Kentucky Statewide Refugee Mental Health Needs Assessment: Provider Perspectives

KEY FINDINGS

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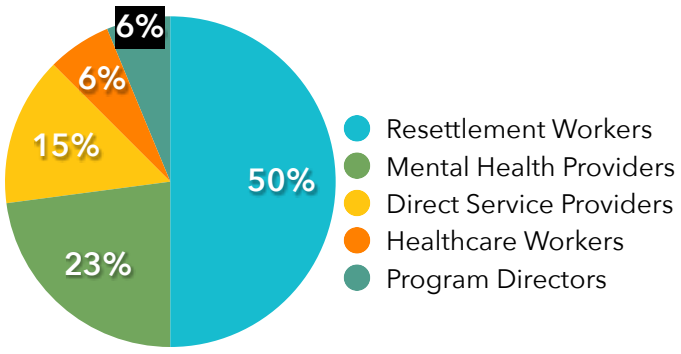
Introduction

This statewide needs assessment was undertaken to inform the Kentucky Office of Refugees (KOR) in its planning, development, setting ,and implementation of mental health program goals, scope of services, and activities. The specific aims were to: A) To identify the mental health needs of newly arrived and already resettled refugees in Kentucky, and B) To explore the experiences of providers using the Refugee Health Screener-15 (RHS-15) in refugee mental health screenings.

Various post-migration factors-- socioeconomic and interpersonal difficulties as well as resettlement stressors- along with past trauma exposure such as war trauma and torture, may interact negatively to impact refugee mental health and well-being. Therefore, there is a need for acquiring the specific mental health needs of refugees resettled in Kentucky.

Participants

Ten focus groups were conducted with service providers from (1) mental health provider organizations, (2) refugee resettlement agencies, and (3) other community organizations serving refugees from throughout Kentucky. The focus group participants (n=48) were current refugee resettlement workers (n = 24), mental health providers (n = 11), direct service providers (n = 7), healthcare workers (n = 3), or program directors (n = 3).



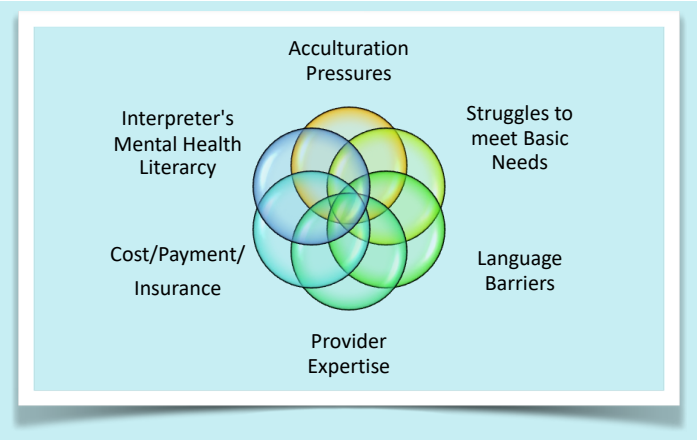
Key Findings

Four areas of need were identified through qualitative analysis of the focus group responses: (I) Mental Health Needs of Refugees, (II) Workforce Needs to Support Mental Health of Refugees, (III) Infrastructure Needs to Support Refugee Mental Health, and (IV) Needs and Perspectives on the Refugee Health Screener-15 (RHS-15) to Support Refugee Mental Health.

I. Mental Health Needs of Refugees

Refugees need mental health supports and services. Their access to and use of these resources are often thwarted by several factors including their limited mental health literacy, significant stigma associated with mental health distress, illness, and services, limited ability to pay, and availability of qualified providers. Most recent and currently arriving refugees , specifically Afghan, Ukrainian, and Congolese populations are in most need of mental health support due to experiencing a range of stressors (i.e., role changes, isolation, loss of extended family and social system supports) pre- transit, during transit, and now in resettlement.

