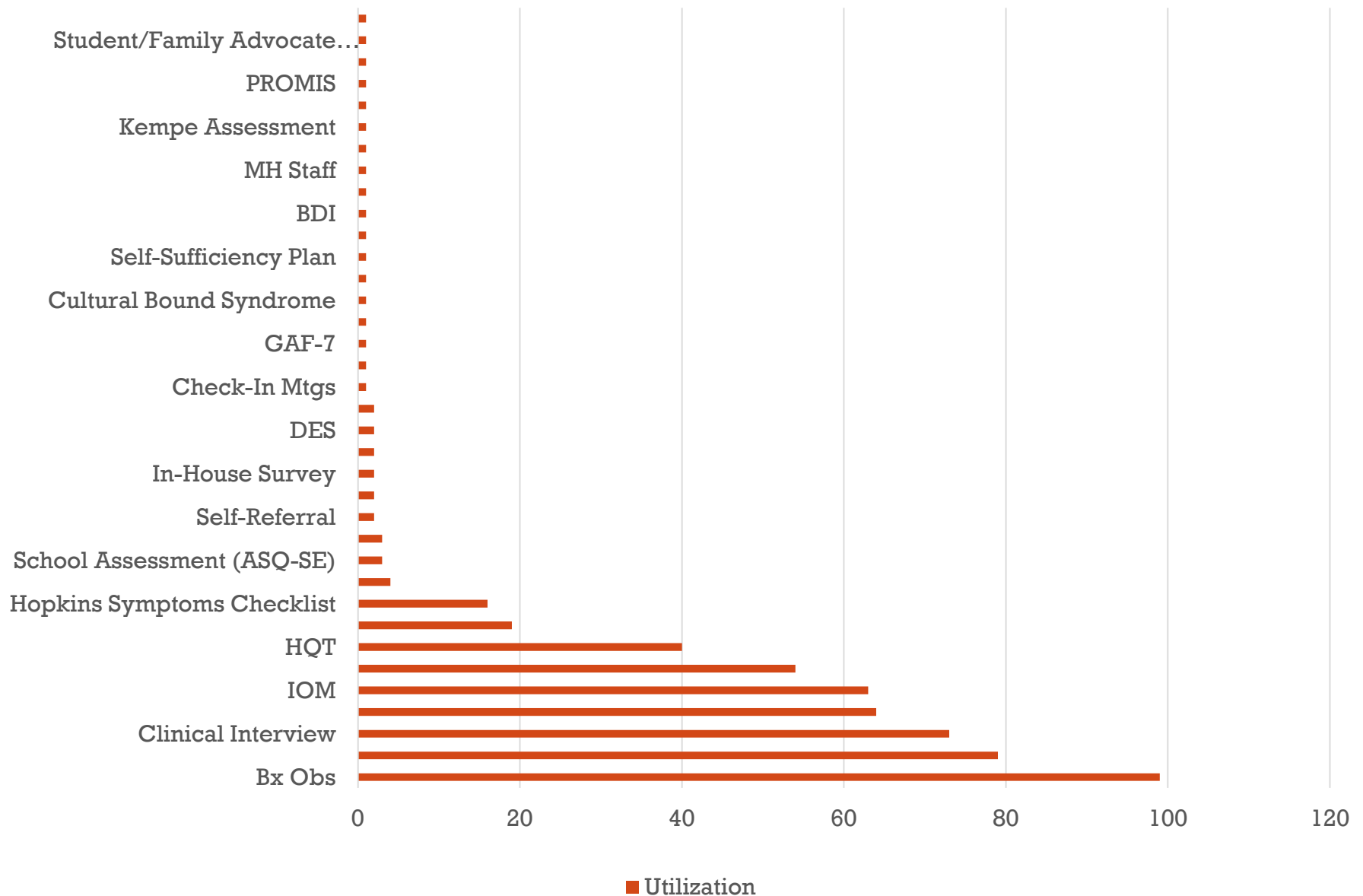


WHEN DOES SCREENING TAKE PLACE?

