

SUCCESSFULLY ENGAGING MIGRANTS IN HEALTH CARE

WITH REFERENCE TO A REFUGEE MENTAL HEALTH PROJECT IN

A HEALTH DISTRICT IN SOUTH GERMANY



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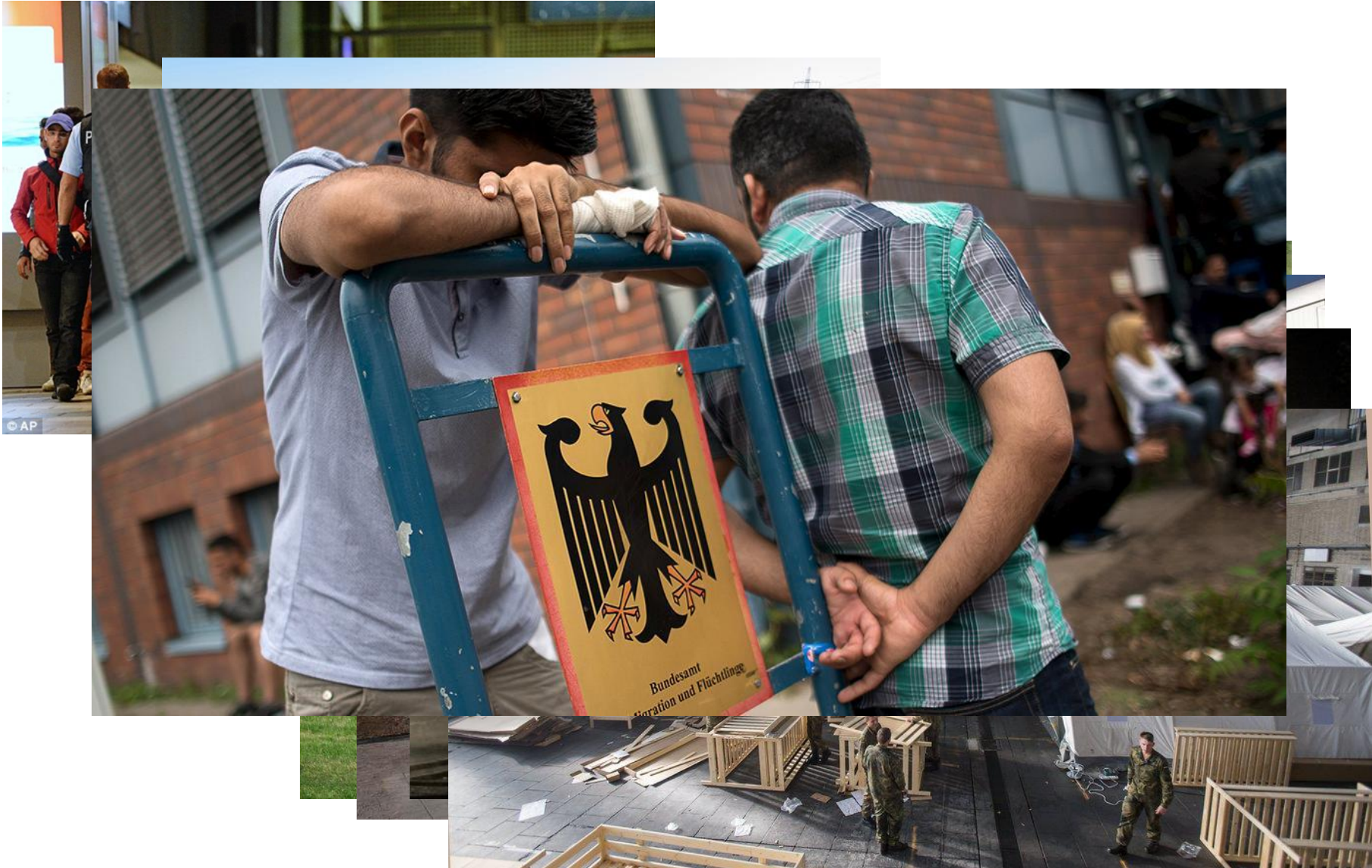




TABLE 3.2 WHO PROJECTIONS OF MENTAL DISORDERS IN ADULT POPULATIONS AFFECTED BY EMERGENCIESⁱ

	Before the emergency: 12-month prevalence (median across countries and across level of exposure to adversity) ⁱⁱ	After the emergency: 12-month prevalence (median across countries and across level of exposure to adversity)
Severe disorder (for example, psychosis, severe depression, severely disabling form of anxiety disorder)	2% to 3%	3% to 4% ⁱⁱⁱ
Mild or moderate mental disorder (for example, mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)	10%	15% to 20% ^{iv}
Normal distress / other psychological reactions (no disorder)	No estimate	Large percentage

Notes: Adapted from WHO (2005). PTSD indicates post-traumatic stress disorder.

Observed rates vary with setting (for example, time since the emergency, socio-cultural factors in coping and community social support, previous and current disaster exposure) and the assessment method.

ⁱ The assumed baseline rates are the median rates across countries as observed in the World Mental Health Survey 2000.

ⁱⁱ This is a best guess based on the assumption that traumatic events and loss may contribute to a relapse in previously stable mental disorders, and also may cause severely disabling forms of mood and anxiety disorders.

^{iv} It is established that traumatic events and loss increase the risk of depression and anxiety disorders, including posttraumatic stress disorder.



BARRIERS TO MENTAL HEALTH CARE FOR REFUGEE

- EBI (CBT; NET; EMDR) –delivered by highly trained specialists (psychologists,psychiatrists)
-shortage of specialists to cover refugees with psych.stress
- In Europe 80-90% refugees with psych problems **do not** visit specialized MH Services
- Language Barriers & lack of native language speaking psychologists & psychiatrists
- Physical Distance to specialized MHC

