

Kris Nelson Community-Based Research Program

...a program of the Center for Urban and Regional Affairs (CURA)

Investigating Barriers to Mental Health Care for Minnesota's Refugee Populations

Prepared in partnership with
The Center for Victims of Torture

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Center for Urban and
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Project Background

This particular project is one phase of an ongoing, multiphase research project to improve the mental health care services for refugees in Minnesota. The overall project is a partnership between the University of Minnesota School of Social Work, the Center for Victims of Torture, Minnesota health plans, refugee health screening clinics, mental health providers, refugee leaders, and the Minnesota Department of Public Health Refugee Health Coordinator's Office. For this particular project, the Center for Victims of Torture partnered with the University of Minnesota School of Social Work to evaluate the effectiveness of the mental health service delivery system for refugees in need of mental health services in Minnesota. The goal of this specific project is to identify the barriers to mental health care services for newly-arrived refugees.

The specific task of this project was to collect stories of both successful and unsuccessful referrals made and stories of both successful and unsuccessful referrals received. After we collected the stories, we would analyze the stories. Using these stories, we would identify the barriers to mental health services for refugees.

For this project, we reached out to mental health providers, primary care physicians, social workers, primary care clinics, public health clinics, ethnic community-based organizations, refugee resettlement organizations, social service agencies, English-language teachers, religious institutions, and legal clinics. We asked individuals to share detailed stories of referrals they had either made or received and whether or not those referrals were successful or unsuccessful; that is, whether or not the refugee was able to attend at least one appointment with a mental health provider.

The results of this research have the potential to be quite significant. The results will benefit Minnesota's refugees as well as assist mental health providers, agencies, and policymakers in improving the overall mental health delivery system.

Summary of Tasks

Between May and August of 2013, I was supported by a CURA grant to work as a research assistant with this project. My specific tasks were to: 1) Assist in the recruitment of research participants; 2) Monitor the progress and results of our online survey; and 3) Create a spreadsheet to prepare the data for analysis.

Assist in Recruitment

There were four individuals who were part of the data collection stage. My specific task was to recruit mental health providers. I was given an initial list of mental health providers who were identified as working primarily with refugee populations. After contacting those individuals, I conducted an online search for mental health providers using the online search engine available on each health plans' websites. These health plans were identified through their participation in Minnesota's Prepaid Medical Assistance Program (PMAP), which serves families and children who meet certain income limits. I searched only the websites of those health plans serving Hennepin and Ramsey counties. These health plans included Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, UCare, and Hennepin Health.

Blue Cross and Blue Shield of Minnesota (BCBS). BCBS provides a provider directory for its participants. This directory can be viewed online or downloaded and printed by participants who are seeking mental health services. I identified mental health providers in Minneapolis and St. Paul, and contacted those organizations and individuals

HealthPartners. On the HealthPartners website, I navigated to the provider search webpage. I chose the city Minneapolis and chose mental health as the specialty to narrow the

search. After searching for mental health providers in Minneapolis, I performed a similar search for providers in St. Paul.

Medica. On the Medica website, I searched for clinicians in Minneapolis and clinicians in St. Paul. For the “Area of Expertise” option on the Medica website, I selected “Post Traumatic Stress Disorder (PTSD)”.

UCare. Similar to the previous searches, I navigated to the UCare provider search webpage. I searched for providers in Minneapolis and providers in St. Paul. I chose the specialty “Post Traumatic Stress Disorder” to narrow my search.

Hennepin Health. Hennepin Health is available only to individuals who reside in Hennepin County and qualify for Medicaid. Of all of the health plans, Hennepin Health serves the fewest participants. Hennepin Health provides a provider directory for its participants. I contacted providers in Hennepin County and Ramsey County.

Language option. In addition to searching specifically for those who provide mental health services, I also narrowed the searches for providers who offer services in the languages of newly-arrived refugees and refugees who have been in Minnesota for a longer period of time. These languages included Karen, Burmese, Oromo, Nepali, Somali, Arabic, Hmong, Lao, and Vietnamese. These searches yielded mostly no results, especially for languages of newly-arrived refugees, and between one and three providers for languages of refugees who have been in Minnesota for a longer period of time.

