

Global Health Initiative: State of Mental Health Among Newly Arriving Arabic Refugees Seen at the 550 Clinic

Muntadher Khaleefah MD, Katherine Rivera-Contreras MD, Ana Fuentes MD MPH, Joel Lanceta MD, Murali Kolikonda MD, Rebecca Ford MPH, Ruth Carrico PhD RN, Paula Peyrani MD, Rahel Bosson MD Division of Infectious Diseases, University of Louisville, Louisville, KY



ABSTRACT

Iraqi and other Arabic refugees comprise one of the largest groups of refugees resettling in Louisville and seen in the 550 Clinic as part of the School of Medicine Global Health Initiative. According to the United Nations, one in five Iraqi refugees have experienced torture or other violence with more witnessing torture, violence or death of friends and loved ones. A retrospective cohort study was conducted to assess and compare mental health status among Arabic, Cuban, and Congolese refugees seen in the 550 Clinic as part of their Refugee Health Assessment. From August 2013 to June 2014, 124 Cuban (84%), 18 Arabic (12%), and 6 Congolese (4%) refugees were evaluated using the Refugee Health Screener-15(RHS- 15). Of these, 12 (67%) of Arabic refugees scored positively compared with 46 (37%) of Cubans and 1 (17%) of the Congolese. Given the social stigma associated with mental illness among Arabic refugees, these results may underestimate the extent and severity of the problem. The impact of their experiences can be expected to impact successful resettlement in the community, so development of a broader understanding of the mental health issues is important for the refugee as well as healthcare providers. We believe that a need exists for more study and development of interventions that address mental health issues among Arabic refugees resettling in our community.

INTRODUCTION

Arabic refugees comprise one of the largest groups seen in the 550 Clinic for their health screening and immunizations as part of Global Health Initiative activities. They are also the larges group of refugees resettled in the US during 2013 with more than 19,491 admitted into the program. One in five Iraqi refugees has been tortured or has experienced other violence, according to data collected by United Nations, with many others having witnessed torture, violence and killings of friends and loved ones. It is critical for American healthcare providers to know that "mental health" is a term that has negative connotations for Arabic refugees. The mental health system in Arab countries consists primarily of psychiatric hospitals focusing on chronic and severe mental illness such as schizophrenia. Therefore, addressing other mental health issues is a challenge due to the unwillingness of the individuals to engage in open discussions with their healthcare providers.

OBJECTIVES

The objective of this retrospective cohort study is to describe the mental health screening profile among Arabic refugees seen in the 550 Clinic as part of the School of Medicine Global Health Initiative.

MATERIALS AND METHODS

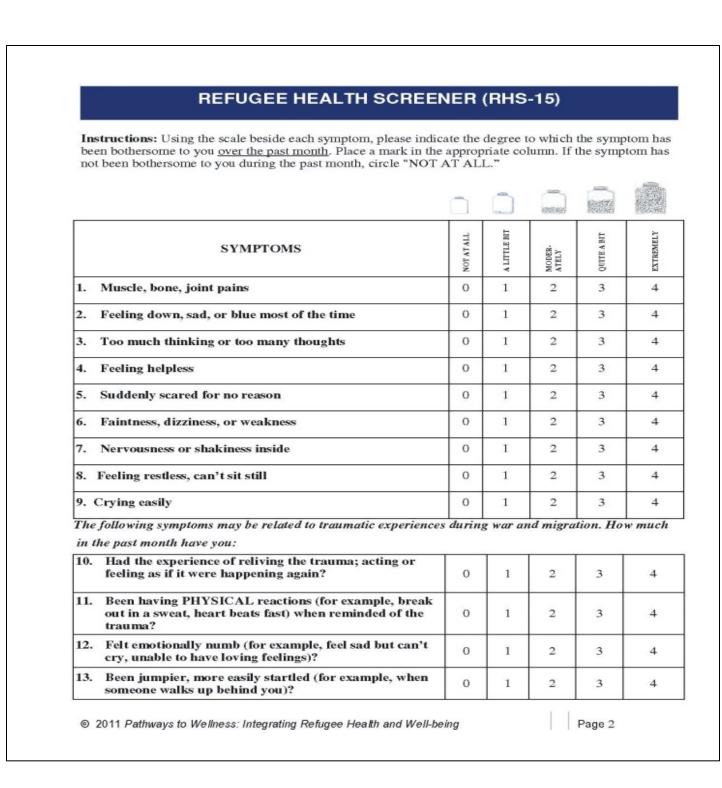
All Iraqi refugees seen in the 550 Clinic for their refugee health assessment from August 2013 through June 2014 were evaluated. The evaluation method involved use of the Refugee Health Screener-15 (RHS-15). This is a screener for distressing symptoms of anxiety and depression, including PTSD in refugees. It is considered to be predictive of these disorders. Its use is identification of individuals who need care into treatment.³