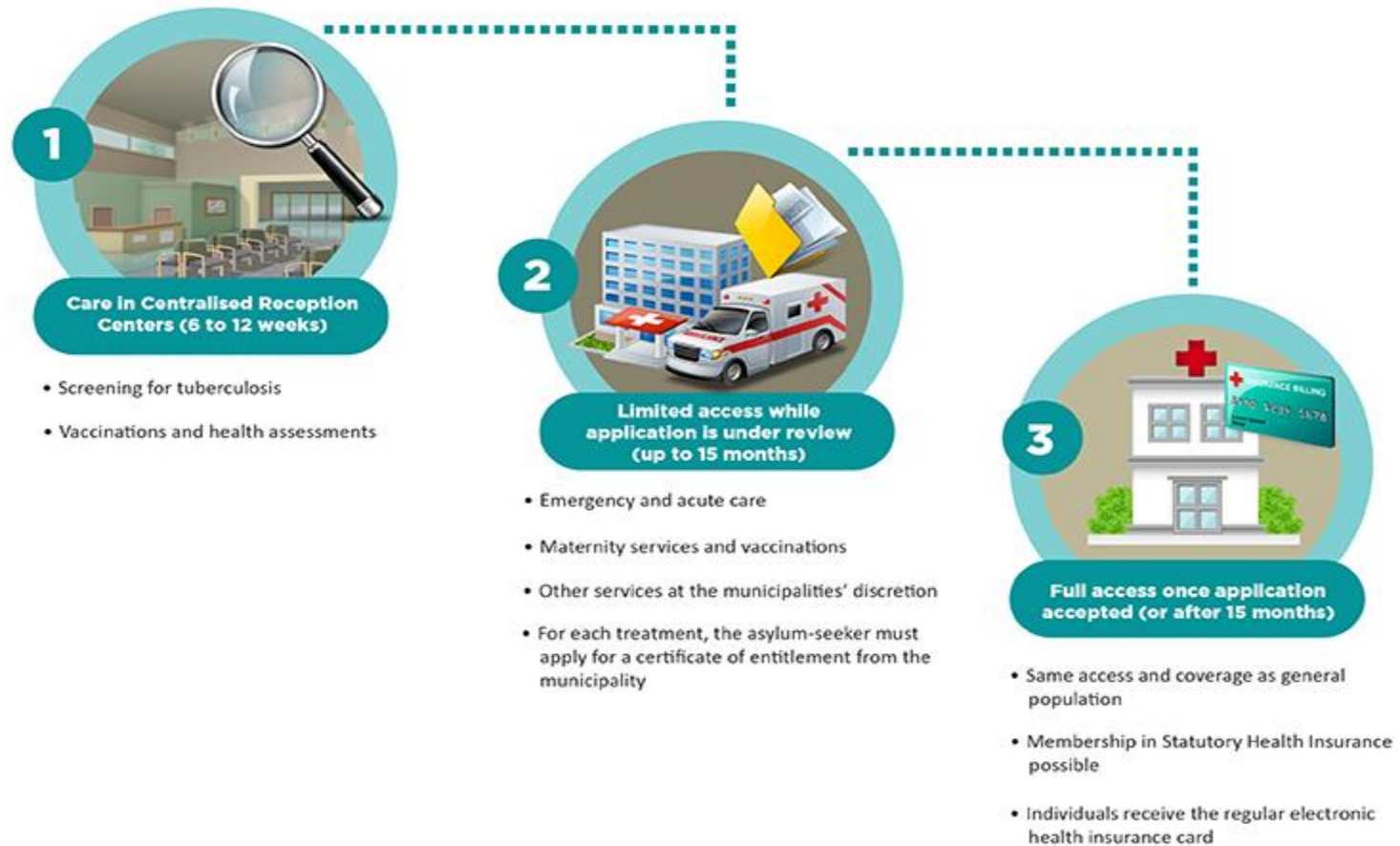
- Long waiting lists to get into therapy (in DE. This is also a problem for the general population!)
- Use of professional interpreters are expensive
- AND use of family for interpretation real problem
 - Parentilization refugee children in De.
- Lack of Information about current services
- Distrust of MH Pract., shame, stigma (fear of being labelled ,mad' or ,crazy')

- Almost all types of ‚Psychological Challenges‘ are put into one category.
- **Medical Insurance & ICD-10 code based**
- And ALL are referred for ‚Therapy‘

- We know that Health Systems are challenged by Conflicts & Disasters esp. refugees
- Ideally- Health Systems should be able to react
 - Quickly
 - Ability to identify and adequately respond to the Needs of a large ,new‘ vulnerable population
- Reality...has shown the opposite
- And to deliver EBI to Displaced Persons- fundamentally lack human resources



REFUGEE & ASYLUM SEEKERS HEALTH CARE IN GERMANY





- Differ with respect to the degree of access to healthcare
- Depends on their Status
 - Undocumented Migrant vs
 - Asylum seeker vs
 - Recognised Refugee Status
- **Strict Gatekeeping Mechanisms-** only get access to secondary care services via referral from GP so...
- **Access to Care**
 - is therefore largely dependant on the **level of training of primary care professional** in both mental health & refugee health
 - Dependant on Level of Cultural Competence
 - Level of Language Competencies/ Interpretor Services

The German Chamber of Psychotherapists have estimated that at least 50% of refugees have psychological problems, of which 40% is related to trauma

Bundespsychotherapeutenkammer, 'Mindestens Die Hälfte Der Flüchtlinge Ist Psychisch Krank'2015) <<http://www.bptk.de/aktuell/einzelseite/artikel/mindestens-d.html>> [Accessed 16/10 2015].

The German Health System is not, as yet, geared towards the multi-complex treatment of traumatized refugees

Position Paper: *Deutsche Gesellschaft fuer Psychiatrie und Psychotherapie Psychosomatik und Nervenheilkunde, 'Psychosoziale Versorgung Von Fluechtlingen Verbessern', 2016.*

Landesaerztekammer Baden-Wuerttemberg, and Landespsychotherapeutenkammer Baden-Wuerttemberg, '2.Versorgungsbericht. Ambulante Medizinische, Psychosoziale Und Psychotherapeutische Versorgung Von Traumatisierten Migrantinnen in Baden-Wuerttemberg', (Baden-Wuerttemberg, 2016).