"Afghans and, or Congolese, both share in that [are in the most need of mental health supports]. Specifically, the Afghans, I think more so, because of the trauma that they incurred, being in the heart of a war zone and not having a lot of services at the time offered to be able to really assist with that. I think there's a really great need because of the fact that this is unprecedented for many of our mental health services here. We've heard from several different therapists and providers that they just don't understand the type of trauma that these individuals have been through firsthand. So, they don't know how to address that in accordance with knowing the cultural background, how they feel about it, and how they would normally handle things."



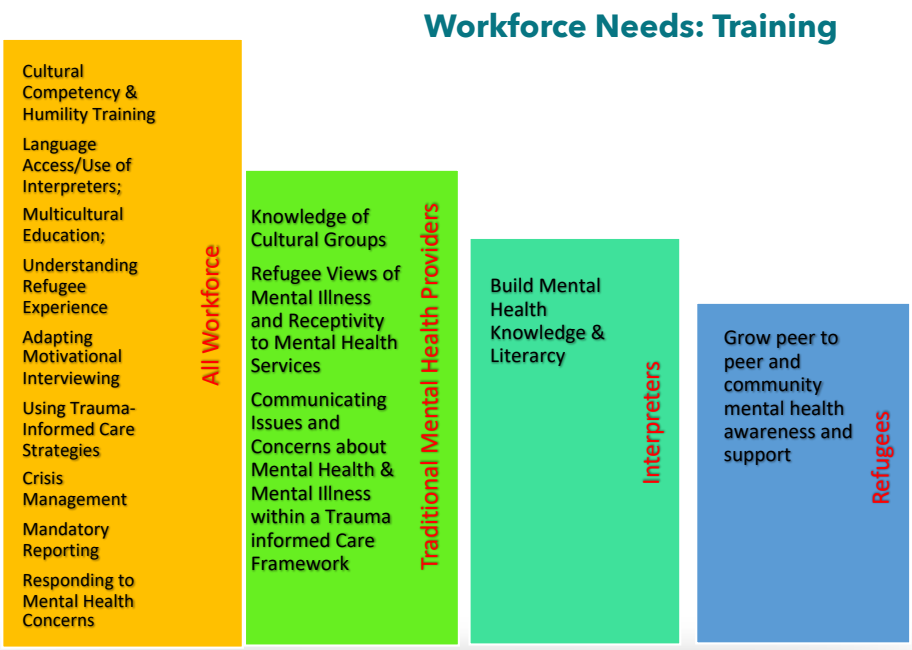
Factors stated to come into play included limited provider cross-cultural knowledge and treatment expertise, lack of interpreters' mental health literacy and experience conveying mental health concerns in a non-stigmatizing way, and provider acceptance of insurance for services (Medicaid) that refugees are covered under in Kentucky, making access and timely appropriate referrals challenging.

Mental health needs and distress are heightened by pressures of acculturation, difficulty accessing language or interpreter services, as well as family circumstances and stressors arising from limited finances, unemployment, household bills/expenses, lack of childcare access and expenses, and experiences of ongoing socioeconomic inequity.

"It's one thing to be poor and struggling in a refugee camp where everyone around you is poor and struggling, and it is another thing to get to the United States and be poor and struggling and then see what the United States could be.
And there is this difference there that I think is a big stressor for clients.
And then when they have children that are going to school with other kids that are having these really different life experiences, I think there's a lot of stress there."

