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U of M national survey finds lack of mental health screenings for refugees

50% of states do not conduct any screening

Contacts: Steve Baker, College of Education and Human Development, s-bake@umn.edu, (612) 624-3430

[Steve Henneberry](mailto:henneberry@umn.edu), University News Service, henneberry@umn.edu, (612) 624-1690

MINNEAPOLIS / ST. PAUL (12/13/2012) —The first national survey of refugee mental health screening practices found that while refugee trauma survivors are at increased risk of developing post traumatic stress disorder (PTSD) and major depression, most states do not provide mental health screenings.

The survey, conducted by researchers at the University of Minnesota in collaboration with the State Refugee Health Coordinator and the Center for Victims of Torture (CVT), a St. Paul-based torture survivor rehabilitation center, was recently published in the *Journal of Immigrant and Refugee Studies*.

"Refugee health coordinators at the state level are in need of short, culturally appropriate mental health screening tools to identify refugees who need assessment and treatment services," said Patricia Shannon, one of the co-authors of the study and an assistant professor in the U of M's School of Social Work.

Of the 25 states that provide a mental health screening, 17 (70.8%) utilize informal conversation rather than standardized measures.

Further, despite the fact that many refugees are fleeing war torn areas, less than half of the states report directly asking refugees about their exposure to war trauma or torture.

The survey also found that states that have a program that advocates, educates and provides treatment services for survivors of torture are more likely to be aware of and to screen for the devastating effects of war trauma and torture.

"This is a critical finding," said Shannon. "Providing training to refugee health programs is essential to increasing the mental health screening of refugees. Here in MN, CVT and U of MN researchers are working with the MN Department of Health to develop mental health screening tools and to address how to implement mental health screening as part of the initial refugee health screening exam. I know from my past experience working as a psychologist at CVT that identifying refugees who need mental health care and then connecting them with the services they need is essential to helping them adjust to life in a new community."

States reported that several barriers are in place to prevent mental health screenings, including lack of culturally sensitive instruments and lack of time and resources.

Health screenings that take place at both private and local public health clinics are typically completed during the course of one to three visits and physicians may have very little time to establish the rapport that is necessary to discuss traumatic experiences or to educate refugee patients about normal reactions to trauma. However, deferring a mental health screening until refugees have established

primary care may not be appropriate either as some refugees may not do so until long after they have resettled.

The fact that most refugees have medical coverage through refugee medical assistance or state Medicaid in their first eight months makes it even more imperative that screening and referral for assessment and treatment takes place early in the resettlement process.

"Since recent longitudinal research on the mental health of refugees indicates that the symptoms of trauma can be enduring and debilitating, refugee survivors who go undetected and untreated may end up costing society more through long-term dependence on social security disability income," said Shannon. "Conversely, mental health screening and referral early in the resettlement process may be essential to supporting healthy adjustment and preventing long-term dependence of refugee trauma survivors."

In 2010, the United States resettled more than 73,000 refugees from 20 countries. The federal Refugee Act of 1980 entitles newly arrived refugees to a comprehensive health assessment and referral to health services.

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