Monitor Progress of Online Survey

The software we used to design our online survey was Qualtrics. While it was another research assistant’s main task was to develop the survey using Qualtrics, I was responsible for

monitoring the progress and results of the survey (see Appendix A). Throughout the week, I downloaded the results of the survey to make sure participants were providing enough details in their stories for data analysis. For individuals who did not provide enough details, another research assistant and I contacted those individuals and asked them to either meet to gather more data or asked those individuals to go back to the survey and provide additional details.

Additionally, we monitored the surveys to make sure we were receiving enough stories from a variety of participants. One challenge was to ensure we were receiving stories from a representative sample. I kept a list of the agency types and the number of respondents from each agency type to ensure we could report that we had a representative sample.

Preparation for Data Analysis

Another task was to prepare a spreadsheet of all the stories for analysis. I pulled all of the stories from the results of the survey and created an Excel spreadsheet for each of the following responses: successful referrals made, unsuccessful referrals made, successful referrals received, and unsuccessful referrals received. This spreadsheet had to be created specifically to meet the guidelines for the method of analysis, which is described later in this report.

Progress to Date

Although the CURA grant has ended, the research will continue with the data analysis, interpretation of results, and recommendations for the organizations, individuals, and policymakers involved in the mental health delivery system. The following summarizes the next steps of the project.

Coding Training

The research team was recently trained in the critical incident technique (CIT) by a research staff person from the Center for Victims of Torture. CIT requires participants to provide detailed, in-depth stories of events. These events are called critical incidents. During our training, we were given sample critical incidents and asked to code, or categorize, those incidents. Additionally, we learned how to organize the data and materials for the individuals who will assist in the coding of the data.

Identify Critical Incidents

Most recently, I completed the spreadsheet that includes all of the stories. Another research assistant and I will pull from each story the critical incidents. We have completed this task for the first three successful referrals made and for the first three unsuccessful referrals made. This was sent to our supervisor and the research staff person at the Center for Victims of Torture for approval. Following approval, we will continue with the rest of the stories. The following table illustrates how the critical incidents are identified in each story.

Table 1. Critical Incidents Technique

ID	Story	Critical Incident
001	The pt was referred for mental health services by her doctor. I then receive the referral from the doctor. I then call a mental health service agency, to register the pt. After registering the pt, I would make the appointment for the pt. Finally when the appointment is set up, I would set up a ride for the pt, if they did not have any transportation. Alot of my pt do nt speak or read English, so I have to go through all these process. I would track the pt status through out her visit here, and making sure she attends her mental health appointments.	1. I then receive the referral from the doctor. I then call a mental health service agency, to register the pt. After registering the pt, I would make the appointment for the pt.
		2. I would set up a ride for the pt, if they did not have any transportation.
		3. Alot of my pt do nt speak or read English, so I have to go through all these process [to assist with the referral].
		4. I would track the pt status through out her visit here, and making sure she attends her mental health appointments.

Next Steps

The next step for the research team is to identify the critical incidents from each story. Following this, the research team will train additional coders, who will assist in sorting the critical incidents, and identifying domains and categories. These domains and categories will help the research team analyze the data in order to determine the barriers that refugees in Minnesota face when accessing mental health services. These barriers will help the research team provide recommendations to individuals and organizations within the mental health delivery system and also inform the kinds of interventions needed to improve the mental health system in Minnesota, and surrounding states.

Key Learnings

This research assistant position provided a number of learning opportunities for me. The two key learnings for me were: 1) understanding the importance of relationship building in the recruitment process; and 2) learning more about the critical incident technique. I explain these two learning opportunities below.

Relationships. Building relationships is important in research, particularly in the data collection phase. I conducted mostly cold calls to individuals. While most individuals were cordial and provided me with their email addresses so that I could send them the link to the survey, many of these individuals did not actually complete the survey. The majority of individuals who completed the survey were individuals who were either familiar with the large-scale project or familiar with someone on the research team. This familiarity proved to be crucial in the response rate. When I contacted individuals I personally knew, and I asked them to complete the survey, they often did so within a day or two. While personally knowing individuals was helpful, the research team was also concerned with collecting data from a representative sample; therefore, following up with the cold calls was important too.

