

**Santa Clara County Refugee Health  
Assessment Program**

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**Meeting the Mental Health Needs  
of Newly Arrived Refugees**

## Questions around Mental Health Needs

- Are there any needs?
- Who can we send pts to?
- Will pts get there?
- Are we identifying any or all pts with needs
- Do the providers feel they have the skills or the ability to identify mental health problems, post adjustment stresses, PTSD etc
- Do the providers need help?

## Once upon a time ... at 2007 World Refugee Day Celebration

- Wondering around meeting new people
- Chance encounter with Sarita Kohli
  - Mental Health Director Center for Survivors of Torture
- Small talk and big talk
  - “we should just have you come to our clinic and work there”
  - “that would be great but who is going to find the money”
  - “there must be some lying around?”
  - “actually MHSA does have some funds for early intervention services and screening for vulnerable populations but they have not released them yet”
  - “we’ll be happy to come and talk to all of you and tell you about our services at CST”
  - “ don’t be afraid to diagnose and refer the pts to AACI-CST”

## More talk!

- Finally the money was released for about 1 year of funding from MHSA – CSS plan for bringing services to under - served populations
- A psychologist would come to our clinic to assess adult pts at our request and then screen them for torture, PTSD and need for ongoing services through CST on 2 half days of the week
- All Staff in-serviced again
- Physicians would use the RHAP form questions as a guide
- We would try to refer everyone but also prioritize those who we felt really needed earlier appointments and review the process and needs regularly
- Start date 8/31/08

## Results

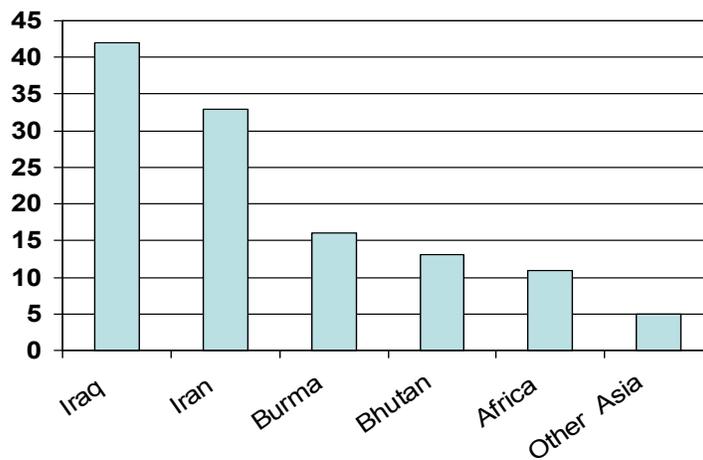
- Initial rate of referrals was very high
- Swamped the schedule of the psychologist
- Difficulties with transportation and interpretation
- No Shows
- Rescheduling pts
- Some waning in the referral rate
  - Paperwork and other pressures
  - Too busy
  - Pts refuses to go for counseling
- Tracking Data

## Results

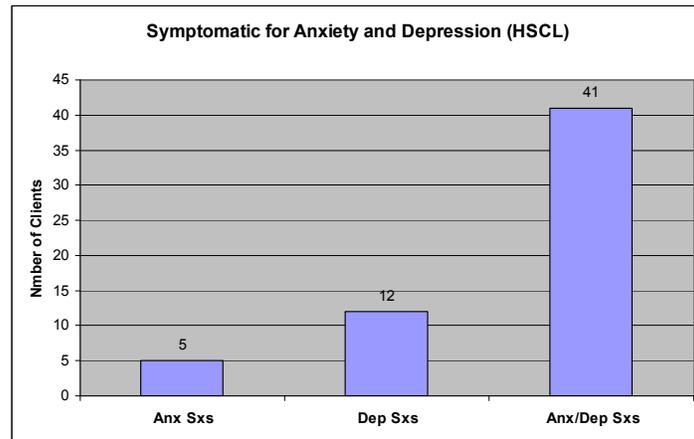
- Total Number of arrivals from 8/1/08 – 3/31/09 ;
  - 404 (primary refugees, total arrivals 485)
  - 114 were < 19years
  - 290 evaluable refugees for CST referral
  - 127 were referred
  - 163 no data as to whether they were referred or not!
- Moral of the story?
  - When you decide to do a project get your data collection tools set up first and agree to all do the same thing!
- Of the 163 pts not referred
  - 85% really weren't referred but the mds did not indicate why
  - 6.6% declined referral
  - 3.3% were assessed and or moved and or failed CST appt