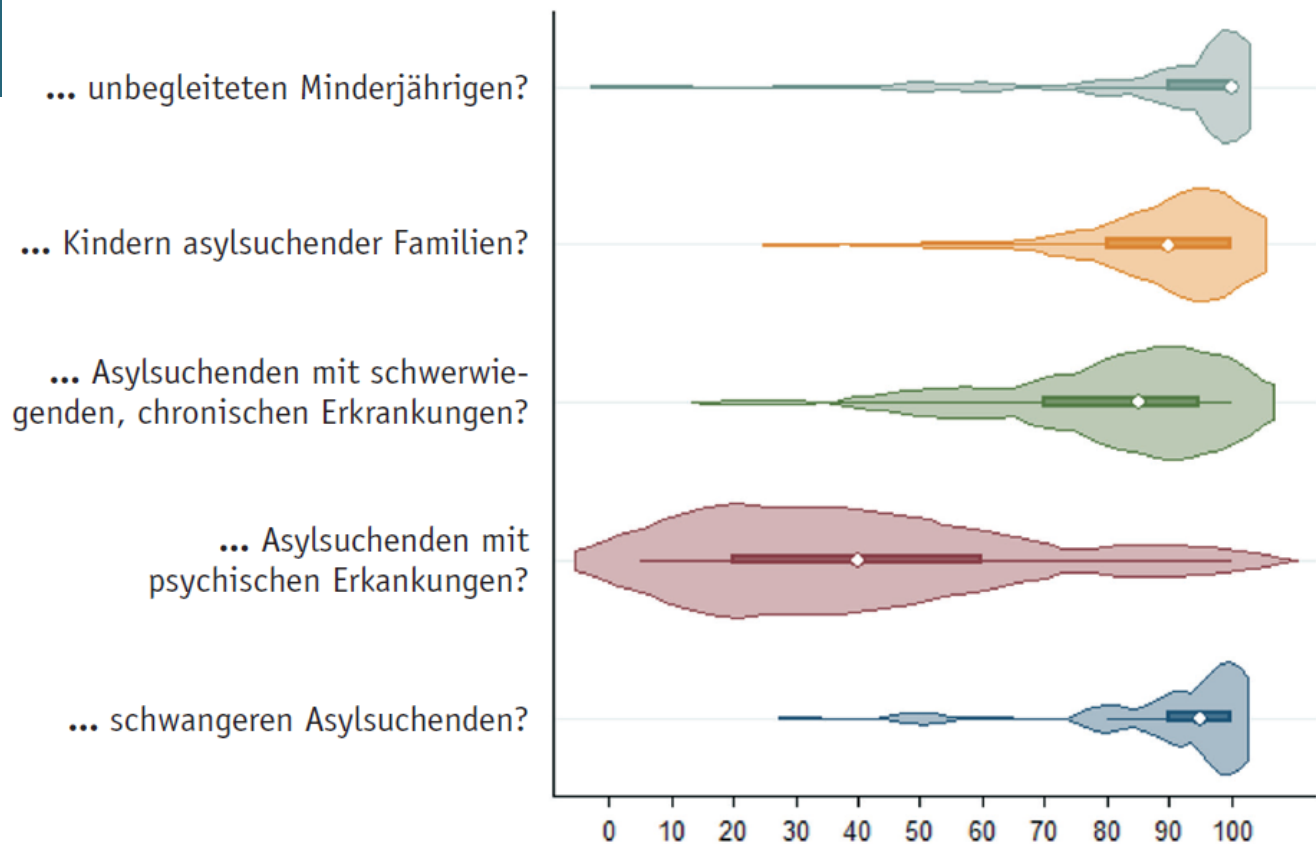
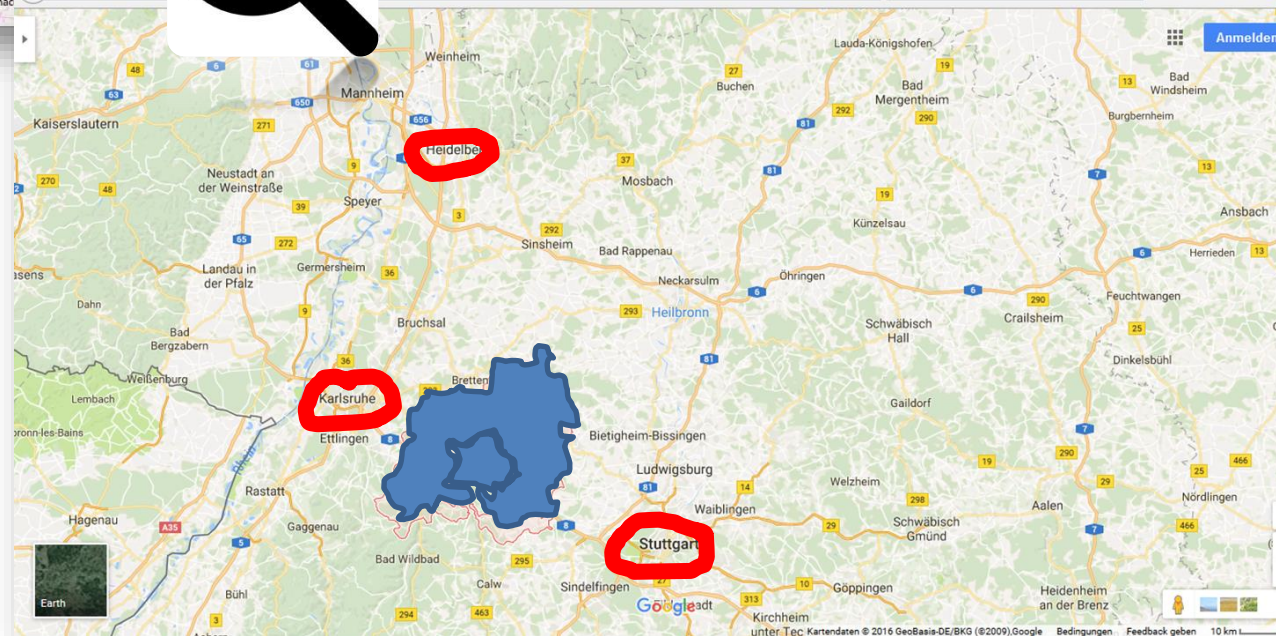
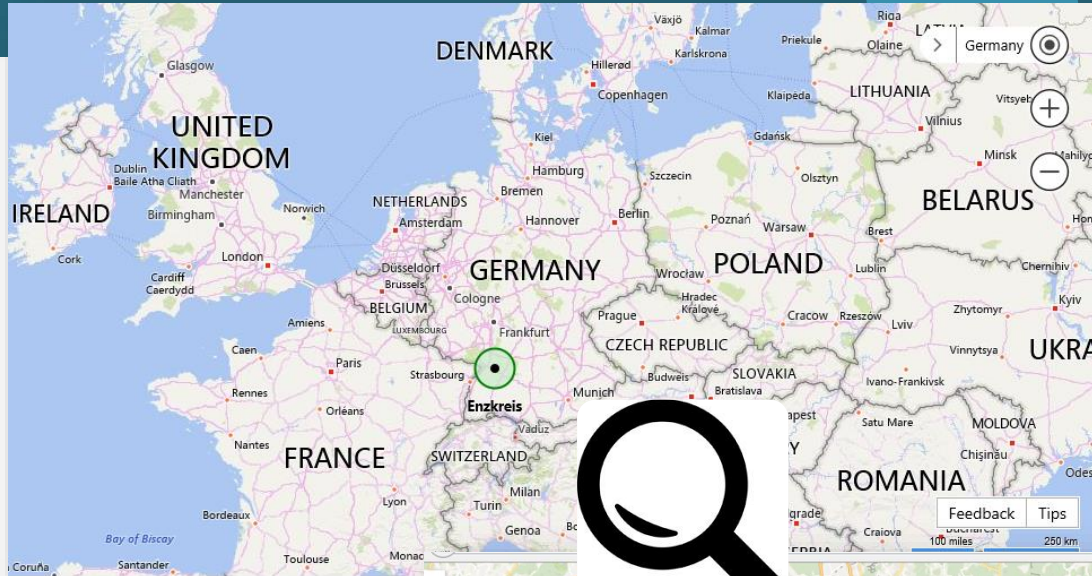


