GLOBAL HEALTH
CASE COMPETITION
VANDERBILT INSTITUTE FOR GLOBAL HEALTH

Addressing Challenges to Provision of Mental Health Care in Nashville's Foreign-Born Populations

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Case Document

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2021 Vanderbilt University Global Health Case Competition

Background & Introduction

Mental health is a crucial component of overall health

Mental health is the comprehensive status of the psychological, emotional, and social well-being of a human [1]. It is a component of overall health that is equally important as physical health [2] and can affect every area of a person's life - from school and work, to relationships with family, friends, and one's community. People experience mental health problems in different manifestations, such as depressive disorders, anxiety disorders, bipolar disorders, etc. These disorders manifest as changes in thinking, mood, perceptions, and behaviour. Mental health can also adversely affect physical health; For instance, depressive disorders, one of the most common mental illnesses, increase the risk for many physical health problems, particularly long-lasting conditions like heart disease, stroke, and type 2 diabetes [2].

Mental health illnesses and disorders are globally prevalent. It is estimated that at least 10% of the world's population is affected by mental health conditions [3] and that around 20% of children and adolescents worldwide suffer from a mental health condition [4]. The global burden of mental health is also significant: suicide is the second leading cause of death among 15-29 year olds, and depressive and anxiety disorders, two of the most common mental health conditions, cost the global economy USD $1 trillion each year [4]. This underscores the need for accessible mental health services for all individuals.

Some groups are at higher risk of developing mental health conditions

Various risk factors could increase the risk of developing mental health problems. These include biological factors like genes or chemical imbalances in the brain, alcohol and drug use, and adverse life experiences like trauma or abuse. Some groups of individuals are more exposed or vulnerable to certain risk factors. **In this case competition, we will focus on refugees, asylum-seekers, and immigrants (refer to Table 1 for definitions of each group)** who are more vulnerable to certain risk factors that may influence their mental health status**.**

Term	**Definition**
Refugees	According to the office of the United Nations High Commissioner for Refugees (UNHCR), a refugee is "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion." (UNHCR, 2010)
Asylum-seekers	Asylum seekers are individuals who have fled their country of origin, and have applied (or intend to apply) for asylum in another country, but whose applications are still pending a decision (UNHCR, 2016).
Immigrants	An immigrant refers to someone who consciously decides to leave their home and move to a foreign country with the intention of settling there. People immigrate in search of livelihood, to unite with family members, or/and a multitude of other reasons [5].

Table 1. Definitions of Refugees, Asylum-Seekers, and Immigrants

Why are refugees and asylum-seekers at higher risk?

By the end of 2019, there were about 26 million refugees globally [6], a 0.7% increase from 2018 [7]. These forcible displacements occurred due to conflict, war, violence, persecution, climate change, and other emergencies, and are only expected to increase with time[8]. The harsh reality of the Syrian war is one example of what has contributed to the refugee crisis. This civil war has gained international coverage since it began in 2011 and many aspects of the unrest have been covered, from the loss of lives, to the forced flight of nearly half of the nation's population from their homes.

Forced displacement affects both physical and psychological well-being. Post Traumatic Stress Disorder (PTSD) and depressive disorder are two of the most ubiquitous mental health disorders among asylum seekers and refugees as communities who experience forced displacement. Prevalence rates of mental health disorders among forced migrants (refugees and asylum seekers) are varied. A systematic review of mental health disorders among forced migrants up to five years post-displacement found that rates of PTSD ranged from 4.4 to 86%, depressive disorders ranged from 2.3 to 80%, and anxiety ranged from 20.3% to 88% [9]. Both clinical and methodological factors contributed substantially to the observed wide range.

This high risk of experiencing mental health conditions can be linked to pre-migration experiences and post-migration conditions [10]. Before leaving their home countries (pre-migration), some refugees experience emotional trauma, witness murders or physical harm, and may have participated in violence, voluntarily or not, as child militants and soldiers. Upon leaving their homes (post-migration), they are confronted with arduous travel, potentially horrific experiences in refugee camps and detention centers, and possible separation from their families, leaving them at the care and mercy of others [11].

