Open Forum Article Title: ADDRESSING GAPS IN ACUTE & CHRONIC MENTAL HEALTH CARE FOR SURVIVORS OF HUMAN TRAFFICKING: A CALL TO ACTION

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Abstract:

Human trafficking is associated with acute psychiatric sequelae, and survivors may benefit from a variety of mental health and substance use services. However, due to a plethora of gaps in acute and chronic mental health care, their complex mental health needs frequently go unaddressed. Many survivors experience sporadic, fragmented care in varied settings, rendering them vulnerable to continued exploitation. HEAL Trafficking hosted Round Table Discussions with healthcare professionals, including some with lived experience. These discussions form the basis of this call to action, with recommendations for improved services to address acute and chronic mental health care for survivors of human trafficking.

Article Main Body:

Jorge (fictitious vignette names) is a 27-year-old non-English speaking farmhand who presented to an emergency department for symptoms of altered mental status, dehydration, tachycardia, and acute renal failure. Ryan is a 20-year-old unhoused gay male who was brought to a crisis stabilization unit due to suicidal ideations, symptoms of mania with psychosis, and extreme emotional outbursts. Bella is a 21-year-old Black female diagnosed with Post-Traumatic Stress Disorder (PTSD), Schizoaffective Disorder, and a history of Substance-related Disorders, who was placed under conservatorship after cycling in and out of psychiatric facilities since adolescence; she eventually disappeared. Nodin is a 25-year-old Transmale with a diagnosis of PTSD, Bipolar I, Borderline Personality Disorder, and Amphetamine Use Disorder who has spent years in and out of psychiatric hospitals. What do these four individuals in the de-identified vignettes have in common? They are human trafficking survivors (hereafter referred to as 'survivors') whose exploitation was never identified, and who were not connected to adequate services in spite of repeated interactions with the health sector.

Human trafficking (HT) is an egregious human rights violation with well documented medical and psychiatric sequelae (1). Psychiatric consequences of labor and sex trafficking may be acute or long term, and exacerbated by pre-trafficking trauma exposure (2) and severe mental illness, such as psychotic disorders (3). Acute mental health symptoms may include non-suicidal self-harming behaviors, suicidal ideation and attempts, acute psychosis, manic episodes, and destabilizing symptoms of complex PTSD or substance use. These may lead to grossly disorganized behaviors and/or labile moods (1, 3, 4). Patients may require a variety of mental health services such as acute crisis management, inpatient hospitalization, medication

management, residential care, substance use treatment, and outpatient therapeutic interventions (5).

Mental health needs are typically unmet due to a dearth in accessible, available and/or appropriate services provided by professionals trained on HT survivor-centered and trauma-informed approaches, and to these patients never being adequately identified as trafficked (4). Service delivery that does exist tends to involve a patchwork of uncoordinated and inadequate care (6). For example, residential facilities may lack policies, practices and sufficiently trained staff to assist survivors presenting with acute mental healthcare needs, including clients with serious comorbidities, such as substance use disorders (7). Consequently, survivors may cycle between emergency departments, sporadic healthcare access, and various treatment programs, thus remaining vulnerable to exploitation (8).

In light of these service gaps, the Mental Health Council of HEAL Trafficking (https://healtrafficking.org), a health-oriented network of professionals dedicated to ending HT and supporting survivors, invited network healthcare professionals, including survivors, to join a series of Round Table Discussions. Discussions were focused on better understanding the gaps. This commentary presents the results of our discussions. It is intended to catalyze further discussions and actions to better meet the needs of this underserved population.

Eight discussions took place via video conference, between August 2020 and April 2021. The workgroup discussed acute and chronic mental healthcare needs of adult survivors, service gaps,

and promising practices. We focused on adults rather than children due to the differing care mechanisms available to minors.

Notes were taken during each meeting, out of which emerged themes and action items to increase client identification, access to resources, and improve survivor mental healthcare across the lifecourse. A subgroup conducted an informal review of the literature utilizing PubMed and key words such as ‘human trafficking’, ‘mental health services’, ‘health services’, “acute’, ‘emergency care’, ‘health services needs’ ‘demand’, and ‘gaps’.

Our informal literature review revealed limited articles specific to gaps in mental health care services for survivors, thereby reinforcing our discussion’s findings and call to action. Our identified gaps were organized into three distinct areas, each with unique findings and action items. The three areas are: Research, Capacity-Building, and Systems Change. These are discussed below, as are identified promising practices.

It is imperative to view the findings below in the context of additional social/structural vulnerabilities and discriminations often experienced by survivors (9). These include, but are not limited to, mental health disorders, identity-based discriminations, homelessness (4), substance use (7), and pregnancy and parenthood (10). Considering these social determinants is a critical factor in holistically addressing HT as a public health issue (9).

