

Creating Mental Health Recommendations in Rural Middle America: Benefits, Challenges, and Implications for Providers

Wednesday, October 17th Session 7, 3:45-5:00



— NORTH DAKOTA —
HUMAN TRAFFICKING TASK FORCE

Introductions

Emily Schwartz



Erin Hagen



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

Course Objectives

- Overview of NDHTTF service delivery model and task force infrastructure, with brief case study example
- Discussion of effective strategies and challenges of the design implemented
- Outcomes and implications of the project



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

NDHTTF Background

- Task force established in 2015 under Federal Enhanced Collaborative Model grant
- Work collaboratively with the AG Commission to accomplish statewide goals to address trafficking
- NDHTTF focuses on direct response to victims and coordination of investigations and services through prosecution



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

NDHTTF Mission

"The North Dakota Human Trafficking Task Force is a statewide, multidisciplinary collaboration of law enforcement, service providers, and prosecution established to work in a victim-centered manner to prevent, detect, disrupt, and dismantle human trafficking through coordinated, comprehensive services and efficient investigation and prosecution."



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

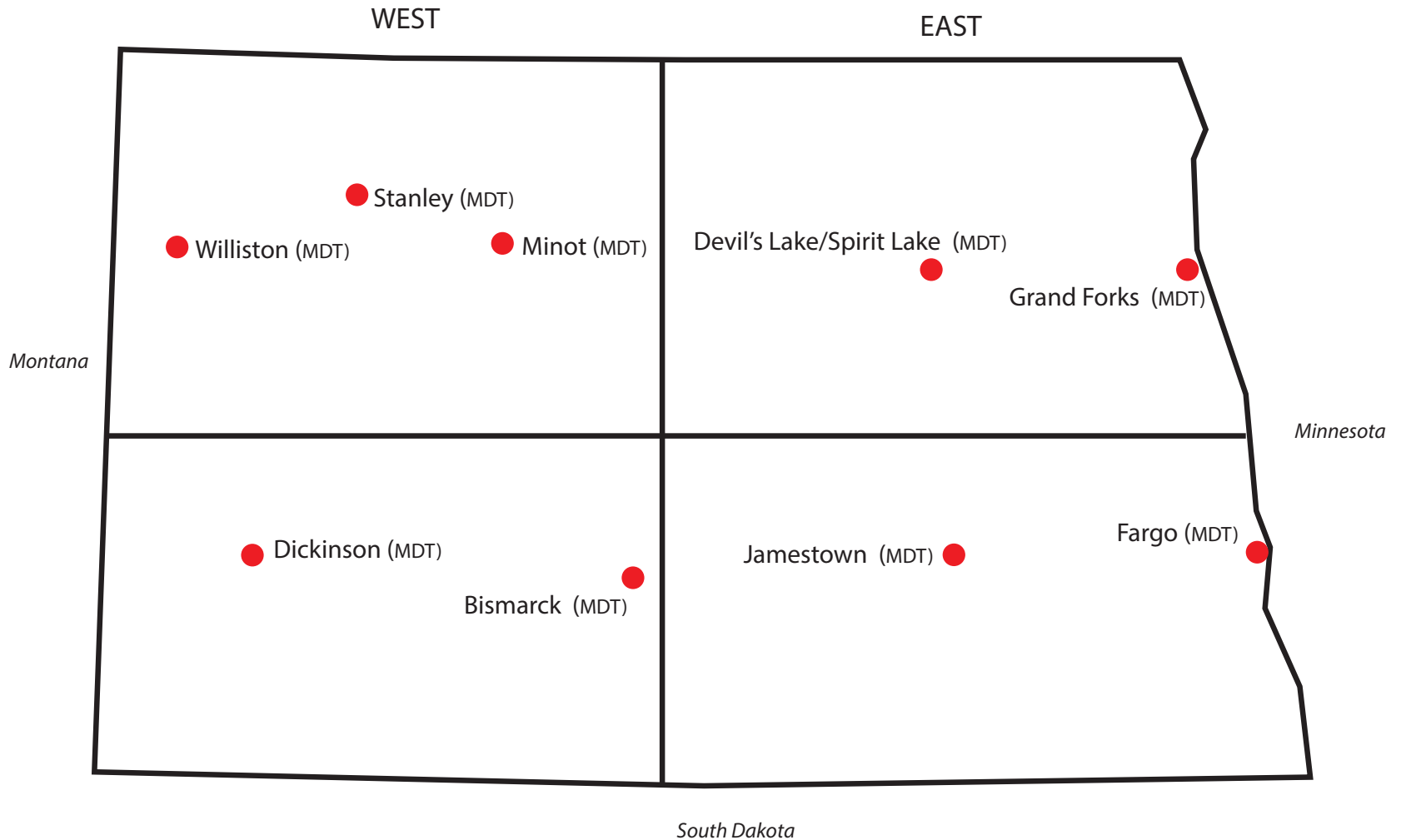
Composition of the NDHTTF

- Executive Board
- Task Force Director
- Operational Team
- Subcommittees
- MDTs in nine key communities



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

MDT Communities



Scope of Service Provision

Since the inception of the grant the NDHTTF provided:

- Technical assistance: 1,177 times totaling 1,857 hours
- Trained 7,802 professionals
- Provided services for 179 unique victims
 - 138 sex/7 labor/18 both/16 unknown
 - 132 adults/47 minors
 - 11 foreign nationals/155 non-foreign/13 unknown
- Opened 60 investigations
 - 46 sex/9 labor/5 both
- Made 52 arrests

**January 1, 2016-June 30, 2018*



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

Mental Health Case Study



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

Mental Health Needs

NDHTTF Subcommittees identified the following gaps for mental health and addictions services:

- Inconsistent contact by service providers with survivors
- Inconsistent care for survivors to minimize disruptions to meeting basic needs
- Inadequate investigation and prosecution for survivors with unmet mental health needs
- Inadequate and inaccessible network of clinicians to work with survivors presenting with distinct mental health issues
- Inadequate continuation of mental health services
- Difficulty with transferring knowledge due to confidentiality issues
- Ineffective communication procedures between inter-agency and client/provider relationships

Project Objectives

- Evaluate effectiveness of mental health services based on current literature and field interviews
- Assess existing access to services for adult human trafficking clients in North Dakota
- Make recommendations to better serve clients in largely rural state



Mental Health Literature

- Addressing survivor mental health is seen as essential
- Common clinical issues are Anxiety Disorders, Major Depressive Disorders, and Post Traumatic Stress Disorder
- Unique needs of survivors involve interpersonal and intrapersonal repair
- Barriers to mental health care are plentiful
- Rural mental health care for survivors is sparse in the trafficking literature (*it is often found in international journals-Paraguay, Australia*)
- Attending to nuanced rural culture is an imperative

Consultation

- Collaboration with the existing MDTs to identify key informants (*local, regional, and national*)
- Consultation with experts in mental health treatment of human trafficking survivors
- Focus groups with therapeutic providers across the state-this doubled as vetting
- Consultation with expert practitioners on models and assessments that are efficacious with adult survivors



Focus Group Design

If you build it, they will come

Key collaborator identified within each MDT

- Identify a space
- Identify known counselors in their region
- Distribution of the recruitment email

Recruitment email

- Sent to all publicly available email addresses within mental health agencies in each MDT region

Focus group

- Eight questions asked in all focus groups an additional demographic survey



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

Focus Group Considerations

- Face-to-face contact is essential
- Rural mental health practitioners as experts
- Collection of experiences in agency and community
- Cultural sensitivity was the central focus
- Consider inviting medical providers in addition as they are considered the de facto mental health providers in rural communities (Bischoff et al., 2014)

Rural Considerations

- Definitions of rural are highly variable
- Breen & Drew 2012 used rural to describe communities with population 50,000 or less
- It is not uncommon to have hub communities that are under 25,000 in ND
- Culture is nuanced—"rugged individualism" and opportunities to hide (Breen & Drew, 2012)
- Insider/outsider ideology prevails
- Family is the central unit of value followed by the school as authority

Rural Considerations

Continued:

- General lack of services (*medical and mental health*)
- Mental health issues are stigmatized
- The social rules are different—bring cookies and coffee
- Supervision or collaboration for mental health providers is sparse
- Trainings must be in-service style and geared toward rural culture



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE

Project Outcomes

- Focus groups facilitated in 8 cities across North Dakota
- Preferred provider list generated with the following criteria:
 - 1.) Direct or secondary involvement with informing the current project,
 - 2.) 3+ years of therapeutic and/or direct service experience,
 - 3.) Direct experience with human trafficking survivors,
 - 4.) Demonstrated ethical understanding of the complexity of human trafficking survivors and
 - 5.) Interest in specialization with human trafficking survivors.
- Assessments were identified, reviewed, and recommendations for mental health use were made
- Executive report generated and offers strategic information for opportunities and barriers in each region

Limitations and Implications

Limitations

- There is very limited literature on rural mental health services with human trafficking survivors—therefore most actions are pilot efforts
- Focus groups were limited by agency support for the cause and collaborator's level of investment in the project
- Mental health practitioners tend to be overtaxed by their caseloads which in some cases prohibits them from participating in service enhancement projects



Limitations and Implications

Implications

- Each region of the state is highly nuanced and creates unique barriers to support and treatment of trafficking survivors
- Training programs are not sufficient to create clinician competence in trafficking work—training specific to mental health and human trafficking is necessary
- Having technology supported training materials, collaborative options, and supervision is essential to reduce the time/effort of ongoing training for rural providers



Next Steps

1. Development of training(s) for mental health professionals across the state.
2. Development of a treatment collaborative for mental health professionals specializing in treatment of human trafficking clients.
3. Data collection on existing services for trafficking survivors at key service organizations or with preferred providers
4. Expanding local collaborative options for accessible survivor services within regions of the state (*Hospitals, Clinics, private practice agencies, Schools, etc.*)



Contact Information

Erin Hagen

erinrhagen@hotmail.com

Emily Schwartz

Director

North Dakota Human Trafficking Task Force

director@ndhttf.org

(701) 306-4390



NORTH DAKOTA
HUMAN TRAFFICKING TASK FORCE