



Virginia Department of  
Behavioral Health &  
Developmental Services

# WELCOME

## Virginia Healing Partnership Administering the RHS-15

Presenters

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# Objectives:

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

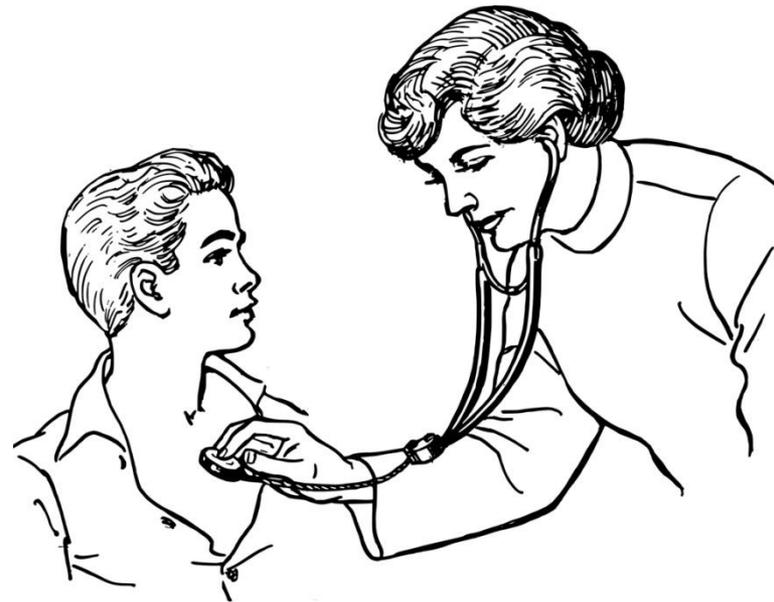
- Understand the role of RHS-15 in the Virginia Healing Partnership Initiative
- Know the Refugee Health Screener -15 (RHS-15) and understand its limitations as a screening tool for refugee mental health
- Gain confidence to administer the RHS-15 and develop community referral network

# 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.

# The Refugee Health Screener-15



**Refugee Health Screener-15 (RHS-15)**  
English Version

*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.*

**DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_ Health ID: \_\_\_\_\_  
Administered by: \_\_\_\_\_ Date of Screen: \_\_\_\_\_

Developed by the Pathways to Wellness project and generously funded by Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, United Way of King County, Medina Foundation, The Seattle Foundation, Boeing Employees Community Fund and M.J. Murdock Charitable Trust.

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Pathways to Wellness: Integrating Refugee Health and Well-Being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Service, Public Health Seattle & King County, and Michael Hollifield, M.D. of Pacific Institute for Research & Evaluation. For more information, please contact The Pathways Project at 206-816-3253 or [pathways@lcsnw.org](mailto:pathways@lcsnw.org).

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](mailto:oclc@dbhds.virginia.gov)
2. Independent organizations can request from: [http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15\\_Packet\\_PathwaysToWellness-1.pdf](http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf)

# 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.

# RHS-15 Replication Guideline

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.

# Script for introducing RHS-15

*“ 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 give 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 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

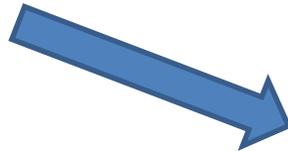
- Repeat the instructions and review the scale with the client
- Ask for clarity by asking if anyone has any questions
- If administered as a group, remind each family member to answer their own questions individually. It's about oneself, not the family.
- Double check that each item was completed when 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



**PATHWAYS TO WELLNESS**  
Empowering Refugee Health and Well-Being

**Refugee Health Screener-15 (RHS-15)**  
English Version

**DEMOGRAPHIC INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Arrival \_\_\_\_\_ Health ID \_\_\_\_\_  
Administered by \_\_\_\_\_ Date of Screen \_\_\_\_\_

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# Administering the RHS-15

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

ID# \_\_\_\_\_

DATE: \_\_\_\_\_

**የሰደተኛ ጤና ማጣራያ (RHS-15)**

REFUGEE HEALTH SCREENER-15 (RHS-15)