## Country of Birth of Pts Assessed by CST

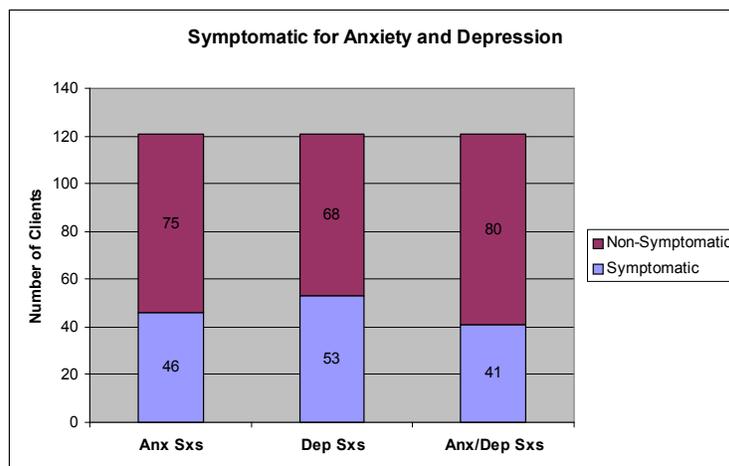
N = 121, M:F 1:1

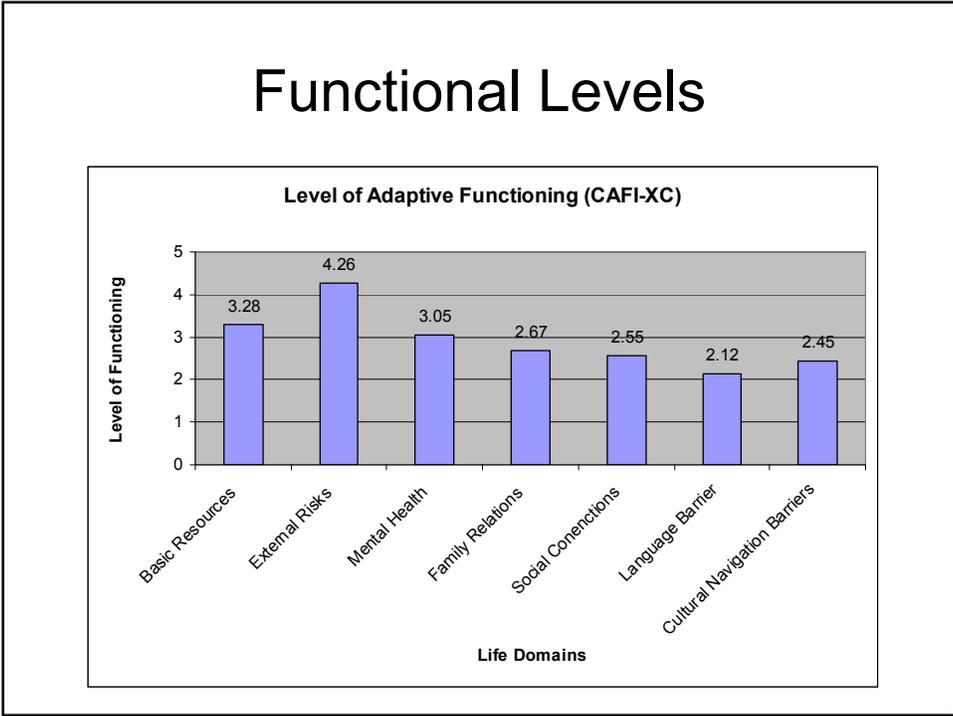
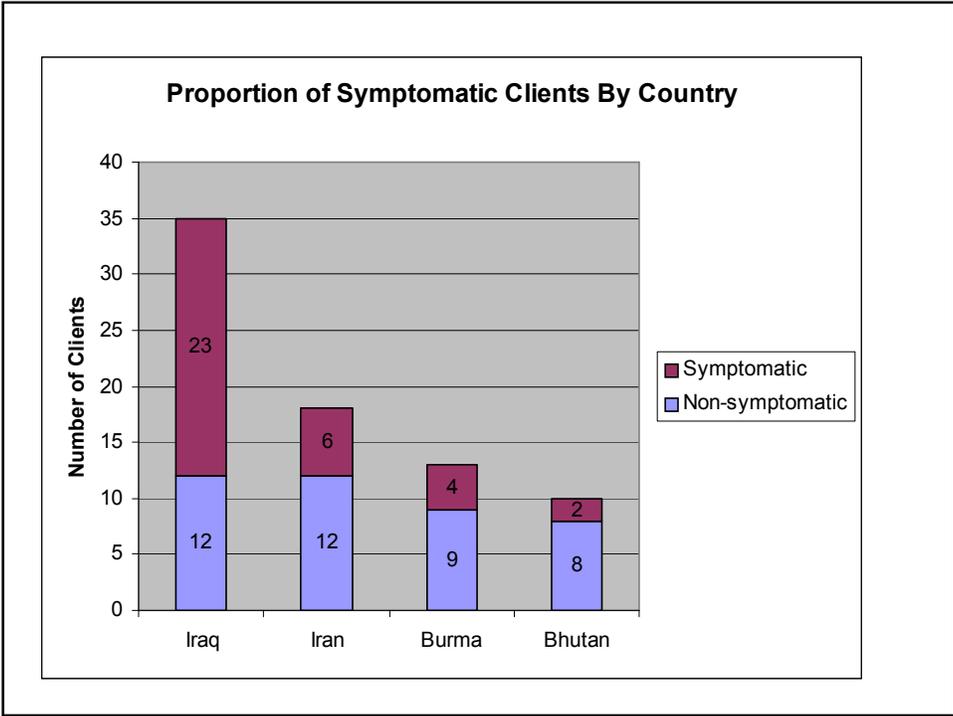