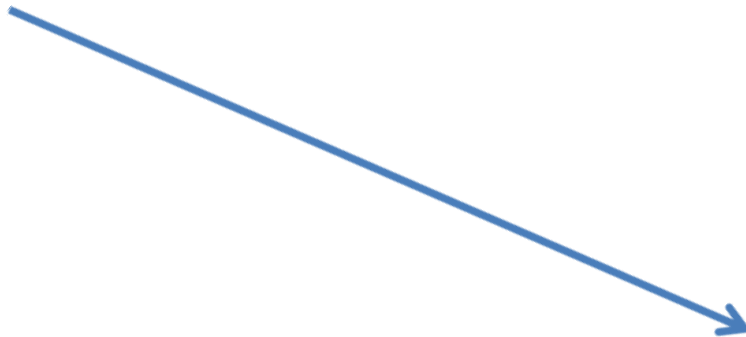
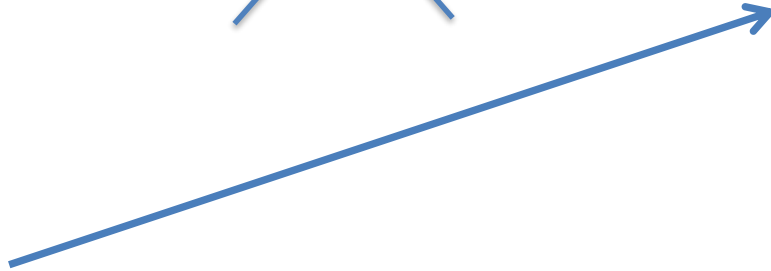
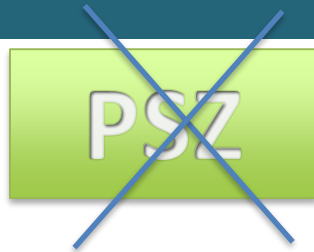
Abb.1: Beurteilung des Ausmaßes der Sicherstellung der Gesundheitsversorgung durch teilnehmende Amtsleiter. Die Frage lautete: „[.] Alles in allem betrachtet: in welchem Ausmaß ist aus Ihrer Sicht die lokale Gesundheitsversorgung folgender Gruppen gewährleistet?“ Antwortoptionen: Rating von 0-100%. Violinplot mit Kernel-Dichtefunktion der Verteilung der Werte. Weiße Raute: Median. Balken: Interquartil-Abstand bzw. der Bereich, in dem 50% der Antworten liegen. Unterschiedlicher Nenner, N=90-94 Gesundheitsämter je nach Antwortmöglichkeit.

PSYCHO-SOCIAL CENTRES (PSZ) FOR REFUGEE MENTAL HEALTH IN GERMANY

- Psychosoziale Zentren für Flüchtlinge und Folteropfer (BAFF):
- „Insgesamt standen in den 32 Zentren während eines durchschnittlichen Monats fast 1700 Menschen auf der Warteliste“ (2016)
 - **Countrywide there are 32 Centres- On average in 2016 there was a monthly average of 1700 persons on the waiting list**
- Stuttgart („Refugio“), Ulm, Lörrach, Villingen-Schwenningen
- My Health District (Enzkreis & PF)- none available









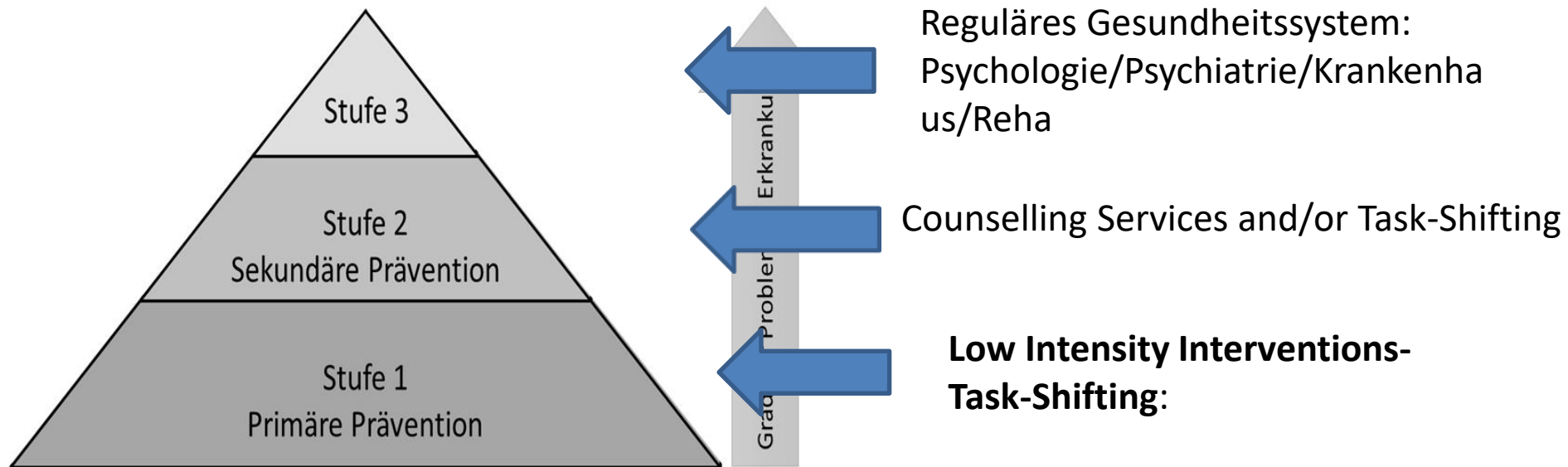
,SCALING UP‘ MENTAL HEALTH INTERVENTIONS FOR REFUGEES...IN GERMANY

Concept of Mental Health & Psychosocial Support (MHPSS)