መመሪያዎች፡ በእያንዳንዱ ስሜት ስር አጠገብ የሚገኘውን መመዘኛ በመጠቀም፣ እባክዎን ባለፈው ወር ውስጥ የነበረውን የሕመምዎን ደረጃ በተገቢው ዓመድ ውስጥ ምልክት ያድርጉ። ባለፈው ወር ውስጥ ሕመሙ ያመመዎት ካልነበረ፣ “በፍጹም” በሚለው አኳያ ይከበሩ።

**INSTRUCTIONS:** Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle “NOT AT ALL.”

					
ስሜቶች <b>SYMPTOMS</b>	በፍጹም NOT AT ALL	ትንሽ A LITTLE BIT	በመጠኑ MODERATELY	ከፍተኛ QUITE A BIT	ከፍተኛ EXTREMELY
1. የጡንቻ (ጅምት)፣ የአጥንቶች መጋጠሚያ ሕመሞች Muscle, bone, joint pains	0	1	2	3	4
2. አብዛኛውን ጊዜ የመጫጫን ስሜት፣ የማዘን፣ ወይም ደስተኛ አለመሆን Feeling down, sad, or blue most of the time	0	1	2	3	4
3. ከሚገባ በላይ አብዝቶ ማሰብ ወይም ማውጣት ማውረድ Too much thinking or too many thoughts	0	1	2	3	4

Amharic Version

# Administering the RHS-15

UCHUNGUZI WA AFYA YA MKIMBIZI-15 (UAM-15)  
REFUGEE HEALTH SCREENER-15 (RHS-15)

PATHWAYS TO WELLNESS

ID# / KITAMBULISHO# \_\_\_\_\_  
DATE / TAREHE: \_\_\_\_\_

14. Kwa ujumla kuhusu maisha yako, je unajisikia kwamba:  
Circle the one best response below. Do you feel that you are:

Una uwezo wa kushughulikia (kukabiliana na) kitu chochote Able to handle (cope with) anything	0
Una uwezo wa kushughulikia (kukabiliana na) mambo mengi Able to handle (cope with) most things	1
Una uwezo wa kushughulikia (kukabiliana na) baadhi ya vitu, lakini huwezi kukabiliana na vitu vingine Able to handle (cope with) some things, but not able to cope with other things	2
Huwezi kukabiliana na vitu vingi Unable to cope with most things	3
Huwezi kukabiliana na chochote Unable to cope with anything	4

Add Total Score of items 1-14

Swahili Version

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

15. वेचैन (डिस्ट्रेस) मापन थर्मोमीटर  
Distress Thermometer

तपाईंले भोगिरहनु भएको वेचैनलाई राम्ररी बर्णन गर्नको लागि आज लगायत गत हप्ता तपाईंले अनुभव गरिरहनु भएको वेचैनलाई नम्बर (0 देखि 10 सम्म) मा कृपया चिन्ह लगाउनुहोस्।

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

अत्यधिक वेचैन भएका  
"मलाई पहिले कहिले नलागेको तर  
म्रो लागेको छ"  
EXTREME DISTRESS  
"I feel as bad as I ever have"

वेचैन नभएको  
"कुराहरु राम्रा हुदैछन्"  
NO DISTRESS  
"things are good"

Nepali Version

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.**

# Telephone assisted screening

*“ 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

**SCORING**

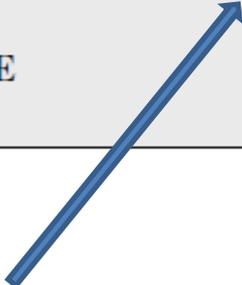
Screening is **POSITIVE**

1. If Items 1-14 is  $\geq 12$  OR
2. Distress Thermometer is  $\geq 5$

**CIRCLE ONE:**                      **SCREEN NEGATIVE**                      **SCREEN POSITIVE**

Self administered: \_\_\_\_\_  
Not self administered: \_\_\_\_\_

**REFER FOR SERVICES**



**Note:** Should always be “self-administered” even with the help of interpreter, or someone is writing the answer for the client.

