

- 1) Hello Everyone. Welcome to this presentation of RHS-15 Webinar as part of strengthening the Virginia Refugee Healing Partnership. My name is Cecily Rodriguez. I'm the Director, Health Equity Advancement and Workforce Development, of the Virginia Department of Behavioral Health & Developmental Services
And I'm Eva Stitt, Refugee Mental Health Program Specialist at the Virginia Department of Behavioral Health and Developmental Services. The focus of my job is to develop and coordinate local mental health councils and referral system across the state as part of the Virginia Refugee Healing Partnership initiative.
- 2) The goals of this webinar are threefold. At the end of this session, the participants will be able to:
 - a. Understand the role of RHS-15 in the Virginia Refugee Healing Partnership Initiative
 - b. Know the Refugee Health Screener -15 (RHS-15) and understand its limitations as a screening tool for refugee mental health, and
 - c. Gain confidence to administer the RHS-15 and develop community referral network
- 3) Let me first share with you about the initiative we launched 3 years ago. It is called The Virginia Refugee Healing Partnership. It is a collaborative effort to link resources at the state level to local communities and the refugee communities. This initiative designs and disseminates programs and activities that—
 - a. Promote positive mental health and cultural adjustment in the refugee community
 - b. Create linkages between provider and the refugee communities, and
 - c. Provide opportunities for trauma-informed education at the community level and culture-informed education at the provider level.
- 4) Let's step back a little bit and understand the process. When newcomer refugees come to the United States, by law they are mandated to take health screenings at the local health department within 30 days of arrival. In some communities, RHS-15 is offered at the local health department as part of integrated care system. In other communities, the resettlement agency staff or the medical liaison administers the RHS 15, still within the 30-day period. It is in this context that this webinar is offered.

As noted, RHS-15 is administered within 30 days of refugee arrival. In the language of refugee resettlement, this is considered a honeymoon phase. Refugees are still very happy and excited, there is government support, and the resettlement agencies have staff that attends to their needs ... and then gradually, services will end in 90 days, 180 days, some in 1 year, depending on the kind of service. Sooner or later, refugees will see differences and the reality of life in America --- and along with it the issue of money, food, child care, and more, they are losing their cultural identity, self-confidence, and self-esteem. If they can easily adjust and adapt, they become successful. If they can't adjust or adapt, they will have serious problems... economic, physical, social, and mental health. RHS-15 has proven to be very sensitive to pick up those indicators, when answered honestly.



Also, research has shown, and this is also confirmed by observations of our refugee resettlement partners, that more stresses and mental health issues crop up at about 12-18 months after arrival. Ironically, during this period, less support is available and mental health screening can prove to be helpful in determining clients who need more mental health support so they can continue to integrate and adapt to their new life in the United States.

5) So, how does this RHS-15 fits into the Virginia Refugee Healing Partnership model?

Well, from the many refugee stories we know, mental health risk is high for this population. So RHS-15 enables

- 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.
- Familiarizes trainees with the local refugee mental health council or local refugee mental health referral system
- It provides trainees with sample or models in tracking the number of RHS-15 administered. In doing so, we strengthen the refugee mental health referral system, provide access to mental health care, and eliminate disparities in the system.

6) This is aligned with the vision of the creators of RHS-15. Their vision is:

- Early mental health screening. Prevent refugees in crisis, Lower emotional distress, Improve adjustment, and Promote early integration
- Build Capacity for refugee mental health – which can increase access and decrease stigma
- Design of evidence based-validated tools that can provide effective approach to reduce burden of mental illness, and
- Offer tools to other resettlement areas for replication

7) There will always be a question of why RHS-15? Is it a valid instrument?

The question RHS-15 a valid instrument? The answer is yes. RHS-15 is a validated and standardized instrument. It was developed in King County, Washington through the partnership of refugee communities and renowned psychiatrist to validate a culturally appropriate, short-screening questionnaire. Using Bayesian statistical analysis, 13 items with highest proxies from standardized tests -- Hopkins Symptom Checklist, New Mexico Refugee Symptoms Checklist, and Posttraumatic Symptom Scale-Self Report were selected. RHS-15 screens refugees for distressing symptoms of **anxiety and depression, including PTSD**. Another item on coping skills was added, and the distress thermometer as predictor of emotional distress completed the 15-item RHS-15. The distress thermometer score of 5 or greater was point 85 (~~.85~~) specific for being positive on any of the diagnostic proxies (PTSD, depression, and anxiety). With a score of 6 or greater, the specificity increased to point 93 (~~.93~~)

I can attest to the validity and reliability of this instrument. In the years that I administered this to the refugees, the higher the score, the greater is the mental health risk. Those



with extremely high score, they are still receiving mental health support even after 5 years.