Critical Incident Technique. This method for data analysis is new to me. It is an interesting way to address the concerns of validity and reliability that both qualitative and quantitative researchers have. I look forward to the data analysis phase and am interested in the results of the study and the recommendations that will help to improve the mental health care for refugees in Minnesota.

Appendix A

“Investigating Barriers to Mental Health Care for Minnesota’s Refugee Populations” Survey

Refugee Mental Health Systems Evaluation

1 Part One: Introduction Dear Refugee Providers: The University of Minnesota is partnering with the Center for Victims of Torture (CVT) to evaluate the effectiveness of the mental health service delivery system for refugees in need of mental health services. This project was developed in response to an upcoming change in the state public health screening protocol to include mental health screening of all newly arriving refugees. We are collecting detailed confidential stories about refugees who you have referred to mental health services as well as stories about refugees who have been referred to you for mental health services. The survey should take 15 minutes or less. Your responses are automatically saved. You may close the survey at any time and re-enter where you left off by clicking the survey link again from the same computer. Your expertise is invaluable to guiding our efforts to evaluate and improve mental health service to refugees. Your responses will be kept confidential. We are collecting your information only if we need to follow up for clarification. Please assist us with completing this survey by July 29, 2013. Thank you for your assistance with this important project. I have read this introduction and agree to participate in this survey.

- Yes (1)
- No (2)

2 Name:

3 Date:

4 Email Address:

5 Phone:

6 Do you agree to be contacted for the purposes of further information or clarification of your answers, if necessary?

- Yes (1)
- No (2)

7 Gender:

- Male (1)
- Female (2)
- Other (3) _____

8 Highest Level of Professional Education

- High School Degree or GED (1)
- Bachelor's Degree (please enter degree & field) (2) _____
- Master's Degree (please enter degree & field) (3) _____
- Ph.D. (please enter degree & field) (4) _____
- M.D. (please enter any specialization) (5) _____
- Other: (6) _____

9 What language(s) do you speak?

10 Organization Name and Address:

11 Briefly, what services does your agency provide?

12 Position title and brief description of your role:

13 Years of experience at current job:

- Less than 1 year (1)
- 2-5 years (2)
- 5-10 years (3)
- More than 10 years (4)

14 Population(s) you serve (check all that apply):

- Refugees (1)
- Asylees (2)
- Immigrants (3)
- Non-immigrants (4)
- I don't know (5)

15 Number of years of experience working with refugees:

- Less than one year (1)
- 2-5 years (2)
- 5-10 years (3)
- More than 10 years (4)

16 How recently, if ever, have you completed specific training(s) about refugee mental health? (Check all that apply)

- Never (1)
- In the past year (2)
- In the past 5 years (4)
- More than 5 years ago (5)

17 Name(s) of organization(s) who provided the training(s) on refugee mental health:

18 Which best describes your professional role? (check all that apply):

- I am a mental health provider (1)
- I work for a clinic, agency, or other organization that serves refugees (2)
- I work for a health plan (3)

19 Which, if any, health plans do you accept?

- Blue Plus (1)
- Health Partners (2)
- Hennepin Health (3)
- Medica (4)
- Medical Assistance (MA) (5)
- UCare (6)
- None of the above (7)

20 Organization Type:

- Primary Care Clinic (1)
- Public Health Clinic (2)
- Ethnic Community Based Organization/Mutual Assistance Association (3)
- Minnesota Department of Health (4)
- Resettlement Agency (Volag) (5)
- Legal Clinic (6)
- School (K-12) (7)
- Child Welfare (8)
- ELL or Adult School (9)
- Social Services Agency (10)
- Other: (11) _____

21 Does your clinic offer refugee health screenings?

- Yes (1)
- No (2)

22 Which health plan do you work for?

- Blue Plus (1)
- Health Partners (2)
- Hennepin Health (3)
- Medica (4)
- Medical Assistance (MA) (5)
- UCare (6)
- Other: (7) _____

