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# The *STAR-MH* screening tool for identifying mental disorders in asylum seekers and new refugees

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# Background

Prevalence of clinical disorders (% caseness)  
in asylum seekers & refugees

	<b>Depression</b>	<b>PTSD</b>
<b><i>Asylum seekers</i></b>	<b>61.1**</b>	<b>52.1*</b>
<b><i>Refugees</i></b>	<b>30.3</b>	<b>27.3</b>
<b><i>General pop.</i></b> <b>(12-mth)</b>	<b>4.1</b>	<b>6.4</b>

\* $p < 0.01$ , \*\*  $p < 0.05$

(Hocking, Kennedy & Sundram, 2012)

(Australian Bureau of Statistics, 2007)

# Inadequacy of extant screening tools for mental disorders in Asylum Seekers

## ❑ Sector consultation

- **Domestic** (FASST services, Hotham Mission, AMES, Red Cross)
- **International** (UK, i.e. *Traumatic Stress Service, Maudsley Hospital*; USA i.e., *Program for Torture Victims, CA; Survivors of Torture International, CA; Refugee Mental Health Program, CO*)

## ❑ Literature review

- **K10** – *not validated in culturally diverse settings*
- **RHS-15** – *not developed for AS populations.*
- **DASS** – *does not identify PTSD*
- **GHQ** – *too long, does not identify PTSD*
- **VIAT** (*Vulnerability Identification Assessment Tool*)

# The need for an asylum seeker-specific mental health screening tool

Mental health screening of asylum-seekers is important for 4 reasons:

- a) To facilitate appropriate and timely treatment
- b) To expedite the resolution of refugee status determination \*
- c) To replace *ad hoc* and subjective mental health evaluations with a validated tool that can be applied uniformly by a range of workers in the field
- d) To provide an objective measure to advocate for greater support throughout the refugee determination process where relevant.

\* Aron, 1992; Cummins, 2013; Steel, Frommer, & Silove, 2004; Tay et al., 2013

## Aim:

To develop a mental health screening tool for non-mental health workers

- Brief and easily administered
- Sensitive
- Simple

## 3 phases:

1. Tool development
2. Pilot process (iterative)
3. Qualitative feedback concerning length, interpretation, fidelity

# Inter-correlation of symptoms

	Depression	Anxiety	PTSD	Demoralisation
Depression	-	<b>.77*</b>	<b>.80*</b>	<b>.72*</b>
Anxiety	-	-	<b>.74*</b>	<b>.61*</b>
PTSD	-	-	-	<b>.68*</b>

# Method: Phase I: Tool Development

## Item derivation

- Chi square analyses → previous research (N=56)
- 14 items derived from HSCL-25; HTQ (Part IV) & PERI-D
- Duplicated items discarded ( $r \geq 0.7$ ) to leave 9 items
- 3 'screen in' items included based on previous research (e.g. torture predictor of PTSD - Steel et al., 2009)

1<sup>st</sup> iteration: 12 item scale with 3 'screen in' items

2<sup>nd</sup> iteration: 10 item scale with 2 'screen in' items

# Method: Phase II & III - Pilot process: 1<sup>st</sup> iteration

Phase II 12 items (3 'screen in' & 9 Y/N items)

Recruitment of community-based asylum seekers through Asylum Seeker Resource Centre (ASRC) casework program:

Exclusion criteria:

1. < 18 years old
  2. ASRC member < 6 months
  3. Diagnosed with a mental disorder since being in Australia; currently seeing a psychiatrist.
- Screening tool administered by trained caseworkers (n=10)
  - Diagnostically evaluated within 5 days of screening

Phase III

- Feedback to & from caseworkers
- Onward referral



# Method: Pilot process - 2<sup>nd</sup> iteration

Phase II 10 items (2 'screen in' & 8 Y/N items)

Recruitment through Asylum Seeker Resource Centre (ASRC) and Monash Health Refugee Health Clinic.

Exclusion criteria:

1. < 18 years old
  2. Diagnosed with a mental disorder since being in Australia; currently seeing a psychiatrist or receiving treatment (e.g. counselling; SSRIs)
- Screening tool administered by trained caseworkers; nurses/GPs; bi-cultural workers
  - All participants interviewed using the MINI psychiatric interview (validation)
  - *Md* screen-to-interview time= 5.5 days (*IQR* 0.0-9.0)

Phase III

- Feedback to & from *STAR-MH* administrators (*N*=29)
- Onward referral
- Time taken to administer: *Md* 6 mins (*IQR* 5-7 mins)

# Results (1)

## Participant profile – 2<sup>nd</sup> iteration

- ❑ **N=192** from 36 countries; 65% required English language interpreter
- ❑ 70% Male; 60% partnered; 54% arrived by boat
- ❑ 19-82 years (*Md*=33 yrs, *IQR*=28-43)

### Pre-arrival

- 15% refugee camp
- 6% mental disorder

### Post-arrival

- 55% Australian immigration detention
- **RDP stage:** 73% Primary stage; 20% appeal
- **Time since application:** 5–175 weeks (*Md* =113; *IQR*= 62-143)
- **Work:** 57% on welfare; 16% work
- **Health:** 16% without Medicare
- 4% diagnosed mental disorder (in Australia)

## Results (2)

### Mental disorder prevalence (2<sup>nd</sup> iteration)

- MDD: 30%
- PTSD: 20%
- Comorbid MDD and PTSD 32%
- Other: suicidality 7%; GAD 3%; panic disorder 2%; SUD 1.5%; psychosis 1%; OCD 0.5%; agoraphobia 0.5%
  - 99% comorbid with either MDD or PTSD
- ***Only 27% of those with a mental disorder had received treatment in Australia***

# Results (3)

Predictive accuracy; sensitivity & specificity  
(9-item scale version: 7 + 2 'screen in' items)

<b>≥ 2 'Yes'</b>	<b>SN (%)</b>	<b>SP (%)</b>	<b>Area Under Curve</b>	<b>P value</b>	<b>95% C.I.</b>
<b>MDD</b>	<b>93.0</b>	<b>71.9</b>	<b>.89</b>	<b>&lt; .0001</b>	<b>.84 – .94</b>
<b>PTSD</b>	<b>100</b>	<b>66.7</b>	<b>.91</b>	<b>&lt; .0001</b>	<b>.87 – .95</b>
<b>MDD &amp;/or PTSD</b>	<b>93.5</b>	<b>74.6</b>	<b>.91</b>	<b>&lt; .0001</b>	<b>.87 – .96</b>

# Conclusions

- High rates of unrecognised MDD & PTSD in asylum seeker & new refugee populations
- The *STAR-MH* responds to a need for brief & sensitive tool for use by non mental health workers to screen for mental disorders in asylum seekers & new refugees
- Identifying PTSD &/or major depression will likely capture other co-morbid mental disorders in this population
- The *STAR-MH* is a simple, efficient screening tool to facilitate mental health referrals for asylum-seekers & new refugees at the agency of first presentation.

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If interested in potentially being involved in the field study roll-out of the *STAR-MH*, contact:

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