During the resettlement process to the United States, refugees find themselves dealing with challenges such as loss of culture and community, confrontation with learning a new language, and having to adapt to a new and foreign environment. In addition, refugees often experience discrimination, racism, and xenophobia which make them feel marginalized. Some refugee youth also struggle with limited employment and livelihood opportunities available to them. Moreover, refugees also have difficulties obtaining recognition for their existing academic or occupational qualifications and accessing quality learning and skill-building opportunities [12]. All of these challenges put refugees at an increased risk of facing mental health challenges.

Why are Immigrants in the United States at higher risk?

There are various circumstances that greatly exacerbate the risk of mental health illness for immigrants. Some negative experiences of refugees and asylum-seekers in the resettlement phase - such as experiencing racism, xenophobia, loss of culture - are also experienced by immigrants when they arrive at their new homes.

Immigrant communities often encounter discrimination, such as being blatantly told "go back to your country" [13]. Recently, issues of discrimination, xenophobia, and anti-immigrant rhetoric have worsened. The United Nations General Assembly in 2016 called for laws to combat hate speech due to the global increase in racism and xenophobia [14]. Additionally, many immigrants do not natively speak the local language and struggle with language difficulties upon arrival. Immigrants might also experience reduced access to amenities and services due to lower-paying jobs with little to no benefits, work permit issues if they are undocumented, and fear of access to paths to citizenships. They could also experience a sense of isolation and separation if they live very close to immigrant communities or are surrounded completely by foreign communities. Many immigrants feel as if they are not accepted in the U.S which hinders their sense of belonging to a community and as a result exacerbates mental health problems [15]. Discrimination in healthcare also has a negative effect on physical health which in turn puts them at higher risk for mental conditions [16]. Such discrimination appears when immigrants need quick access to health care facilities for acute or chronic diseases where

they can experience discrimination from their status, skin color, backgrounds, etc.

Refugees, asylum-seekers, and immigrants face significant barriers to effective mental health treatment

In the US, there are insufficient mental health resources available generally. However, cultural and language barriers, as well as biases, contribute to further hindering refugees, asylum-seekers and immigrants' access to effective mental health care from providers. A study by Kiseley et al, 2020 "identified language, gatekeeper-associated problems, lack of resources, lack of awareness, fear of stigma, and a mismatch between local health system[s] and perceived needs of Syrian refugees… as key barriers to accessing care" [17]. These issues hinder timely and accurate diagnosis and identification of mental health problems, as well as the development of provider-patient relationships that enable provision of care. Some of these barriers are described below:

- **Mental health stigma and mental health literacy**
  Mental health stigma decreases the willingness to reach out to others for help. Across different cultures, mental health is perceived differently. Some individuals associate mental health with negative connotations like "crazy" and "abnormality." Other individuals fear bringing shame to their family members if their mental health challenges are shared with the community. People often fear seeking treatment due to the worry of being treated differently and/or losing their jobs and livelihoods. Gender could also play a role, as some men refuse to engage with conversations around mental health because it can indicate weakness [15]. For people from countries and cultures where there is little education on mental health, it is more difficult to convince them of the importance of mental health and seeking mental health care. Without mental health literacy, it is more arduous to recognize, prevent, and seek treatment for mental health issues. Stigma and discrimination against people with mental illnesses are still present today and this poses a significant barrier for those seeking to address mental health concerns [18, 19].
- **Financial strain and language ability**
  When settling into a new country, refugees and asylum seekers are often at the mercy of government aid and have limited options to earn a living. This places a lot of financial strain in providing basic necessities. In addition to increasing risk of mental health illness, this strain also prevents them from prioritizing seeking mental health care. Refugees and immigrants who are not native English speakers have also struggled to communicate their concerns properly to care providers. Underlying mental health issues among immigrants and refugees can be lost in translation, resulting in ineffective care that may worsen progression of the existing mental-health disorders they have had.
- **Lack of understanding of how to access services**
  Refugees and asylees often have difficulty integrating into a health system when they arrive in a new place due to lack of sufficient information about their prior health status. They need to be able to familiarize themselves with the mental health care system. This includes knowing when they need to seek help, how they can reach out for assistance, and what services are available to them. In addition, there is a need for health care providers to provide information to these vulnerable communities on how to access a mental health service and navigate the complex health insurance system. A deficit of cultural competencies and complete understanding of both refugees and immigrants backgrounds also prevent these groups from properly gaining health care services [15].
- **Immigration status and lack of trust**
  Due to traumatic experiences that some refugees and asylum-seekers experience such as rape, murder, torture, and loss of loved ones, some refugees develop profound loss of trust in others which can linger on even after resettling. Since refugees often come from environments in which individuals experienced abuse of power by authority figures