<u>Need for Research</u>:

Discussions highlighted the need for trauma-informed research on the healthcare response to survivors facing acute and chronic mental health needs, and related funding. The workgroup found that it is critical to identify risk factors and potential 'red flags' that may improve identification of adults at risk for, or experiencing HT. It is critical to identify the barriers survivors face when seeking services for acute mental health needs.

We need to develop and evaluate tools for assessing survivor overall needs, especially for those with acute and chronic mental health needs. We need to better understand the prevalence and presentation of mental illnesses in survivors. We must also develop and evaluate evidence-based, trauma-informed, and gender-sensitive treatment strategies across the continuum of culture-responsive care. Further, we need to gather outcome and impact data on these mental health interventions for this population.

Discussion findings indicated a lack of inclusivity in research regarding male and transgender survivors, and other underserved minority groups (11, 12, 13). Research on promising practices will help inform stakeholders on possible ways to close service gaps. Research collaboration among multidisciplinary professionals, community members (such as organizations serving transgender adults and other marginalized populations), and service users is critical.

Capacity Building:

Advocacy, case consultation, training and education, and resource development are vital in building the capacity of allied professionals to effectively work with survivors. Advocacy is needed to promote widespread adoption and safe usage of the new ICD-10/11 codes specific to

HT (14). This data can be used to: 1) better understand the mental health impact of HT, increase effective screening and identification, improve continuity of care, and support research initiatives on the effectiveness of treatment interventions; and 2) increase funding to support treatment outcome research and delivery of services to meet the acute mental health needs of survivors.

Building the work-force capacity entails enhancing effective engagement in outreach and mentoring services for professionals. The quality of services may be improved through individual case consultation, group peer review sessions (15), and development of a clinician network fostering the exchange of ideas and information. Coalitions and networks (5) of vetted professionals enable warm hand-offs for survivors, thus ensuring continuity of care.

Education and training on HT, trauma-informed and gender/culturally-sensitive care is essential for staff at emergency departments, crisis stabilization units, psychiatric hospitals and other mental health facilities. Community service providers require education regarding trauma-informed care and the intersection of HT and acute mental illness. Those working at shelters and residential programs need training to recognize the symptoms of acute mental health issues, and be able to understand symptoms and trauma from the perspective of survivors. They urgently need the skills to employ proactive interventions that address subtle symptoms, before these escalate to high acuity.

As HT is on the extreme end of a trauma continuum, extant resources and tools created for populations with similar presenting issues (e.g. individuals with a history of sexual assault or interpersonal violence) do not always address the full breadth of care required for survivors.

Collaboration among trauma trained specialists with clinical expertise in HT will create an avenue for such resources to be developed. Once stabilized, survivors would benefit from receiving individualized resources when being discharged from hospitals, and connected to a HT support specialist.

Systems Change:

There is a need to develop survivor-informed evidence-based practices and systems of care that address survivors' unique needs, acute mental health challenges, and transitions to longer-term mental health care. These may involve dedicated HT experts within healthcare systems, and trauma-informed, culturally and gender sensitive programs that address HT, other trauma, substance use, and severe mental illness. Systems changes need to reduce barriers for survivors with acute mental illness to access in-patient hospital units and, when stabilized, enter, or return to, residential care. Established HT protocols can facilitate collaboration between community service providers, local psychiatric facilities and outpatient mental health providers.

Promising Practices:

A dearth of evidence-based practices exist for survivors. Promising practices and emerging resources were identified: Trauma-informed and culturally appropriate training resources (e.g., SOAR to Health & Wellness Training Program; Core Competencies for Human Trafficking Response in Healthcare and Behavioral Health Systems), and toolkits for the development of response protocols within healthcare facilities (e.g., HEAL Protocol Toolkit) were detailed. One screening tool for HT was identified and validated for healthcare setting (e.g., Rapid Appraisal

for Trafficking RAFT) (15). The use of emerging tools like HT psychoeducational films were also discussed.

Solutions focused on expanding education on human trafficking for healthcare professionals (16), alongside citywide healthcare consortium partnerships (17) to improve collaboration between health services and their law enforcement and NGO partners, have been effective in filling these gaps. In addition to education, trauma-informed specialists identify and respond to the complex biopsychosocial needs of trafficking survivors and collaborate with medical, surgical, social and legal services while prioritizing mental health first (5). Anti-trafficking social workers planted in hospitals act as linkage workers to community partners.

CONCLUSION

Findings from our discussions highlight the need for research, advocacy, capacity building of allied professionals and services, and survivor-informed strategic changes within systems of care. These will address major gaps in acute and chronic mental healthcare for survivors, reduce harm and improve health outcomes. Multi-disciplinary collaborative teams are essential in providing a holistic response to the needs of trafficked persons, and addressing vulnerabilities that may contribute to re-trafficking. Survivors such as Jorge, Ryan, Bella, Nodin, and others, urgently need access to reliable information and resources. They need evidence-based, survivor- and trauma-informed and culturally/gender-responsive support services within acute mental healthcare and community settings.

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