Refugee Trauma Survivors in the Primary Care Setting: A Collaborative Medical-Mental Health Approach
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Hennepin County Medical Center, a sprawling complex in downtown Minneapolis, offers an extraordinary vantage point on the ways immigrants are testing the American medical establishment.
Objectives

• Describe somatic presentation of war based trauma in primary care
• Describe the role of primary care provider in working with torture survivors
• Identify a common clinical flow process that can be used to improve health outcome and decrease pain
• Create strategies for co-managing care with a mental health therapist
Case
Awareness

• For primary care clinicians
• the experience of loss
• migration/home
• life in refugee camp
• loss of family
• move to western and Christian society
Several downtown housing projects have become Somali enclaves.
Why do this work?

• Followed 100 female Somali patients
• for the most part elders
• some have graduated
Why do this work?
emotional anguish / physical pain.
Why do this work?

Those who stay with the program show

• better medicine compliance
• more control over chronic illness
• build new relationships
• more involved with parenting
• better able to advocate for themselves
Why do this work?

• The 4 visit primary care model creates an effective referral to a mental health provider
Primary Care Flow Tool

Visit #1

• Setting the stage
• Process - know a few words
• Physical Exam - very little touch
• Assessment - overwhelming number of complaints
• Plan - pain (medication) laboratory studies
Primary Care Flow Tool

Visit #2

• Setting - always important to welcome
• Process - Review lab results in detail
  Physical Exam
• Plan - Sleep medication
Primary Care Flow Tool

Visit #3

• Setting

• Process – may include a statement,
  “so far there doesn’t seem to be a disease causing your symptoms - and you don’t feel better”

• Plan - SSRI, PT
Primary Care Flow Tool

Visit #4

• Setting - Waiting for the right moment to engage in mental health referral
• Process - What if it doesn’t happen
• Plan - Increase SSRI
• Make the referral
Why collaborate?

• Biologically entrenched patient
• Limits professional isolation
• Borrow credibility from each other
• Patients like that we talk with each other
Why do this work?

• Patient do feel better with less somatic complaints
• Medical conditions under better control (HTN/DM)
• An acceptance of life now in the US with citizenship and “visiting Africa.”
What Primary Care can offer
Many immigrants arrive with health problems seldom seen in America — vitamin deficiencies, intestinal parasites and infectious diseases like tuberculosis, for instance — and unusually high levels of emotional trauma and stress.
What are your goals?

What does recovery look like in primary care?