II. Workforce Needs to Support Refugee Mental Health

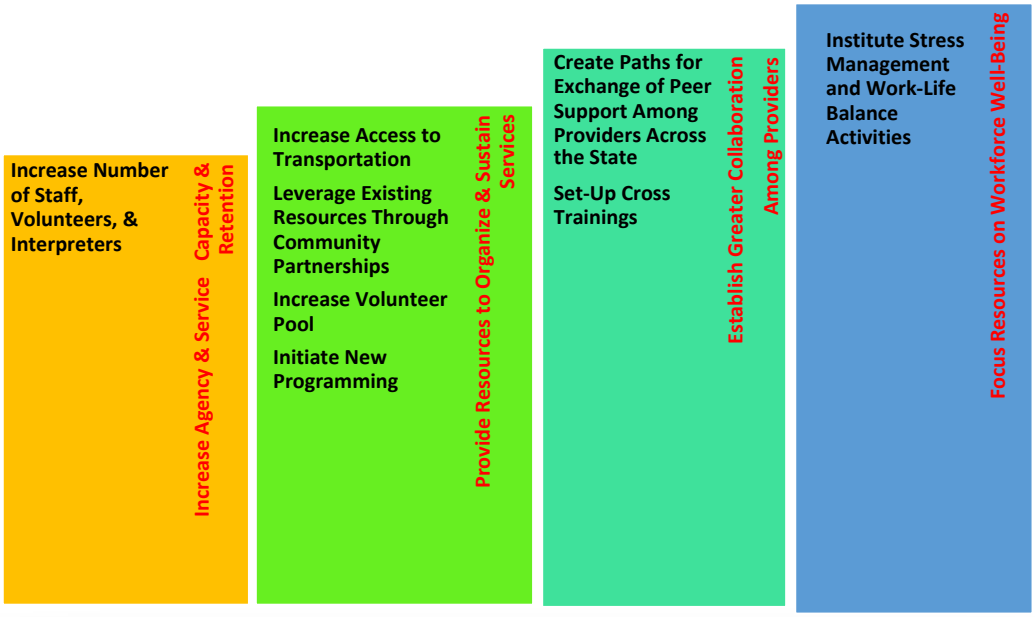
Training and capacity building to support mental health of refugees were identified as major workforce needs. Regarding training, cultural competency training for the workforce who interface with refugees in some form for all staff is a significant need. Other knowledge building topics identified include language access (e.g., the use of interpreters), multicultural education, and understanding the refugee experience. Skill building topics of interest discussed were adapting motivational interviewing, applying trauma-informed care strategies, utilizing crisis management, mandatory reporting ,and responding to general mental health issues experienced by refugees. Providers would benefit from critical self-reflection and programmatic review on how mental health issues are brought up and discussed with refugee clients. Providers should receive training in the mental health perspectives held by refugees in the community and communication approaches that expand refugee understanding of services to increase refugee receptivity to mental health care. There is a call for raising awareness in the community about the presence and needs of locally resettled refugees using community awareness campaigns.



Specific trainings for specific segments of the workforce were also identified. For instance, there is need for training for traditional mental health providers on increasing their knowledge of cultural groups resettled in Kentucky and more specifically, cultural groups' views of mental illness and receptivity to mental health services. There was much interest expressed in training interpreters and refugees,--individuals and community members with lived experience-- to become mental health providers to build

> *"We have such a wealth of knowledge and experience in our communities already, but not the official license or whatever it may be to do the services. Funding could go towards recruiting people from those cultures. I know a number of people who informally do therapeutic services, but they're like, 'I don't have the license so I can't work at a practice.' And it's like, is funding the issue? Or are there other things? But yeah, I think there could be more space created for more."*

their mental health knowledge and skills to work with fellow refugees. In addition, increase access to dialect-specific interpreters for any services is critically needed.



Workforce Needs: Capacity Building

Regarding capacity building, actions are needed to increasing agency workforce and service capacity (Staff, Volunteers, Interpreters) to sustain and address increasing refugee mental health needs. Resources are needed to organize and sustain services such as wellness groups. These include providing access to transportation, leveraging resources (e.g., childcare and meeting space) through community partnerships, reliance on volunteers, and arts-based programming for group work. There is a need for establishing greater collaboration as well as exchange of peer support among those working with refugees across disciplines. Strategies offered to accomplish this included training/cross-training and education about each other's agency's mission, goals, and objectives, and sharing of knowledge of the lived experience of refugees who need and are seeking mental health care. Supporting worker well-being by focusing on work stress management and work-life balance to enhance the workforce's ability to support refugees' mental health and wellness were strongly emphasized.

"I think overall, the opportunity to share with regular collaboration among different providers as far as case workers and mental health providers and physical health providers and social workers, just so that we're all aware of what the situation is, instead of trying to do things piecemeal, that that's the most effective."