- 8) So here we have the tool. This one is in English but RHS-15 is translated to 15 languages. In the later part of our session, I'll show you some translated versions.
- 9) By the way, the material is free. However, you or your agency needs to have their permission to use and get trained on how to administer it. There are 2 ways to access the RHS-15 screening material—

First, if you are administering the RHS-15 as an affiliate of the Virginia Healing Partnership, or a support partner of the local refugee mental health council, you can request at oclc@dbhds.virginia.gov. Our Office has permission to use the material to cover all of the Virginia Healing Partnership Initiative.

Second, if you are an independent organization and administering it to promote and/or support mental health, you can request directly at the Pathways to Wellness in Seattle Washington. The material is free. http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf

- 10) Over the years, RHS-15 has proved to be a reliable tool. However, it has several limitations. One, it is a predictive tool, NOT a diagnostic tool. What this means is that RHS-15 can predict with high accuracy if the individual is at risk for mental health issues. It does not, however, identify what specific mental health issue or issues the person is suffering from.

Towards that end, we turn to our support partners to further evaluate those who screened positive under the RHS-15. We will show you how this works in just a while.

Another limitation of RHS-15 is its sensitivity and specificity as a validated tool. To maintain its validity, only the published translated versions can be administered. In the words of Beth Farmer, one of the principal developers for RHS-15 said *"It is more difficult over the phone because the interpreter cannot "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 [over the phone], but it may affect the sensitivity of the instrument.*

- 11) Just to review ... RHS-15 is a validated screening tool, predictive of Anxiety, Depression, PTSD, and emotional distress. As of 2016, it is available in 15 languages, and can be administered to refugees 14 years old or older.
- 12) How can you bring RHS-15 to your community?

Through the Virginia Refugee Healing Partnership, this has been done in communities like Roanoke, Hampton Roads, Fredericksburg, Greater Richmond, Charlottesville,

Harrisonburg, and Northern Virginia where we have developed a mental health council and/or a mental health referral system. However, if this is the first time RHS-15 is introduced in your locality, it is important that the infrastructure is laid out before screening begins. This includes:

Identifying who will be screened and consider the demographics. Will you be screening for Nepali population only, or those proficient in Arabic language? It is recommended that you start with the population that you are familiar with. This will help you better prepare for the instrument needed, as well as getting familiar with providing the test instructions.

Identifying the refugee health screening entity in your community and consider the screening setting. Will you be administering the test in the library, at the client's house, at your agency? Provide a place where there are no distractions during testing. If the client has children tagging along, make sure there is a sitter so the parent can focus on the testing.

Considering the capacity of community mental health providers and build that capacity if needed. Before administering the RHS-15, you must have contacted providers who can serve the client if he/she scored positive. Without this, your effort is not effective. Remember, RHS-15 only indicates risk for mental health. It does not indicate what kind of mental health issue this person is suffering from or at risk of.

Innovating a better continuum of care for refugees and consider local conditions. If you live in Arlington, Charlottesville, Hampton, Henrico, Fairfax, Fredericksburg, Harrisonburg, Newport News, Richmond, and Roanoke, it is most likely that there is an existing refugee mental health referral system that you can use. If not, it's time to find local providers who can help.

Convening stakeholders to implement the RHS-15. If you live in Fredericksburg, Henrico, Northern Virginia, and Roanoke, you may contact the local mental health council which is a group that leads the mental health initiative in the area. For more info about the local mental health council and referral system, check the website posted on your screen.

13) 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.), resettlement staff medical and mental health personnel, and refugee leaders, can get trained to administer the RHS-15. I have even trained medical students who are members of the local refugee mental health council to administer the RHS-15. It takes about 15 minutes. The key is being familiar with the script to communicate important messages to the client.

WHEN should the RHS-15 be administered?