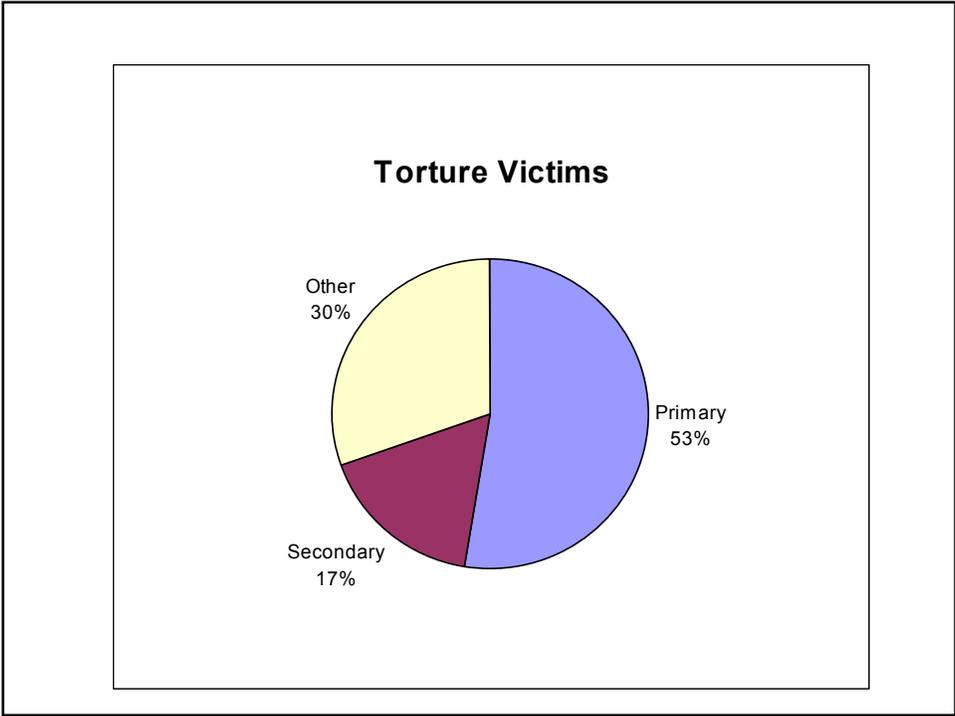
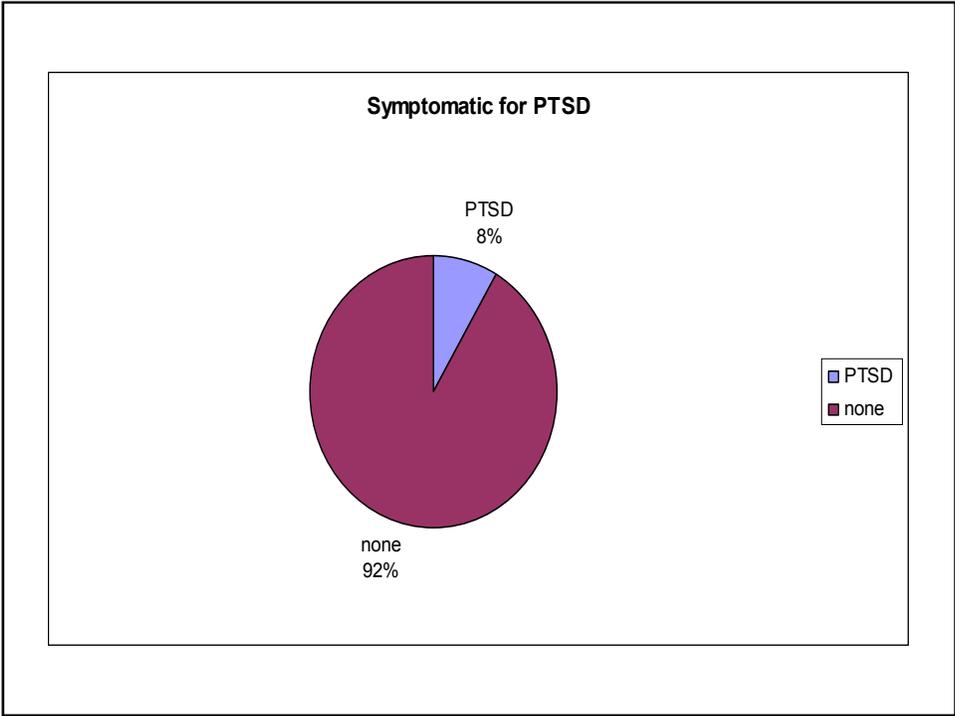
## Features of Anxiety / Depression