in their home country, they might be skeptical about sharing personal information with care providers. In addition, fear and uncertainty about their immigration status can often prevent some immigrants from seeking help, especially undocumented individuals.

A comprehensive review of barriers to accessing mental health can be found in Yulisha Byrow et al. 2019.

COVID-19 further exacerbated risk factors to developing mental health illnesses
COVID-19 has worsened the lack of access to mental healthcare across the board. The onset of the pandemic caused a significant amount of stress and anxiety in general. In addition, the impact of loss of loved ones and imminent danger took a toll on people's mental health. The negative mental health impacts span from difficulty sleeping or eating, to increases in alcohol consumption or substance use. The Organization for Economic Co-operation and Development (OECD) discusses a number of ways it has impacted immigrant and refugee communities in its October 2020 policy briefing [20]:

- Immigrants are at a higher risk of COVID-19 infection than native-born individuals due to higher incidence of poverty, high concentration in jobs where physical distancing is not possible, residence in multigenerational housing, etc.
    - 75% of the 7 million undocumented immigrants in the workforce are doing jobs deemed as essential by the US DHS CISA [21].
    - Many immigrants who have financial constraints feel stuck in high risk jobs like the JBS Greeley plant in Colorado, where 10% of workers tested positive for COVID-19. Immigrants also work in high-risk occupations such as the service industry [22].
    - In addition, immigrants and refugees are concentrated in industries hit hard by the pandemic and are thus more susceptible to losing their jobs.
- Remote learning puts children of immigrants at disadvantages since their parents often have less resources to help them in homework and are less likely than native-born parents to have access to computers and internet connection.
- Undocumented immigrants have limited access to primary care doctors and utilize the emergency room (ER) as their only source of medical treatment. They are less likely to seek COVID care due to fear of contracting COVID in the ER.
- The pandemic has also increased risk of backlash in public opinion against certain immigrant groups. Anti-immigrant rhetoric has rapidly increased since the beginning of the pandemic, with many immigrants being unfairly stigmatized and blamed for the spread of the virus [23].

City Profile

Nashville as a growing city
Nashville is the capital and the county seat of Davidson County. With a metropolitan population of about 2 million people at a density of 1300/sq mi, it is the largest city in Tennessee. Refugee resettlement has been happening in Nashville since the 1980s The economy of the city is based around industries such as healthcare, music, higher education, insurance, automotive, finance, and publishing. Demographically, the racial composition of the city has changed over the past couple decades with rises in Black, LatinX, and Asian groups, as seen in the graph below (Figure 1) [24].