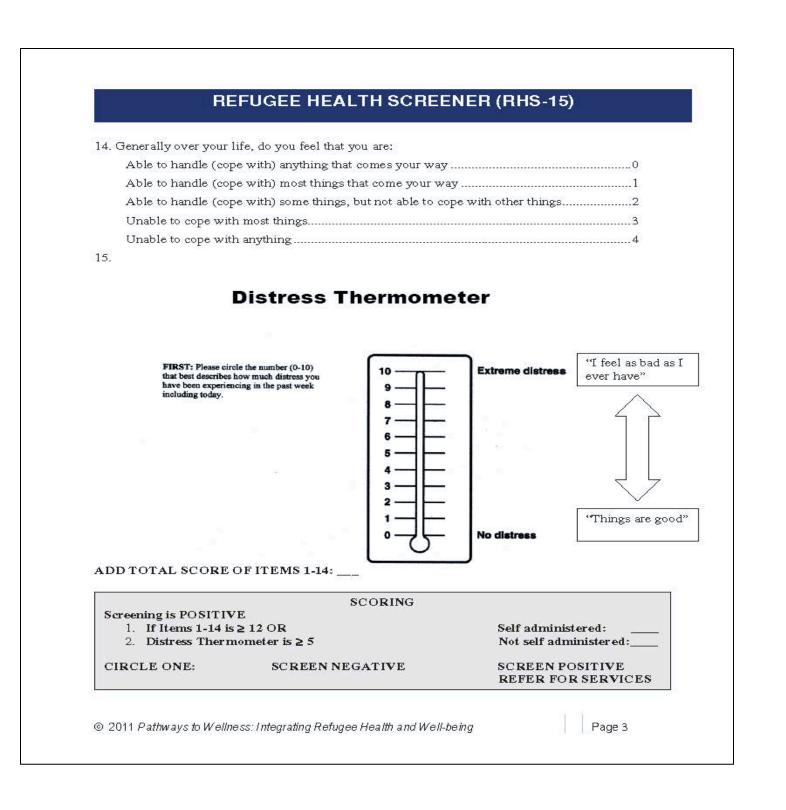
MATERIALS AND METHODS

The RHS-15 has 15 items that include self-identified physical symptoms, emotions, and a distress thermometer. (Images 1 and 2)

The instrument is available in multiple languages and the Arabic version was used for all Arabic speaking refugees who were screened.

Scoring indicates a positive or negative screen with those having a positive screen being referred for mental health services.





Images 1. and 2. RHS-15 survey and Distress Thermometer

RESULTS

Eighteen Arabic refugees were screened using the RHS-15 from August 2013-June 2014. (Figure 1)