The timing may differ based on the family, screening flow, time constraints, or other considerations. It can be administered, and re-administered as needed.



14) So, how to introduce the RHS-15 to the client

The introduction of the screening tool may be one of the most important elements in its administration. There are countries which are in high-income range where there is a psychiatrist for every 2,000 people. And there are other countries - in Africa, Asia, also in Latin America - where there is one mental health worker for 1 million or more population. In other words, there are some countries where there is a population of 19 million and just three psychiatrists. This means that newcomers from many parts of the world are not familiar with the behavioral health system as we know it. The way we present the activity will determine whether individuals decide to pursue the screening and follow-up.

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 needed, you or your agency can help find extra support so they can better adjust, adapt, and integrate in America.

15) This is the recommended script to explain RHS-15 to client:

“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.”

Highlight the last sentence because some refugees may have trust issues so it is important to reassure them that their answers are kept confidential and will not be shared without their permission.

16) When 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 give they time to process what they heard. For interpreters, this will allow them to translate more accurately.
- Ask only one question at a time.
- Be ready to restate what you said in different words to help everybody understand what you mean.

17) When using an interpreter (face to face, video, or telephone), it is best that the test administrator and the interpreter holds a pre-session. In a video or telephone interpreting setting, it is best to send a copy for the interpreter to read. On the spot interpreting is highly discouraged because it can affect the validity of the instrument.

- Always allow enough time for the interpreter to interpret and for the patient 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 feel ready to take the RHS-15 assessment.
- 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.

18) About the telephone interpreter administration:

Beth Farmer, Pathways Program director has this to say: “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.”

19) Before administering the test, remember to:

- Repeat the instructions and review the scale
- 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.
- The test administrator must stay with the client/s the entire time of screening.

20) Once again, RHS-15 is valid for:

- Refugees
- Aged 14 and over
- Client able to self-administer (or self-administer with interpreter)
- The test is taken in translated version/own language if the client has limited English proficiency

21) How to fill out the demographic information

- The Name - If possible, encourage the client to write his/her name in English. If unable to do so, ask the interpreter and write the name as it sounds in English. In some cultures, they carry the name of their parents and grandparents... so you will see double names such as Boutros Boutrous GHali. In other cultures, they don’t have last names, just 2 first names. But when they register, one name becomes the first name; the other name becomes the last name – such as Pah Tu, or Sweh Hlah or Lin Seng. These 3 are Father, mother and Son. Just reading it, you won’t have a clue that they are related. For our own purposes, if you are not sure, confirm this by counter checking with available documents, i.e. Social security card, I-94, etc.
- Date of birth - Ensure that the client is 14 years or older. In my work with refugees, noticed that many were born January 1st. This peaked my curiosity and I asked. I found out that it is just the closest estimate if the refugee does not know or can’t remember his or her birthday. That happens in the registration process when they register in the refugee camp.



- Gender – RHS-15 is not gender biased but interpreting in the context of culture may have significant impact for the provider or clinician.
- Date of Arrival – This is important as a reference point. We mentioned earlier that refugees are vulnerable to stress and high risk for mental health issues at a certain period of their resettlement. Exact day may not be necessary but at least month & year must be indicated.
- Health ID. If available, this can help track down records. You can create your own if you are not affiliated with any agency.
- Down here at the bottom, administered by – Should always be “self-administered” even with the help of interpreter, or someone is writing the answer of the client.
- Date of Screen: Please complete this before scoring the paper. These, too are very important information.

22) Administering the RHS-15

This is what the RHS-15 questionnaire looks like. If the client is proficient, he/she can complete the screening in 15 minutes. With interpreter, it takes longer. Please note that there is no time limit in taking the RHS-15.

Also, the RHS-15 can be administered individually or as a group.

To start, clearly explain how the RHS-15 can be answered. Explain both the numbers (0-4) and the illustration system which can be in a cup or bottle. In the United States, we write left to right. Usually, numbers on the left have lower value than the ones on the right. However, in some cultures, they write right to left. And so, 4, which is of high value in the United States may mean low value to other cultures. Because of this, we can't get the accurate result of the client's answer unless we are very specific and clear with our instructions.

This is the Amharic version. Notice that here on top; you have the instruction written in both English and Amharic. Amharic is a dominant language used in Ethiopia. The questions can be answered from 0-4.