**„Any type of local or outside support that
aims to protect or promote psychosocial well-
being and/or prevent or treat mental
disorder“**



Inter-Agency Standing Committee. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings





- Participatory assessment: participation by community members
- Local perspective of problems and coping
- Free-Listing (Bolton 2004)
- Stratified purposive sampling according to language
- Students from local University
- 15 days, 3 hours/day, 3 interviewers (Farsi, Arabic translator, Urdu, Kurdish), supervised
- Total duration of interviews approximately 135 hours
- Semi-structured interviews
- Diffuse sample- sometimes individual, sometime groups of people

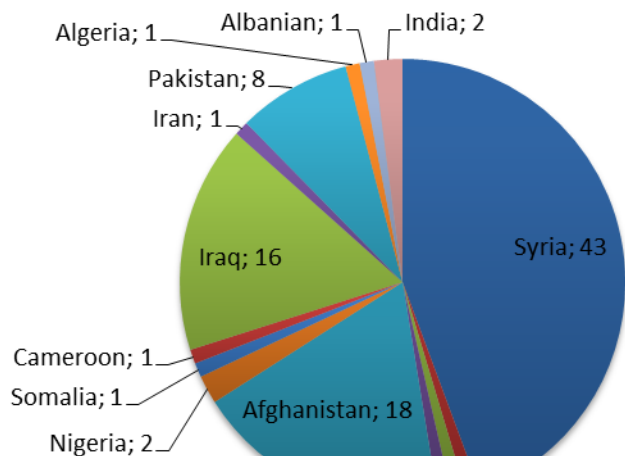


Why chose this method ?

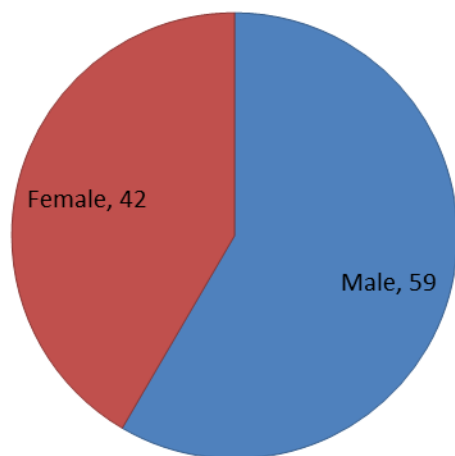
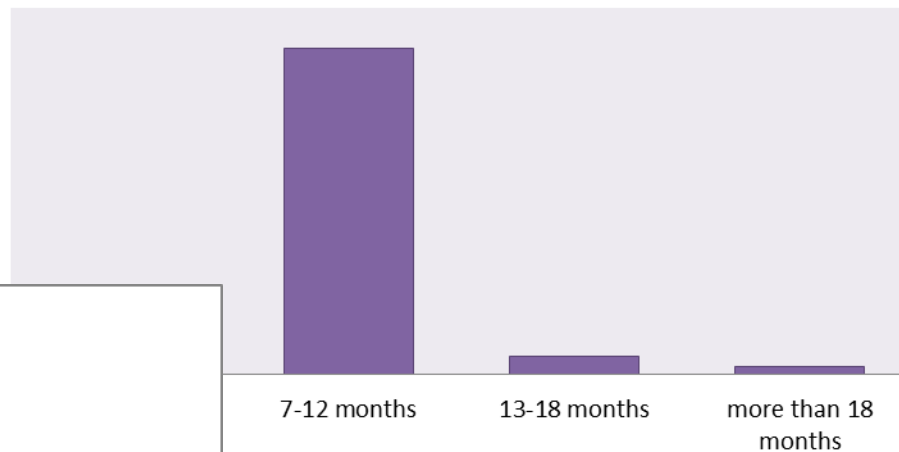
- Needs Assessment: Rapid Ethnographic Asssessment
- Why chose this method:
 - Emic/Etic dichotomy considered
 - ‚practice-based evidence‘ ([Bolton & Tang, 2004](#))
 - Rapid results needed
 - Time and resource-limited



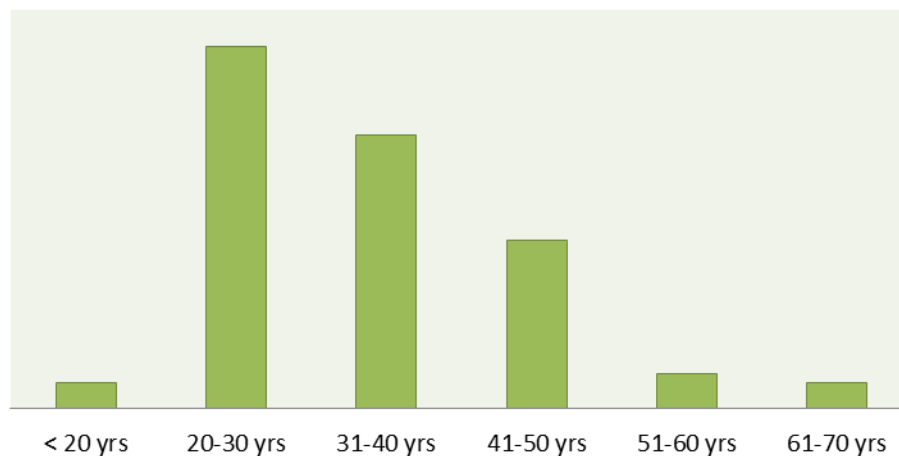




Length of Time in Germany



Age Range



Most frequent problems cited (total number of Interviews n=101)	n
Not having opportunity to learn German language or to learn more German	32
Tension	25
Racism/prejudice amongst refugees	20
Too much noise in Camp	20
Unfair treatment/ nicht Gleichgerechtheit: Other asylum-seekers from other nationalities have more advantages	14
Heimweh: misses family in CO	18
General unhappiness with living in camp	18
Camp dirty/Hygiene (eg shower not working,kitchen dirty, the camp is dirty)	17
Nothing to do/boredom in Camp	16
Worry: e.g. about the family in CO, and along the refugee route eg Greece	13
Physically Ill, feels not getting the help they should be/ or should not be in Camp because of illness/ or being in Camp has worsened their illness	13
Lack clear information and/or struggle to understand the Asylum Process/Keine Information	14
"PAPERS' asylum documents not in order	11
The living space is too small (with little storage space)	10
Everything takes so long	10
Despair: receives little information about issues. life here and how things work	10

