

INTEGRATED BEHAVIORAL HEALTH CARE FOR KAREN REFUGEES

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AWARENESS & ACCESS

Integrated behavioral health care (IBHC) increases awareness of and access to psychosocial services among refugees and torture survivors by locating those services at the current medical point of contact (the primary care clinic).

“So the first few times I met with [the psychologist,] I thought she was going to prescribe me medications. Then, later she said, no, her job was to talk to me about my problems and stuff and to make me feel better... So [now] whenever I need help, I will always come here to [the primary care clinic], even if I need help with my letter or food stamps or Medicaid. The doctors here help me, the nurse, they provide transportation...When I had difficulties or problems, I don’t go to [other community organization], I don’t go to another offices, I don’t ask for help, I just come here to [the clinic] and get help. Some people, when they need help with their paperwork or anything, they go to another office but for me, I don’t know where those places are, I just come here and it is beneficial to me.”

- Lah Nah Say, 37 year old female client

ABILITY TO ADDRESS COMPLEX CONDITIONS

IBHC provides diverse and robust services to refugees and torture survivors, which is a population that has exceptionally complex health conditions.

“[The Healing Hearts case manager] worked with me about medication, and she also arranged the medication with the nurses here. For [the Healing Hearts Psychotherapist], it is about the therapy: the heart. And he told me that the pain or the sickness that I have is correlated with everything. He told me that you take medication but it’s not going to cure everything because those pains you have, it’s correlated with many things, the stress and also the thought that comes up within you, it’s correlated with everything and also the weather, the hot and cold, it’s all related to the pain that I have experienced.”

- Saw Pay, 41 year old male client

PSYCHOTHERAPY IN IBHC

Psychotherapy within the IBHC model expands the therapeutic frame, meeting clients within a context of ongoing trauma and stress unique to the refugee experience.

Context: The client reported that he was wrongfully accused of creating problems in his apartment building and was thus facing an eviction during the winter in Minnesota.

“[The Healing Hearts clinicians] would help me out, and they would help me through all these processes that have to go through. Without them, I would think that I would be the person who lost this battle because I know this is not my fault and I remember back when I was in Burma, when the Burmese soldier, the Burmese military captured me, and they tortured me in the telling me that I was a Karen soldier and I told them I’m not a Karen soldier and they wanted evidence but they couldn’t prove and so they just beat me up until I almost died.”

- Aung Thoo, 51 year old male client

Pseudonyms are used for all clients

IMMEDIATE COLLABORATION

The IBHC context encourages PCPs, clinicians, and clients to collaboratively address the complex health needs of refugees and torture survivors.

“There are lots of great things about [being in a primary care clinic]. For example, we have this suicidal client, and I meet her once a week. She often no-shows, sometimes she goes without mental health care for three weeks or four weeks and every time she shows up, it’s crisis. And it was really nice to be able to communicate with her physician – like, ‘Hey, she no-showed again. Last time we met, this is what we discussed, this crisis plan.’ And then the doctor would say ‘Okay, I will meet her next week so I will talk with her’ [or,] ‘I will meet her child next week so I will talk with her.’ So it was helpful that there were multiple points that we can check a client. I think that’s something, a collaboration that went very well, like I would say ‘look at this and that’ and the physician was totally on board.”

- Healing Hearts Psychotherapist

AUGMENTATION OF LIMITED PCP TIME

IBHC provides clients a consistent and central point of contact in the medical system and significant amounts of time with those clinicians, which is especially salient in the context of a medical system that only allows for limited time for each client.

“So, for the past year, they are help when I come in and talk about my physical pain, my mental pain in my body. I would talk about my problems at home, my problem with the car and all these things. They would help me out. They would give me advice. They told me that anything that is bothering you, come in and tell us, we will help you, we can work through it together, that’s what they have told me. They’re helping me and I am very glad that they are able to help me and I am very happy and I am able to access medication, able to feel better about myself and my health.”

“I remember when I was supposed to come in to my [PCP] appointment, and I don’t have transportation and when I don’t have transportation, I couldn’t come to my appointment. So I end up coming when I come in for my CVT appointment with [the Healing Hearts case manager], she kind of talked to the doctor, and the doctor was able to squeeze in my schedule so that I could meet with him, and I was able to meet with my doctor and talk to him about my medication. They were able to send me medication and then I was able to take that medication and feel better.”

- Aung Thoo, 51 year old male client



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