

Best Practices for Making Mental Health Referrals of Refugees

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Presenter Background



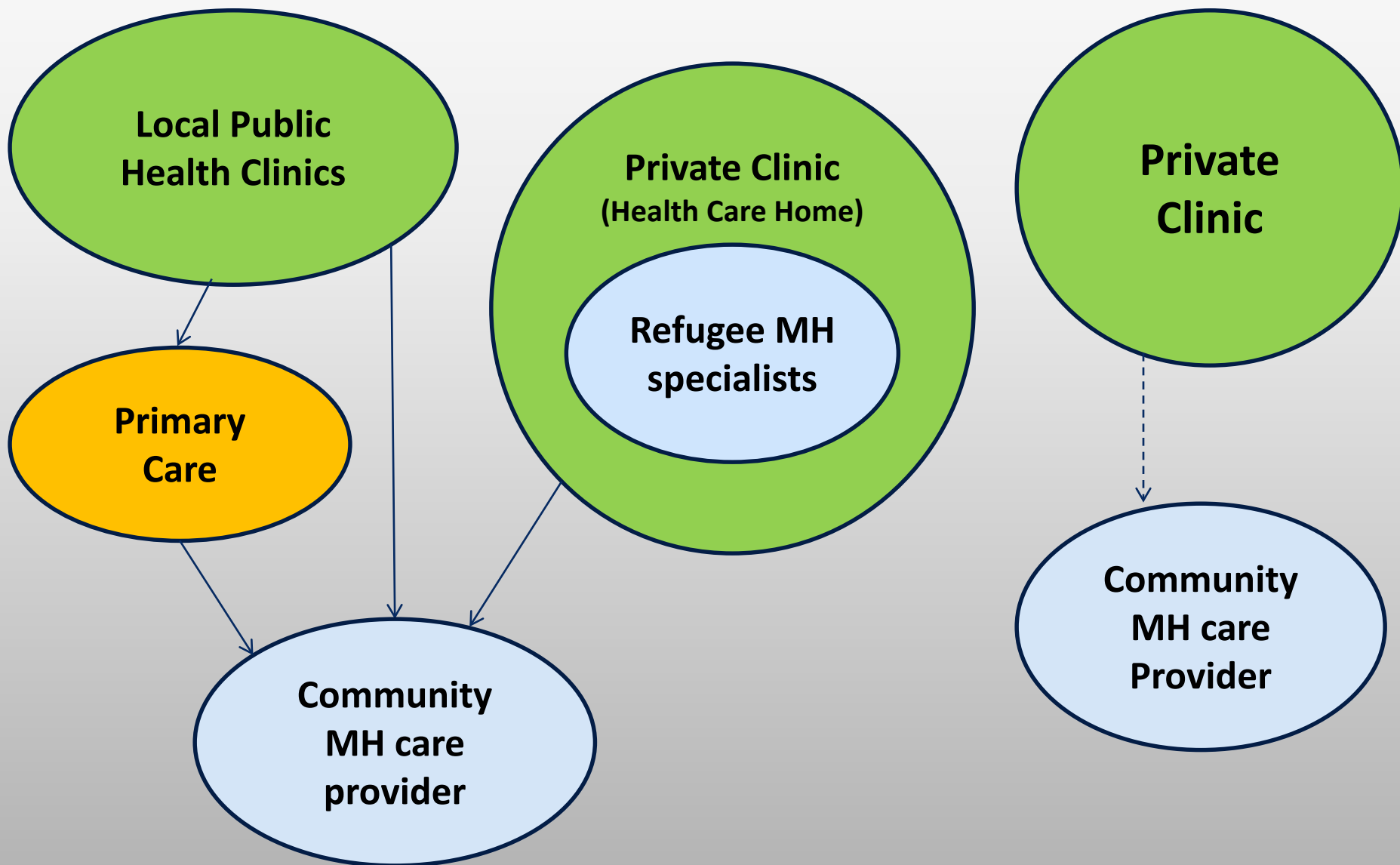
Patricia Shannon, Ph.D., L.P.

