



**Refugee Mental Health Screening: Building Trust and a Working Relationship**  
**A training webinar from Minnesota Department of Health**  
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**Questions/Answers Summary**

**Presenters:** Andrea Northwood, PhD (Center for Victims of Torture), [ANorthwood@cvt.org](mailto:ANorthwood@cvt.org)  
Amal Hassan (Center for Victims of Torture), [AAHassan@cvt.org](mailto:AAHassan@cvt.org)

**Q1.: Do you have any recommendations on where to put the mental health screening questions in the course of the refugee health exam?**

A: (Dr. Northwood) Great question. I would recommend putting it towards the middle or  $\frac{3}{4}$  point of the screening appointment. This gives the provider time for observation and interaction with the patient before the close of the appointment if anything is of concern, but also allows the provider and patient to “warm up” to each other before opening the topic. I have no specific recommendation about the exact order. It is important to consider the mental health screening questions their own “natural chapter” within the screening exam, with opening and closing bookends as discussed in the webinar.

**Q2: The screening questions include a timeframe of “within the last month.” Sometimes people respond, “no, not within the last month, but...” How should we interpret this?**

A: (Dr. Northwood) It definitely varies between individuals and cultures whether “within the last month” is a meaningful time reference. I would recommend starting with the questions as worded, since the research and experience behind the questions chosen is based on that. However, the point of the screening questions is to get meaningful information. For example, if you receive an answer: “no, I am not currently experiencing that symptom but used to experience it before,” it would not marked as a “yes” response but may be helpful to note, as this person could have similar struggles in the future and it would be helpful to have on your radar screen as a provider.

(Ellen Frerich, MDH): It’s helpful to remember that these mental health screening questions are not meant to be the only time that mental health is addressed with refugees or the only access point for mental health services. They are meant to help identify recent arrivals who are currently struggling, for whom it may make sense to address mental health needs at this point, even among the competing priorities of resettlement. Part of the timeframe then is to prioritize people who are currently symptomatic.