Using Implementation Science with a Family Strengthening Intervention to Address Disparities in Access to Mental Health Care in Refugee Communities

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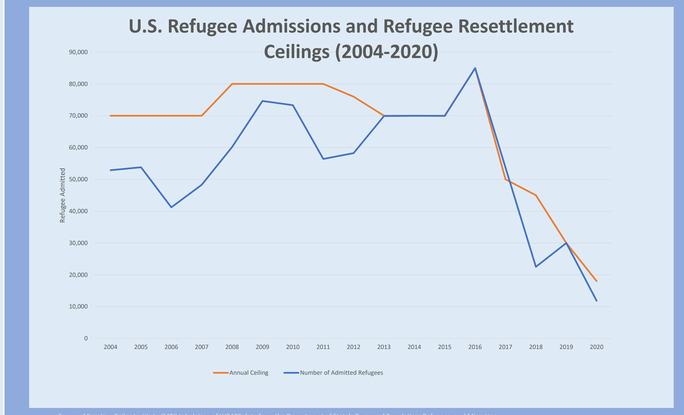
OUTER CONTEXT

Leadership Buy-in

Partnered agencies leadership present ongoing commitment to strong interest in FSI-R preventative intervention and support the implementation of FSI-R project in two refugee communities. They play an important role in setting up mutual goals for promoting mental health among refugee communities, finding funding resources, and advocacy for refugee and immigrant population.

Political Factors:

- The emergency of anti-refugee and anti-immigration policies early in the Trump's administration results in reduction of accepting refugees in the United States (Table1) and may increase concerns of family separation and safety issues of resettlement.
- Criteria of mental health screening for newly-admitted refugees varies by states.
- Services provided from partnered agencies of the US Department of State's Reception and Placement program only last three month for newly-admitted refugees. Refugees facing a lot of barriers to adapt to life in the United States cannot receive continuous and sustained mental health and support services.



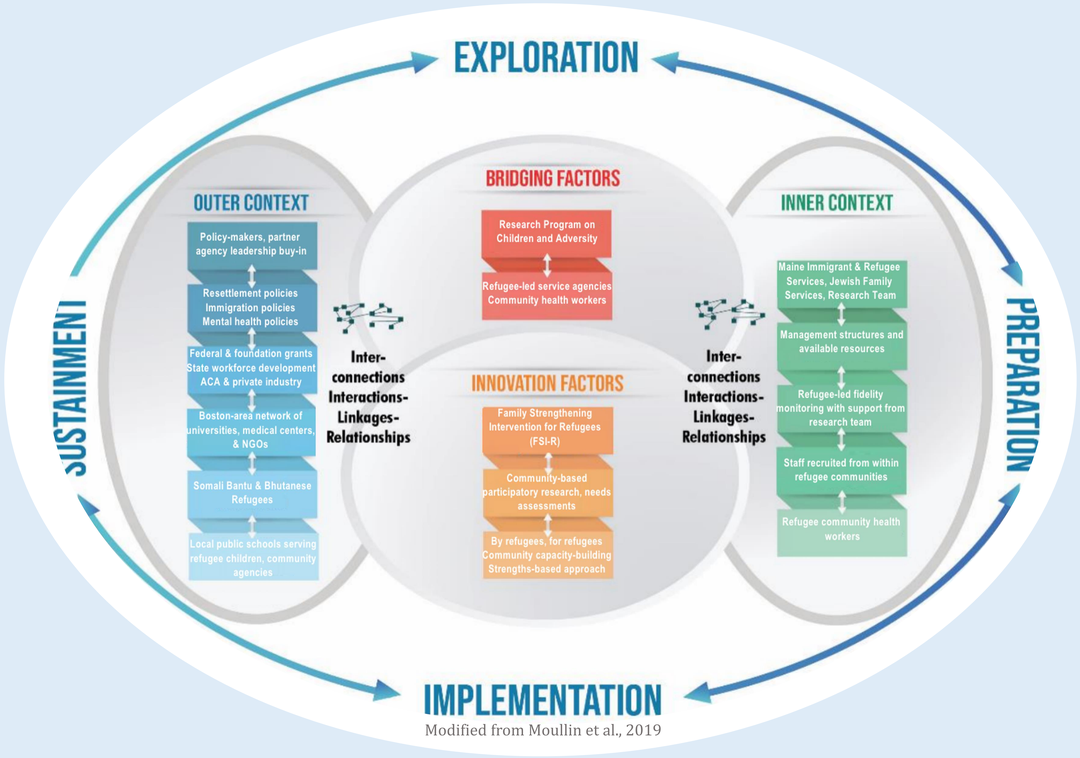
Source: Migration Policy Institute (MPI) tabulation of WRAPS data from the Department of State's Bureau of Population, Refugees, and Migration.

