

# Navigating the Virginia Behavioral Health System

A Guidebook for Newcomers, Refugee Leaders,  
Community Support Partners, and Volunteers



Virginia Department of  
Behavioral Health &  
Developmental Services

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## INTRODUCTION

This guidebook is developed to assist refugees who now live in the Commonwealth of Virginia and are looking for support for healing, are helping their peers understand and recover from the impact of trauma, or are trying to navigate the Virginia behavioral health system. It is a basic guide to finding mental health and wellness support and should not be used as a substitute for counseling, treatment, or other forms of professional help.

This material was made possible by support from the Virginia Refugee Healing Partnership, a statewide initiative focused on addressing refugee risk factors and strengthening mental health partnerships in communities where refugees resettle. It is a collaborative effort of the Department of Behavioral Health and Developmental Services, the Virginia Department of Health and its community support partners. The partnership designs and disseminates programs and activities that:

- Promote positive mental health and cultural adjustment in the refugee community
- Create linkages between provider communities and the refugee communities
- Provide opportunities for trauma-informed education at the community level and culture-informed education at the provider level.



Read more about the Partnership at <http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus-areas/refugee-mh>

Contact us at [oclc@dbhds.virginia.gov](mailto:oclc@dbhds.virginia.gov)

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## REFUGEES, ADAPTATION, AND MENTAL HEALTH

Refugees are individuals who outside the country of their nationality, have “well founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular group or political opinion, are unable to, or owing to such fear, are unwilling to avail themselves of the protection of that country (UNHCR). Many refugees would live in the refugee camps for years or even decades while waiting for repatriation back to their homeland or re-settlement to a 3<sup>rd</sup> country like the United States.

Refugees face many challenges before resettlement and during resettlement as well. Before resettlement, the refugees experience and can be strongly impacted by war, persecution, political conflict, and other forms of atrocities and natural disasters. They may have on-going problems from physical injuries sustained during rape, torture, or violence. They may have chronic physical illness including problems from prolonged deprivation of food or water.

During the resettlement period, the challenges may include language barriers, cultural maladjustments, underemployment, unemployment, rapid lifestyle changes, shift in family dynamics, unfamiliarity with laws, or it can be the newness in using the debit card, paying rent and utilities, grocery shopping, riding the bus, using the washing machine, cooking with electric/gas stove, sleeping in bed, or many other everyday activities that they experience for the first time. They may have extreme fears for being separated from family, friends, and social support groups. They may be worried about the loss of their cultural heritage or the inability to practice their culture and traditions. Their expectations of what their life might be once they arrive in the United States are unmet. And on top of all these, refugees also bring cultural baggage that may prevent their successful adaptation and integration to their new community.

*Refugees carry the scars of trauma before they arrive. And when they arrive, things aren't always as they imagined adding to their stress and anxiety, and if not addressed promptly can lead to serious mental health issues.*

Other factors that can create or prevent mental wellness are: loss of personal identity, loss or power, shift in family dynamics, inability to adapt to the new lifestyle, death of a family member or loved one, underemployment, unemployment or job insecurity, economic deprivation, language barriers; inadequate or sub-standard housing, homesickness, caring for a family member with a disability, domestic abuse or violence, as well as ignorance of many laws and legal technicalities. All these factors can lead to stress, anxiety, depression, or even suicide.

## REFUGEE RESETTLEMENT

The United States Congress established the national Refugee Resettlement Program in 1980 with the passage of the Refugee Act. This reflects a core value of the U.S. to offer a safe haven to a small percentage of vulnerable and oppressed populations. Other eligible populations include Asylees, Cuban and Haitian Entrants, Victims of a Severe Form of Trafficking, Iraqis and Afghans with Special Immigrant Visas, and Amerasians. Since then, hundreds of thousands of refugees and special populations from around the world have resettled in the United States.

The United States government accepts an average of 70,000 refugees every year and provides

funding and direct support including 8 months of refugee cash and medical assistance, initial health screening and follow-up, up to 5 years of employment and English as a Second Language services, special grant programs for health, school assistance, citizenship, and elderly services, as well as foster care services for unaccompanied refugee children.

Virginia uses a Comprehensive Resettlement Model as key to effective refugee service delivery. It is a framework with 6 guiding principles that all refugee resettlement agencies abide. It promotes adaptation and successful community integration with job, skill development, good physical health, **good mental health**, community connectedness, stable family, success in school, and English language fluency (Cooper, 2014). With a goal of economic self-sufficiency as soon as possible, refugees may sometime quit English language instruction anytime a job becomes available. This can hinder their ability to communicate effectively at work, with their young children who might not be able to retain their first language, or the community at large.

