Supplemental Digital Appendix 1

Example Case of a Student Group's Longitudinal Relationship with Their Refugee Partner, Refugee Health Partnership (First Cohort began in January 2012), Johns Hopkins University School of Medicine[a]

"Thiha Aung" (T.A.) arrived in the United States from Thailand with a diagnosis of schizophrenia for which he had been taking medication and seeing a counselor in the refugee camp that he had called home for the majority of his life. Upon his arrival there was not yet a well-established relationship between the resettlement agency and a qualified mental health provider who could be trusted to handle his case with the cultural responsiveness necessary to ensure the proper continuum of care. Additionally, in the refugee camp his primary caregiver had been his sister, who was now in the position of being the sole breadwinner for her own nuclear family as well as other dependent family members, including T.A.

In the camp T.A. had been able to live with a relatively high level of independence given his familiarity with his surroundings and strong community support. In Baltimore, however, he found himself becoming increasingly isolated due to his lack of familiarity with his new, often unsafe, neighborhood, and his low level of English proficiency.

Thankfully, after a few months of living in Baltimore, a new and highly qualified mental health provider was identified and staff from the resettlement agency began to escort T.A. to and from his appointments with his new counselor. Over time, having been taught the bus route on several occasions, T.A. was encouraged to try navigating the trip on his own. Unfortunately, T.A. began regularly missing his appointments, stating that he did not feel safe taking the bus on his own, as he feared getting lost. This inability to get to and from his appointments along with persistent confusion about how to refill his prescriptions using the complex automated telephone system only available in English began to place a heavy burden on his sister who was already balancing a great deal of responsibility. Fortunately, it was around this time that the Refugee Health Partners program launched and T.A. was introduced to three dedicated medical students who would ultimately become not only his mentors, but also his friends.

Through his weekly interactions with these students, T.A. gained the confidence to independently take the bus to and from his mental health appointments, relieving a great burden from his sister and providing T.A. with his first step towards being able to manage his diagnosis in the United States. Furthermore, T.A. became increasingly dedicated to improving his English language skills and used his weekly interactions with his mentors to practice speaking English and listening. Over time the students noted a marked improvement in their ability co communicate with T.A. without the assistance of an interpreter.

The medical students also learned a valuable lesson about culturally responsive medical care and the complex nature of treating mental illness across culture. Over the course of the year, T.A. shared with them his beliefs about the origins of his disease and the futility of medical treatment. Nevertheless, much to the students' surprise, T.A. was diligent about taking his medication and attending his counseling appointments, demonstrating that his beliefs did not interfere with his treatment adherence. Where some may have seen those beliefs as a barrier to treatment, he understood that the two were not mutually exclusive, and that was one of the most valuable lessons the students learned during their time with him.

[a]Identifying details have been changed to preserve confidentiality.