III. Infrastructure Needs to Support Refugee Mental Health

Emphasis on improving mental health care coordination and partnerships, addressing gaps in technology literacy, increasing visibility of and accessibility to language and interpreter services, changing policies and innovating programming, and cultivating allies were identified needs to be met in order to expand and strengthen the overall infrastructure to support refugee mental health. Specifically, mental health care coordination and partnerships should be examined to assess what partnerships are working well, and what strategies can/could be implemented to strengthen existing partnerships, which can– if not working well– can create a gaps in addressing refugee mental health issues.

Mental Health Care Coordination & Partnerships
- Strengthen existing partnerships
- Promote Teamwork

Improving technology literacy of refugees is needed. Elderly refugees with limited education are more vulnerable to struggles with technology. Young refugees are typically more familiar with technology, but limited English skills may limit them from navigating the process. Existing technology infrastructure barriers (i.e., lack of internet access, computers, mobile phones and means to pay for them) must be eliminated. Funding streams to purchase WIFI and computer equipment to increase refugees' internet access need to be developed. Refugee serving organizations' IT system and internal IT policies will need to change and adapt to accommodate technology that refugees are skilled in using (i.e., smartphones, google maps, google Translate, WhatsApp, Facebook, and Facebook messenger). Trauma informed services and network support as well as allies within agency IT departments are needed to empower refugees towards full participation.

"Technological literacy is really low among especially our older clients. And we're very, very quickly getting up into a digital world. So when you only have one cell phone and it's kind of a $30 Walmart phone, it's really difficult for me to show you how to pay your water bill, how to pay your rent online, how to pay your electric bill online."

Technology
- Improve technology literacy
- Funding for increasing internet access
- Change Agency IT policies
- Create Trauma Informed Services/IT networks

Cultivating allies from and within refugee communities (including extended family members) should be part of the strategy to increase the body of culturally competent staff who are part of the mental health care team. Individuals with lived experiences should be sought out to increase their professional capacity and to partner with community members in designing programming and interventions. Allies can

Allies
- Cultivate Allies within refugees communities
- Include extended family as part of holistic mental health services
- Engage individuals with lived experience in design of services
- Recruit allies to support gaps in services
- Develop peer -to-peer services

be recruited to fill existing service gaps and/or support different types of care that are either no longer available to refugees or provided to refugees (i.e., not covered by insurance). Relatedly, peer-to-peer services that are specific to national origin and culture of a particular cultural group are needed.

There is a need to make interpreter services more visible to the refugee population. An important aspect of this is to working with interpreters to provide translation and interpretation using trauma-informed care principles and practices.

Language Accessibility
- Improve interpretation using trauma-informed care practices
- Make interpreter services more visible to refugees

Institutional policies that limit refugees' full participation in mental health care. (e.g., showing up for appointments policy) need to change. Funding should be dedicated to the accurate and timely dissemination of information about mental health and trauma and navigating systems to access mental health care. Providing mental health information in language spoken, ensuring that food and other basic needs are available, and training in using public transportation are ways to strengthen infrastructure to empower refugees with the means to fully participate in services. Funding should be also dedicated for services —-interpretation, intensive case management– as well as for programs for those who provide those services to attend to their self-care and secondary trauma and stress. More specific and targeted hiring practices resulting in hires who are representative of the cultural groups being served and who have a specific set of skills (i.e., language, brokering, knowledge of culture) should be pursued to increase overall agency workforce capacity to provide services to refugees.

