

# 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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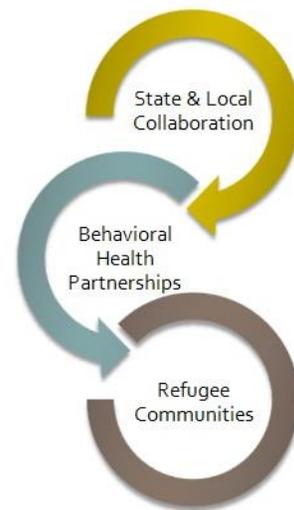
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## INTRODUCTION

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 through the support of 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>

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

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## REFUGEES, ADAPTATION, AND MENTAL HEALTH

Refugees are individuals who are 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 home country or resettlement 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, other forms of atrocities, calamity, and natural disaster. 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 as they scamper to safety.

During resettlement, the challenges may include language barriers, cultural maladjustments, underemployment, unemployment, unfamiliarity with laws, death of a family member or loved one, homesickness, 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 unmet expectations of what their life might be once they arrive in the United States, 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 of power, inability to adapt to the new lifestyle, caring for a family member with a disability, domestic abuse or violence, and many more. All these factors can lead to stress, anxiety, depression, emotional distress, or other forms of mental disorders, and 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 Asylee, Cuban and Haitian Entrants, Victims of a Severe Form of Trafficking, Iraqis and Afghanis 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 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 reasons for refugee status vary. Refugees who suffered oppressive regimes may come from Bhutan, Burma, Burundi, China, Cuba, Eritrea, Ethiopia, and Iran. They experience or witness 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 (Macaulay, 2015). Other categories can be political such as those coming from Afghanistan or Iraq can be the result of political oppression such as those coming from Cuba, or victims of calamity or natural disaster like those coming from Haiti.

The sources of psychological distress in refugees may stem from previous traumatic experiences related to persecution, discrimination, marginalization, imprisonment and torture, trauma inflicted on friends or family, and loss of home and assets. Ongoing 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 refugees' coping process.

## RESILIENCY

Resiliency means being able to recover from misfortune or disruptive change. Different cultures may exhibit different ways of coping. 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 faith.

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 remain and succeed in the United States to keep their children safe and provide them with the opportunity to better themselves. Sometimes, refugees ignore the hardships just so they can provide economic support to those they left behind, hoping to reunite with them in the United States soon.

Families who are resettled together have higher chance to succeed compared to families that are split apart. 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 community and sub-culture.

Children are more resilient and easily adapt to new 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, retain their knowledge and culture of the country they came from and so they become brokers. Many times, their parents rely on these older children to help out in many ways.

## TRAUMA

The word trauma refers to both the experience of being harmed by external agent and the 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 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).

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 diagnose and explain if the signs and symptoms relate to trauma and needs treatment.

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

## 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 (National Institute of Mental Health). 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 group sessions. There are also peer support groups in behavioral health agencies, community centers, and similar places that provide peer encouragement and help. However, the effectiveness of the treatment and the speed of recovery depend on the cooperation and willingness of the individual to comply with the care plan and determination to get well.

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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 can show up in many 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 and the treatment plan is culture-sensitive. 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 AND SUBSTANCE ABUSE SERVICES

The use of drugs and alcohol does not help solve mental health problems. In fact, it worsens the mental health condition and puts the individual at high risk for unreasonable decisions and 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](#).

<http://www.dbhds.virginia.gov/individuals-and-families/community-services-boards>

<http://www.dbhds.virginia.gov/library/document-library/occ-csbaddresslist.pdf>

## MENTAL HEALTH PREVENTION

The Virginia Healing Partnership, a statewide initiative focused on improving refugee mental health and promote mental wellness, has taken steps to strengthen the mental health prevention program across the Commonwealth using community-based approach, peer support, capacity building, etc. The current initiatives include:

- Refugee Mental Health Councils and Refugee Mental Health Referral System
- 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
- Cultural and Language Competence
- And more...

## 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 (Lindsey, 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 than those who have better health literacy. Unless the clients understand, it is very difficult to expect compliance resulting to low probability of healing.