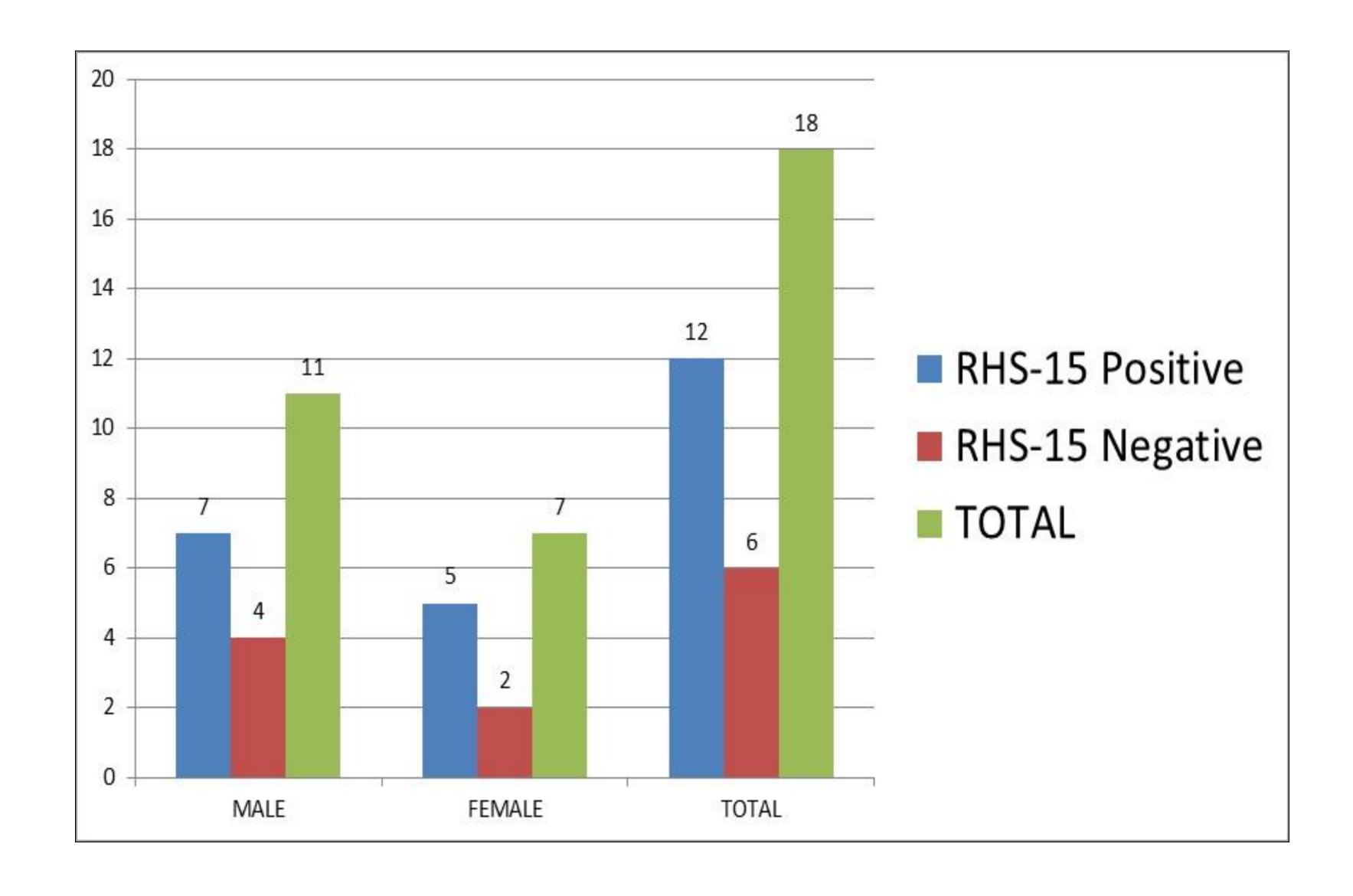


Figure 1. RHS-15 Results for Arabic Refugees Seen in 550 Clinic August 2013-June 2014

RESULTS

When compared to Cuban and Congolese refugees also seen in the 550 Clinic, 67% of Arabs screen positively compared with 37% of Cuban and 17% of the Congolese (Figure 2) Screening was performed using the same clinic personnel to administer the screen and the tool was provided in the refugees' native language.

