

# Pathways to Wellness

## Integrating Refugee Health and Well-being

*Creating pathways for refugee survivors to heal*



**ENGLISH VERSION**

### DEMOGRAPHIC INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADMINSTERED BY: \_\_\_\_\_

DATE OF SCREEN: \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_\_ GENDER: \_\_\_\_\_

HEALTH ID #: \_\_\_\_\_

**Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.**

*Pathways to Wellness: Integrating Community Health and Well-being* is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

# REFUGEE HEALTH SCREENER (RHS-15)

**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."



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

# REFUGEE HEALTH SCREENER (RHS-15)

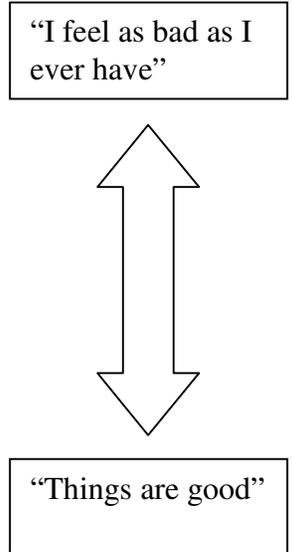
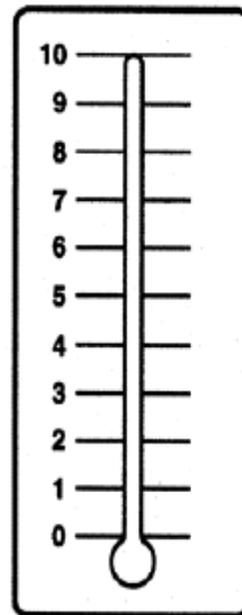
14. Generally over your life, do you feel that you are:

- 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

15.

## Distress Thermometer

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



ADD TOTAL SCORE OF ITEMS 1-14: \_\_\_\_

SCORING	
<p><b>Screening is POSITIVE</b></p> <p>1. If Items 1-14 is <math>\geq 12</math> OR</p> <p>2. Distress Thermometer is <math>\geq 5</math></p>	
<p><b>CIRCLE ONE:</b></p>	<p>Self administered: ____</p> <p>Not self administered: ____</p>
<p><b>SCREEN NEGATIVE</b></p>	<p><b>SCREEN POSITIVE</b></p> <p><b>REFER FOR SERVICES</b></p>

# Refugee Health Screener-15 (RHS-15) REPLICATION GUIDELINES

*Counties and states resettling refugees differ in their approach to refugee health screening. The RHS-15 is best suited for communities that have mental health resources available to refugees or potential for building that capacity.*



## When adapting the RHS-15 for use in your community:

- **Identify who will be screened using the RHS-15 and consider demographics**
  - Which ethnic population(s)?
  - What age(s) to target?
  - Literacy, gender, etc.
  - At what point in time during resettlement?

*In King County, the RHS-15 was administered to newly arrived refugees age 14 years and older (among 4 ethnic groups) during their 1st month of resettlement and again at 12-16 months during the limited Civil Surgeon visit.*

- **Identify the refugee health screening entity in your community and consider the screening setting**
  - Public health department
  - Primary care clinic
  - Resettlement agency

*In King County, health screening for refugees occurs at the public health department. Refugee clients are referred for ongoing care to primary care clinics. If a refugee client screens significant for emotional distress they are referred to a central referral source.*

- **Consider the capacity of community mental health providers and build capacity if needed**
  - Are there mental health agencies that can effectively serve refugees?
  - What additional education, training or support do mainstream providers need to serve the population?
  - Expect referral rates to be 10-15 % of those screened per month
  - The cut off score can be based on your local conditions \* (See "Development and Use" paper for more discussion)

*In King County, while piloting the RHS-15 the average rate for screening positive was 25% of total screened per month. The project had a robust outreach component to build provider capacity.*

- **Innovate a better continuum of care for refugees and consider local conditions**
  - What does the structure of healthcare delivery look like in your community?
  - How can this system be improved to better serve refugees?
  - Where are the gaps in service?
- **Convene stakeholders to implement the RHS-15**
  - Primary care doctors, refugee health-screening entity, and resettlement agencies can oversee the implementation and adaptation of the RHS-15 in your community.
  - Document your results and share with health, resettlement and social service communities.

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Health & Well Being*

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refugee survivors to heal*

### A program of:

Michael Hollifield, M.D.  
Psychiatrist, Family Practice  
Pacific Institute for Research &  
Evaluation



**We want to hear from you!**  
Please consider reporting  
information to our *Pathways*  
team so we can continue to  
improve.

### Contact Information:

Beth Farmer, Project Director  
Lutheran Community Services NW  
4040 S 188th Street, #200  
SeaTac, WA 98188  
bfarmer@lcsnw.org / 206-816-3252

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