

Mental Health Capacity Building through Collaboration and Training for Refugee Community Leaders and Refugee-Serving Staff in the United States

**Health, Hope and Wholeness
2018 Pennsylvania Refugee Health Consultation
Harrisburg, PA**

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Objectives

- Share collaboration strategies to build mental health capacity in refugee communities
- Introduce Mental Health First Aid (MHFA)
- Review the Refugee Mental Health Literacy and Leadership Training project

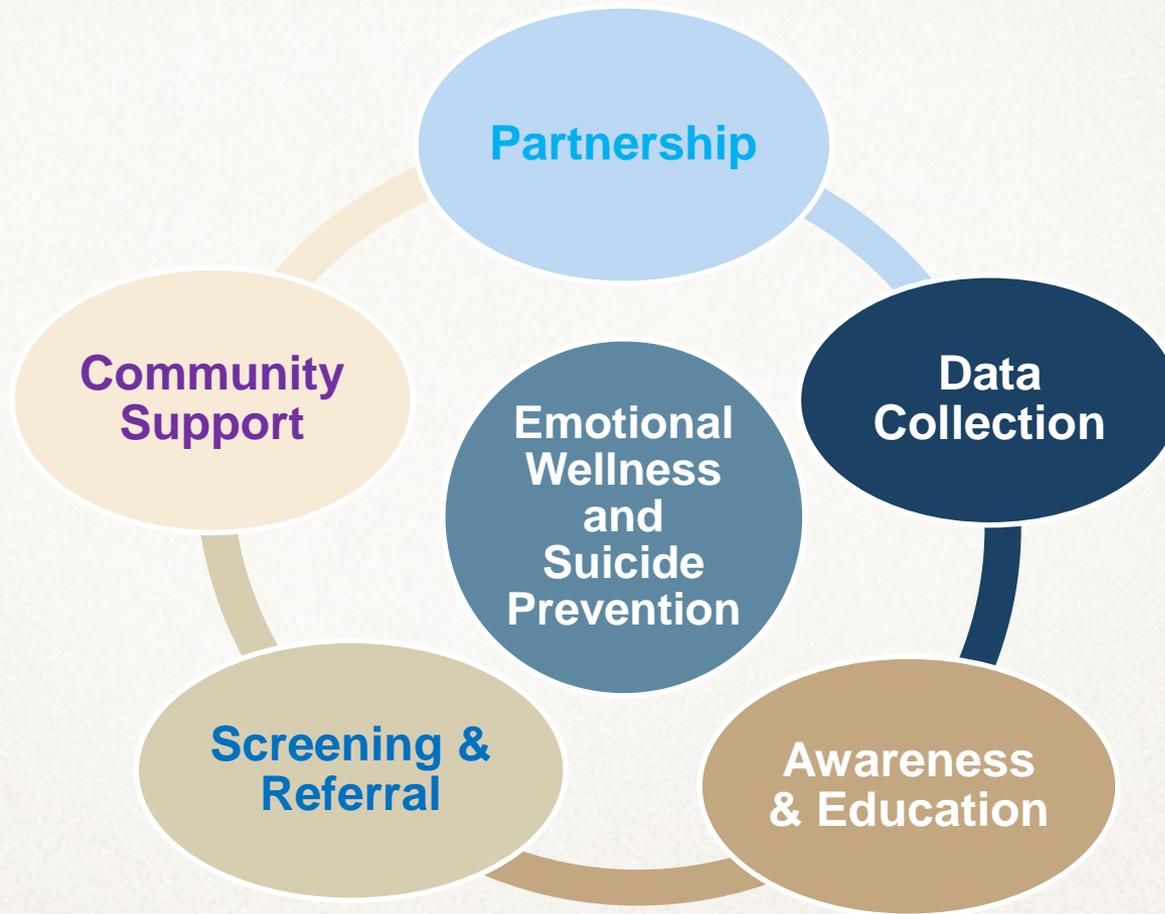


Objective 1: Share Collaboration Strategies to Build Mental Health Capacity in Refugee Communities

- 5-point plan for promoting mental health and emotional wellness
- Strategies to reach communities
- Building capacity



5-Point Plan for Promoting Emotional Wellness



Refugee Mental Health Federal Partners Working Group

To enhance communication among federal agencies in matters related to refugee mental health in order to increase awareness and coordination within agencies and facilitate collaboration between agencies



