

**An Integrated Model of Primary and Mental Health Care for the Refugee Population
Served by an Academic Medical Center:
Online Supplement**

Table S1

Demographic Characteristics of 111 IFMC Patients Seen in Family Medicine with a Mental Health Diagnosis Listed by their Primary Care Physician

	Follow-Up with MH Providers	No Follow-Up with MH Providers
Number of Patients	82	29
Average Age in Years (SD)	37.28 (13.82)	41.97 (19.79)
<i>Sex</i>		
Female	58 (70.73%)	23 (79.31%)
Male	24 (29.27%)	6 (20.69%)
<i>Country/Region of Origin</i>		
Afghanistan	42	13
Other Countries in Central and Southern Asia	15	7
Countries in Eastern and South-Eastern Asia	<5	0
Countries in Sub-Saharan Africa, Northern Africa, and Western Asia	13	7
Unknown	9	2
<i>Country/Region of Exit</i>		
Afghanistan	28	8
Other Countries in Central and Southern Asia	15	<5
Countries in Eastern and South-Eastern Asia	<5	<5
Countries in Sub-Saharan Africa, Northern Africa, and Western Asia	20	7
Eastern Europe	<5	<5
Unknown	12	7
<i>Legal Status</i>		
Refugee	57	21
Special Immigrant Visa	21	5
Not Provided	4	3
<i>Primary Diagnosis Indicated by FM Referral</i>		
Anxiety	20 (24.39%)	10 (34.48%)
Depression	43 (52.44%)	12 (41.38%)
Depression with Psychosis	3 (3.66%)	0 (0%)
Mixed Anxiety and Depression	7 (8.54%)	0 (0%)
Eating Disorder	2 (2.43%)	4 (13.79%)
Postpartum Mood or Anxiety Disorder	3 (3.66%)	0 (0%)
Somatization Disorder	1 (1.22%)	0 (0%)
Grief	2 (2.43%)	1 (3.45%)

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Trauma and Stressor-Related Disorder

1 (1.22%)

2 (6.90%)

Note. MH = Mental Health. IFMC = International Family Medicine Clinic. FM = Family Medicine. Information reflects Family Medicine visits conducted between January 1, 2016, and December 31, 2021. MH follow-up visits were included if they took place between January 1, 2022, and May 17, 2022, the day when these data were pulled.

We categorized countries of origin and exit according to the United Nation's regional groupings framework to avoid cell sizes with fewer than 5 people. Patients spoke the following languages, listed in descending order of frequency: Dari and English (tied); Arabic and Nepali (tied); Pashto; Farsi; Urdu; and Burmese, Hindi, Karenni, Kiswahili, and Russian (tied). These measures were taken to preserve patient confidentiality.

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Table S2

Descriptive Characteristics of the 82 IFMC Patients Who Followed with Mental Health Care Providers

	Seen Only by the Family Stress Clinic	Seen Only by Psychiatry	Seen by Both Departments
Number of Patients Seen	38	13	31
Average Age in Years (SD)	35.42 (13.49)	44.69 (16.7)	36.45 (12.26)
<i>Legal Sex</i>			
Female	27	9	22
Male	11	4	9
<i>Region of Origin</i>			
Central and Southern Asia	24	12	21
Eastern and South-Eastern Asia	<5	0	0
Sub-Saharan Africa, Northern Africa, and Western Asia	6	<5	6
Unknown	5	0	4
<i>Region of Exit</i>			
Central and Southern Asia	22	7	14
Eastern and South-Eastern Asia	<5	0	0
Sub-Saharan Africa, Northern Africa, and Western Asia	6	<5	6
Unknown	5	2	5
<i>Legal Status</i>			
Refugee	21	10	25
Special Immigrant Visa	14	2	5
Not Provided	3	1	1
Visit Information			
Number of Unique Visits	111	109	652
<i>Number of Visits per Patient</i>			
Mean (SD)	2.92 (3.46)	8.38 (7.47)	21.03 (14.13)

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Median	2	6	18
Minimum	1	1	3
Maximum	20	21	56
<i>Frequency of Different Visit Lengths</i>			
10-20 minutes	2	0	3
30-40 minutes	55	0	52
45-50 minutes	0	52	181
60 minutes	54	49	383
90+ minutes	0	8	33
<i>Primary Diagnosis Indicated by FM Referral</i>			
Anxiety	14	2	4
Depression	15	8	20
Depression with Psychosis	0	2	1
Mixed Anxiety and Depression	6	0	1
Eating Disorder	0	1	1
Postpartum Mood or Anxiety Disorder	1	0	2
Somatization Disorder	0	0	1
Grief	1	0	1
Trauma and Stressor-Related Disorder*	1	0	0

Note. IFMC = International Family Medicine Clinic. Of the 872 IFMC patient visits that occurred with a mental health provider between January 1, 2016, and May 17, 2022, 324 visits were completed by the Family Stress Clinic, 542 visits were completed by Psychiatry, and 6 visits could not be determined in which department they specifically occurred.

*Upon follow-up with the Family Stress Clinic and/or Psychiatry, trauma and stressor-related disorders—which includes adjustment disorders and post-traumatic stress disorder—were indicated for 52 of the 82 patients seen.

We categorized countries of origin and exit according to the United Nation's regional groupings framework to avoid cell sizes with fewer than 5 people. Patients spoke the following languages, listed in descending order of frequency: Dari and English (tied);

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Nepali and Arabic (tied); Pashto; Farsi; Urdu; and Burmese, Hindi, Karenni, Kiswahili, and Russian (tied). These measures were taken to support patient confidentiality.