WELCOME

Virginia Healing Partnership
Administering the RHS-15

Presenters
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DBHDS Vision: A life of possibilities for all Virginians
Objectives:

At the end of this session, the participants will be able to:

• Understand the role of RHS-15 in the Virginia Healing Partnership Initiative

• Know the Refugee Health Screener -15 (RHS-15) and understand its limitations as a screening tool for refugee mental health

• Gain confidence to administer the RHS-15 and develop community referral network
The Virginia Healing 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, and
- Provide opportunities for trauma-informed education at the community level and culture-informed education at the provider level.
Refugee Health Check

- Health screening is required for all refugees within 30 days of arrival.
- In some communities, mental health screening (using RHS-15) is offered at the local health department as part of integrated care system.
- In other communities, the resettlement agency staff administers the RHS-15.
RHS-15 Program Objectives

- To train direct service providers, refugee leaders, and mental health prevention workers to use a short, simple, and refugee-validated tool that can screen for mental health risk,
- To provide sample or models in tracking the number of RHS-15 administered,
- To familiarize trainees with the local refugee mental health council or local refugee mental health referral system, and
- To strengthen the refugee mental health referral system.
Pathways to Wellness: Vision

Early mental health screening
- Prevent refugees in crisis
- Lower emotional distress
- Improve adjustment
- Promote early integration

Build capacity for refugee mental health
- Increase access
- Decrease stigma

Design of evidence based, validated tools
- Provide effective approach to reduce burden of mental illness
- Offer tools to other resettlement areas for replication
Refugee Health Screener -15

- Pathways to Wellness (from King County, Washington) partnered with refugee communities and renowned psychiatrist to validate a culturally appropriate, short-screening questionnaire.
- It is based on standardized mental health evaluation tools: Hopkins Symptom Checklist (25), New Mexico Refugee Symptoms Checklist (121), and Posttraumatic Symptom Scale-Self Report (17).
- RHS-15 screens refugees for distressing symptoms of anxiety and depression, including PTSD. It also screens emotional distress in relation to all proxies.
- It is a predictive tool, NOT a diagnostic tool.
As of 2016, RHS-15 is available in:

- Amharic
- Arabic
- Burmese
- Cuban Spanish
- English
- Farsi
- French
- Karen
- Kinyarwanda
- Mexican Spanish
- Nepali
- Russian
- Somali
- Sorani Kurdish
- Swahili
- Tigrinya
Accessing the RHS-15

Ways to access:

1. Virginia Refugee Healing Partnership or support partners of the local refugee mental health council, you can request at: oclc@dbhds.virginia.gov
RHS-15 Limitations

- It is a predictive tool, not a diagnostic tool
- It can not be translated “on-the spot” or at will.
- It can only be administered to individuals 14 years and older
- Its predictability is specific to anxiety, depression, PTSD, and emotional distress.

- The bilingual versions of the RHS-15 have been translated by an iterative process involving experts in the field, professional translators, and members of the refugee community so that each question is asked correctly according to language and culture. The English text is provided for reference only; using the English alone negates the sensitivity of this instrument.
Recapitulation

• RHS-15 is a validated screening tool, predictive of Anxiety, Depression, PTSD, and emotional distress.
• As of 2016, it is available in 16 languages.
• It can be administered to refugees 14 years or older.
• In the bilingual versions, the English text is provided for reference only; using the English alone negates the sensitivity of the instrument.
When adapting the RHS-15 for use in your community:

✓ Identify who will be screened and consider demographics
✓ Identify the refugee health screening entity in your community and consider the screening setting
✓ Consider the capacity of community mental health providers and build capacity if needed
✓ Innovate a better continuum of care for refugees and consider local conditions
✓ Convene stakeholders to implement the RHS-15
• **Who can administer the RHS-15?**
  - Health workers (medical assistants, nurses, doctors, providers, etc) or others involved with refugee/patient care (case managers, social workers, etc)

• **WHEN should the RHS-15 be administered?**
  - The timing may differ based on the family, screening flow, time constraints, or other considerations.
Introducing the RHS-15 to clients

• When introducing RHS-15 to clients, let the person/family know that many refugees have a hard time because of the difficult things they have been through and because it is very stressful to move to a new country with different language and culture.