Strategies to Reach Communities

- Regional, state, and local partners
- Distribution lists
- Meetings and conferences
- Community-based organizations
- Ethnic news outlets



Building Capacity

- Technical assistance providers
 - The National Partnership for Community Training (NPCT)
 - National Capacity Building Project (NCB)
 - IRC Refugee Technical Assistance Program (RTAP)
- Information-sharing
- Training



Objective 2: Introduction to MHFA

- The basics of MHFA
- Logistical considerations
- Training the refugee resettlement network in MHFA



Mental Health First Aid is the initial help offered to a person developing a mental health or substance use problem, or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.



Why Mental Health First Aid

Mental health problems are
COMMONS

Learn how to **NOTICE** when
someone needs help

DISCREPENCY is associated with
mental health problems

Promote **UNDERSTANDING**

PROFESSIONAL HELP is not always
on hand

Encourage community members to
SUPPORT ONE ANOTHER

Individuals with mental health problems
often **DO NOT SEEK HELP**

Help more people **GET THE HELP
THEY NEED**

Many people are not well informed and
don't know **HOW TO RESPOND**

Learn how to **INTERVENE**. You
might **SAVE A LIFE**



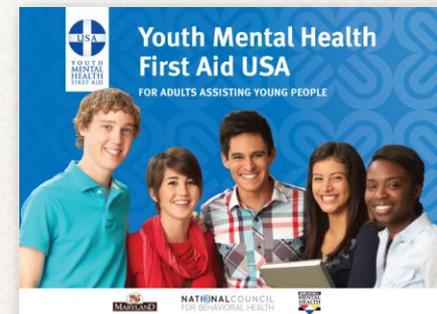
MHFA Background

- 8-hour course taught by certified instructors; manual, role-playing and simulations
- Developed in Australia; introduced to the U.S in 2008; Spanish adaptation released in 2012
- One million people from all 50 states, DC, and Puerto Rico trained in MHFA
- Intended for all people and organizations that make up the fabric of a community