What do/could...(refugees)...people do in order to cope with such problems?	n
Attend more regular german courses	16
RELIGION/PRAYERS/READ KORAN- gives hope and strength & 'Religion hilft bei Stark bleiben"	11
TALKING TO OTHERS/FRIENDS/ASK ADVICE/"zusammensetzen" & reden mit Personell oder mit anderen Flüchtlingen	9
Intergration- Deutsch anbieten und Arbeit anbieten	7
INTEGRATION- to integrate with the locals	4
In CONTAINER HABEN SIE PRIVATSPHAERE UM PRIVAT ZU TRAUEN; NEED PRIVATE SPACE (retreat to his small space)	4
Halten Abstand von Andere; halten sie nur mit ihre eigenen Leute	3
WEINEN HAEUFIG (aber die Kinder sehen es auch und werden traurig)	3
FAMILIE UNTERSTUTZT EINANDER	2
HEIMLEITER IST SEHR HILFREICH	2
KONFLIKT IN CAMP VERMEIDEN, LIEBER SCHWEIGEN. REDEN STATT GEWALT	2
REMAIN POSITIVE	1
GLAUBT WUNDEN HEILEN MIT DER ZEIT	1
NEED MORE SPORT ACTIVITY	1
Beschaeftigung/to KEEP BUSY, EVEN FOR NO MONEY	1
wollen mehr Information wie es weiter geht	1

- Psychosocial Distress related to **Post-Migratory factors** – currently less focus on past
- Other than Language & Integration, MHPPS should be
 - Group-based & Language-based
 - Focus on strengthening innate/present coping mechanisms
 - Information –transfer including Psychoeducation
- Noted: Psychological problems such as flashbacks, poor sleep, anxiety not identified as „problems“ per se
- *however **stigma & local explanatory models** of „illness“/distress must be considered in results.*

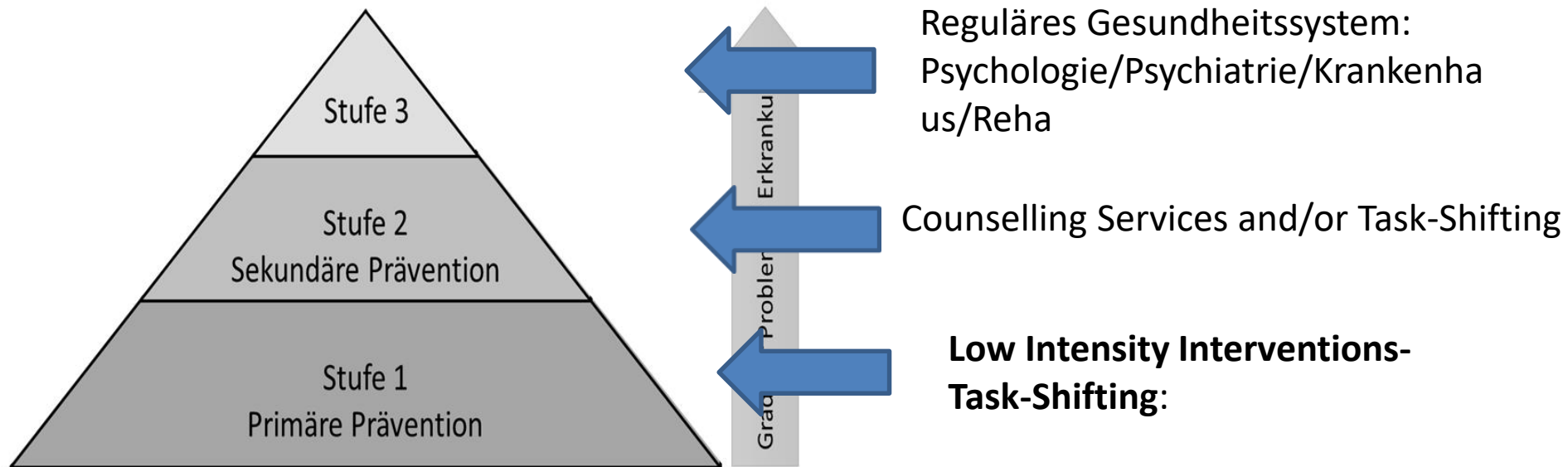
Length of time taken to perform the Needs assessment (due to staff capacity).

Individual Interviews inadvertently often ended up as group interview (people curious and influence each others answers)

Performed by students that had limited training in unbiased interview methods. (received 2 hour basic training session)

Often the answers of the asylum seekers will be influenced by the student's perceptions of what they think the problem is.

The interview was translated by the interviewer into their language while interviewing. In back translation to german, some content could be lost, or 'germanized'.