• Also mention that these are questions about their body and mind. It will ask about sadness, worries, body aches and pains, and other symptoms that maybe bothersome to them.

• If extra support is needed so they can better adjust, adapt, and integrate, the client can be referred to professionals.
“Some refugees have mind and body symptoms because of the difficult things that they have been through, and because it is very stressful to move to a new country. The questions we are asking help us find people who are having a hard time and who might need extra support. The answers are not shared with employers, USCIS, teachers, or anyone else without your permission.”
Communicating with Clients

• Always address the client directly. Even with an interpreter, maintain focus with the client.

• Speak in short clear sentences. For non-English speaking individuals, this gives them time to process what they heard. For interpreters, this allows them to translate more accurately.

• Ask only one question at a time.

• Be ready to re-formulate or re-state what you said in different words to help the client understand what you mean.
Having an interpreter

• Always allow enough time for the interpreter to interpret and for the patients to answer.
• If face to face or video, sit the interpreter beside the client: to avoid “ping-pong” during conversation, and for interpreter to look at you, not the client.
• In a mental health setting, interpreters can also be a great resource for cultural information that can make the client feel comfortable and ready to take the RHS-15 test.
• If you feel that more is being said or interpreted than what you wanted to convey, stop to clarify side-conversation.
• Remind the interpreter to interpret everything that the family/client said or asked to you, even if the question was meant for the interpreter.
• Encourage the interpreter to use the “I” form or the first person when interpreting what patients say. This will keep them reminded that it is the patient/client who is talking.
Using Phone interpreter

• “It is more difficult over the phone because the interpreter can not "see" the translation. In other words, they are not saying it in the "exact" way that has been validated to be effective. I am not saying that it won't work because people sometimes do it, but it may affect the sensitivity of the instrument.”

  Beth Farmer
  Program Director

• To maintain the validity of the instrument, it is recommended that a copy of translated RHS-15 should be made available to the interpreter.
Before administering RHS-15

• Repeat the instructions and review the scale with the client
• Ask for clarity by asking if anyone has any questions
• If administered as a group, remind each family member to answer their own questions individually. It’s about oneself, not the family.
• Double check that each item was completed when the paper is handed in
• The test administrator stays with the client the entire time.
The RHS-15

- Is designed for the refugee population
- Age 14 and over
- Self-administered (with interpreter or someone writing the clients answer for him/her)
- Taken in English or translated version
- No time designated to complete
Demographic Information

- Name
- Date of birth
- Gender
- Date of Arrival
- Health ID
- Administered by
- Date of Screen
Clearly explain how RHS-15 should be answered.

- Items 1-13 can be answered by 0-4. 0=no bother at all, and 4=extremely bothered by the symptom.
Administering the RHS-15

Item 14 can be answered 0-4 but there is sentence description.

Item 15 – the Distress Thermometer will be answered from 1-10.
Clarity

It is always important to check if the client understood the instructions. If possible, let the client repeat how he/she will answer the RHS-15 on numbers 1-13, no. 14, and no. 15.

Please note, only begin the screening when you are sure the client understands the process.

Answers that do not reflect the client’s true situation are not useful at all. In fact, it can be dangerous.
“The interpreter can read the instructions and each item on the bilingual form. But in that case, I would consider it self-administered with an interpreter, rather than the interpreter administering it. However, this assumes that the interpreter is not on staff and part of the clinical team. If they are, I would think they could be trained on the instrument and actually administer it with a more comprehensive role.”

Beth Farmer, Director
Pathways to Wellness
Scoring the RHS-15

Note: Should always be “self-administered” even with the help of interpreter, or someone is writing the answer for the client.
“From your answers on the questions, it seems like you are having a difficult time. You are not alone. Lots of refugees experience sadness, too many worries, bad memories, or too much stress because of everything they have gone through and because it is so difficult to adjust to a new country. In the United States, people who are having these types of symptoms sometimes find it helpful to get extra support. This does not mean that something is wrong with them or that they are crazy. Sometimes people need help through a difficult time. I would like to connect you to a counselor. This is a type of healthcare worker who will listen to you and provide help and support. This person keeps everything you say confidential, which means they cannot by law share the information with anyone without your agreement. Are you interested in being connected to these services?”
Step 1 - Make sure that the client is proficient in English or any version of RHS-15. If the client is not proficient, arrange for an interpreter. When having an interpreter whether face-to-face, video, or telephone, make sure you have arranged for a pre-session.