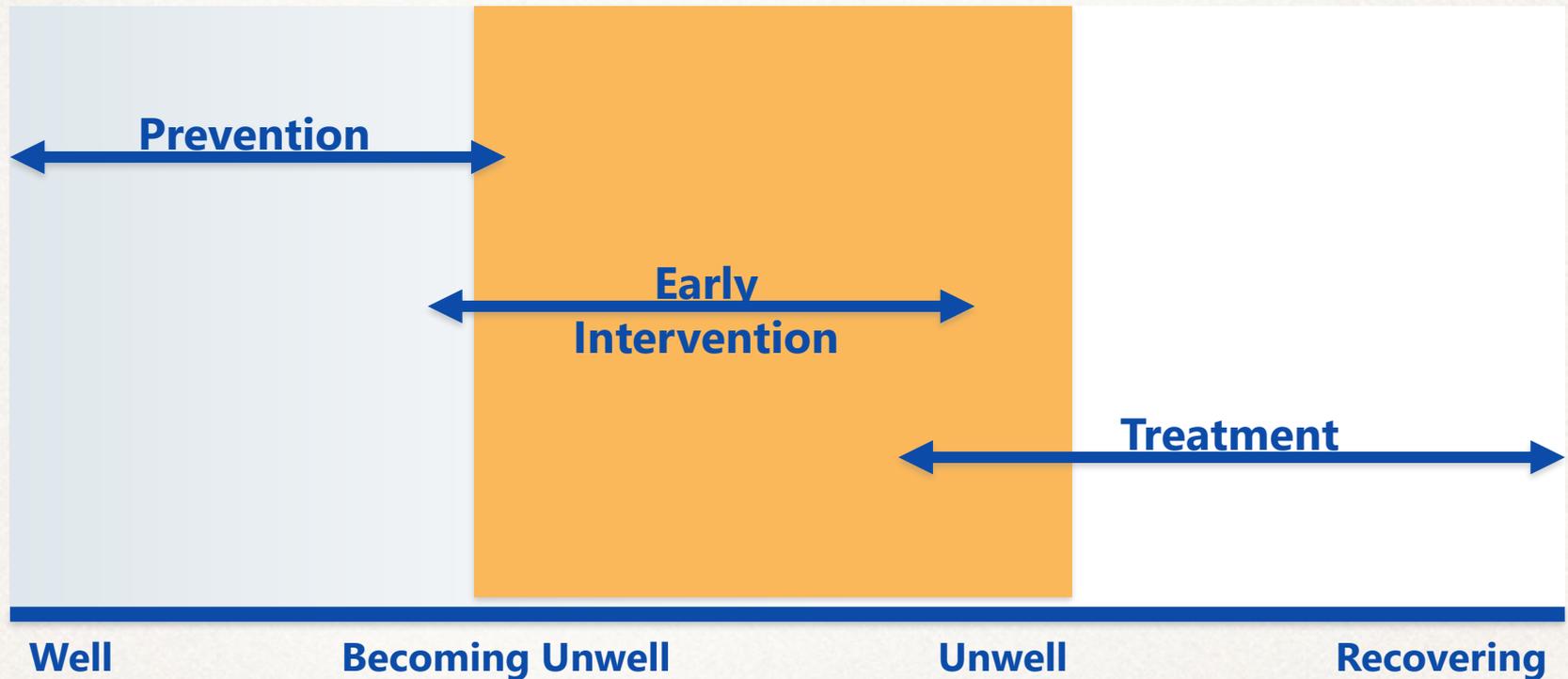


What Participants Learn

- **Risk factors and warning signs** of mental health and substance use problems
- **Information** on depression, anxiety, trauma, psychosis and substance use
- **A 5-step action plan** to help someone who is developing a mental health problem or in crisis
- Available evidence-based professional, peer and self-help **resources**



Where Mental Health First Aiders Can Help



 Where Mental Health First Aid can help on the spectrum of mental health interventions