Federal and Foundation Grant, Services for refugees and the CHW Workforce

• The decreases in extended federal funding to supportive services for refugees and resettlements place pressure on the states and localities. Moreover, less than 1% of local foundations' grantmaking to support refugee communities.

•Many gaps existed in the available services for refugees, such as lack of interpretation, covering small portions of refugees, lack of sustainability and integrated community resources support.

• The workforce of community health workers is still underdeveloped. The Department of Public Health in Massachusetts works on capacity-building initiatives to strengthen and promote the CHW workforce through strategic partnerships, programmatic technical assistance and support on national networking of the CHW workforce.



Modified from Moullin et al., 2019

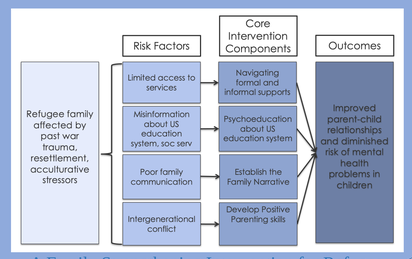
BRIDGING FATORS & INNOVATION FACTORS

Refugee Population Characteristics:

Somali Bantu refugee:
- An ethnic minority in Africa with long history of oppression and persecution
- Limited economic opportunities and social mobility; limited access to education
- Refugee experiences: Difficult to advocate for themselves in refugee camps
- History of trauma: war-affected trauma, low self-esteem, PTSD
- Maymay (an African dialect) as the mother language

Bhutanese refugee
- An ethnic Nepalese minority with history of repression and ethnic cleansing
- Refugee experiences: stay at refugee camps for more than two decades
- History of Trauma: High suicide rate after resettlement
- Nepali as the mother language

Shared characteristics:
- Health and mental health stressor from refugee displacement experiences
- Resettlement stressor: socioeconomic disadvantage, low access to health care, and separation from extended family and social networks
- Limited/no experience with Western models of mental health
- Individual and family stressor: material hardship, substance and alcohol use, family conflicts.



A Family Strengthening Intervention for Refugee

INNER CONTEXT

Organizational Staffing Process

- **Staff recruited from refugee community**:

Community members have played central roles as CBPR Research Assistants (RAs), interventionists (FSI-R community health workers), and supervisors. Team members who speak the language and understand resettlement and acculturative stressors are better able to engage and communicate with participants and can demonstrate the crucial role that CBPR refugee teams can play in developing and implementing interventions within their communities, given robust training and supervision.

Refugee-led Fidelity Monitoring

- Audiotape all family sessions: appraise session-by session- fidelity and make adjustment for next sessions.
- A weekly Self- Report Fidelity Checklist: self-monitor the level of adherence to the FSI-R core components. (a) module topics covered, (b) degree of caregiver and child engagement, (c) success in relaying information on parenting, (d) communication skills, (e) navigation of available resources, (f) assessment of the intervention pacing, and (g) appropriate next steps.

Resources and Supports

- Advocacy for refugee communities, such as publishing researches and policy commentary to call attention and actions for underserved refugee populations.
- Community resources and referrals provided as needed in Clinical Supervision Calls.
- Community members' professional and academic supports.

DIVERSITY & INCLUSION

1. Lessons learn from the implementation of FSI-R in two refugee communities:
   - Diversifying funding streams
   - Diversifying services offered for refugee in community-based agencies and reach out to more refugee population served
   - Build and support local partnership between research and academic institutions and communities
   - Diverse stakeholders' engagement, such as community members from Bhutanese and Somali Bantus communities, helps to better understanding the issues they face and promote the implementation of this project.

2. We can help to facilitate the inclusion of refugee students at Boston College:
   - Respectful environment and open communication
   - Helping with reducing vulnerability and building resilience
   - Informing resources and supports for refugee students
   - More community engagement with refugee communities