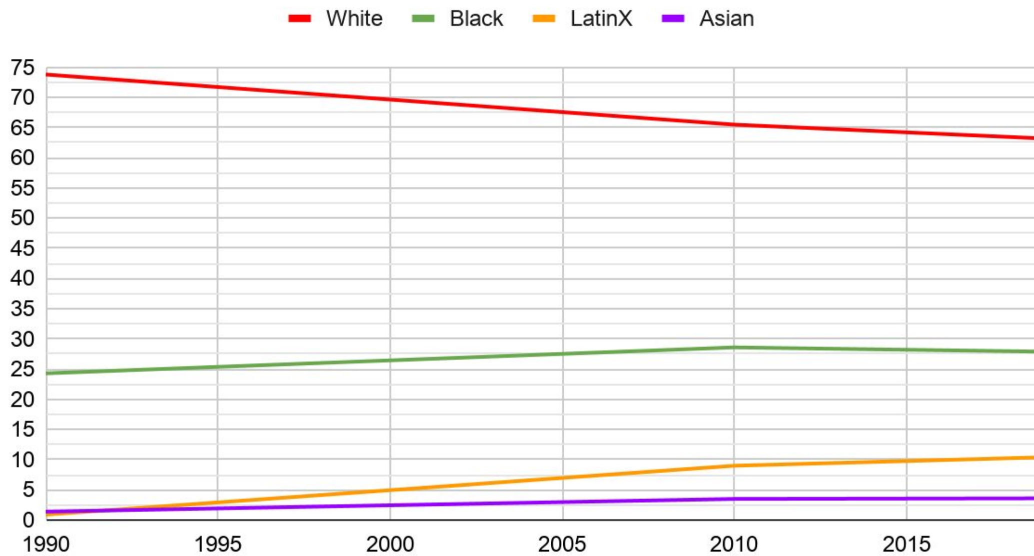

Figure 1. Racial Composition of Nashville, 1990-2020

Tennessee as a home to refugees, asylee seekers, and immigrants

Immigrants in Tennessee make up 1 in 20 of the population (348,562 in 2018) and are a vital part of the labor force. 17% of state construction and extraction workers are immigrants as well as 15% of life, social, and physical sciences employees. Additionally, about 4% of state residents are native-born US citizens with at least 1 immigrant parent. About 77% of immigrants spoke English "well" or "very well". In 2016, 130,000 undocumented immigrants made up 38% of the TN immigrant population and 2% of the total state population. As of March 2020, 7,640 active DACA recipients live in Tennessee [25].

Education Level	Share (%) of All Immigrants	Share (%) of All Natives
College Degree or More	34	27
Some College	15	29
High School Diploma Only	23	32
< High School Diploma	27	11

Table 1. Education Level of Immigrants in Tennessee

In President Obama's final year in office, 2016, the United States set the refugee admissions ceiling to 110,000 refugees, and eventually admitted 53,719 individuals that FY. With the Trump Administration beginning in 2017, US refugee intake was capped at 30,000 and later reduced to 18,000 in 2020. By September 2019, there was a backlog of over 1 million

cases in US immigration courts, many of which were asylum seekers, which delayed new applicants further [26].

A 2012 count estimated that Tennessee had 57,869 refugees, still less than 1% of the state's population. In 2018, the number of foreign-born individuals in Tennessee was 5%. Due to continual refugee resettlement and immigration, it is likely that number will be higher in 2020. From 2000-2018, 30.6% of immigrants were from Asia, 43.8% from Latin America, 11.7% from Europe, and 11.0% from Africa [27].

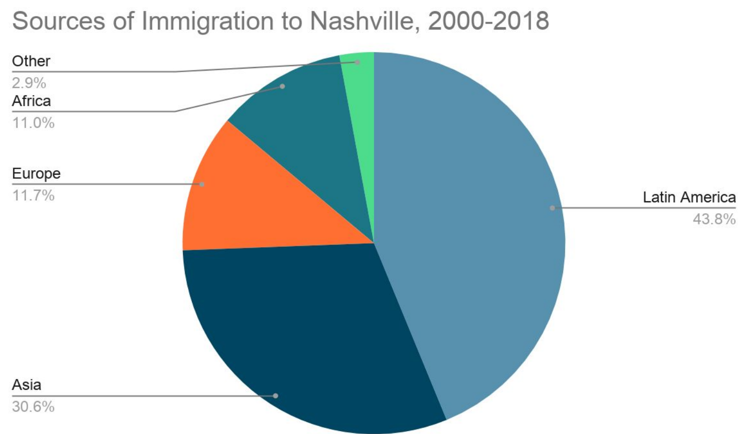

Figure 2. Source of Immigration to Nashville, 2000-2018

As of 2014, the most prevalent ethnic groups were Kurdish, Sudanese, and Latin American [28]. About 15,000 Kurds have moved to Nashville since the 1970s Iraqi Civil War. Current crises in the Middle East, such as the Syrian Civil War continues to force immigration of Kurds to the US. In 2019, the Tennessee Office of Resettlement (TOR) classified their intake as follows: 70% Refugees, 14% Asylees, 10% Cuban/Haitian nationals admitted to the US without permanent status, 5% Special Immigrant Visa (SIV) Holders, and <1% Trafficking victims. SIV holders are Iraqi and Afghan nationals who were employed by a contractor of the US government overseas. 54% of TOR intake was from the Democratic Republic of Congo, 12% from Burma, 7% from Afghanistan, 4% from Colombia, 3% from Iraq, etc [29].