- Earned Ph.D. in Clinical Psychology at University of Michigan
- Postdoctoral Training on Treatment of Trauma, 1996-98
- Center for Victims of Torture, 1999-2009
- Associate Professor, University of Minnesota, published on mental health screening and refugee trauma survivors

Objectives

- Review challenges related to mental health referrals of refugees
- Provide background on Minnesota based study of the mental health service system for refugees
- Present best practices for making mental health referrals of refugees in need of further assessment
- Discuss examples of how to implement these best practices in clinic setting

Minnesota Screening Clinic and Referral Models



Mental health-impact on primary care

- High utilization of medical health care services has been reported among refugee patients with undetected depression and somatization symptoms¹

Challenges to mental health referrals (identified by health providers)²

- Difficulty communicating with interpreters
- Language and acculturation barriers
- Divergent cultural beliefs about health and mental health
- Difficulty establishing trust
- Providers feeling uncomfortable asking refugees about trauma histories

Challenges to mental health referrals (identified by refugee groups)³

- Lack of understanding of mental health conditions related to trauma
- Reluctance to initiate conversations about mental health
- Avoidance of stigma and psychological symptoms
- Language and interpreter difficulties
- Lack of insurance or cost

Background of current findings

- This community-based participatory research project was guided by a steering committee including:
 - MN Council of Health Plans
 - MN Dept of Health, Refugee Health Program
 - Primary Care Screening Clinics
 - Public Health Screening Clinics
 - Refugee Cultural Leaders
 - Resettlement Agencies
 - Researchers

Purpose

1. What makes mental health referrals successful and unsuccessful for Minnesota's refugee communities?
2. What are likely interventions at individual and health care system levels for improving access and the delivery of culturally appropriate mental health services for refugee populations?

Factors that contribute to successful referrals

I. Active care coordination (90 Stories)

II. Establishing trust and identifying mental health symptoms (55)

III. Proactive resolution of access barriers (73)

IV. Culturally responsive care (32)

I. Active care coordination

- Actions taken to coordinate care between the referring party and provider receiving the referral, including:
 - Making a mental health referral and directly scheduling the mental health appointment
 - Strong communication between referring and receiving providers
 - A responsive emergency system
 - Case management provided by health plans
- Existing, ongoing relationships between the referring party and provider receiving the referral contributed to successful referrals

Active care coordination

- Process followed with clients from multiple backgrounds

“With the client’s permission I searched for an appropriate referral source that I felt would be a good fit for the client. I made phone contact with the referral, discussed the referring concerns and the way in which I had explained to the client why visiting this professional for service would be useful. I made specific requests for issues that I wanted the referral source to address. I arranged for transportation for the client for the first visit and asked the referring source to take on that responsibility going forward.”

Care coordination among multiple providers

- Referral of Somali client, illiterate, anxious and not sleeping, unable to follow through with tasks

“Reached out to the mental health provider who is familiar and has experience working with refugees. The mental health provider then contacted her primary care doctor for the official referral.”

Care coordination involving ongoing communication

- Involves case-specific education, taking the time to discuss referrals
- Referral of an English speaking, African client with multiple needs

“I made a phone call to a local mental health agency to make a referral for ARMHS services. Several external consultations have occurred to discuss the client's current psychosocial stressors.”

Care coordination involving sharing case specific information

- Referral of an Asian recent arrival with depression and limited support

“The social worker at the clinic called to find out if I could accept a new client and gave me some background. She sent a release and a doctor's summary and client's medications. She also talked to the client about the referral so she knew that I would be calling.”

Care coordination: psychiatric emergency

- Referral of African client with depression and active psychosis

“Emergency services (911) was contacted. A transport hold was placed on the client to be transported to a hospital. Client was brought to the hospital by EMS, assessed in the ER by crisis staff and the ER physician. With collateral information from referring provider, the client was psychiatrically hospitalized.”