- 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



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:

Mental Status

Does the overseas medical record indicate a diagnosis of mental illness? ☐ Yes ☐ No

If yes, treated or referral ☐ Yes ☐ No

Are there physical signs of maltreatment (scar, deformities – torture)? ☐ Yes ☐ No

Did the refugee become unusually anxious or agitated during the physical exam? ☐ Yes ☐ No

Questions that can be asked at different points in the screen:

1. Trouble sleeping? ☐ Yes ☐ No Have you experienced any nightmares? ☐ Yes ☐ No

2. Any change in your energy level? ☐ Yes ☐ No

3. Unexplained somatic symptoms (headaches, stomach aches, or back pain)? ☐ Yes ☐ No

4. Have you noticed any change in your appetite (increase or decrease? with weight change?) ☐ Yes ☐ No

If behavior or answers to probes above indicate, ask,

Are you willing or interested in speaking with a mental professional? ☐ Yes ☐ No

Do you have thoughts of harming yourself or hurting others? ☐ Yes ☐ No

5. If mental health screen is positive, identify main caregiver, inquire about **caregiver stress**.

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 relationships with referral network 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



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- CDC: Guidelines for Mental Health Screening During Medical Examination for Newly Arrived Refugees <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>
- Refugee Health Technical Assistance Center <http://refugeehealthta.org/physical-mental-health/mental-health/adult-mental-health/treatments-and-services/>



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

TABLE 2-1 Patient Misunderstanding of Medication Instructions

Dosage Instruction	Patient Interpretation
Take one teaspoonful by mouth three times daily	Take three teaspoons daily Take three tablespoons every day Drink it three times a day
Take one tablet by mouth twice daily for 7 days	Take two pills a day Take it for 7 days Take one every day for a week I'd take a pill every day for a week
Take two tablets by mouth twice daily	Take it every 8 hours Take it every day Take one every 12 hours

SOURCE: Wolf et al. (2007).

Complete instructions to be given to the patient:

Take 1 teaspoonful (5ml), 3 times daily, about every 6-8 hours. (Take by mouth)

Take 1 tablet, 2 times daily, about 10-12 hours apart, for 7 days. (Take by mouth)





Take 2 tablets 2 times daily about 10-12 hours apart, take by mouth.

Medication Card





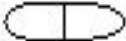





Patient Name: _____		Birthdate: _____	
Dr. Name: _____		Dr. Phone: _____	
Pharmacy: _____		Pharm Phone: _____	

1. _____ Dose: _____ Take for: _____	2. _____ Dose: _____ Take for: _____	3. _____ Dose: _____ Take for: _____																								
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Alternate Medication Card

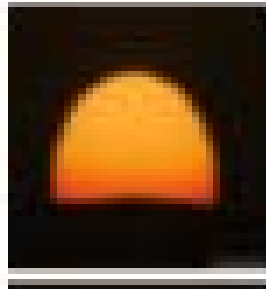
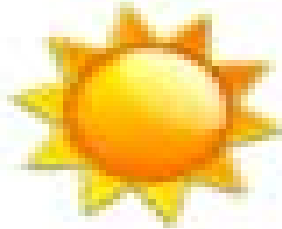
Name	Used For	Instructions	Morning 	Afternoon 	Evening 	Night 

Common Tablet Shapes

Rounded rectangle 	Round pill 	Diamond pill 	Oval pill 	Two-tone capsule 
Half rounded rectangle 	Half round pill 	Half diamond pill 	Half oval pill 	Square pill 

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 with today’s recording:
 - Medication History Form
 - Medication Card (Comprehensive and Simple)
 - Common Tablet Shapes
 - Picture Label for Prescription Bottles

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Top 5 health issues for refugees in Wisconsin

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

Questions?

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