Policies, Programs, & Practices
- Adjust institutional policies that are limiting refugees' full participation in mental health care
- Review/Establish standards of Practice (SOP)
- Fill gaps in programming with dedicated funding
- Address Programming Gaps between well-established vs growing resettlement communities
- Develop new programming to address. current and anticipated needs
- Support a centralized resource entity
- Increase workforce capacity with culturally responsive targeted hiring practices
- Empower refugees to fully participate in services

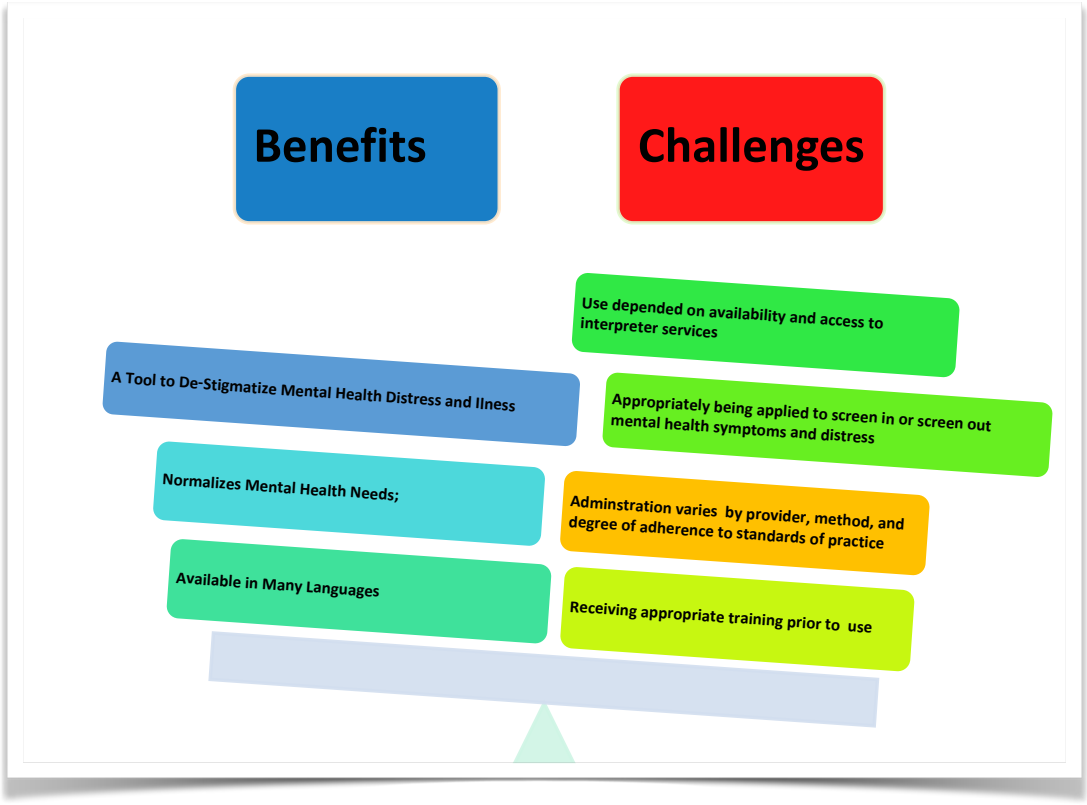
Suggestions were made to fill in programmatic gaps. These include reviewing existing and establishing new standards of practice (SOPs) for programs, and addressing programming gaps between well-established versus growing resettlement communities. New programming was also recommended such as developing plans to pivot to address future unanticipated events (i.e., COVID-19), establishing peer-to-peer services that are specific to national origin and culture, setting up just-in-time pop-up mental health care/wellness programming in local communities and neighborhood locations, and in-

"I'd love a center to open up, that works directly with immigrants and refugees, and all of their staff would be trained, and have expertise in this area."

creasing provider capacity via supporting a central entity that could serve as a hub and a resource to refugees and practitioners.

IV. Needs and Perspectives on the Refugee Health Screener-15 (RHS-15) to support refugee mental health

The needs and perspectives on the Refugee Health Screener-15 (RHS-15) was gathered from participants who directly administered the RHS-15. Some of them are mental health providers, while others are health providers-nurses, APRNs, health care case managers, and resettlement health and mental health care coordinators. There are several benefits as well as challenges stated by these focus group participants to using the the Refugee Health Screener-15 (RHS-15) developed by Hollifield (Hollifield et al., 2013; Hollifield et al., 2016). The benefits mentioned are that the RHS-15 is available in many different languages. It is extremely helpful in normalizing mental health needs and provides screeners with an opportunity to destigmatize refugees' mental health needs. The challenges are that the process of administering the RHS-15 varies by site depending on whether it is client self-administered or an in-person or on the phone interpreter is used. In addition, screener knowledge and expertise are also a challenging aspect of administration and interpretation of the RHS-15.



