

## Background

- Over 110 million individuals are forcibly displaced from their homes, creating a global refugee crisis.
- Resettled refugees in the United States are historically underserved and understudied.
- Nearly 15,000 Afghan refugees are currently in the Houston area, according to local resettlement agencies, making up one of the largest percentages of resettled refugees locally.
- Understanding the specific needs of each unique refugee population is crucial for improving health outcomes via individual, local, and national support.
- Insecure residency status and limited access to services, work, and education worsens refugee mental health.
- Refugees may avoid mental health services due to stigma or lack of trust in and knowledge of services.

## Objective

- To assess levels of mental distress, substance use, and utilization of mental health services in an Afghan refugee community in Houston, Texas.

## Methods

- 74 Afghan Refugees were surveyed via interpreter (77% female, 23% male, age range 30-39 years)
- Participants attested to several physical or emotional symptoms and distress levels as outlined by the Refugee Health Screener-15 (RHS-15). RHS-15 is a widely used and validated tool for mental health screening in refugees that has been translated into many languages.
- An average score of  $\geq 0.88$  on the RHS-15 was considered positive for a high risk of PTSD and/or MDD.
- A self-reported distress score  $\geq 5$  (out of 10) indicated a clinically significant level of distress.
- Participants assessed utilization of mental health services and substance use.

## The Refugee Health Screener-15

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

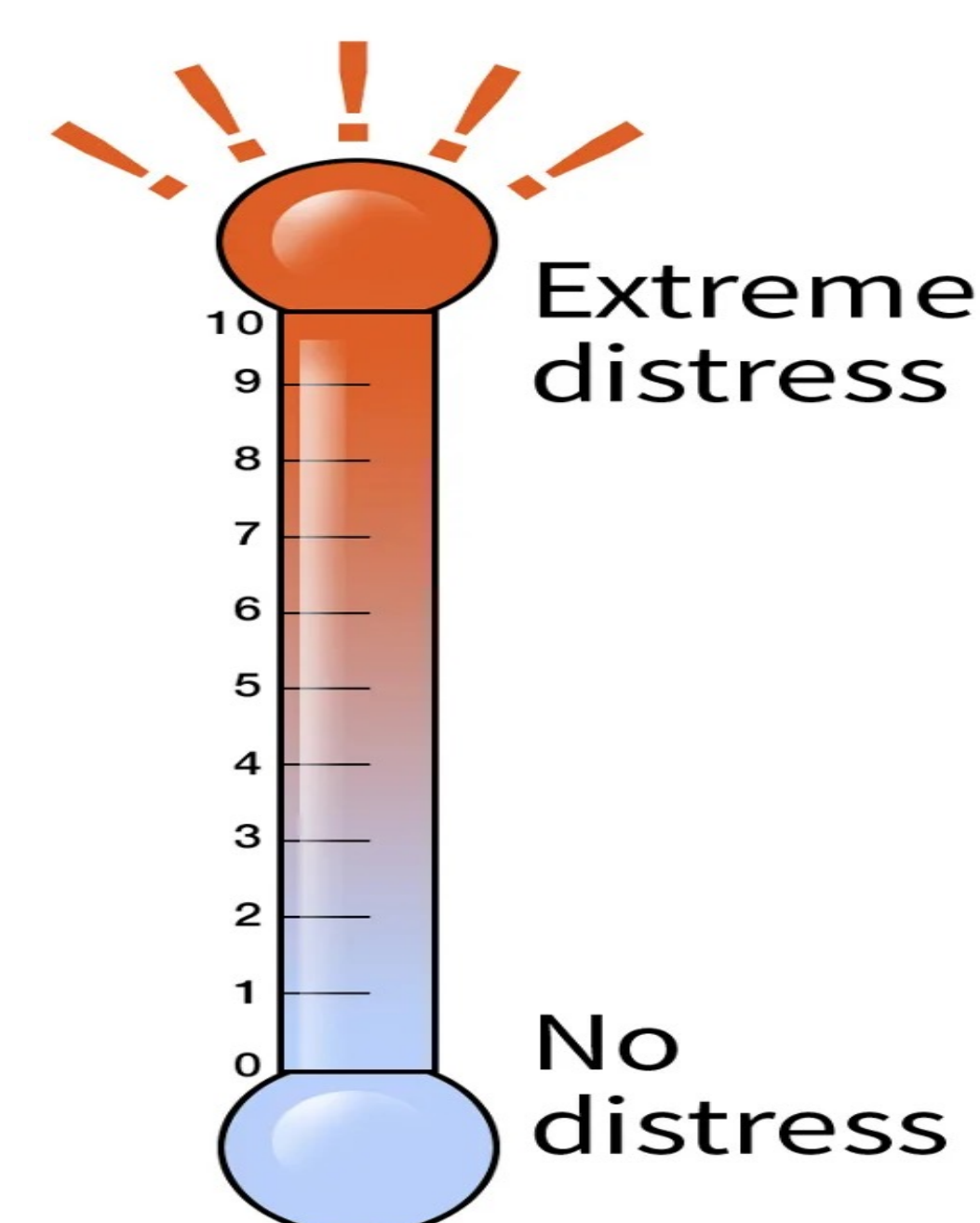
The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

14. Generally over your life, do you feel that you are:

Able to handle (cope with) anything that comes your way .....	0
Able to handle (cope with) most things that come your way .....	1
Able to handle (cope with) some things, but not able to cope with other things.....	2
Unable to cope with most things.....	3
Unable to cope with anything .....	4

### The Distress Thermometer



## Key Findings

**Over a third of Afghan refugees qualified as high risk for PTSD and depression on the RHS-15.**

**However, only 10.7% have utilized mental health services in the past 12 months.**

**And only 10.7% who did not use those services reported having needed them.**

**Figure 1.** Self-reported utilization and perceived need of mental health services in the past 12-months of Afghan refugees and their children

	Had Used Mental Health Services n (%)	Had Not Used Mental Health Services and Needed Them n (%)	Had Not Used Mental Health Services and Did Not Need Them n (%)
<b>Adults</b>	6 (10.7%)	6 (10.7%)	44 (78.6%)
<b>Children</b>	0%	4 (11.1%)	39 (90.7%)

- A positive RHS-15 score was present in 38.7% of the adult population.
- 35% of participants reported a distress score  $\geq 5$ .
- At least 10% of this population likely needs mental health services but does not believe they need help.
- Parents perceived their children to be less in need of mental health services than themselves.
- Tobacco use was reported by 16.7% (slightly lower than the national average), all who reported using cigarettes.

## Conclusions

- This Afghan refugee population demonstrates theoretical rates of PTSD and depression higher than the average American.
- Although tobacco use was slightly lower than the national average, there is still a need for intervention and education in current tobacco users.
- The discrepancy between RHS-15 scores and perceived need suggest a potential knowledge gap regarding when and how one should seek mental health care.
- Possible future steps include connecting culturally-competent psychiatric services with the community, psychiatric home visits, and community-based approaches.

## References

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