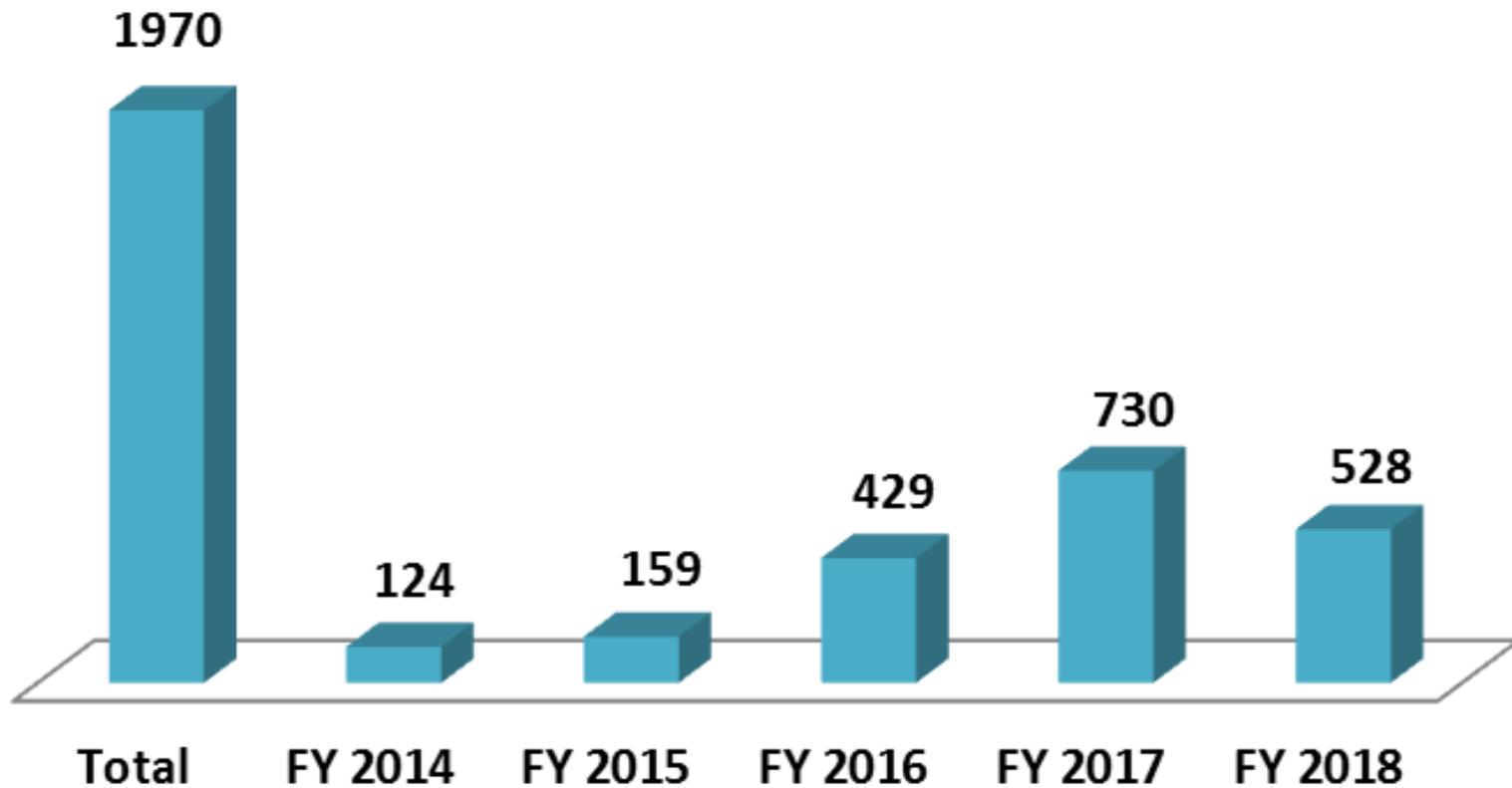


Logistical Considerations

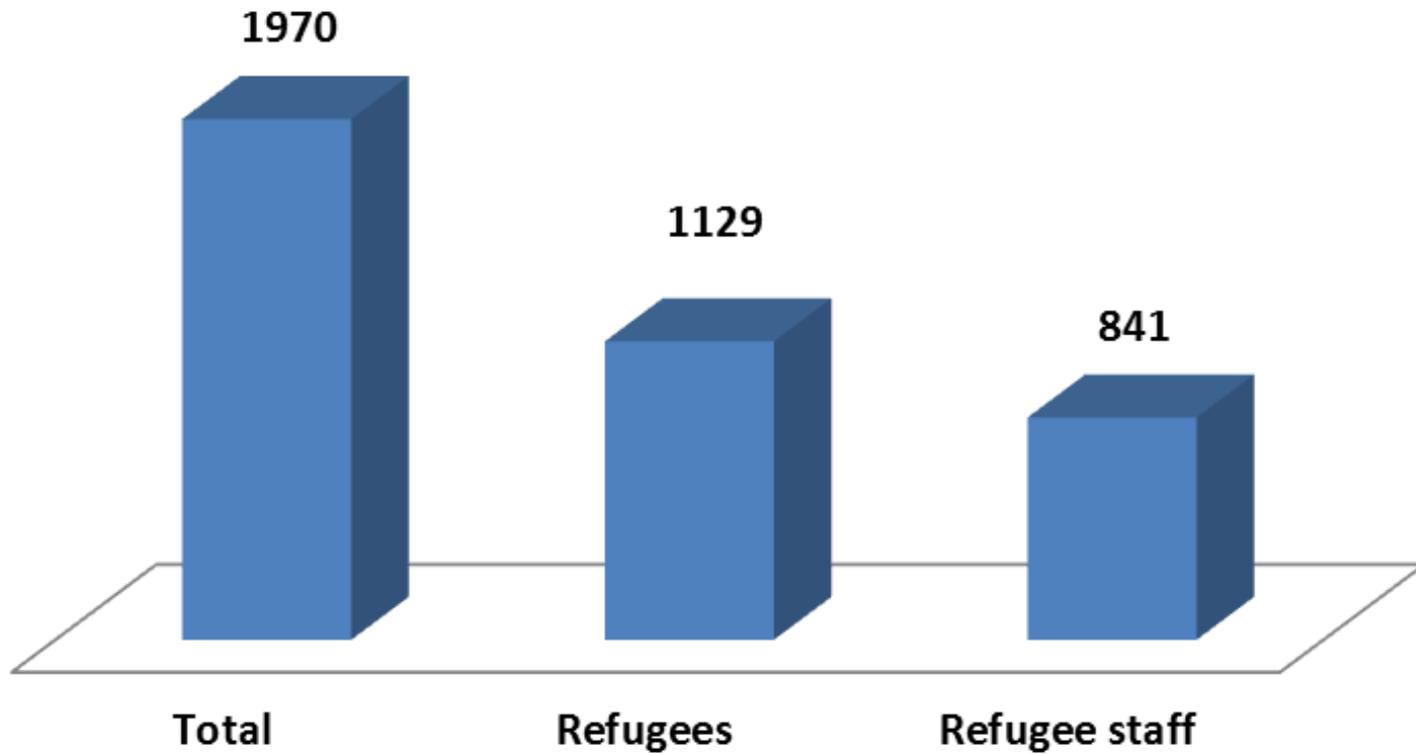
- Trainers
- Venue
- Participants
- Manuals
- Refreshment



