



REFUGEE SERVICES COLLABORATIVE
of Greater Cleveland

MENTAL HEALTH NEEDS AND SERVICE DELIVERY CAPACITY FOR REFUGEES LIVING IN CUYAHOGA COUNTY, OHIO

An Analysis and Recommendations

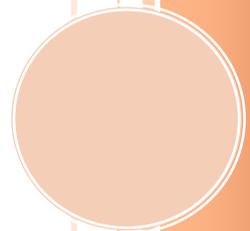
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Executive Summary

Introduction

Concerned about inadequately treated mental illness within refugee populations in Greater Cleveland, the Refugee Services Collaborative (RSC), with funding support from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County, contracted with the Case Western Reserve University Center for Reducing Health Disparities to assess refugee mental health needs, and based on that assessment, to make recommendations for improving access to effective care.

Methods

The study is a descriptive assessment consisting of 1) a review of the research literature on refugee mental health; 2) a review of current perspectives on refugee mental health needs and service gaps from RSC members; 3) an analysis of available resources and services; 4) a qualitative assessment of current refugee mental health needs; and 5) development of case examples to illustrate key findings from focus groups.

Researchers utilized the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (the *National CLAS Standards*) as the primary assessment tool. The *Standards* were developed by the U.S. Department of Health and Human Services, Office of Minority Health in 2003 (and since revised) to advance health equity and quality, and eliminate health care disparities by providing a blueprint for health care organizations to implement culturally and linguistically appropriate services. The *Standards* include one principal and 14 related goals, which health care agencies (including behavioral health organizations) should address to ensure cultural and linguistic competence. The principal standard states that health care organizations should “Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.” There are three standards addressing *organizational governance, leadership, and workforce*; four standards addressing *language and communication assistance*; and seven standards that address *engagement, continuous improvement, and accountability*.

Key Findings and Recommendations: Summary

- ***Refugees have diverse mental health needs.***

Because many refugees have experienced extreme trauma in their home countries, their mental health needs are diverse. While some refugees’ needs are obvious, with clear, diagnosable symptomatology, others are “quieter” and/or are triggered with the passage of time. Many struggle with PTSD, depression, anxiety, and adjustment disorders related to their experiences and the loss of their homeland, social networks, and social and educational status; others cope relatively well. For those who do not, however, resources in Cleveland are insufficient.

- ***Refugees' mental health needs are often unresolved or undetected by the end of the formal resettlement period.***

The resettlement organizations are intensively involved with refugees from their point of arrival. However, because these organizations are considered to be the area experts on refugees, whenever issues with refugees arise, the resettlement organizations are asked to assist both the refugee and health/mental health organizations. Refugee organizations are limited in their ability to assist refugees and/or other organizations because the federal government restricts resettlement funding to a 90-day timeframe. Because mental health issues do not always present within that timeframe, refugees can fall through the cracks, thus threatening their ability to work, obtain proper health care, or experience general well-being.

- ***Working with refugees' mental health needs is resource-intensive.***

Key informants indicated that working with refugees is time and effort-intensive. Multiple systems need to be engaged, including locating interpreters, conducting accurate assessments, and ensuring that refugees can access necessary resources such as transportation and other supports.

- ***Providing an interpreter is essential but insufficient in meeting refugees' mental health needs.***

While mainstream providers are aware of the legal responsibility to provide interpreters to communicate with refugees in mental health contexts, the resources available for meeting those needs are largely lacking. And though language translation lines can be successfully used in health contexts, using interpreter lines in mental health contexts is problematic. Language lines are not available for every refugee language, and mental health diagnoses may be more complicated and sensitive than general health diagnoses.

Locally, refugee service provider agencies, mainstream mental health agencies, and the ADAMHS Board should consider joining together to advocate for increased federal resources to support interpreter services. In the end, enabling services such as translation/interpretation will not be feasible or sustainable without additional resources that help mental health agencies meet their legal obligation to provide such services when needed – as it stand now, the requirement is often experienced as an “unfunded mandate” by some organizations that genuinely desire to “do the right thing.”

