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

Curi Kim, MD, MPH
Director
Division of Refugee Health
Office of Refugee Resettlement

Parangkush (PK) Subedi, MS, MPH
Health Program Analyst
Division of Refugee Health
Office of Refugee Resettlement
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

- Partnership
- Emotional Wellness and Suicide Prevention
- Data Collection
- Screening & Referral
- Community Support
- Awareness & Education

ADMINISTRATION FOR CHILDREN & FAMILIES
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

<table>
<thead>
<tr>
<th>Mental health problems are COMMONS</th>
<th>Learn how to NOTICE when someone needs help</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISCREPENCY is associated with mental health problems</td>
<td>Promote UNDERSTANDING</td>
</tr>
<tr>
<td>PROFESSIONAL HELP is not always on hand</td>
<td>Encourage community members to SUPPORT ONE ANOTHER</td>
</tr>
<tr>
<td>Individuals with mental health problems often DO NOT SEEK HELP</td>
<td>Help more people GET THE HELP THEY NEED</td>
</tr>
<tr>
<td>Many people are not well informed and don’t know HOW TO RESPOND</td>
<td>Learn how to INTERVENE. You might SAVE A LIFE</td>
</tr>
</tbody>
</table>
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

Well | Becoming Unwell | Unwell | Recovering

Prevention | Early Intervention | Treatment

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1970</td>
<td>124</td>
<td>159</td>
<td>429</td>
<td>730</td>
<td>528</td>
</tr>
</tbody>
</table>
Number of Refugees and Refugee-Serving Staff
FY 2014 -2018

- Total: 1970
- Refugees: 1129
- Refugee staff: 841
Number of Refugees Trained in MHFA by Country of Origin: FY 2014- FY 2018

- Mixed group: 74
- Eritrea: 18
- Syria (Yezidi): 19
- Somalia: 23
- DRC Congo: 35
- Iraq: 48
- Burma: 51
- Bhutan: 861
- Total Refugees: 1129
# Evaluation of MHFA Trainings

## Practical Application (N=123)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the signs that someone may be dealing with a mental health problem or crisis</td>
<td>95% (n=117)</td>
<td>2.4% (n=3)</td>
<td>0</td>
<td>2.4% (n=3)</td>
</tr>
<tr>
<td>Reach out to someone who may be dealing with a mental health problem or crisis</td>
<td>97% (n=119)</td>
<td>0.8% (n=1)</td>
<td>0</td>
<td>2.4% (n=3)</td>
</tr>
<tr>
<td>Offer a distressed person basis &quot;first aid&quot; level information and reassurance about mental health problems</td>
<td>94% (n=116)</td>
<td>4% (n=5)</td>
<td>0</td>
<td>1.6% (n=2)</td>
</tr>
<tr>
<td>Assist a person who may be dealing with a mental health problem or crisis in seeking professional help</td>
<td>94% (n=116)</td>
<td>3% (n=4)</td>
<td>0</td>
<td>2.4% (n=3)</td>
</tr>
<tr>
<td>Assist a person who may be dealing with a mental health problem or crisis to connect with community, peer and personal supports</td>
<td>87% (n=109)</td>
<td>8% (n=10)</td>
<td>0.8% (n=1)</td>
<td>2.4% (n=3)</td>
</tr>
<tr>
<td>Recognize and correct misconceptions about mental health and mental illness as I encounter them</td>
<td>94% (n=116)</td>
<td>1.6% (n=2)</td>
<td>1.6% (n=2)</td>
<td>2.4% (n=3)</td>
</tr>
</tbody>
</table>
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 Wilcoxon signed rank test. We analyzed categorical variables using χ2 test or Fisher’s exact 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*

<table>
<thead>
<tr>
<th>Sex, n (%)</th>
<th>Staff (n=138)</th>
<th>Refuges (n=38)</th>
<th>Total (N=176)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38 (28%)</td>
<td>20 (53%)</td>
<td>58 (33%)</td>
</tr>
<tr>
<td>Female</td>
<td>100 (72%)</td>
<td>18 (47%)</td>
<td>118 (67%)</td>
</tr>
</tbody>
</table>

- Age, median (range)

<table>
<thead>
<tr>
<th>Age, median (range)</th>
<th>Staff</th>
<th>Refugees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 years (17-68)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Education, n (%)

