

Considerations in Using Mental Health Screening Measures with Afghan Clients

A mental health screener is a list of standard questions that help identify the possible presence of a mental health condition. Screening measures are usually short so that they can be administered or taken quickly, allowing the screening to be integrated into other processes. For example, a primary care appointment or as part of a broader intake into client services.

Mental Health Screening Measures should always be evidence-based.

This means that the tool has undergone testing and analysis and has been proven to be: a) **Reliable** – produces consistent results, b) **Valid** – measures what it was designed to measure, c) **Sensitive** – identifies when there is a problem, and d) **Specific** – identifies when there is not a problem.

Before using a mental health screener, providers should:

- **Determine what they are hoping to measure** (i.e., symptoms, skills, confidence or competence level, functioning, behavior, etc.) so that they can find the right tool.
- **Ensure that there are durable referrals that can be offered.** Providers should be cautious of using mental health screeners if there are no accessible or appropriate mental health resources that can be offered to Afghan clients. At a minimum, this means that a mental health referral can offer linguistically accessible services. Ideally, it means that the provider is from the same culture or is trained in cross-cultural service provision.
- **Select measures that have been validated cross-culturally where possible.** Most evidence-based measures have been developed based on Western psychological concepts and validated in English-speaking cultures. Ideally, providers should use a measure that has been studied or validated in the targeted population.
- **Ensure measures are appropriately translated.** Translations should be reviewed to ensure that the words and *meanings* are correct.
- **Explore any technical support that might be needed to make the measure easier for people to understand.** This may include visual representation of the scales or audio versions of the questions.

- **Ensure all staff are appropriately trained in the measure.** Providers should be trained in the purpose of a particular measure, how to use it, and how to properly score it.

Trauma-informed practices for using mental health screening measures with forcibly displaced clients

Most recent arrivals from Afghanistan have experienced significant traumatic events and have current stressors like poverty, separation from loved ones, and pressured adaptation to a new culture and community. Because there are few mental health services in Afghanistan, many will be unfamiliar with how mental health is viewed and treated in the U.S. In addition, they may be unaccustomed to the use of measures or scales. For these reasons, providers will need to help create a shared understanding of the measure and take extra time to build a sense of trust. Providers should:

- **Explain why they are using the measure and what will be done with the information.** For example, *“I am going to give you a short list of questions that ask about how you have been feeling in the last two weeks. We give these questions to everybody who comes in for services because it is common for people to have things like sadness or worries after they come to a new country. If people are having a difficult time, then I have a conversation with them to explore what services or supports might be helpful.”*
- **Reinforce confidentiality.** Clients may have lived in communities where there were not strong client confidentiality laws, or where the presence of mental health conditions could disqualify someone from jobs, higher education, and more. Providers need to be proactive and explicit about explaining confidentiality. For example, *“The answers you give are completely confidential meaning they are not shared with anyone, including family, employers, agencies, or anyone without your written permission.”*
- **Provide an overview of the tool and instructions.** Tell people what type of questions you will ask, how many questions you will ask, and how long it will take. This helps reduce the stress of uncertainty. For example, *“The tool asks ten questions about how you have been feeling in the last two weeks. It uses a scale from 0 to 3. 0 means that this has not been happening at all in the last two weeks, 1 means that it has been happening a few times, 2 means it has been happening about half of the time, and 3 means it has been happening most of the time.”* If you have visual representations of scales, this is the time you’ll want to show them to the client and explain what they represent.
- **Provide reassurance and empowerment** – Let people know that there are no wrong or right answers and that they do not have to answer questions if they do not want to or if they feel uncomfortable for any reason. Always ask if people have questions about the screening or the process before starting.
- **Determine how they will provide a non-stigmatizing referral if the client screens positive.** It is often helpful if providers start by reviewing how clients have responded to the screener, offering empathy and normalization, before moving into a referral. For example, *“It looks like in the last two weeks you have had a lot of trouble sleeping, been crying most of the time, and having nightmares. I am so sorry you are experiencing that. These things are very common when people have been through difficult times and moved to a new country. Often people find it helpful to talk to a counselor. A counselor is a trained professional who works to understand what a person has been through, and what they are thinking and feeling. They then work together with that person on things that are most important to that person. This could be trying to make some things better, like sleep, or it could be on other goals. Does this sound like something that you might be interested in?”*