23 Part Two: Making Refugee Mental Health Referrals In this section, we ask you to think of a few instances of when you referred or considered referring a refugee for mental health services. We are interested in knowing in detail what happened when you did or did not make the referral and why you think that happened. We also ask you to provide a brief description of the person and reason for referral. For each box that is checked below, you will have the option of giving two stories. Please describe stories in detail. Please check the boxes that describe the experiences you would like to share:

- I made a successful refugee mental health referral (attended at least one appointment) (8)
- I made an unsuccessful refugee mental health referral (did not attend one appointment) (9)
- I made a refugee mental health referral, and I do not know whether the person attended one appointment (10)
- I identified a refugee in need of mental health services, but I did not make a mental health referral (11)
- I have never made a refugee mental health referral (Skip this section) (12)

24 Please think of a time when you successfully referred a refugee for mental health services. Please briefly describe the person for whom you made the referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

25 Please describe in detail the steps that were taken in the referral process (i.e. what happened).

26 Why do you think the referral was successful?

27 How often are your refugee mental health referrals successful for the reasons you described in this instance?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

28 Would you like to share another story of a time when you successfully referred a refugee for mental health services?

- Yes (1)
- No (2)

29 Please think of another time when you successfully referred a refugee for mental health services. Please briefly describe the person for whom you made a referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

30 Please describe in detail the steps that were taken in the referral process (i.e. what happened)

31 Why do you think the referral was successful?

32 How often are your refugee mental health referrals successful for the reasons you described in this instance?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

33 Please think of a time when your attempt to refer a refugee for mental health services was unsuccessful. Please briefly describe the person for whom you made the referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

34 Please describe in detail what steps were taken in the referral process (i.e. what happened).

35 Why do you think the referral was unsuccessful?

36 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

37 Would you like to share another story of an unsuccessful referral of a refugee for mental health services?

- Yes (1)
- No (2)

38 Please think of another time when your attempt to refer a refugee for mental health services was unsuccessful. Please briefly describe the person for whom you made the referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

39 Please describe in detail what steps were taken in the referral process (i.e. what happened).

40 Why do you think the referral was unsuccessful?

41 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

42 Please think of a time when you referred a refugee for mental health services and you do not know whether the person attended at least one appointment. Please briefly describe the person for whom you made the referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

43 Please describe in detail the steps that were taken in the referral process (i.e. what happened).

44 Please explain why you do not know the outcome of the referral.

45 How often are you unaware of the outcome of your refugees referrals for mental health services?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

46 Would you like to share another story of a time when you referred a refugee for mental health services and you do not know the outcome of the referral?

- Yes (1)
- No (2)

47 Please think of another time when you referred a refugee for mental health services and you do not know whether the person attended at least one appointment. Please briefly describe the person for whom you made the referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

48 Please describe in detail the steps that were taken in the referral process (i.e. what happened).

49 Please explain why you do not know the outcome of the referral.

50 How often are you unaware of the outcome of your refugees referrals for mental health services?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

51 Please think of a time when you identified a refugee in need of mental health services but did not make a mental health referral. Please briefly describe the person (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

52 Please describe in detail what were the barriers to making a mental health referral.

53 Why do you think you encountered those barriers?

54 How often do you encounter the types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

55 Would you like to share another story of a time when you identified a refugee in need of mental health services but did not make a mental health referral?

- Yes (1)
- No (2)

56 Please think of another time when you identified a refugee in need of mental health services but you did not make a mental health referral. Please briefly describe the person (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

57 Please describe in detail what were the barriers to making a mental health referral.

58 Why do you think you encountered those barriers?

59 How often do you encounter the types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

60 Is there any other information or stories about making refugee mental health referrals that you would like to share?

61 Part Three: Receiving Refugee Mental Health Referrals In this section, we ask you to think of a few instances of when a refugee was referred to you for mental health services. We are interested in knowing the detailed steps in the referral process, including the outcome of the referral, and why you think that outcome resulted. We are also asking you to provide a brief description of the person you referred and reason for referral. Please describe stories in detail. Please check the boxes that describe the experiences you would like to share:

- I received a successful referral of a refugee for mental health services (attended at least one appointment) (1)
- I received an unsuccessful referral of a refugee for mental health services (did not attend at least one appointment) (2)
- I have never received a referral of a refugee for mental health services (Skip this section) (4)

62 Please think of a time when an attempt to refer a refugee to you for mental health services was successful. Please briefly describe the person who was referred to you (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

63 Please describe in detail what steps were taken in the referral process (i.e. what happened).

64 Why do you think the referral was successful?

65 How often are your refugee mental health referrals successful for the reasons you described in this instance?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

66 Would you like to share another story about a successful refugee referral to you for mental health services?

- Yes (1)
- No (2)

67 Please think of another time when an attempt to refer a refugee to you for mental health services was successful. Please briefly describe the person who was referred to you (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

68 Please describe in detail what steps were taken in the referral process (i.e. what happened).

69 Why do you think the referral was successful?

70 How often are your refugee mental health referrals successful for the reasons you described in this instance?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

71 Please think of a time when an attempt to refer a refugee to you for mental health services was unsuccessful. Please briefly describe the person who was referred to you (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

72 Please describe in detail what steps were taken in the referral process (i.e. what happened).

73 Why do you think the referral was unsuccessful?

74 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

75 Would you like to share another story of an unsuccessful refugee referral to you for mental health services?

- Yes (1)
- No (2)

76 Please think of another time when an attempt to refer a refugee to you for mental health services was unsuccessful. Please briefly describe the person who was referred to you (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

77 Please describe in detail what steps were taken in the referral process (i.e. what happened).

78 Why do you think the referral was unsuccessful?

79 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
1 (1)	<input type="radio"/>				

80 Is there any other information or stories about refugee mental health referrals that you would like to share?

81 Part Four: Because substance abuse has been identified as a problem for some refugees, we are interested in how refugees can or are accessing services for substance abuse treatment. This final section of the survey asks about your experiences making substance abuse treatment referrals for refugees. Please think of a time when you identified a refugee in need of substance abuse services and did or did not refer them to substance abuse services. Please check the box(es) that describe the story(ies) you would like to share:

- I made a successful referral of a refugee for substance abuse services (attended one appointment) (1)
- I made an unsuccessful referral of a refugee for substance abuse services (did not attend one appointment) (2)
- I made a referral of a refugee for substance abuse services, but I do not know if the person attended one appointment (3)
- I identified a refugee in need of substance abuse services and I did not make a substance abuse referral (4)
- I have never identified a refugee in need of substance abuse services (Skip this section) (5)

82 Please briefly describe the person for whom you made a substance abuse referral (e.g. Age, language/literacy, time in the U.S., country of origin, reason for referral).

83 Please describe in detail what steps were taken in the referral process (i.e. what happened).

84 Why do you think the referral was successful?

85 Why do you think the referral was unsuccessful?

86 Please explain why you do not know the outcome of the referral.

87 How often are your refugee substance abuse referrals successful for the reasons you described in this instance?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

88 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

89 How often are you unaware of the outcome of your substance abuse referrals for refugees?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

90 Please think of a time when you identified a refugee in need of substance abuse services and you did not make a substance abuse referral. Please briefly describe the person (e.g. age, language/literacy, time in the U.S., country of origin, reason for referral).

91 Please describe in detail what were the barriers to making a substance abuse referral.

92 Why do you think you encountered those barriers?

93 How often do you encounter these types of barriers?

	Very Rarely (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1 (1)	<input type="radio"/>				

94 Is there any other information or stories that you would like to share related to substance abuse referrals for refugees?

95 You have now completed the survey. Thank you for your valuable time and assistance. All results from this survey will be reported in aggregate form. Results will be reviewed with a Steering Committee composed of members from the Minnesota Health Plans, refugee health screening clinics, mental health providers, refugee leaders, the MN Department of Health Refugee Health Program, and researchers from the U of M and CVT. For questions concerning the survey, please contact Patricia Shannon, Assistant Professor, School of Social Work, pshannon@umn.edu or Kao Nou Moua, Research Assistant, School of Social Work, thao0264@umn.edu. Would you like to receive a copy of the results of this survey?

- Yes (1)
- No (2)