Purpose/Aims

The purpose of this study was to pilot the Refugee Health Screener (RHS-15) and the Pathways to Wellness (PW) intervention program with refugees at the Center for Refugee Services (CRS) in San Antonio, Texas, United States.

The specific aims were: 1) To compare the pre and post RHS-15 survey and PW intervention scores, and 2) To identify internal and structural barriers affecting resettlement with a refugee woman’s sewing group at the CRS.

Background

The United States is one of the world leaders in refugee resettlement and was expected to admit 85,000 refugees in Fiscal Year 2016 with an estimated 10,000 persons coming from Syria. (United States Department of State, 2015) Refugees often suffer life-threatening circumstances prior to flight from their countries. During the resettlement process, they face internal and structural barriers that can affect transition to life in the United States (Szajna & Ward, 2014). Studies have reported a higher prevalence of depression and post-traumatic stress disorder (PTSD) in refugees, takes about 4 to 12 minutes to complete, and has been translated into eleven languages.

Methods

The RHS-15 consists of 15 questions, screens for common mental conditions in refugees, takes about 4 to 12 minutes to complete, and has been translated into eleven languages.

Pathways to Wellness is an intervention that incorporates a support group model and consists of eight 90-minute sessions. The program is designed to help refugees recognize symptoms and understand stigma associated with mental health conditions in the United States.

All participants were recruited in person from the woman’s sewing group at the CRS. The purpose of the study was framed around greater good as it was important for the women to know that their input could help other refugees.

Descriptive statistics were used to compare means and frequencies and a paired t-test to compare total scores for the baseline RHS-15 survey and post intervention survey.

Results

The study participants consisted of twelve women from six different countries. Four women were from Somalia and spoke Somali (33.3%), three women were from Iran and spoke Farsi (25%), two women were from Nepal and spoke Nepali and English (16.7%), one woman was from Burma and spoke English (8.3%), one woman was from Chad and spoke English and French (8.3%), and one woman was from Karen and spoke a dialect of Karen (8.3%). Ages ranged from 31 to 71 years (M=48.5, SD=13.3) and years in the United States ranged from 1 to 25 (M= 7.40, SD=6.8).

Over eighty percent of the participants who took the surveys scored above threshold on the RHS-15 and required referrals.

There did not appear to be statistically significant differences in the total scores for the baseline RHS-15 survey (M=25.0, SD=16.3) and the post intervention RHS-15 survey (M=27, SD =13.8). This was also seen in the baseline intervention survey (M=33.2, SD=7.8) and post-intervention survey (M=31.9, SD=6.1).

The women discussed the challenges of resettlement related to safe housing, cultural and social norms, stigma, and isolation.

Finally, the social cohesion observed in the sessions suggests that participation in a cottage industry could be a protective factor against social isolation and depression.

Conclusions

The resettlement process can be difficult for refugees. Good mental health is important for their successful transition into life in the United States.

The CRS is a trusted partner in the community and is dedicated to creating opportunities that lead to a better quality of life for refugees in San Antonio, Texas.

Using culturally sensitive screening tools and interventions may decrease some of the stigma associated with mental health conditions and lead to improved health outcomes for refugees.

Community organizations that provide resources such as income-generating opportunities, has the potential to decrease the multiple internal and structural barriers that refugees experience during the resettlement process.

References


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