Coordination of care by health plan staff

- Referral of Asian client considered high risk for mental health problems.

“Proactive outreach with an introductory letter (containing a language block) was followed by phone outreach using an interpreter through AT&T Language Line. This member agreed to participate in our telephonic [care coordination] program... Identification of stressors and symptoms was followed by coaching from the [health plan staff] regarding which issues can be addressed by what type of health care provider... We verified that this member had a primary care provider and we offered to help select and arrange a therapist.

We let the member know that transportation to and from clinic visits would be provided through our [transportation] program and we helped her understand how to use this transportation option. We continued to be in phone contact for several months in order to help educate on mental health topics and support continuation of the psychotherapy. We also coached the member to allow the mental health provider to communicate with her primary care provider to improve coordination of care.”

Importance of relationships with providers

“Successful referrals are very provider-dependent. I feel like if I get them hooked up with one of three providers, then I see the patient come back and they’re doing better.”

“The only reason we were successful with getting him to the diagnostic assessment was because we had a relationship with that provider. He had missed many appointments but the provider was willing to still see him. It’s the most unwell people for whom this is going to happen, and for whom the appointment is most needed.”

Importance of relationships with providers

“Successful referrals are less about the system’s high level of functioning and more about relationships and a flexible provider.”

“I have a relationship with the provider and front desk staff, everyone was willing to go the extra mile to make this referral happen.”

Existing relationships in imbedded settings

- Referral of newly arriving patient from the middle east with serious and persistent mental illness

“Notified the clinic social worker, where he was scheduled to have his refugee health screening, of this person's diagnosis and need for medication refills and to be seen by a mental health provider. This client met with psychologist at the clinic, continued primary care, mental health care, and prescription refill services at that clinic.”

II. Establishing Trust

- Successful referrals involved providers taking the time to build trust and rapport with clients before making referrals
- Referrals were made by individuals and agencies who possessed the skills to identify and refer clients
 - Refugee serving agencies
 - Imbedded mental health providers
 - E.g., an employment counselor referred someone to mental health at same agency
 - Family, ethnic community leaders, health providers

Trust

- School social worker referring

“A young man from [country] is suffering from PTSD. I met with his family numerous times and he did begin seeing a counselor from their healthcare plan... We contacted their healthcare and the family set up the appointment and we saw through that the family attended.”

Trust

“The patient met with the primary care provider here multiple times and developed a trusting relationship before the patient agreed to meet with a mental health provider.”

“Taking plenty of time to reach common understanding. Making a personalized relationship between client and provider. Accompanying client to doctor appointment. All this ensured that client felt understood, validated, and protected.”

Trust

“Client comes in for an intake appointment and additional services are scheduled or referred based on needs of the client and our ability to provide appropriate care.”

“Much time is spent orienting client to services we provide and how these services can benefit client and their families. We spent much time building relationship/building trust with our clients. Trust building is crucial to a successful outcome for our clients.”

III. Proactive resolution of access barriers

- Providing Psychoeducation
 - How to access treatment
 - Benefits of mental health services
 - Western versus cultural ideas about mental health
 - Roles of providers
 - Payment of services
- Arranging interpreters
- Arranging transportation or medical transportation
- Follow-up to ensure success of referral

Psychoeducation

“The provider described to the refugee client the reasons that she felt seeing a person with special abilities in helping people feel stronger would be useful.”

“The provider explained the role of doctors and mental health professionals in the U.S and differences between Western versus [cultural] mental health concepts.”

“Mental health provider spends time orienting clients to services they provide and how these services can benefit the client and their families.”

“The care staff explained that individual therapy with an interpreter was covered by the insurance plan.”

Psychoeducation

“... a detailed conversation occurred to explain how medication works and the possible benefits and side effects.

It was also explained the role of doctors and mental health professionals in the U.S. and some of the differences in Western vs. Somali mental health concepts.