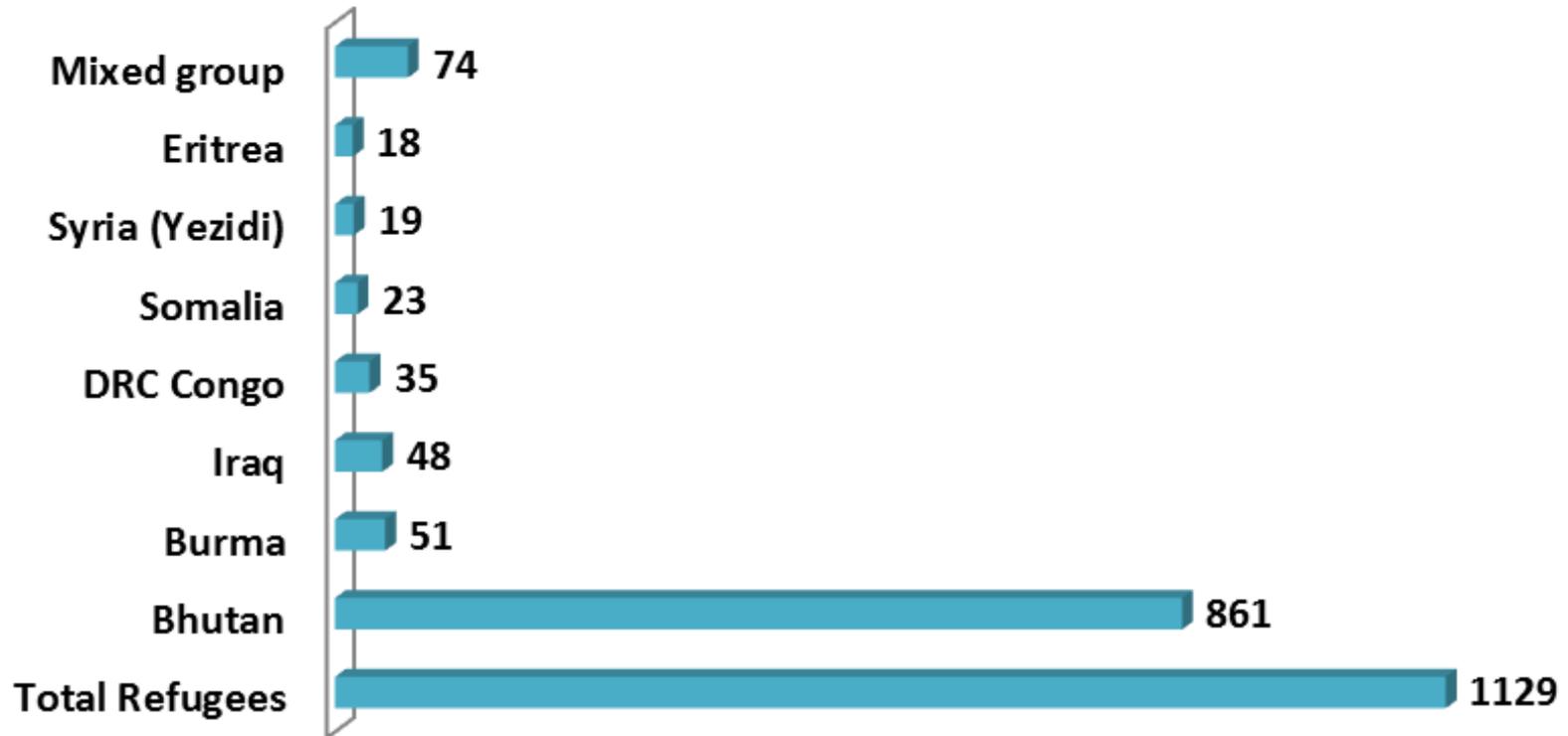
Number of Refugees and Refugee-Serving Staff Trained in MHFA: FY 2014 - FY 2018