<table>
<thead>
<tr>
<th>Education</th>
<th>Staff</th>
<th>Refugees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>grade 5</td>
<td>1 (1%)</td>
<td>5 (13%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>Grades 5-12</td>
<td>15 (11%)</td>
<td>10 (26%)</td>
<td>25 (14%)</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>74 (54%)</td>
<td>13 (34%)</td>
<td>87 (50%)</td>
</tr>
<tr>
<td>Graduate or professional</td>
<td>34 (25%)</td>
<td>6 (16%)</td>
<td>40 (23%)</td>
</tr>
<tr>
<td>Other</td>
<td>14 (10%)</td>
<td>4 (11%)</td>
<td>18 (10%)</td>
</tr>
</tbody>
</table>

- Immigration status, n (%)

<table>
<thead>
<tr>
<th>Immigration status, n (%)</th>
<th>Staff</th>
<th>Refugees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee, arrival &lt;1 year</td>
<td>...</td>
<td>13 (34%)</td>
<td>13 (7%)</td>
</tr>
<tr>
<td>Permanent resident</td>
<td>28 (20%)</td>
<td>19 (50%)</td>
<td>47 (27%)</td>
</tr>
<tr>
<td>Naturalized U.S. citizen</td>
<td>40 (29%)</td>
<td>6 (16%)</td>
<td>46 (26%)</td>
</tr>
<tr>
<td>Native U.S. citizen</td>
<td>6 (4%)</td>
<td>...</td>
<td>6 (4%)</td>
</tr>
<tr>
<td>Asylee</td>
<td>2 (2%)</td>
<td>...</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1%)</td>
<td>...</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>

Country of Origin, n (%)

<table>
<thead>
<tr>
<th>Country of Origin, n (%)</th>
<th>Staff</th>
<th>Refugees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burma</td>
<td>11 (8%)</td>
<td>12 (31%)</td>
<td>23 (13%)</td>
</tr>
<tr>
<td>BR Congo</td>
<td>6 (4%)</td>
<td>9 (24%)</td>
<td>15 (8%)</td>
</tr>
<tr>
<td>Somalia</td>
<td>10 (7%)</td>
<td>3 (8%)</td>
<td>13 (8%)</td>
</tr>
<tr>
<td>United States of America</td>
<td>67 (49%)</td>
<td>...</td>
<td>67 (38%)</td>
</tr>
<tr>
<td>Other†</td>
<td>44 (32%)</td>
<td>14 (37%)</td>
<td>58 (33%)</td>
</tr>
</tbody>
</table>

Results:

- 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:

<table>
<thead>
<tr>
<th>Median test score (IQR)</th>
<th>N</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participants</td>
<td>176</td>
<td>2 (2-3)</td>
<td>5 (3-7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Refugee-serving staff</td>
<td>138</td>
<td>2 (2-4)</td>
<td>5 (4-8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Refugees</td>
<td>38</td>
<td>3 (2-4)</td>
<td>4 (2-5)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Median test score (IQR)</th>
<th>N</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>p-value</th>
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<tr>
<td>All participants</td>
<td>176</td>
<td>2 (2-3)</td>
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</tr>
<tr>
<td>Refugees</td>
<td>38</td>
<td>3 (2-4)</td>
<td>4 (2-5)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Score % (SD)</th>
<th>N</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participants</td>
<td>176</td>
<td>45 (20)</td>
<td>71 (16)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Refugee-serving staff</td>
<td>138</td>
<td>49 (19)</td>
<td>72 (16)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Refugees</td>
<td>38</td>
<td>35 (16)</td>
<td>67 (17)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Burmese</td>
<td>12</td>
<td>44 (13)</td>
<td>64 (17)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Congolese</td>
<td>9</td>
<td>31 (17)</td>
<td>68 (19)</td>
<td>0.009</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>31 (17)</td>
<td>69 (17)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Conclusion

- 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, Margie Higgins, John Jereb, Tim Kelly, Jessica Kovarik, Asen Yusufl, 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
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
  - Chicago, IL
  - Houston, TX
  - Burlington, VT
  - Concord, NH
  - Philadelphia, PA
  - Buffalo, NY
  - Columbus, OH
  - Rochester, NY
  - Charlotte, NC
  - Harrisburg, PA

- Empowerment of refugee communities

- Increased mental health literacy

- Reduced stigma
Contact

Curi Kim, MD, MPH
Director, Division of Refugee Health
Office of Refugee Resettlement
Administration for Children and Families
U.S. Department of Health and Human Service
330 C Street, SW, Washington, DC 20201
Tel: (202) 401-5585
Curi.kim@acf.hhs.gov

Parangkush Subedi, MS, MPH
Health Program Analyst
Division of Refugee Health
Administration for Children and Families
U.S. Department of Health and Human Service
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