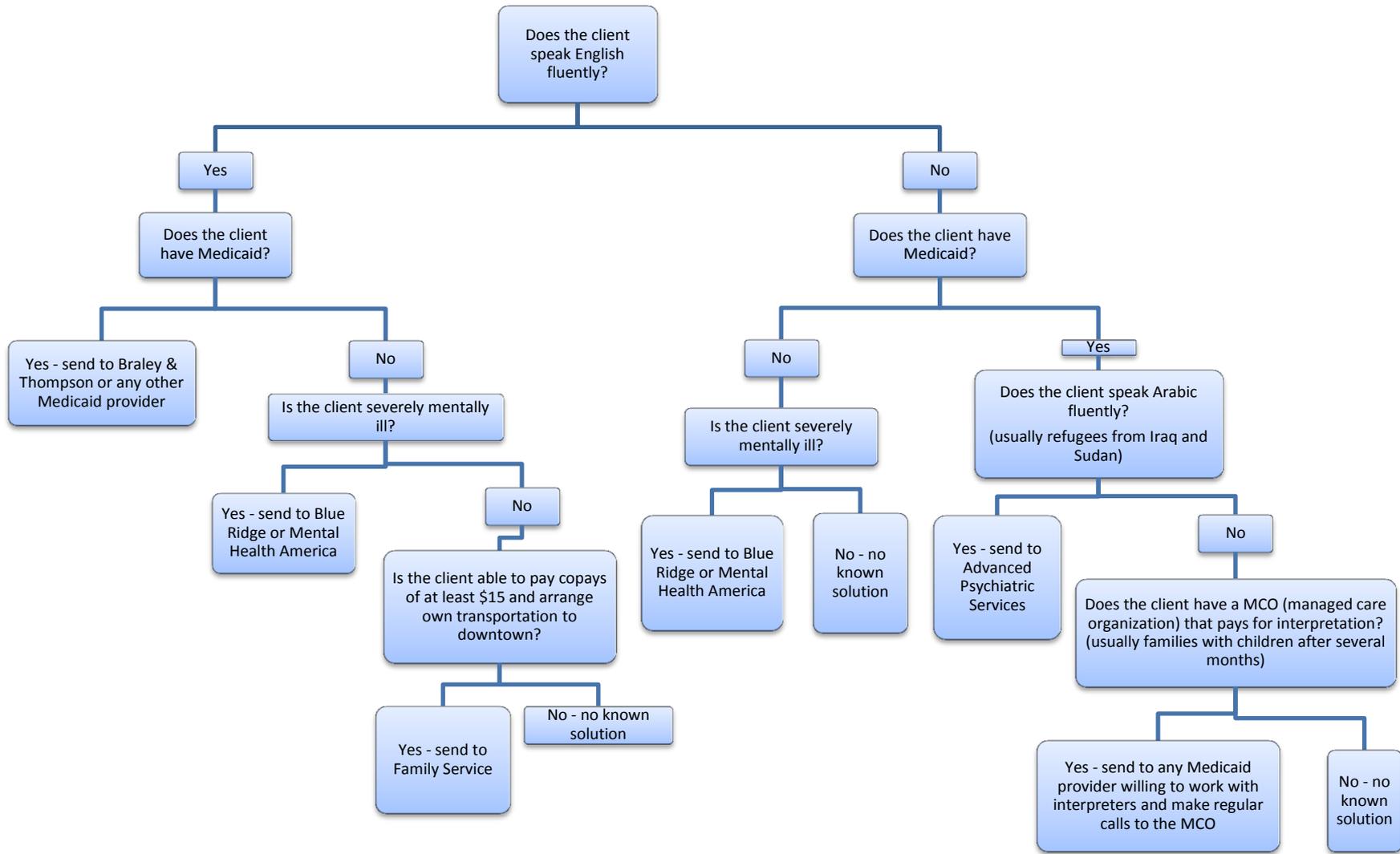
# Referral Script

***“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?”***

# Summary in Administering the RHS-15

- 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



# The Referral Monitoring Sheet

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.

# Qualified Cultural Navigator-Mental Health

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](http://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](mailto:oclc@dbhds.virginia.gov)**

# Certificate of Completion

This certifies that

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

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Date

Cecily Rodriguez  
Director, Health  
Equity Advancement