Number of Refugees and Refugee-Serving Staff FY 2014 -2018



Number of Refugees Trained in MHFA by Country of Origin: FY 2014- FY 2018



Evaluation of MHFA Trainings

Practical Application (N=123)				
<i>As a result of this training, I feel more confident that I can...</i>	Agree	Uncertain	Disagree	No response
Recognize the signs that someone may be dealing with a mental health problem or crisis	95% (n=117)	2.4% (n=3)	0	2.4% (n=3)
Reach out to someone who may be dealing with a mental health problem or crisis	97% (n=119)	0.8% (n=1)	0	2.4% (n=3)
Offer a distressed person basis " first aid " level information and reassurance about mental health problems	94% (n=116)	4% (n=5)	0	1.6% (n=2)
Assist a person who may be dealing with a mental health problem or crisis in seeking professional help	94% (n=116)	3% (n=4)	0	2.4% (n=3)
Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer and personal supports	87% (n=109)	8% (n=10)	0.8% (n=1)	2.4% (n=3)
Recognize and correct misconceptions about mental health and mental illness as I encounter them	94% (n=116)	1.6% (n=2)	1.6% (n=2)	2.4% (n=3)



Mental Health First Aid Training for Refugee-Serving Staff and Refugee Community Leaders in the United States

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Background

- Refugees experience psychological stress from trauma, loss, and adjustment challenges.
- Staff at refugee-serving organizations and members of refugee communities need knowledge to recognize distress among refugees and skills to refer them for mental health care.
- Mental Health First Aid (MHFA) is an 8-hour course designed to help participants detect and respond to signs of mental health illness. We measured its effectiveness in refugee-serving staff and refugee community leaders.

Methods

- Staff and refugee leaders attended MHFA courses in Alaska, Minnesota, Wisconsin, and Texas. They answered questionnaires about their mental health knowledge and skills before the training (pre-test) and after its completion (post-test).
- We coded the responses using standard scoring criteria. We analyzed continuous variables using paired t-test and categorical variables using the Wilcoxon signed-rank test.

MHFA Participants

(Verbal permissions given for use of this image)



Results

- From 227 participants, we received complete data for 176 (77.5%): 38 (21.6%) were refugees and 138 (78.4%) were staff; we classified 12 refugees who were working at refugee-serving organizations as refugees.

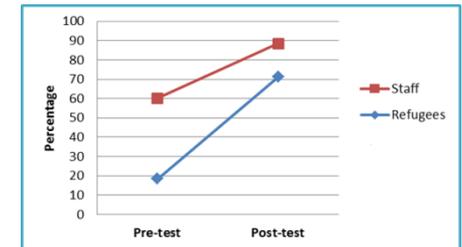
Demographics of Participants*

	Staff (n=138)	Refugees (n=38)	Total (N=176)
Sex, n (%)			
Male	38 (28%)	20 (53%)	58 (33%)
Female	100 (72%)	18 (47%)	118 (67%)
Age, median (range)			
	33 years (17–68)		
Education, n (%)			
< grade 5	1 (1%)	5 (13%)	6 (3%)
Grades 5–12	15 (11%)	10 (26%)	25 (14%)
Undergraduate	74 (54%)	13 (34%)	87 (50%)
Graduate or professional	34 (25%)	6 (16%)	40 (23%)
Other	14 (10%)	4 (11%)	18 (10%)
Immigration status, n (%)			
Refugee, arrival <1 year	...	13 (34%)	13 (7%)
Permanent resident	28 (20%)	19 (50%)	47 (27%)
Naturalized U.S. citizen	40 (29%)	6 (16%)	46 (26%)
Native U.S. citizen	67 (48%)	...	67 (38%)
Asylee	2 (2%)	...	2 (1%)
Other	1 (1%)	...	1 (1%)
Country of Origin, n (%)			
Burma	11 (8%)	12 (31%)	23 (13%)
DR Congo	6 (4%)	9 (24%)	15 (8%)
Somalia	10 (7%)	3 (8%)	13 (8%)
United States of America	67 (49%)	...	67 (38%)
Other†	44 (32%)	14 (37%)	58 (33%)