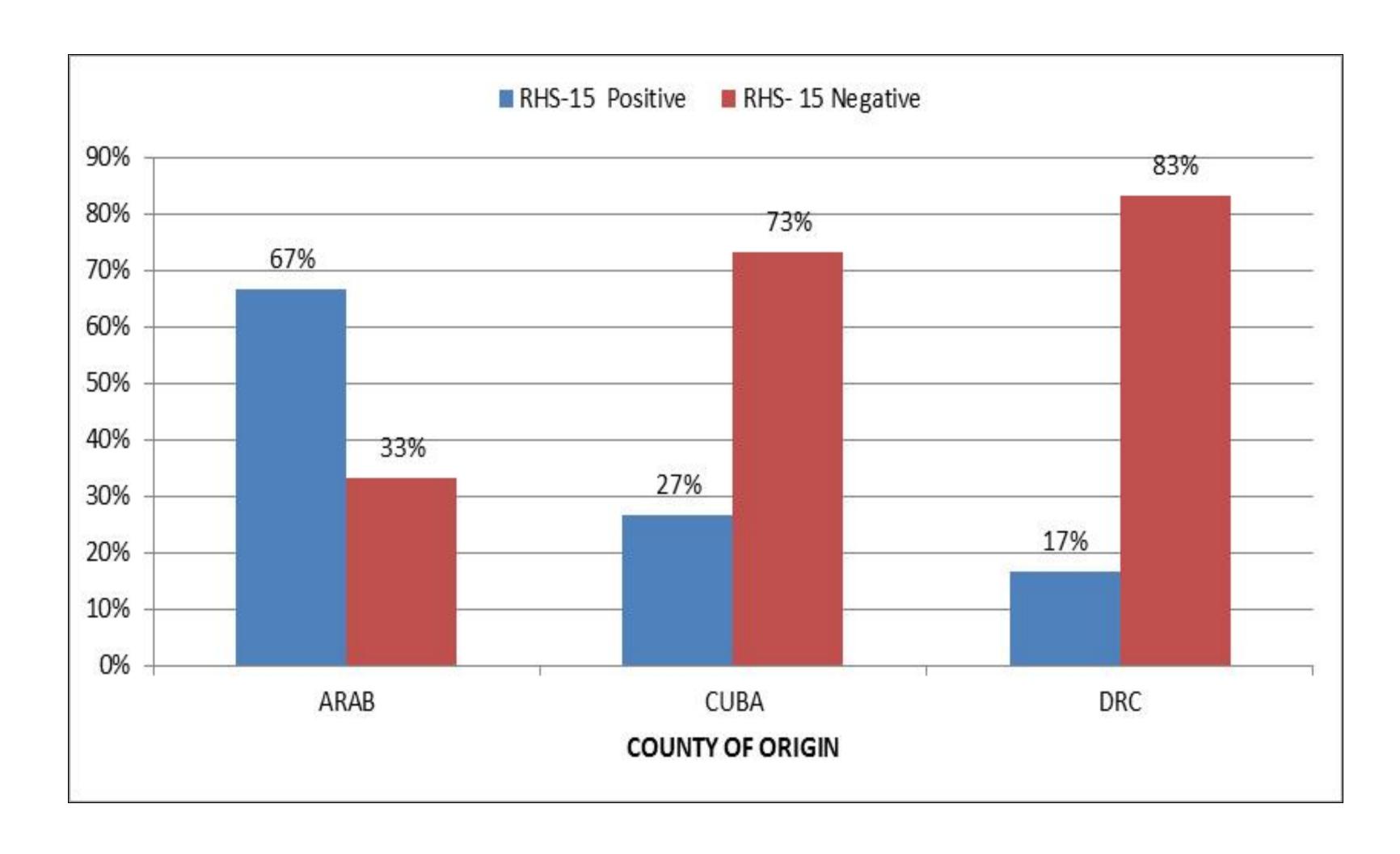


Figure 2.

Comparison of RHS-15 Results Among Arab, Cuban and Congolese Refugees

Seen in 550 Clinic

CONCLUSIONS

Although the sample size of Arabic refugees is small, the screening results demonstrate an alarming difference in results when compared with other refugee groups. Following the Arabic refugees in order to obtain a larger sample size may be important to adequately assess their current mental health needs and should be a first step intervention. One concern is that the results may underestimate mental health issues that may be present in this group due to the social stigma associated with mental illness.

Understanding the US mental health system may assist with the Arabic refugees being more open to a more thorough mental health assessment. We believe that a need exists for healthcare providers to better understand mental health issues among Arabic refugees and determine a course for intervention that recognizes the cultural and social barriers that may be present.

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