

Development of Culturally Grounded, Mental Health Screening Tool for Newly Arriving Refugees in Minnesota

Objectives: The objective of this project is to improve Minnesota's mental health service system for refugee trauma survivors through developing short, culturally grounded screening tool(s) for use in health care settings for the identification of refugees in need of referrals for mental health assessment. A second objective is to evaluate the implementation of pilot processes for initial mental health screening and referral through the state public health system. This project was developed in response to CDC recommendations for mental health screening and a change in the state public health screening protocol to include mental health screening of all newly arriving refugees.

Rationale: In the past ten years, 34,455 refugees from Burma, Bhutan, Somalia, Ethiopia, and Iraq have arrived to the Twin Cities (MN Department of Health, 2015). Between 30 and 50% of refugees from these countries report experiencing torture and nearly all report war trauma experiences (Jaranson et al., 2004; Shannon, Vinson, Wieling, Cook, 2014; Tol, et al., 2010, Willard, Rabin, and Lawless, 2013). Refugee trauma survivors are at increased risk of developing serious psychiatric disorders (Fazel, 2005). Research indicates that up to 30% of refugees may suffer with serious psychiatric disorders such as posttraumatic stress disorder and major depression (Steel, et al, 2009). This project aims to identify refugees who may need further assessment early in the resettlement process to avoid the potential of prolonged suffering and the added health complications associated with undetected and untreated mental health conditions. The public health screening context also offers an opportunity to provide education about mental health symptoms and services to populations who may be unfamiliar with them.

Methods for Development of the Screening tool: The mental health screener was developed through mixed-methods and validation processes with multiple refugee communities in Minnesota (see attached table). The project began with a literature review to identify pre-existing short mental health screeners for refugees and to identify the prevalence of mental health disorders in refugee populations. No pre-existing short screeners were identified as appropriate for refugee populations. The current tool was developed based on qualitative interviews conducted with 111 refugees from Minnesota's largest populations of new arrivals. We developed cultural understandings of mental health across refugee populations as well as recommended language and screening practices. A draft screening tool was developed and compared to items most frequently endorsed by torture survivors at the Center for Victims of Torture. Following IRB approval, the final tool was developed, translated and back translated, and tested at HealthEast Roselawn Clinic and Hennepin County Public Health. The final short screen that was recommend was developed through analysis of 257 screenings conducted between 2010 and 2013. The goal of the short screener was to detect symptoms of serious distress that refugees might endorse upon arrival. Data analysis revealed four items that captured symptoms of serious distress that were endorsed reliably across refugee groups. The state screener for this pilot subsequently replaced the scaled scoring of the items with a dichotomous response format (yes, no). To understand the severity of symptoms reported, a fifth item was added to assess functional impairment.

Project Teams: Thus far, this project has been developed through multiple interdisciplinary research collaborations between the Center for Victims of Torture, the University of Minnesota School of Social Work and Department of Family Social Science, HealthEast Roselawn, Hennepin County Public Health, U of MN Bethesda Physician's Clinic, and the Minnesota Department of Health Refugee Health Program.

Future Research: The aims of future research projects are to validate a short screener for use in primary care clinics and other settings serving multiple refugee populations. We also hope to assess the feasibility and processes of integrating a brief mental health screener as part of the public health screening offered to newly arriving refugees. As part of assessing feasibility, we plan to examine the effectiveness of the screening tool for identification and referral of refugees in need of further mental health assessment as

compared to standard practice. Our research team is in the process of seeking funding support for these objectives.

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