The Refugee Healing Partnership has conducted a statewide survey about basic English words that clients need to know so providers can directly communicate with clients who are limited English proficient even at the very basic level. This leads to the development of **Mental Health English as a Second Language (ESL)** module, a flexible 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. It is being used in Virginia and several other states. To request a link for this module, email: [oclc@dbhds.virginia.gov](mailto:oclc@dbhds.virginia.gov).

## 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 that can be used in the helping process:

- Use the Refugee Mental Health Referral System as a guide to identify community support partners (doctors and providers) where refugee clients have access to culturally and linguistically appropriate mental health services
- Ask help from Community Refugee Leaders, Qualified Refugee Cultural Navigators, or trained mental health volunteers
- Seek help from a medical doctor, or assistance from a medical liaison in a refugee resettlement agency, or guidance from a religious or spiritual leader
- For refugees with limited English proficiency, it is advised that they ask for an interpreter to clearly communicate their issues and concerns with the provider, as well as to fully understand the provider's treatment or discharge instructions. Most doctors or clinics have a special phone called a "blue phone" and uses a certified medical interpreter in the conversation.

- Oftentimes, 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. 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, as long as they don't act as interpreter or decide for the client. 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.

*Family members, especially children, should not be used as interpreters.*

## CRISIS SITUATION AND SUICIDE

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 so 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?” has proven effective. Depending on the response, the next step can be listening, expressing concern, reassuring and **Persuade** this individual to seek help. If the person is at high risk of suicide, do not leave him/her alone. If you possibly can, keep objects that will harm this person out of his reach. Finally **Refer** to proper agencies or behavioral health professionals for immediate help (QPR Manual for Instructors).

In situations where a person might commit suicide or harm someone because of mental health problems, **call 911 immediately.** **Do not try to handle the situation by yourself.** While waiting for the first responders to arrive, engage the person to talk as much as he/she wants, and let him/her know that you are deeply concerned. When the first responders arrive (police, fire department, or ambulance), allow them to do the appropriate response. It is proper to inform them about cultural, linguistic, and religious considerations so that they will be able to address the situation accurately. 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 can be used if the client has limited English proficiency. In the United States, the law on confidentiality prevents doctors, nurses, or hospital staff to tell even family members about the patient or his condition, unless there is a document (waiver) signed for this purpose.

## CRISIS HOTLINES

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

Spanish 1-800-273- TALK (8255) press 2

LGBTQ 1-866-4-U-TREVOR

## HEALING AND PEER SUPPORT

There are many ways that refugees with mental health issues can heal, and those with lived experience can provide support to others. 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 extensive exposure in refugee camps or have served specific refugee populations can also empathize or help. 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 (Marquez, 2015).

*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).*

## REFERENCES

American Psychological Association (2012). [www.APA.org](http://www.APA.org)

Becker, D. et al. (2003). As cited in Trauma.  
[www.vcoy.virginia.gov/pdf/documents/collection/Trauma0513.pdf](http://www.vcoy.virginia.gov/pdf/documents/collection/Trauma0513.pdf)

Cooper, K. (2014). An overview of Virginia's comprehensive refugee resettlement program. 1<sup>st</sup> Virginia Refugee Mental Health Summit Presentation handout, September 11.

Department of Behavioral Health and Developmental Services.(2015). Mental health English as a second language module.

Lindsey, S. (2015). Using health literacy to help others understand. Webinar handout. August 08.

Macauley, C. (2015). Peer support for refugees. 2<sup>nd</sup> Virginia Refugee Mental Health Summit Presentation handout. July 26.

Marquez, R. (2015). the role of cultural and linguistic competence in integrated care settings. DBHDS Culture and Language Quarterly Meeting presentation. August 6.

National Institute of Health. [www.nih.gov](http://www.nih.gov)

National Institute of Mental Health. [www.nimh.gov](http://www.nimh.gov)

QPR Institute. Question, persuade, refer gatekeepers training manual.

Substance Abuse and Mental Health services Administration. (2014). [www.SAMSHA.gov](http://www.SAMSHA.gov)

United Nations High Commission for Refugees. Refugees. [www.UNHCR.org](http://www.UNHCR.org)