A program by and for refugees and asylum seekers

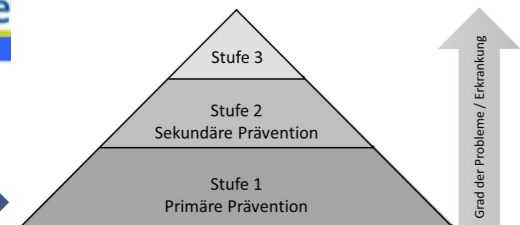
“Mind-Spring”
2009

drs. Paul Sterk
drs. Barbara Kieft

www.mind-spring.org

Mind-Spring © P. Sterk B.Kieft 2002-2009

our sponsors





Enzkreis

MIND SPRING DENMARK & BELGIUM

The screenshot shows the MindSpring website interface. At the top, there's a navigation bar with 'CAW Oost-Vlaanderen' and links for 'Home', 'Steun ons', 'Tolken', 'Werken bij CAW', 'Stage bij CAW', and 'Voor professionals'. A search bar with 'ZOEKEN' is also present. Below this is a blue banner with the CAW logo and the text 'versterkt welzijn'. A sidebar on the left contains a menu with options: ONTHAAL, ONTMOETING, BEGELEIDING, CRISISHULP, OPVANG, and PREVENTIE. The main content area is titled 'Mind-Spring' and describes the program in Oost-Vlaanderen. It lists dates and times for sessions from April 3 to April 12, 2018. Contact information for Maryam Tawfiq Marwan and Elmira Erstukajeva is provided. A 'Links' section mentions 'Over Mind-Spring'. At the bottom, there's a video player showing a workshop and a text overlay 'MINDSPRING AT A GLANCE'.

www.mindspring-grupper.dk

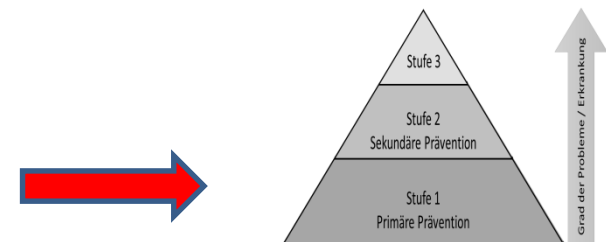
<https://solidair.stad.gent/kalender/workshop-mind-spring-voor-hulpverleners>

<http://www.cawoostvlaanderen.be/mind-spring>

STEP 1: PSYCHOEDUKATION AS GROUP INTERVENTION FOR REFUGEES & ASYLUM SEEKERS: „MIND-SPRING“

- ‘Psychoeducation in own language(Own Cultural understanding & “Idioms of Distress”)
- Led in Tandem:
 - Refugee ‘Trainer’
 - Support by presence of ‘local co-Trainer’ (Field of Social Work, People with experience in Refugee Work, ‘Psychological Minded’ Persons)
- Supervision fortnightly with psychologist

- Aim: As a support system for refugees- Building on Resilience
- Themes: Normal Response to an abnormal situation, Stress, Grounding Techniques, Mourning, Change of social Identity, Coping strategies, Substance Abuse
- Act as a Filter and Catalyst- Services can be ,scaled up‘ as necessary
- Trainer and Co-Trainer supervised fortnightly by a psychologist



**Co-Trainer Training :16-18 October
2017**

**Train the Trainer:Jan 2018; 8-19
October 2019**

**First groups May 2018 (Persian and
Arabic speaking)**



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Mind-Spring

تعيش في ألمانيا ولكن منذ مدة قصيرة فقط ؟
تشعر أحيانا أن كل شيء أصبح أكبر من طاقتك ؟
أحيانا أن كل شيء أصبح أكبر من طاقتك ؟
تريد القيام بأي عمل حتى تحسن وضعيتك ؟
برنامج ميندسبرينغ يمكن أن يساعدك !

برنامج ميندسبرينغ يمكن أن يساعدك !