*Percentages may not total 100 due to rounding

†Afghanistan (3), Azerbaijan (2), Bhutan (1), Bulgaria (1), Burundi (4), Cambodia (1), Croatia (1), Cuba (1), Eritrea (2), Greece (1), India (2), Iraq (6), Kenya (1), Laos (3), Liberia (1), Mexico (4), Nepal (1), Pakistan (3), Romania (1), Rwanda (3), Sierra Leone (1), Syria (2), Thailand (1), Ukraine (1), Uzbekistan (1), Mexico (1), Not Reported (9)

- A higher percentage of staff were able to recognize the signs and symptoms of depression both pre- and post-test compared to refugees, but the percentage gain was greater for refugees from pre- to post-test:



- Ability to help someone with depression increased after training (maximum score of 10):

	N	Median test score (IQR)		p-value
		Pre-test	Post-test	
All participants	176	2 (2-3)	5 (3-7)	<0.001
Refugee-serving staff	138	2 (2-4)	5 (4-8)	<0.001
Refugees	38	2 (2-3)	4 (2-5)	<0.001
• Burmese	12	3 (2-3)	4.5 (3.5-5.0)	0.03
• Congolese	9	2 (2-3)	2 (1-3)	0.06
• Other	17	2 (2-2)	4 (3-5)	<0.001

Conclusion

- The training improved the general mental health knowledge of participants:

	N	Score % (SD)		p-value
		Pre-test	Post-test	
All participants	176	46 (20)	71 (16)	<0.001
Refugee-serving staff	138	49 (19)	72 (16)	<0.001
Refugees	38	35 (16)	67 (17)	<0.001
• Burmese	12	44 (13)	64 (17)	<0.001
• Congolese	9	31 (17)	68 (19)	0.009
• Other	17	31 (17)	69 (17)	<0.001

- MHFA training increased the mental health literacy of refugee-serving staff and refugee community leaders.
- MHFA meets the needs for a community-based mental health intervention, at least in the short-term.
- As more people in the resettlement network are trained in MHFA, we need to measure its efficacy in helping vulnerable refugees.

Acknowledgements

Keshab Acharya, Mary Figgatt, Marge Higgins, John Jereb, Tim Kelly, Jessica Kovarik, Azeb Yusuf, Sarmaya Mustafayeva, Savitri Tsering

Group Activities

- Psychosis Video
- Auditory Hallucination Exercise



Objective 3: Review the Refugee Mental Health Literacy and Leadership Training project

- Project background
- Goals and objectives
- Training course
- Outcomes



Background

- The National Partnership for Community Training (NPCT) implemented the Refugee Mental Health TA project from December 2015 to December 2017
- In 2018, ORR awarded NPCT a supplemental grant to build local capacity in MHFA through refugee mental health literacy and leadership training



Refugee Mental Health Literacy and Leadership Training

■ Goals

- Increased understanding of refugees' mental health needs
- Promotion of mental health, emotional wellness, and leadership in refugee communities

■ Objectives

- Train refugee community leaders through MFHA *instructor* course
- Enable trainees to:
 - Recognize evidence-based approaches to facilitating groups
 - Improve knowledge, confidence, and skills to help individuals with mental health problems
 - Learn trauma-informed practices



Refugee Mental Health Literacy and Leadership Training Course

■ Week 1: Online Classes

- Background of MHFA, common mental health problems
- Risk factors, warning signs and symptoms
- Group facilitation, mental health, and leadership

■ Week 2: In-Person MHFA Instructor Training

■ Week 3: Online Classes

- Creating a community asset map and scheduling future training
- Identifying mental health resources in the community
- Using resources to de-escalate a mental health crisis
- Identifying appropriate trainees, scheduling, and facilitating training
- Best practices in conducting training



Refugee Mental Health Literacy and Leadership Training Snapshot

- August 27–September 14, 2018
- 15 refugee community leaders
- Cohort composition
 - 6 communities
 - 10 languages
 - 11 cities



Refugee Community Leader MHFA instructors



Outcomes

- Development of local capacity

Atlanta, GA

Burlington, VT

Buffalo, NY

Charlotte, NC

Chicago, IL

Concord, NH

Columbus, OH

Harrisburg, PA

Houston, TX

Philadelphia, PA

Rochester, NY

- Empowerment of refugee communities
- Increased mental health literacy
- Reduced stigma



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