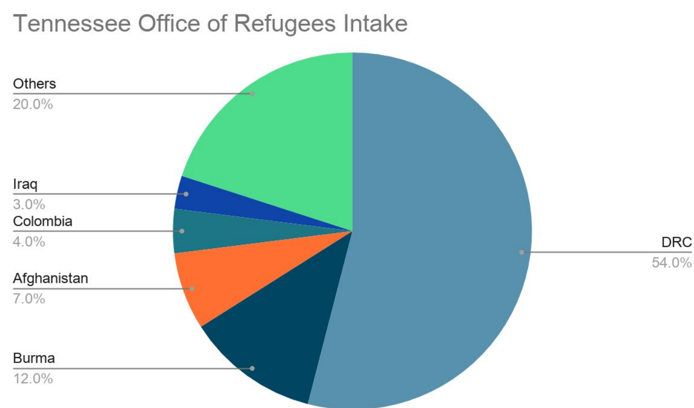

Figure 3. Tennessee Office of Refugees Intake

In 2018, roughly 90% of Tennesseans had health insurance: 52% employer-sponsored, 21% Medicaid, 19% Medicare, 14% private individual market, 6% Military/VA, and 10% uninsured. “Men, people of color, younger adults, the unemployed, and those with less education and income are more likely to be uninsured” [30]. Refugees and asylees tend to fall in these categories and have a higher risk of being uninsured or underinsured.

In 2019, 52% of TN incoming refugees and SIVs were employable adults. 94% of these displaced persons who gained employment secured a full-time position with an average wage of $12.50 [29]. Economically, refugees contributed $1.4 billion to Tennessee state revenue and a $630 million net gain from 1990-2012. In 2015, Tennessee refugees held $500 million in spending power and paid about $150 million in total taxes, $43 million of which were Tennessee and local taxes. More than 800 state employers hired refugees between 2015 and 2020 [31].

Mental Health Resources in Nashville

While refugees and immigrants in Nashville do contribute to the US economy and have experienced success, these populations still face many challenges, including possible trauma from their various experiences as refugees and immigrants. This trauma, and other mental health issues may not always receive the attention it requires. However, Nashville has tried to specifically address trauma with various different organizations and resources. Nashville public schools provide a comprehensive list of resources designed to help students address trauma, especially during the COVID-19 pandemic [32]. In order to continue to support children facing trauma, in 2019, the Nashville mayor declared May 14th the Adverse Childhood Experiences Awareness Day to spread awareness about the issue [33].

While the Nashville government keeps citizens informed of various resources [34], various organizations have gone the extra mile to specifically target mental health treatments for the refugee and immigrant population [35]. Organizations like the Nashville Center for Trauma and Psychotherapy list various online resources on their website for issues like mental health, trauma, suicidality, and grief [36]. The center also welcomes patients from all backgrounds into their clinic to work with therapists to help find the cause of their grief, whether it be depressive disorder, anxiety, an eating disorder, addiction, or other mental health issue [37, 38]. They also host many online support groups for working moms, high school seniors, pregnant women, and other groups in response to the COVID-19 pandemic. However, a few of these support groups do cost money [39], which can be a barrier to access.

Other organizations, like Onsite, Integrative Life Center, and Compass Intervention Center, offer mental health services to the entire Nashville population [40]. Despite multiple mental health resources, there are barriers to accessing care for all populations in Nashville. However, there seems to be an even larger lack of resources when looking at resources specific to refugees, asylum-seekers, and immigrants.

Mental Health Resources specific to Refugees, Asylum-Seekers, and Immigrants

The Tennessee Office for Refugees (TOR) serves to help refugees resettle in Nashville and help them navigate processes to establish life in the US, including teaching English and how to navigate schools, employment, and health care services. TOR also helps older refugees assimilate and provides cash assistance until self-sufficiency is reached [41].