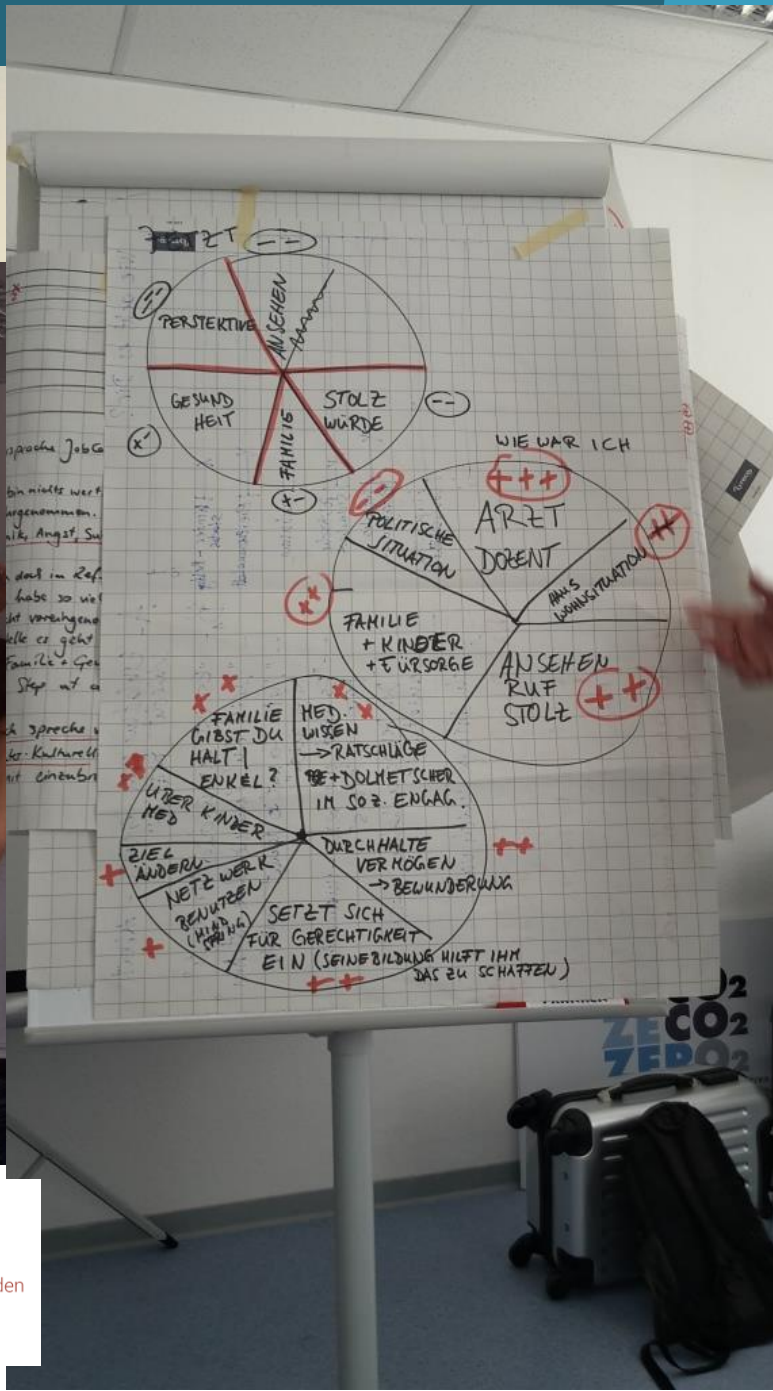


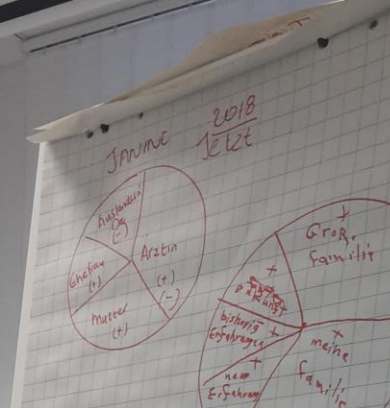
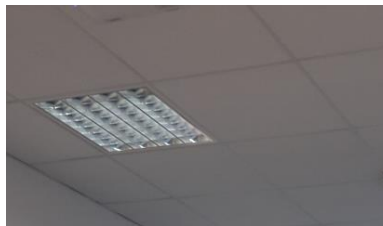
من خلال هذا البرنامج ، اللقاءات تكون في إطار مجموعات.
الحديث يكون بلغتك الأصلية عن المواضيع التي تهتمك.
الحديث مع أشخاص يعرفون وضعيتك جيدًا.
تتحدث مع مدربين ذوي خبرة يقدمون لك المعلومات والدعم الأزم تتحدث عن:
الإجهاد أو التوتر وكيفية التحكم فيه.
حالات الحزن.
التساؤلات المختلفة حول موضوع الهوية.
الأفكار والمشاعر الخاصة.

Mind-Spring

من خلال هذا البرنامج
يمكنك المشاركة بتجاربك الإيجابية
والسلبية مع المجموعة.
تتعلم فهم حالتك الخاصة بشكل أفضل.
تعمل معًا مع بقية أعضاء المجموعة
لإيجاد طرق التعامل مع الصعوبات بشكل
أفضل.
تقوم بالتمارين المناسبة التي تمكنك من
تحسين حالتك .









Enzkreis

TRAUMA TAPPING TECHNIQUE (TTT)

- „Grounding Technique“/Beruhigung
- Mind-Body Intervention– Rhythmic tapping of important acupuncture points
- Einfach einzusetzen
- Workshop in March 2017- 60 Leute, Waiting List 35

 **TTT**
Emotional Stressmanagement und
Inner-Peace-Empowerment in der Flüchtlingsarbeit
mit Frau Yvonne Frisargiu M.A. HP-Psych und Dr. med. Jantine Benson-Martin



Photos of TTT Training courtesy: Peaceful Heart Network

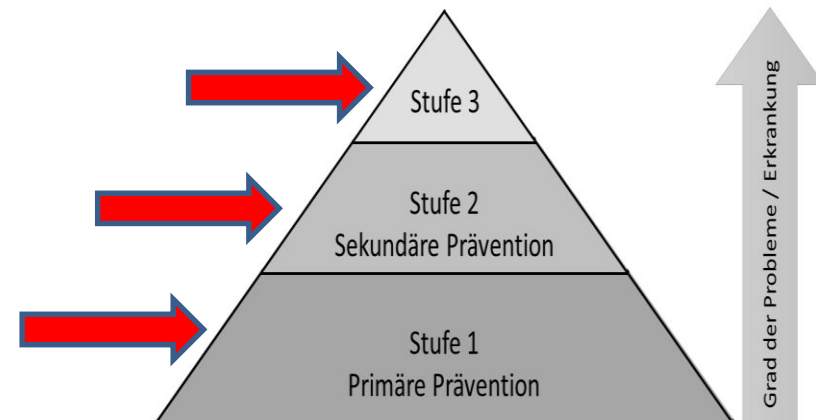
Dienstag, den 21. März 2017, 9:00 -15:30 Uhr
Im großen Sitzungssaal des Landratsamts Enzkreis (4. OG),
Zähringerallee 3, 75177 Pforzheim
Die Referentenbeiträge sind in deutscher und englischer Sprache
- Die Teilnahme ist kostenlos -

TTT ist eine erstaunlich wirksame und einfach zu erlernende Methode zur Emotionalen Ersten Hilfe bei Stresszuständen. TTT gehört zu den auf sensorischer Stimulation basierender Methoden, die zur Reduktion jeder Art von emotionalem Stress eingesetzt werden. TTT:

- * befähigt Menschen, sich selbst und anderen zu helfen
- * ist einfach zu erlernen, selbst von Kindern
- * ist niedrigschwellig, erfordert keine Ausbildung

weitere Infos: www.peacefulheart.se

Anmeldung
Bitte senden Sie eine E-Mail an das Gesundheitsamt Enzkreis
anja.westermann@enzkreis.de Geben Sie bitte an, ob Sie am deutschen oder am englischen Workshop teilnehmen möchten.

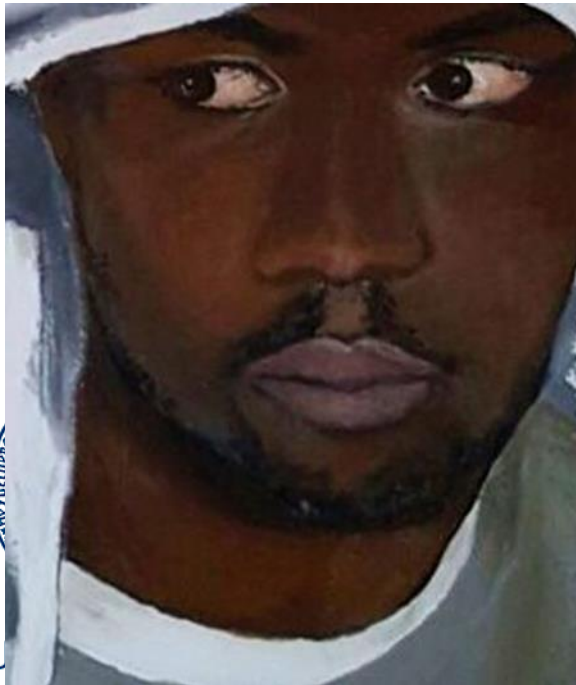




Besten Dank!

Art by Heike Theilmann

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