These challenges reflect the needs associated with use of the RHS-15 as indicated below: There is a need for establishing a system or standardized set of procedures to follow when using the RHS-15. Screening using the RHS-15 appeared to differ between in-person and phone administration. Screeners often described needing a specific set of procedures they could use to bring consistently to the

I mean, I think just the training on its purpose and design and maybe ways to implement it would be good.

process. Standardizing procedure can be an important organizing element when working with interpreters to minimize confusion and ensure a quality mental health assessment. There is a need to ensure availability and access to interpreter services. The type of availability and access (in person or phone) factor heavily in whether the RHS-15 is used and how it is used to assess for mental health distress in refugees. The items that make up the RHS-15 as well as guidelines, criteria, timing of the screening, timeframes for using the RHS-15, and how to interpret the responses on the RHS-15 need to be thoroughly reviewed with screeners to ensure that the RHS-15 is appropriately being applied to screen in or screen out mental health symptoms and distress. There needs to be trainings on administering the RHS-15 in addition to reading materials and learning "on the job" . Experiential training using strategies such as problem-solving, case studies, modeling, and shadowing is needed to help screeners navigate difficult items associated with the RHS-15, understand, and apply how mental health distress and symptoms are expressed in different cultures, and between individuals within a particular cultural group based on their gender, age, and experiences with traumatic experiences, etc. There is a need to have a process for collecting and storing the completed RHS-15 in central location for reporting and using the information for planning and programming.

I've never felt that it was super effective at capturing a lot of the things that we can generalize to be true about the populations specifically and generally, and so some training on how to clarify some of the questions without messing with the validity of the instrument would be helpful.

V. Summary

Four areas of need were identified through ten focus groups conducted with forty-eight service providers recruited from mental health provider organizations, refugee resettlement agencies, and other community organizations serving refugees from throughout Kentucky. These were Mental Health Needs of Refugees, Workforce Needs to Support Mental Health of Refugees, Infrastructure Needs to Support Refugee Mental Health, and Needs and Perspectives on the Refugee Health Screener-15 (RHS-15) to Support Refugee Mental Health.

A number of factors figure into persistent unmet mental health needs of refugees. These include lack of or limited provider cross-cultural knowledge and understanding of refugees' perspectives on mental health, interpreter training needs in mental health literacy that enhances refugee understanding of mental health services, and payer source. The lack of providers' understanding of the refugees' worldview perspective and the lack of refugees' understanding of the approach to mental health in the US, and ability to pay make accessing and using mental health services challenging.

Capacity building and training to support mental health of refugees were identified as major workforce needs. Training needs identified focused on knowledge (i.e., cultural competen-

cy) and skills acquisition (i.e. crisis management) while capacity building emphasized increasing and strengthening the workforce (i.e., staff, volunteers, interpreters) providing services to refugees.

To strengthen the overall infrastructure to support refugee mental health, emphasis on improving mental health care coordination and partnerships, addressing gaps in technology literacy, increasing visibility of and accessibility to language and interpreter services, changing policies, innovating programming, and cultivating allies were identified as needs to be met.

Screening for mental health distress using the the Refugee Health Screener-15 (RHS-15) developed by Hollifield (Hollifield et al., 2013; Hollifield et al., 2016) has been beneficial as well as challenging. This screening tool is available in many different languages. It is extremely helpful in normalizing mental health needs and provides screeners with an opportunity to de-stigmatize refugees' mental health needs. It is challenging to use when interpreter services are not readily available. Training on how to use it within the cultural context in which screenings are conducted is needed to ensure that the RHS-15 is appropriately being applied to detect mental health symptoms and distress among refugees in order to plan and provide best mental health care.

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