

**Addressing Mental Health Needs within
Refugee Communities: A Growing Concern**

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THE ISSUE

There is a high rate of mental health issues within the U.S. refugee population. The majority of these psychological ailments are attributed to the traumatic experiences endured during the migration process.¹ As a result, new arrivals typically have pre-existing mental health conditions with the two most prevalent being Post Traumatic Stress Disorder (PTSD) and Depression.² Unfortunately, the majority of refugees will not receive adequate care upon resettlement. In fact, mental health services are one of the most significant needs which remain unmet particularly within refugee communities.³ This is alarming as the refugee population is predicted to continue to increase. A recent report has indicated as many as 70,000 refugees enter the U.S. from over 78 countries each year.⁴ This quota is expected to reach 100,000 by the year 2017.⁵

While the process of resettlement involves a complete medical examination, the vagueness and ambiguity of the guidelines established at the regulatory level often result in inadequate screenings that fail to identify significant mental health issues or provide appropriate referrals. This leads to an increase in mental health disparities of refugees and a significant social justice issue.

This brief discusses the current policy which regulates the medical screening of refugees before entry as well as post-arrival. This regulatory policy makes it possible to screen for and identify mental health issues for refugees as well as providing referrals for future follow-ups. By utilizing the strengths of the policy and fine-tuning its potential weaknesses, this would be the ideal vehicle by which mental health disparities of the refugee population could be adequately addressed and significantly reduced.

BACKGROUND

The Medical Examination of Aliens-Revisions to Medical Screening Process, A Final Rule by the Health and Human Services Department was adopted on 1/26/2016.⁶ The policy is fundamentally important in the quest to improve mental health among refugee communities because it regulates the medical examination process of aliens coming into the U.S. This included all individuals which have obtained refugee status and are attempting to resettle in the country. The ruling targets noncitizens outside the U.S applying for immigration, individuals entering the U.S. that are required by the Department of Homeland

Security to have an exam as part of the determination of admissibility process and individuals applying to change immigration status to that of permanent resident.⁷ This particular policy amends regulation regarding the medical screening of refugees entering the U.S. and revises the evaluation criteria to include a more comprehensive

mental health screening. The ruling is expected to better enforce policy related to the medical screening of entering refugees and the notification of identified conditions to DHS officers.⁸ Under the policy, eligibility to receive a full medical examination, including a mental health screening, is based on the process of entry and those with refugee status are expected to undergo a second medical evaluation within 30 to 90 days upon arrival to the U.S. These services are funded through the Office of Refugee Resettlement, a federal entity, which provides funding to State governments for local agencies to execute post-arrival screenings.⁹

POLICY STRENGTHS

Through the use of mandates, the measure is vital as it requires the target population to take part in an initial point of service to identify medical and mental health needs during the determination of admissibility process.¹⁰ Though traditionally used as a

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means to deny entry to individuals that could pose a significant public health risk, this process allows for the opportunity to obtain needed referrals for future follow-ups. The ruling also specifies a secondary point of service within 30 to 90 days post-arrival by providing medical evaluation to assess for needs not previously addressed or identified.

This regulatory policy is enforced through an intricate system-changing approach involving federal, state and local government agencies. Responsibility of enforcing policy shifts from the U.S. Department of Homeland Security to the Department of Office of Refugee Resettlement (ORR). ORR operates within the umbrella of the Department of Health and Human Services and in conjunction with the Center for Disease Control and Prevention which set the guidelines for the actual procedures.¹¹ Responsibility for conducting post-entry medical examinations is then handed down to the various state governments who in turn hand the task of conducting medical examinations over to local government agencies.¹² In doing so, U.S. refugees are able to receive a medical examination and mental health screening at or near their final resettlement destination. This provides the ideal setting for access and referrals to other community resources catering to the needs of refugees.

POLICY WEAKNESSES

While the responsibility for implementing this ruling shifts from federal to local government, guidelines for conducting mental health screening remain vague and inconsistent. For instance, CDC guidelines for pre-entry screening instruct physicians to focus on identifying mental disorders involving harmful behaviors and substance abuse. These guidelines also discourage PTSD and Depression screening for children under 16 years old.¹³ By discouraging adequate mental health screening of refugees, many mental health issues will go virtually unaddressed after resettlement and those in great need will most likely not receive adequate referrals for services. Moreover, mental health screenings are conducted during informal conversations and without the use of a valid screening tool during post-entry.¹⁴ Though the policy could

be the method for setting national standards, there are currently no official protocols for carrying out mental health exams, referrals or follow-ups before or after U.S. entry.

Another significant weakness of this policy can be seen during the implementation of the system-changing approach across various levels of government. There seems to be a disconnect between the various government agency goals and the delivery of services when shifting the responsibility of executing mental health screenings for refugees. For instance, during pre-entry, refugees are mandated to undergo a medical examination for determination entry determination by the U.S. Department of Homeland Security. However, the specific purpose of the post-arrival medical evaluation is unclear at both the state and local level other than it serves as an additional assessment.

RECOMMENDATIONS

This regulatory ruling would be most effective if clear and adequate guidelines were established for preliminary and post-entry mental health screenings to encompass all age groups and the full spectrum of DSM V disorders. In addition, a clear plan of action for referring refugees with identified mental health issues to community resources should also be incorporated into these guidelines. Mandating the adoption of these newly developed procedures at a national level would help mainstream the process in a more uniform fashion. Moreover, establishing a concise protocol for the medical examinations and mental health screening of refugees and developing a clear action plan for referrals would significantly improve the quality of life for refugees resettling in the U.S. It is recommended that key stake holders create research committees to review pertinent data for the revision and development of clearer protocols to properly identify and address the mental health needs of refugees coming into the country.

It is also recommended that legislators consider contract solicitations for conducting the medical examinations of refugees, especially post-arrival screenings. It would be beneficial if all post-entry mental health

screenings were conducted by a specialized national private entity equipped to undertake such task. The privatization of medical and mental health screenings for refugees has worked well in other industrialized countries such as Australia, where policy compliance is controlled through a combination of abatements and incentives.¹⁵ This would guarantee a more uniform approach to enforcing the policy ruling nationally and help establish service hubs in or near resettlement communities.

Adopting these recommendations would provide a more consistent and adequate framework for professionals conducting medical examinations and mental screenings of refugees. This would, in turn, lead to improvement in identifying significant mental health issues of refugees and a stronger method of referral for services. Though adequate identification of mental health issues does not automatically lead to usage of community resources, it does provide the opportunity for those in need to.

RESOURCES

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⁷ U.S. Citizenship and Immigration Services. (2015).

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¹¹ Office of Refugee Resettlement. (2012). The refugee act. <http://www.acf.hhs.gov/programs/orr/resource/the-refugee-act>

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