Plenty of time was allowed for his questions and to ensure that there was a common understanding of the situation and the plan. With the client present, a call was made to the mental health clinic to schedule an appointment.

I offered to go with him for the first appointment. He accepted this and we met the psychiatrist together. Client felt comfortable to attend subsequently on his own. Eventually there was symptom improvement resulting in better family relationships and ability to maintain employment.”

Proactive resolution of access barriers

- MH provider referring client to another provider

“I typically call the agency referring client to, schedule the appointment, arrange transportation, and interpreter if needed, follow up to make sure client attended and reschedule if necessary; we engage in a lot of case management type work to make sure that our clients actually make it to their appointments. This is time consuming and costly, but very necessary to make sure that clients receive appropriate care in a timely manner.”

Proactive resolution of access barriers

- Health plan referring client from Central America

“I arranged for a Spanish-speaking interpreter via the telephone. I called out to different therapy offices in this town to see if I could find any Spanish-speaking therapists but not find any. I communicated this information to the client. She was agreeable to trying individual therapy with a Spanish-interpreter which I explained is covered by her insurance plan. I then called the clinic and set up the first appointment. I ensured that the member had transportation. I explained to the member the process for seeing therapy. I let her know if she does not feel a connection with this therapist, we can find her someone else instead. I called the client after the first appointment and she informed me that she liked the therapist and plans to continue seeing this therapist.”

IV. Culturally responsive care

- Knowledge of refugees' cultures and trauma treatment
 - Facilitated rapport building
 - Helped clients feel understood, validated and safe
 - Providers adapted western approaches to be culturally relevant
- Flexibility to meet in clients' homes
- Flexibility to arrange multidisciplinary care as needed

Culturally responsive care involves cultural knowledge

- Health plan staff referring

“Our [staff] worked with patient's mother to ensure that new appointments were arranged with better translator support and at clinics more familiar with the patients and mother's cultural background.”

Culturally responsive care involves cultural adaptations

“Thorough mental health diagnostic assessment was done with a culturally competent mainstream licensed professional and an experienced Hmong mental health practitioner. Part of the attempt to reach a common understanding of the situation was a question to the client about what her goals were.

Her response was that her husband wanted her to be able to clean and cook and take care of the children. She was then pushed again to say what HER goals were. She again described what her husband wanted and that his parents also wanted that.

With guidance from the Hmong practitioner, these goals were accepted and her symptoms of depression were eventually treated successfully.”

Culturally responsive care involves flexibility

- ECBO staff referring

“[refugee] with mental health symptoms for 5 years. Her father kept her in the house and would not let her go anywhere. He didn't want her known for her MH history... We called [MH provider] at [MH agency] to come to her house. Because the client had complex needs and other providers were coming to the home, the social worker and the mental health provider arranged to make a joint home visit for the first time.”

Culturally responsive care, flexibility

“A woman had severe PTSD and who was starting not to function well, and she was referred for in-home assessment. She got her into a group plus some of the mind-body-yoga. She’s now motivated to exercise and actually asked me to help her get exercise equipment for her house. She’s feeling like she might maybe might feel better to start working again. And this is a lady who was not functional, and just completely over medicated when I inherited her. And she was just a blob, like she would come in and be like ‘All I do is lie around, I feel like a blob, I’m useless.’ And with changing her medicines and getting her hooked up with individual and group therapy and with someone who understands it, she’s made some great progress.”

Culturally responsive care involves meeting multidisciplinary needs

- The mental health provider also connected the client up with several other resources that he needed
- A mental health worker assisted the client with the medical assistance application
- An ELL staff assisted the client with locating resources for finding family members in different countries

Why referrals were successful

- Reasons given for why providers felt referrals were successful emphasized:
 - provider flexibility
 - collaborative care
 - trust
 - cultural responsiveness and appropriateness

Presenter contact information



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For questions about the mental health screening pilot, please contact:

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Thank you. Questions?

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