Before presenting the RHS-15, explain using the script provided. Answer questions that may arise. Secure consent of client.

Step 2 - During RHS-15 administration, ensure that the client understands clearly how the questions will be answered. If need, let client demonstrates how. The test administrator must not leave the room during testing.

Step 3 - If scored positive, offer referral to the client for further evaluation. Use the script provided. If available, write the appointment details on a paper. Verbal instruction may not be remembered clearly later on.

Step 4 - Follow-up with evaluating agency if there is something you can do to help (explaining insurance information, cultural differences, etc.)
The Roanoke Refugee Mental Health Referral System

1. Does the client speak English fluently?
   - Yes:
     - Does the client have Medicaid?
       - Yes: send to Braley & Thompson or any other Medicaid provider
       - No: Is the client severely mentally ill?
         - Yes: send to Blue Ridge or Mental Health America
         - No: Is the client able to pay copays of at least $15 and arrange own transportation to downtown?
           - Yes: send to Family Service
           - No: no known solution
   - No:
     - Does the client have Medicaid?
       - Yes: Is the client severely mentally ill?
         - Yes: send to Blue Ridge or Mental Health America
         - No: no known solution
       - No: Is the client able to pay copays of at least $15 and arrange own transportation to downtown?
         - Yes: send to any Medicaid provider willing to work with interpreters and make regular calls to the MCO
         - No: no known solution

2. Does the client have Medicaid?
   - Yes: Is the client severely mentally ill?
     - Yes: send to Blue Ridge or Mental Health America
     - No: no known solution
   - No:
     - Does the client speak Arabic fluently? (usually refugees from Iraq and Sudan)
       - Yes: send to Advanced Psychiatric Services
       - No: no known solution
     - Does the client have a MCO (managed care organization) that pays for interpretation? (usually families with children after several months)
       - Yes: send to any Medicaid provider willing to work with interpreters and make regular calls to the MCO
       - No: no known solution
It will be important to develop a tracking sheet to monitor data and evaluate cases.
The Referral Process

• Step 1 - Screen using the RHS-15. If scored positive, offer referral for further evaluation. Use the script provided.

• Step 2 – Connect the client to behavioral health agency for evaluation. With client’s consent, provide the result of RHS-15 to the evaluating agency for reference.

• Step 3 – Follow-up with evaluating agency if there is something you can do to help (explaining insurance information, cultural differences, etc.). Enter info the Monitoring Sheet.
Summary

• The Virginia Healing Partnership uses the RHS-15 to screen refugees for mental health risk. Partnership with local behavioral health providers are included in the mental health referral chart so individuals screened positive in the RHS-15 can be referred for mental health evaluation and access to mental health care.

• Completion of this webinar enables the participant to understand the use of RHA-15 and can administer the RHS-15 to refugee clients.

• The effectiveness of the RHS-15 depends on the accuracy by which the administrator conducts the screening and its usefulness depends on the referral network when the client is screened positive.
This webinar for RHS-15 is also accepted as supporting document for qualification as Qualified Cultural Navigator – Mental Health, an entry level workforce development program of the Department of Behavioral Health and Developmental Services. For more info about this program, visit: www.dbhds.virginia.gov/professionals-and-service-providers/oclc/focus/refugee-mh/navigator
Disclaimer

• The presentors of this webinar receive no monetary compensation in this presentation.

• The Virginia Department of Behavioral Health Developmental Services does not charge fees to access this training. For monitoring purposes, it is required that some questions have to be answered for its access.
For training or other support related to RHS-15 and the Virginia Healing Partnership, contact:

oclc@dbhds.virginia.gov
Certificate of Completion

This certifies that

______________________________________ has reviewed the “Administering the RHS-15” Webinar for the Virginia Refugee Healing Partnership

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Date

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