## THE REFUGEE EXPERIENCE

The reason for refugee status varies. Refugees who suffered oppressive regimes usually come from Bhutan, Burma, Burundi, China, Cuba, Eritrea, Ethiopia, and Iran. They experience arrests, disappearances, imprisonment, torture, and forced labor. Other refugees are victims of violent conflicts and can come from countries like Afghanistan, Colombia, Democratic Republic of Congo, Iraq, Somalia, Sudan, and Ukraine. Their experience includes combat, conscription, anarchy, hunger, crime, and disease (Macauley, 2015). Others can be a result of political oppression such as those coming from Cuba, or victims of calamities and natural disasters like those coming from Haiti.

The sources of psychological distress in refugees may stem from previous traumatic experiences related to persecution, discrimination and marginalization, imprisonment and torture, trauma inflicted on friends or family, and loss of home and assets. On-going stress can be attributed to safety of friends or relatives still at home, employment and security in the United States, as well as cultural and linguistic adaptation in the United States. The behavioral effects of these psychological distress includes anxiety, self-isolation, loss of self-esteem, loss of self confidence, poor decision making including impulsive behavior, mood swings exhibiting depression and anger (Macauley, 2015). Social support is an important component of the coping process.

## RESILIENCY

Resiliency is being able to recover from misfortune or disruptive change. In the United States, this may include building self-esteem, connecting or re-connecting the individuals with things that are important to them, helping families to communicate well with each other, good health care, building language and literacy skills, volunteering, connecting with others in the larger community, and observance of their faith.

Different refugee populations may have different ways of coping. Asians are well known to be tightly-knit and family centered. Issues are discussed and dealt with “as a family” rather than individually. It may also imply that decisions, including mental health referral and treatment, are made not by the individual alone but by the family. Family members support each other and they hardly rely on government for help.

Other refugee populations, especially parents who are victims of oppression remain steadfast in their resolve to succeed in the United States to keep their children safe and have the opportunity to better them. Virginia has been the home to numerous refugees who became successful professionals with national and international prominence.

Families who are resettled together have higher chance to succeed compared to families that were split apart during the resettlement period. Those who receive support from community members who came ahead have less stress in adaptation and integration. Many refugees live together in clusters, and overtime, they develop their own sub-culture.

Children are more resilient and easily adapts to the American culture. Younger children may absorb the all-American culture and lose all traces of their home culture, but older school-aged children can adapt to the acculturation process and help their parents in many ways.

## TRAUMA

The word trauma is both the experience of being harmed by something or someone and the individual's response to that experience (Becker et al., 2003). Trauma can be an event perceived and experienced as a threat to one's safety or to the stability of one's world (National Institute of Health). Trauma is an emotional response where shock and denial usually comes immediately after the traumatic event but it is only when the response interferes with the social life and mental health of the individual that it becomes a problem. When this happens, this is considered a Post-Traumatic Stress Disorder (PTSD).

Each individual's response to a traumatic event or one's coping mechanism is different. Not everyone who are exposed to traumatic events will be traumatized and need help. Other people use these traumatic experiences to strengthen themselves and help others.

People who have experienced trauma can manifest physical, behavioral, emotional, or combination of issues. Emotional issues may include feeling isolated from other people, feeling sad, having problems going to sleep or waking up, feeling angry, being unable to concentrate or think clearly, displacement of extreme anger leading to violence, or being always tired. The physical symptoms might include constant pain, chronic headaches, eating problems, or stomach problems. Behavioral symptoms may include seeing images or thinking about a bad experience from the past, having bad dreams or nightmares, and the like. A doctor or behavioral health professional can help diagnose and explain if the signs and symptoms relate to stress, depression, anxiety, or trauma and needs mental health care.

*Families who are resettled together have higher chance to succeed compared to families that were split apart during the resettlement period.*

## REFUGEE MENTAL HEALTH SCREENER-15 (RHS-15)

The RHS-15 is a screening tool that was validated and standardized in the refugee population. It is available in many languages, can be self-administered, and easy to score. Refugees who score positive in this instrument are encouraged to take extra steps to be evaluated by a doctor or behavioral health provider to determine the specific mental issue/s involved. For newcomer refugees, this tool is offered at the local health clinic and those with positive scores

can be referred to the local Community Services Board (CSB) or one of the local Refugee Mental Health Council support partners for further evaluation and treatment.

