

# *Refugee Mental Health Screening – a Practical Guide for Primary Care*

RW Martin MD

## *Introduction and Overview*

THIS TEMPLATE arises out of many years of cumulative experience in working with refugees, and it has several purposes. It can be difficult to remember the many factors that are relevant in assessing the mental health of refugees, and to move through these areas efficiently. This guide is meant to be a comprehensive template and reminder. It is also intended to prevent significant omissions or oversights in diagnosis, to help in the monitoring of symptoms, and to guide subsequent therapy.

Most of the questions here are dedicated to PTSD, and are organized around the clusters of symptoms defined by the DSM-IV: Hyper-arousal, Avoidance and Numbing, and Intrusive Recollection. Thinking in terms of these clusters of symptoms helps to guide not only diagnosis but also symptom-targeted therapy. PTSD is the principal focus, but, because PTSD is a very wearing affliction, Major Depression often accompanies it, and is addressed here - as is Panic Disorder and several other concerns.

The questions that follow are meant as a starting point: it won't be appropriate to ask all questions in every situation, and answers to all the questions are not necessary to support the diagnoses that they relate to. However, in favor of a comprehensive approach is the observation that the questions themselves are often therapeutic: they can educate the patient about the full scope of their distress, normalize their experience, and give them a sense of being seen and understood. If you can demonstrate an awareness of the patient's existential situation, you gain trust and credibility: these will be needed for your therapeutic efforts to succeed. A word of caution though - too much questioning will destabilize some patients, and alienate others – patients may not comprehend your purpose, and they will often deny anything that they think makes them look 'weak' or 'mental'. You must be sensitive to the readiness of the patient, and adjust your approach accordingly. Following the questions as they are ordered is unlikely to be the most comfortable or efficient way for the patient to tell their story: use the natural transitions that arise in your interview, rather than rigidly adhering to this script. Questions about sleep are the least threatening place to begin.

The questions below can be printed and used as a guide, or they can be completed as a computer-based form. Appended at the end is a one-page clinical reference.

**Part I - PTSD**

***a) History of Trauma:***

Have you experienced violence? Have you been in prison, or been tortured? What happened to you, that you had to come to Canada?

*(Be careful to tell the patient that you don't need much information, that they can tell you as little as they want, but do not appear to be avoiding their story: they will find it re-traumatizing. Express regret for their experiences, and normalize their feelings.)*

***b) Hyper-arousal symptoms:***

- ***Insomnia.*** Is it hard to fall asleep - or stay asleep? What time do you go to bed, and when do you get up? Do you nap in the daytime? Are you tired all the time? How many tea, coffee, cola or energy drinks do you drink in a day? Do you sleep with the lights on?
- ***Startle response.*** How do loud noises, doors opening suddenly, or police sirens affect you?
- ***Irritability and outbursts of anger.*** Are you irritable - do you get angry easily? How is this affecting your family/relationships/work?
- ***Memory and concentration.*** Do you have trouble concentrating or remembering things? Are you able to learn English? Is your work affected?
- ***Hypervigilance.*** Are you always on guard? Are you watching for another bad thing to happen to you? Do you repeatedly check the locks of your dwelling? Do you worry about being followed? What do you do if you think you are being followed?

### ***c) Intrusive Recollection (re-experiencing) and Panic Disorder:***

- ***Morbid Rumination.*** Do you think all the time? About what? How many hours a day do you read news from your home country? Are you involved in politics/activism now?
- ***Nightmares.*** Do you have bad dreams? How often? Do they relate to bad things that have happened to you? Do they wake you? Do you wake in a sweat, or with your heart racing?
- ***Flashbacks.*** Are your bad memories so strong that sometimes it is like living the experience again? Is it like watching a movie? Do you hear things that others don't hear (auditory flashbacks)?
- ***Panic Disorder.*** Do you get attacks of anxiety or panic? Do you sweat? Get tunnel vision? Chest pains? Do you feel like something terrible is about to happen? Do you have to run from where you are? How often does this happen?
- ***Somatization.*** Are you worried that you have a serious health problem? Do you have many pains in your body? Do you have frequent headaches? Do you have scars that relate to the bad things that happened to you?

### ***d) Avoidance and Numbing:***

- ***Avoidance of triggers.*** Do you avoid things that trigger bad memories? What kinds of things? Do you avoid police, or people in uniform? Other people from your country? Movies? The news?
- ***Avoidance of people/isolation.*** Do you avoid other people generally? Do you trust other people? Do you feel like your experiences set you apart from other people, so that they could never understand you? Or they will judge you? Do you keep the blinds drawn in the daytime? Do you ever hide in the closet, or under your bed?
- ***Avoidance of memories/lost memories.*** Are there important parts of what happened to you that you can't remember at all?

- ***Avoidance of feelings/restricted affect.*** Do you find it hard to have loving feelings now? Do you feel that your emotions are dead or numb? Do you try to stop thinking about what happened to you, or having feelings about it?
- ***Foreshortening of the future.*** Do you find it hard to imagine a future for yourself, or a normal life?
- ***Dissociation/lost time.*** Do you find that you can't remember why you are doing something, or how you got somewhere – do you 'lose' periods of time? Is your mind often somewhere else? Are you in trouble at home or at work for this?
- ***Depersonalization.*** Do you feel sometimes that you are not real – that you are outside of yourself, watching yourself live?