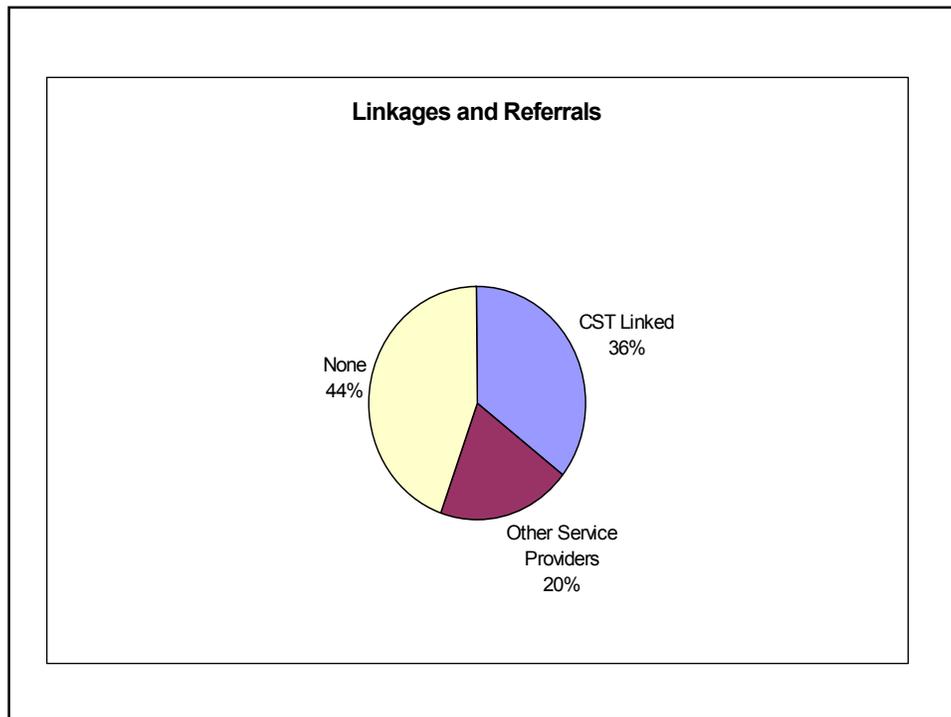


## Symptomatic for Anxiety Depression









## Conclusions

- **Providers do need help!**
  - We need to code all the decisions accurately
    - Not referred, declined referral, etc
    - That would improve data collection
- **Money for service continuation is a big problem**
- **The service is worthwhile**
  - Crisis Intervention on the spot
  - Patients get support at CST and in community linkages
  - Providers get support for pts with mental health needs
  - Can help to identify hidden problems that did not come up during the initial RHA visit.