## MENTAL DISORDERS

Refugees and their families may feel the stigma or shame around mental health or discussing “personal” problems with people not familiar to them. They might be embarrassed to share their worries, fears, struggles, anxieties, and other psychological issues. They may feel helpless and hopeless. Overtime, this feeling of helplessness and hopelessness can lead to more serious behavior issues or development of mental illness.

In the United States, mental disorders are considered like physical illness and have specialists to treat the problems. Mental disorders are malfunctions in the circuitry of the brain (NIMH). It reflects an underlying dysfunction in the psychological and biological make-up of an individual (American Psychological Association, 2012). Like any physical illness, individuals who experience mental disorders need to consult a doctor or behavioral health professionals.

There are several types of mental health disorders, and mental health professionals can diagnose and treat disorders through counseling, therapy, medication, or support group sessions. However, the effectiveness of the treatment and the speed of recovery highly depend on the cooperation and willingness of the individual to comply with the care plan.

The signs and symptoms of mental health disorders include, but are not limited to, anger, changes in sleeping habits, beliefs not based in reality (delusions), hearing or seeing things that are not there (hallucinations), a growing inability to cope with daily problems, substance abuse, excessive fear or worry, thinking about harming or killing oneself, and more.

In other cultures, mental health disorders manifest in different ways. It is very important that the individual’s belief system, his/her cultural background, as well as traditional practices should be conveyed to the behavioral health provider so proper assessments can be done. On the other hand, the refugee who suffers from mental health disorder must learn as much as possible, the way mental health is viewed and treated in the United States including the bio-medical approach to treatment.

## MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

The use of drugs and alcohol does not help solve mental health problems. In fact, it worsens the mental health status and put the individual at high risk for unreasonable actions. Sometimes, the person under the influence of drugs or alcohol can be a danger to himself, his family, or his community.

In Virginia, the Community Services Board (CSB) or agencies in similar categories are the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse. Each CSB sets its own policy and offers different kinds of services. The CSB address list is available [here](#).

*The effectiveness of the treatment and the speed of recovery highly depend on the cooperation and willingness of the individual to comply with the care plan.*

[www.dbhds.virginia.gov/individuals-and-families/community-services-boards](http://www.dbhds.virginia.gov/individuals-and-families/community-services-boards)

[www.dbhds.virginia.gov/library/document-library/occ-csbaddresslist.pdf](http://www.dbhds.virginia.gov/library/document-library/occ-csbaddresslist.pdf)

## PREVENTION

The Refugee Healing Partnership has taken steps to strengthen the mental health prevention program and advocacy through community based approach, including:

- Refugee Mental Health Councils across the Commonwealth
- Refugee Mental Health Referral System across the Commonwealth
- Mental Health First Aid Instructors Certification Course for Refugee Leaders
- QPR Gatekeepers Suicide Prevention Program
- Community Mental Health Awareness Sessions
- Qualified Refugee Cultural Navigators
- Peer Support Program
- Trauma-Informed Psycho-Education Training for Community Leaders
- Read more at [www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh](http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh)

## HEALTH LITERACY

Literacy is the ability to read and write. Health literacy is the ability to read, understand, and use health information to make appropriate healthcare decision (Sue, 2015). The following factors can affect learning and understanding: age, co-morbidities, disability, language and culture, emotion.

Clients with poor health literacy have: poorer overall health, less likely to follow doctor's orders, more likely to make errors, don't seek preventative care, hospitalized more often and stay longer; frequently readmitted, and more emergency room visits.

Considering the need for adult refugees with limited English proficiency to effectively communicate with their mental health providers, the Refugee Healing Partnership has conducted a statewide survey about basic English words that clients need to know so providers can communicate with them directly, even at the very basic level. This leads to the development for **Mental Health English as a Second Language (ESL)** module, a versatile curriculum that can be taught for 1 hour, or can be broken down into 2 sessions depending on time availability and the level of students. See more at [www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh/mental-health-in-the-esl-class](http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh/mental-health-in-the-esl-class)

## SEEKING NON-EMERGENCY HELP

If a newcomer is in need of help to address a diagnosed mental health condition, or is suspected to suffer from mental illness, the Virginia Healing Partnership has developed several approaches to help:

- Use the Refugee Mental Health Referral System as a guide to identify support partners (doctors and providers) where refugee clients have access to culturally and linguistically appropriate services.
- Seek help from Community Refugee Leaders, Qualified Refugee Cultural Navigators, or trained mental health volunteers
- Ask for help from their medical doctor, guidance from a religious or spiritual leader, or the medical liaison in a refugee resettlement agency.
- Assistance is also via telephone through the National Suicide Prevention Lifeline 1-800-273-TALK (8255).
- For refugees with limited English proficiency, it is advised that they ask for an interpreter to ensure that they clearly communicate their issues and concerns with the provider as well as they fully understand the provider's instructions. Most doctors or clinics are able to use a special phone called a "blue phone" and have a medical interpreter as part of a conversation.
- Sometimes, medication will be prescribed. The client must understand how often to take the medicine, and how the medicine works, how long to take the medicine, etc and to follow them carefully. Family members especially children, should not be used as interpreters. { *Family members, especially children, should not be used as interpreters.* }
- In some cultures, family members form the support system for the person who suffers from mental health issues and the refugee client might want a family member to come to an appointment with him/her. This includes having a female child seen by a male doctor or a male professional. Having someone during doctor's visit is acceptable. However, there can be situations where the doctor or provider would like to talk to the client alone, so the refugee families should be made aware that this can happen.

## CRISIS SITUATIONS

In a crisis situation where a person might commit suicide or harm someone because of mental health problems, call 911 immediately. When the first responders arrive (police, fire department, or ambulance), allow them to do the appropriate response. It is ok to inform them about cultural, linguistic, and religious considerations so that they will be able to address the situation properly. Simple, short, factual statements like this are helpful: "This is (Ali) from (Ethiopia). He is a refugee. He is just learning to speak English. His primary language is Tigrinya. This is his wife/mother/brother but he/she does not also speak English well." If there is time, information about religious preferences, customs, and beliefs of the patient can be shared so the first responders or the hospital workers can understand more about the person they are providing care for.

Most hospitals or Emergency Rooms (ER) have access to a "blue phone" or interpreter line and will be very useful for people with limited English proficiency or those who are in severe stress and English is not their first language. In the United States, there is a law on confidentiality that sometimes doctors, nurses, or hospital staff are not allowed to tell family members about the patient or his condition, unless there is a document (waiver) signed for this purpose.

## SUICIDE ATTEMPT

Sometimes, people will be in so much despair that they will attempt to take their own life. In most instances, the suicidal person will give out a trail of verbal and non-verbal clues about the impending plan. Sometimes it is very subtle that only a trained helper can recognize it. There may be signs of distress or despair that are more likely to occur in different cultural groups. In situations like this, it is recommended that asking direct **Question** such as “Are you thinking of ending your life?” is very effective. Depending on the response, the next step can be listening, expressing concern, reassuring and **Persuade** this individual to seek help. Finally **Refer** to proper agencies or professionals so the client can get help.

## HEALING & SOCIAL SUPPORT

There are many ways that refugees can heal, as well as provide healthy support to others in their community. It is also possible for a refugee from another country, culture, or background to assist newcomers from other countries, cultures, or background by sharing their experiences during resettlement. Others who have may extensive exposure in refugee camps or have served specific refugee populations can also help and empathize. This peer support model is therapeutic to both the helper and the one being helped.

It is also important to identify and understand the sub-culture within a culture in the healing process. The sub-culture can be the tribe, clan, women’s group, LGBTQ group, etc. The members of the sub-culture are closely connected and they can be a strong support to healing and recovery.

*Healing is possible. Trauma-informed care is an approach to help people with histories of trauma to recognize the presence of trauma symptoms and acknowledges the role that trauma has played in their lives (adapted from SAMHSA).*

## CRISIS HOTLINE

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

## RESOURCES

- American Psychological Association (2012). [www.APA.org](http://www.APA.org)
- Cooper, K. (2014). An Overview of Virginia’s Comprehensive Refugee Resettlement Program. 1<sup>st</sup> Virginia Refugee Mental Health Summit Presentation handouts.
- Macauley, C. (2015). Peer Support for Refugees. 2<sup>nd</sup> Virginia Refugee Mental Health Summit Presentation handouts. <http://www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh>
- National Institute of Health. [www.nih.gov](http://www.nih.gov)
- National Institute of Mental Health. [www.nimh.gov](http://www.nimh.gov)
- Regents of the University of Minnesota. Culture and Health Literacy Modules <http://cpheo1.sph.umn.edu/healthlit/#a>
- SAMHSA. <http://www.samhsa.gov/behavioral-health-equity>
- UNHCR. [www.UNHCR.org](http://www.UNHCR.org)