In addition, the Nashville International Center for Empowerment (NICE) and Catholic Charities work alongside TOR to resettle refugees in Nashville [42]. These organizations, alongside Metro Nashville Public Schools, help provide language services to these populations in an effort to help them assimilate into life in the US [43, 44, 45]. The Tennessee Immigrants and Refugee Rights Coalition (TIRRC) also serves these populations by advocating for communication and legislation that empower immigrants and refugees. However, there does seem to be a lack of resources specific to refugees, asylum-seekers, and immigrants that focus on their mental health needs. In addition, there is a lack of statistics on the mental health needs

among these populations in Nashville. This deficit may be due to the numerous barriers to mental health care these populations face (refer to sections above), and addressing these obstacles will be the focus of this case.

Siloam Health Center Patient Interactions

Siloam Health

Overview

Siloam Health opened in 1991, has two locations in Nashville and works to "serve Nashville's uninsured, underserved, and culturally marginalized" [46]. Siloam Health's three main focus areas are medical care, community health, and student education [47]. Within medical care, their clinics are filled with diverse staff that work to address all aspects of patient health. Their Melrose clinic location serves uninsured patients, and the clinic staff helps each patient create a payment plan (the average cost is less than $20). While the Melrose clinic is not a walk-in clinic, the new Antioch clinic is only a walk-in clinic that accepts patients with some insurance. They also participate in required health screenings for newly arrived refugees and asylees and work with resettlement organizations like NICE and Catholic Charities [48].

Within community health, Siloam Health has community health workers that work specifically with patients who speak Spanish, Nepali, Burmese, and Arabic, the main language groups in Nashville. They help these patients navigate their clinic experience and integrate into society [49]. Within student education, health professional graduate students are constantly trained by current staff and the clinic maintains partnerships with various universities in the area, including Vanderbilt, Lipscomb, and Tennessee State [50].

Siloam Health's Behavioral Health Consultant program addresses patients' mental health needs. A Behavioral Health Consultant, who works as a Licensed Clinical Social Worker (LCSW), determines the mental health needs of patients and provides support with the Integrated Behavioral Health model. Siloam Health also refers patients to other mental health resources (i.e. therapy, psychiatric evaluations, etc.) as needed.

Siloam Health Center Patient Interactions

Total Patient Population

Siloam Health serves a wide variety of individuals. Their 90-80-70 approach means that roughly 90% of their patients are born outside of the US, these patients represent about 80 countries, and they speak about 70 languages. The top three languages spoken among the patients are: Spanish, Arabic, and English. Each year, the clinic serves about 5,000 patients. In 2019, they had about 14,428 encounters in the primary care clinic. Patient demographic data (as of 2019) indicates that:

- 60% were below the federal poverty level
- 11% were children
- 7% were 65 years of age or older
- 57% were female; 43% were male
- 94% were foreign-born, representing 78 homelands and speaking 48 languages. Figure 2 is a breakdown of the patients' native countries. The most common countries were Mexico, Egypt, and the Democratic Republic of Congo.

