

# Teletherapy For Refugees



**Bridging the Treatment Gap**  
[cbiworld.org/teletherapy-refugees](http://cbiworld.org/teletherapy-refugees)

# THE NEED

- **Non-English speaking refugees** being resettled in the US & Canada arrive with mental health symptoms, including psycho-emotional trauma. Many come from cultures where mental health treatment is uncommon
- **Mental health service providers** in most medium/small host cities & towns do not speak the native language of most refugees, have a cultural understanding, or are familiar with war trauma.
- **Translators** in these communities are scarce or nonexistent. Those that do exist rarely have training & orientation as mental health translators (confidential, objective, self care).

- Assistance to refugees typically focuses more on the most concrete & visible needs, while **psycho-emotional wounds are neglected due to lack of adequate treatment resources**
- **Mental health needs go unattended** & are allowed to become chronically dysfunction in a person's life, to the detriment of both the refugee & host community.
- Refugee assistance organizations in these host communities consistently point to major mental health symptoms, including psycho-emotional trauma, as **the main obstacle to successful resettlement & integration.**
- **No current national service delivery system** exists to address this need.

# **THE SERVICE**

## ***Teletherapy For Refugees***

***A service provided from any location  
to any location in the US and Canada***

A virtual service delivery system bridging language & cultural gaps to reach refugees in host communities anywhere in the US or Canada.

# **REQUIRED RESOURCES:**

- **Technology**
- **Human Resources for Service Delivery, Coordination, and Support**
- **Funding Support**

# Technology

**Tele-Health Technology** is an already well established resource used for confidential health care services.

Necessary elements include:

- **An integrated virtual Platform** to host the on-line service site capable of meeting the technical needs of the service.
- **Client access** to virtual technology equipment and internet.

# **Human Resources for Service Delivery, Coordination, and Support**

**1) Direct Service Providers:**

**2) Coordinating Body:**

**3) Community Representatives/Partners:**

# 1) Direct Service Providers:

A national registry of **therapists, coping skills trainers**, and trained **translators** offering:

- **Trauma informed therapy** for individuals, couples, & families
- **Self-help coping skills training** to instill self-care abilities in refugees to further support treatment & re-empowerment,
- **Psycho-education** to counter stigma and normalize mental health needs,
- **Confidential, unbiased translation.**

\* **Selected Members of a refugee community** offered paraprofessional skills training and support in taking on emotional support and advocacy roles within their community. They are also a natural resource for translators.



## 2) Coordinating Body:

A **central coordinating task group**, made up of mental health and social service professionals for:

- Coordination, guidance, monitoring, evaluation, and further development of the service delivery system,
- Support of service providers
- Liaison with host community representative organizations.
- Providing certified training and orientation to translators.
- Coordination and evaluation to meet requirements of potential funding sources.

### 3) Host Community Representatives/Partners:

**Local stakeholders** representing community organizations and groups providing resettlement support who can:

- Identify and refer individuals for treatment,
- Support and assist individuals in accessing and maintaining participation in virtual therapy sessions arranged for them,
- Ensure they have needed equipment and internet access,

**An advisory network** representing resettlement organizations provides insights & feedback to coordinating body on overall effectiveness of the service & possible improvements.

# Funding Support

## 1) Insurance and Health Care Funding:

**Payment to therapists:** Available sources: Medicaid, Refugee Medical Assistance (RMA), the Children's Health Insurance Program (CHIP), or the Health Insurance Marketplace,

**Payment to translators:** Research and advocacy for possible payment through one or more of these health care insurance programs, or from other funding sources, for essential health care related translation services.

## 2) Grants:

Government, foundation, and corporate grants, as well as resources within host communities to support overall operations.

# **Collaboration**

***Essential for success  
in addressing large scale need nationwide***