**Part II - Major Depression - Additional Questions:**

Do you feel depressed? Do you have feelings of guilt? (Refugees often have some form of survivor guilt.) Do you think about hurting yourself? Has your appetite changed? Weight changed? Have you lost interest in life? Do you feel helpless, or hopeless? Past suicide attempts?

**Part III – General Concerns:**

Do you use alcohol, or any sort of drug to help you relax? Have you had a head injury? Have you ever had a seizure or a stroke?

**Part IV - Social and Legal Circumstances:**

Are you here alone? Where is your family? Is your family safe? Do you have any friends in Canada? Are you homesick? Are you working? What work did you do in the past? Are you a refugee claimant? If so, when is your hearing? Do you have a lawyer that you feel confidence in?

## ***PART V – Physical Exam:***

*If the patient is a refugee claimant, you should, at some, note any evidence of torture or trauma which would support their claim. This may be very upsetting for them. Also note any scars which they do not relate to their claim: this supports their credibility.*

## ***PART VI – Mental State Exam***

*Pay attention to how the patient looks. Are they exhausted, pale, thin? Are they agitated, vigilant, or dissociated? Do they make eye contact? Are they irritable, or incoherent? Are they insightful about their psychological symptoms? Do they make good judgments about their safety? Is their thought form linear and goal-directed, or tangential and circumferential?*

Do you hear things that other people don't hear? Do you hear voices? What do the voices say? Do you see things that other people don't see? Do you have any special powers that other people don't have? Do you ever feel that the newspaper or television gives messages that are just for you? Are you concerned that other people are out to get you? Can other people put thoughts in your mind, or take them out? Do you have thoughts about hurting yourself, or someone else?

## ***PART VII - Laboratory Investigations:***

*Rule out anemia, hypothyroidism, chronic liver or kidney disease, diabetes, B12 deficiency, chronic infectious disease (hcv, hiv, tb, syphilis ), and intestinal parasites. An ECG may be relevant if the patient is having chest pain or palpitations. Order a CXR if TB is a possibility. Consider a CT scan of the head if, from history, brain injury is suspected. An EEG may be required if there is a history of seizures or behaviors that suggest temporal lobe epilepsy.*

<b><i>Refugee Mental Health Screening - Short Reference</i></b>
<b><u>1 - PTSD</u></b>
<b><u>a) History of Trauma:</u></b>
<i>(Be careful to tell the patient that you don't need much information, that they can tell you as little as they want, but do not appear to be avoiding their story: they will find it re-traumatizing. Express regret for their experiences, and normalize their feelings.)</i>
<b><u>b) Hyper-arousal symptoms:</u></b>
• Insomnia.
• Irritability and outbursts of anger.
• Poor memory and concentration.
• Hyper-vigilance.
<b><u>c) Intrusive Recollection (re-experiencing) and Panic Disorder:</u></b>
• Rumination.
• Nightmares.
• Flashbacks.
• Somatization.
<b><u>d) Avoidance and Numbing:</u></b>
• Avoidance of memories/lost memories.
• Avoidance of feelings/restricted affect.
• Foreshortening of the future.
• Dissociation/lost time.
• Depersonalization.
<b><u>2 - Major Depression</u></b>
<b><u>3 Panic Disorder</u></b>
<b><u>4 – General Concerns</u></b>
• Addiction
• Head injury
• Seizure or stroke
<b><u>5 - Social and Immigration Circumstances</u></b>
• Location of family
• Safety of family
• Immigration Status
• Legal Resources
<b><u>6 -Physical Exam</u></b>
• Evidence of torture, trauma
<b><u>7- Mental State Exam</u></b>
• Psychosis
• Thought form
• Dissociation
• Affect
• Judgment
• Insight
<b><u>8/ Laboratory Investigations</u></b>
<i>Rule out anemia, hypothyroidism, chronic liver or kidney disease, diabetes, B12 deficiency, chronic infectious disease (hcv, hcv, hiv, tb, syphilis ), and intestinal parasites. An ECG may be relevant if the patient is having chest pain or palpitations. Consider a CXR if TB is a possibility. Order a CT scan if a brain injury is suspected.</i>

## DSM-IV-TR criteria for PTSD

Diagnostic criteria for PTSD include a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. A fifth criterion concerns duration of symptoms and a sixth assesses functioning.

### Criterion A: stressor

The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

### Criterion B: intrusive recollection

The traumatic event is persistently re-experienced in at least one of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

### Criterion C: avoidant/numbing

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

### Criterion D: hyper-arousal

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

### Criterion E: duration

Duration of the disturbance (symptoms in B, C, and D) is more than one month.

### Criterion F: functional significance

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

### Specify if:

Acute: if duration of symptoms is less than three months

Chronic: if duration of symptoms is three months or more

### Specify if:

With or Without delay onset: Onset of symptoms at least six months after the stressor

### References

1. American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.