

3.4 MENTAL HEALTH

RHS-15	Q1-14:	/56	Distress Therm:	/10
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PURPOSE

To screen and identify refugees in need of mental health treatment, provide education about mental health issues, discuss expected stress responses, improve adjustment and provide information about or linkage with mental health resources

BACKGROUND

Clinical depression is a disorder that affects millions of people worldwide. Refugee experiences, long distance journeys and resettlement in a new country are life-changing events that can predispose refugees to mental health issues. It is estimated that the prevalence of major depression, anxiety, panic attacks and post-traumatic stress disorder (PTSD) is very high in many refugee populations. In studies with representative samples using self-rated scales, the prevalence of PTSD ranged from 9-86%.^{1,2,3} Risk factors that may predispose refugees and asylum seekers to psychiatric symptoms and disorders include: exposure to war, state-sponsored violence and oppression, including torture, internment in refugee camps, human trafficking, physical displacement outside one's home country, loss of family members and prolonged separation, the stress of adapting to a new culture, low socioeconomic status, and unemployment.^{4,5}

The overall prevalence of major mental illness among refugees is likely similar to that in western populations. Upon arrival, a small number of refugees with major mental illness may present with symptoms such as suicidal or homicidal ideation or severe limitations in ability to function and may require immediate attention. This group may include refugees with schizophrenia, bipolar disorder, major depression,

¹ Carlson, EB & Rosser-Hogan, R. Mental health status of Cambodian refugees ten years after leaving their homes. *American Journal of Orthopsychiatry*, 1993; 63: 223-231

² Hauff E, Vaglum P. Vietnamese boat refugees: The influence of war and flight traumatization on mental health on arrival in the country of resettlement. *Acta Psychiatr Scand*. 1993; 88:162-168.

³ Mollica RF, Donelan K, Tor S, Lavelle J, Elias C, Frankel M, Blendon RJ. The effect of trauma and confinement on functional health and mental health status of Cambodians living in Thailand-Cambodia border camps. *JAMA*. 1993 Aug 4;270(5):581-6.

⁴ Mollica RF, Wyshak G, Lavelle J. The psychosocial impact of war trauma and torture on Southeast Asian refugees. *Am J Psychiatr* 1987;144:1567-72.

⁵ Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *JAMA* 2005; 294(5): 602-612.

traumatic brain injury or PTSD (post-traumatic stress disorder), and need immediate psychiatric evaluation and treatment.

A majority of refugees may not be in need of clinical mental health services, but should have access to a basic mental health screening since all of them have suffered directly or indirectly as a result of crisis, trauma or loss. The Refugee Health Screener – 15 (RHS-15) is a tool developed to detect the range of emotional distress common across refugee groups.

PROGRAM REQUIREMENTS

In order to screen refugees for mental health, the RHAP requires the following of providers:

1. For patients 14 years of age and older:
 - ⇒ Administer the [RHS-15](#) questionnaire to assess for risk for PTSD, anxiety or depression, during either of the RHAP encounters.
 - ⇒ Questions: total available points from 1 (no emotional distress) to 56 (maximal distress)
 - ⇒ Distress Thermometer points from 0 (no distress) to 10 (maximal distress)

Implementation of the RHS-15 may present challenges for clinical sites. The questionnaire can be self-administered or administered by a nurse, midlevel, physician, medical assistant or other appropriate clinic staff person. Sites are encouraged to experiment with workflows to determine how best to integrate the questionnaire into RHAP clinical encounters. Sites are strongly encouraged to view the archived RHTAC webinar about implementing the RHS-15 by clicking on this hyperlink: [Part 2](#)

2. Interpret the test results:

Screening is POSITIVE if:

 1. Total score of items 1 to 14 is ≥ 12 AND/OR
 2. Distress Thermometer is ≥ 5
3. A positive screen does not automatically indicate a need for psychiatric services but simply a need for further assessment and follow-up. At the discretion of the clinician,

refer any patient who screens positive to a mental health professional or closely follow in primary care.⁶

As of 2013, the RHS-15 is available in Amharic, Arabic, Burmese, Karen, Farsi, French, Nepali, Russian, Somali, Cuban Spanish, Swahili, Tigrinya, and English. The Division of Global Populations and Infectious Disease Prevention, MDPH, can provide copies to RHAP clinical sites.

REPORTING AND FOLLOW-UP

The RHS-15 is validated for several different population groups. Scoring was established based on validation research data. Sites should report the symptom score and distress thermometer score on the RHAP reporting form.

If significant positive findings are presented from history, physical exam and screening tools by clinician, clinical judgment and availability of services will determine whether emergency or routine follow-up care is needed and how quickly these services need to be accessed. If symptoms of depression or PTSD affect daily function, more urgent follow-up care is recommended. The presence of suicidal or homicidal ideation should prompt referral for emergency follow-up. When PTSD symptoms are severe, it is optimal for the refugee to be referred to an agency with special expertise in working with refugee mental health issues.

When referring a patient for mental health evaluation and treatment, the clinician should educate and reassure the refugee about privacy by describing what to expect on the initial mental health evaluation.

RESOURCES

[Mental Health Screening Guidelines for Refugees, DGMQ, CDC](#)

[RHS-15 Packet](#)

[Mental health page](#) of the Refugee Health Technical Assistance Center with RHS-15 instructional webinar recordings ([Part 1](#) and [Part 2](#))

⁶ CDC Guidelines for Mental Health Screening during the Domestic Medical Examination for NewlyArrived Refugees
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>