Items 1- 13 can be answered by 0-4. 0 means the client is not bothered at all and 4 means the client is extremely bothered by the symptom.

23) On the left is the Swahili version. Also show that item 14 can still be answered in 0-4 but this is a sentence description. So the descriptions are longer and different from the questions 1-13. Swahili is the used in African countries like Kenya, Uganda, Rwanda, Congo, etc.

On the right is the RHS-15 thermometer in Nepali. This shows how item 15, the distress thermometer, will be answered. Instead of 0-4, this one has 1-10, a totally different scale. So, if the frame of mind still thinks of 0-4, the individual may think that 4 is still the highest value, when in fact it is not. The Nepali version of RHS-15 is used for refugees from Bhutan, if they are not English proficient.



24) 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 if 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.

25) On telephone administered screening, again, Beth Farmer says:

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 [not] 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."

26) Scoring the RHS-15

Scoring the RHS-15 is easy. Just count all the scores indicated by the client. Say the answer for question number one is 3, for question number 2 is 4, question 3 is 1... so 4+3+1... Etc. up to question 13. Get the total then compare with the standard scores know if the client is positive or negative for mental health risk. Positive scores mean the client needs a referral to a provider for further evaluation. There are 2 ways that a client can score positive for mental health risk:

- If the total score in items 1- 14 is equal to or greater than 12, the person is positive for mental health risk.
- If the score in the distress thermometer is equal to or greater than 5, the person is positive for mental health risk.

Note that the higher the score, the greater the risk. The thing is, we just don't know what mental health issues this person is suffering from. Therefore a referral for evaluation becomes necessary.

Generally, about 25-30 per cent of refugees can be screened positive for mental health risk, although some refugee population can be higher. In one resettlement area, the medical liaison found that 55% were positive because at that time, most of the refugee arrivals came from war ravaged areas. In this situation, there is a need to prioritize because the referral system may not adequately support the need.

27) Referral

When the refugee is screened positive, there is also a script. This ensures that all important information is conveyed to the client so he/she can make proper decisions. We are hoping that the client will choose to continue with the process. Remember, the whole process voluntary. Clients can choose to quit at any moment. So our role is to encourage them to continue and complete the process so they can be helped. It is only when they agree willingly that referral can proceed and treatment becomes effective.



28) Let's summarize...

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.

Using 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 needed, let client demonstrates how to respond. 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.)

If you're local community has a refugee mental health referral system and affiliated with the Virginia Refugee Healing Partnership, you can use this to help find a provider who is already knowledgeable about refugee situations.

29) The Mental Health Referral System

This is how the Mental Health Referral System looks like. For our sample here, we are using the Roanoke Refugee Mental Health Referral System developed by Angelica Colagreco. It's the Roanoke Refugee Mental Health Council who developed this chart, and the rest of the councils have adapted it, listing the community partners in their locality.

30) The Monitoring System

A document, when updated regularly, become an indicator of how well the referral system works, how many benefitted from the system, what needs to be done to strengthen the system, and what direction will the system need to go. On another note, it could be used to support request for funding through grants, activities, proposals, etc.

31) The summary for the referral system is as follows:

Step 1 - Screen using the RHS-15. If scored positive, offer referral and get consent for further evaluation and release of information.

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.



Step 3 – Follow-up with evaluating agency if there is something you can do to help (explaining insurance information, cultural differences, etc.) Record your information in the Mental Health Monitoring Sheet.

32) We are about to end, so to review the session:

- The Virginia Refugee 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 RHS-15 and can administer the tool.
- The effectiveness of the RHS-15 depends on the accuracy by which the administrator conducts the screening.

33) Qualified Cultural Navigator – Mental Health

This webinar for RHS-15 is also accepted as supporting documentation for qualification as Qualified Cultural Navigator in Mental Health, an entry level workforce development program of the Department of Behavioral Health and Developmental Services. More info about the QCN program through the web shown on your screen.

34) Disclaimer

The presenters of this webinar receive no monetary compensation for this presentation. The Virginia Department of Behavioral Health Developmental Services does not charge fees to access this training.

35) Contact Information

For training or other support related to RHS-15 or the Virginia Refugee Healing Partnership, contact: oclc@dbhds.virginia.gov

Thank you.