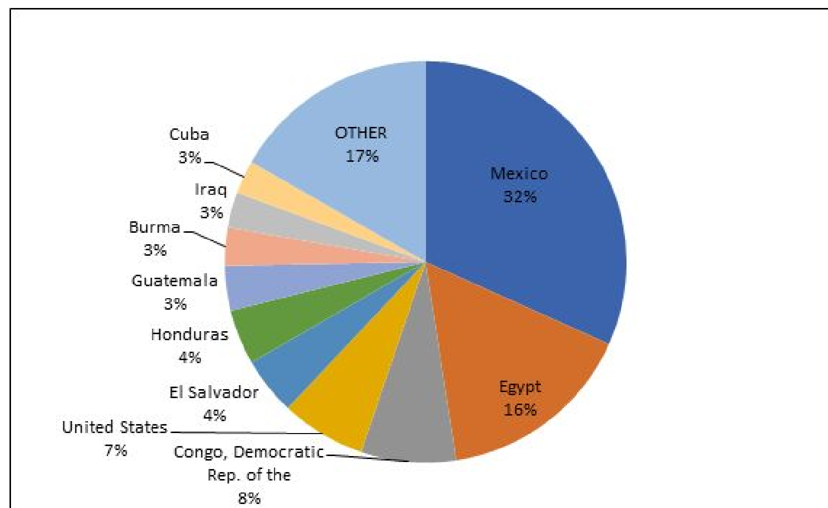

Figure 4. Siloam Health Patients' Native Countries in 2019

Overall, Siloam Health serves a population that is primarily foreign-born, low-income, and non-native English speakers who are uninsured or underinsured. Siloam Health takes their role in providing patient care to vulnerable populations very seriously, as evidenced by their Patient Advisory Council. This council is composed of Siloam Health patients (former and current) who help improve upon Siloam Health services [51]. Siloam Health Center is continually growing, expanding, and changing as needs arise. With the current COVID-19 pandemic, the clinic has needed to further adjust. This case will focus on helping Siloam Health Center develop a plan to specifically address mental health needs within their patient populations as COVID-19 has exacerbated these issues.

Problem Statement

Siloam Health assesses mental health needs of patients and connects them to relevant resources in Nashville. However, the populations the clinic serves do experience various barriers to care (refer to the section, *Refugees, asylum-seekers, and immigrants face significant barriers to Effective Mental Health treatment*). In addition, these barriers to care have been exacerbated by COVID-19 pandemic (refer to the section, *COVID-19 further exacerbated risk factors to developing mental health illnesses*).

General Statement: The main focus will be to find a solution to help Siloam Health address the barriers regarding access to mental health services in Nashville.

Your Task: Siloam Health hypothetically will be granted $500K by the state government to design a comprehensive program that improves mental health access for refugees and immigrants. Create an effective and cost-efficient system that caters to the needs of refugees and immigrants in Nashville. Keep in mind any additional barriers caused by the COVID-19 pandemic, but make sure that a system that is effective during the COVID-19 pandemic can still be used in the future (once the pandemic is over). You can either create a new program or add onto existing Siloam Health programs (whatever your team thinks is the best solution). The target audience of your pitch will hypothetically be the Board of Siloam Health.

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Judging Rubric

<table>
<tr><th>Category</th><th>Possible Points</th></tr>
<tr><td>Justification (data and evidence)
The proposed intervention…
Accounts for education, economic, political, and cultural factors
Is evidence-based
Includes relevant data to support project
Analyzed strengths, weaknesses, opportunities, and threats/challenges (SWOT analysis)</td><td>20</td></tr>
<tr><td>Creativity and Innovation
The proposed intervention…
Integrates multiple disciplines
Uses resources creatively considering virtual constraints
Reflects “outside-the-box” thinking
Is culturally acceptable and relevant
Is feasible with regard to financial, human resource, and time constraints
Has potential for expansion and growth</td><td>25</td></tr>
<tr><td>Clarity and Organization
The proposed intervention has…
Clear definition of problem
Outcomes are specific, measurable, achievable, realistic, and time-bound (SMART objectives)
Plan for assessment and evaluation of goals and outcomes
Logical implementation of activities</td><td>20</td></tr>
<tr><td>Case Specific Information
The proposal addresses …
How it will alleviate the critical global health issue
How it will impact education, economics, politics, and culture of the location and the surrounding region.
Feasibility of implementation
Sustainability beyond funding period
Cultural acceptability and involvement of local communities and leaders</td><td>25</td></tr>
<tr><td>Delivery (voice, body, eye contact)
Presenters…
Effectively use visual aids (PowerPoint, Prezi, etc.)
Have a clear voice, enthusiasm, and make eye contact with judges
Demonstrate knowledge and command during Q & A session
Technical difficulties will not count against your team
Students might choose to keep their videos off during the pre-recorded presentation depending on format and privacy concerns. This should not count against the team.
All students must have their camera on during the live Q&A session and in the live final rounds</td><td>10</td></tr>
<tr><td align="right">Total possible points</td><td>100</td></tr>
</table>