- ***Resources are needed for 1) supporting and extending resettlement agencies' capacity to provide intensive case management services; and 2) supporting mainstream mental health agencies to learn best practices for serving refugees.***

Refugees' mental health needs are currently not being well served by available local resources. Mainstream mental health agencies do not feel adequately prepared—in terms of time, finances, or cultural competence—to address the complex service needs of refugees, and the strict guidelines to which resettlement organizations must adhere allow little leeway to vary from the constraints of the short-term resettlement time period. The adjustment period for truly resettling a refugee can be ongoing, and mental health needs can arise before refugees become acculturated and understand how to navigate local systems. The combination of resettlement agencies' limited capacity and mental health organizations' lack of preparedness creates a clear and persistent service gap that has the potential to jeopardize refugees' potential to become productive and engaged members of the community.

- ***Current refugee "experts" should be providing services.***

Because of the diversity of refugee communities, some informants felt that those who are not knowledgeable about the issues which refugees face should not be serving them at all, and that instead, support should be directed toward enhancing the capability of those who currently provide services to refugees (e.g., improving organizations like Neighborhood Family Practice's ability to provide behavioral health services).

- ***There is a need for enhanced/expanded case management services (resettlement and/or other organizations).***

Enhanced and expanded case management would allow resettlement agencies' case managers to extend their services beyond the strict and short "resettlement" time frame. Such services can follow refugees who might: a) need a longer time to resettle; b) require more technical support services for finding a job, enrolling in school, dealing with housing, etc.; c) have mental health symptoms that arise and/or worsen over time.

- ***There is a need for intensive training for providers about "cultural humility" and about best practices working with refugee populations around mental health issues.***

Training was seen as a critical need. Respondents felt that providers at mental health organizations need to know to provide culturally and linguistically appropriate services and access appropriate resources; at minimum, they need to "do no harm" as they interact with refugee populations. It was noted that training should be ongoing and at every level of the organization, from upper management to frontline service providers. Training on specific refugee issues and needs should be coupled with general training on "cultural humility," which has been defined as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the

person.” It is viewed as a different approach than “cultural competence” because it acknowledges personal limitations in cultural knowledge, and the need to partner collaboratively with clients or patients to achieve cultural understanding.

- ***There is a need for training, support, and resources for those in the refugee communities who already serve as interpreters, and for training in appropriate use of interpreters.***

Interpreters are already performing many tasks for which they are not necessarily trained or compensated; study participants felt that they deserve guidance and further training. Providers, too, need training and “guidelines” in the legal obligations for provision of interpreter services, and in the appropriate and effective use of such services.

- ***The ADAMHS Board of Cuyahoga County, as well as other funders/service contractors, raise expectations for provision of quality services to refugees.***

Several ways were recommended for the Board and others to do so. One is to insert a clause in future Requests For Proposals (RFPs) asking applicant agencies to briefly discuss steps they are taking to ensure that refugees attempting to access their agency are not experiencing barriers to care, and are receiving sensitive, informed services while in care. Another was to host a “best practices” conference for front-line providers in mental health agencies, covering refugee mental health epidemiology, needs, and effective approaches. A third was to prepare a one-page “briefing” that summarizes this report, and send it to agency directors. And a fourth was to distribute the entire report electronically to the Board’s email list. These strategies can demonstrate that there is “top-down” support for better service provision for refugees with mental health challenges.

- ***Providers and systems should recognize, and make allowances for, the importance of non-traditional approaches to care for some refugees.***

Some traditional practices designed to address symptoms related to mental illness, such as acupuncture or acupressure, may be of special importance or value to individual clients. Providers and systems should affirm the complementary role they can play, alongside “Western” medicine, in helping individuals improve their outlook and quality of life.

Full Report

The full report is 63 pages, and consists of extensive notes from interview/focus group transcripts, responses from the United Way 2-1-1 provider survey, a comprehensive literature review, and citations.

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