TRANSKULTURELT SENTER · HELSE STAVANGER

How do we make psychiatric health care accessible to asylum seekers, refugees with permit and undocumented?

A Norwegian example

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The political situation in Norway

- Xenophobic political and populist movement increasingly mainstream, in Norway as in Europe
- Historically, attitudes towards refugees fall somewhere along a continuum between compassion and rejection/dehumanization.
- At the moment, dehumanization of refugees, not included in the Human Rights
- Muslim racism has taken over the role of the Jews in Europe

Facts – health care

- All people living in Norway are entitled to health care, **including refugees and asylumseekers**
- Undocumented, refused asylumseekers:
  - Acute help and help that cannot wait, but they must pay for it themselves
  - «Ticking bombs» often left out of the mental health care system
- **Children** have all rights

Still - situation in mental health care

- Refugees and asylumseekers
  - Under-users of mental health care
  - Very ill when presenting with mental health issues
  - Often misunderstood, «only trauma and culture»
- Health care workers
  - Reluctancy – Legal rights? Methods?
  - Lack of competency
  - Lack of support from specialists

The Transcultural Centre

- Started in 2014 as a project, Health-Region-West
- From January 2016 transferred to the Division of Psychiatry at Stavanger University Hospital, as a unit on equal terms with other outpatient clinics.
- Target population
  - Severely traumatized refugees and asylum-seekers, all age groups →family-perspective
  - Others, where transcultural competency is important to build trust

The objectives of the centre

- Ensure equal health services for refugees, asylumseekers and «undocumented»
- A human rights perspective, necessary services to all, regardless of status, «no money, no pay-policy»
- Increase accessibility of services
- Increase quality of assessment, diagnostics and treatment
- Contribute to increasing competency in transcultural psychiatry for professionals working with the target group

Barriers

Edbrooke-Childs et al 2016

The patient

- Stigma, «the mad ones», scared of gossiping
- Lack of knowledge about the health care system
- Language, scared not to be understood
- Lack of trust, sceptisism, xenophobia
- Cultural idioms of distress
- Barriers towards the mental health services

The health care system

- Unaware about the stigma-problem
- Lack of knowledg about migration, being a refugee
- Language, lack of understanding concerning the use of interpreter
- Prejudice (both ways)
- Lack of cultural understanding, they are only «somatizising»
- Barriers concerning intake, lack of methods, time-consuming patients

Barriers (2)

The patient

- Gender of major importance
- Level of acculturation

The health care system

- Gender of little importance
- Lack of knowledge about challenges related to acculturation
- **Structural barriers**
  - «New public management», finances of major importance, counting patients and money!
  - Lack of legal rights
  - Economy (patients, lack of budget for interpreters)

Questions we have raised at our centre

- How can we reach out to those most in need of our services?
- How can we be clinicians for suffering people afraid of
  - being stigmatized as mad by being referred to mh services?
  - being forced to confront their trauma story?
- How to ensure equal services to a diverse group of people?
- How to ensure enough time to build an alliance with the patient?
- How can we meet expectations from service providers – the leaders/society
  - Number of patients pr. therapist/month

Increase accessability

- Reduce stigma:
  - Location, omitting the word «psychiatry»
- Referral procedure
  - Those working with and meeting the refugees/as.s
- Arena-flexibility, out-reach
  - Meeting the patients where they feel safe
- Consultation by phone, meetings
- Payment
  - No money, no pay
- Development of methodes, if not:

  Lack of methods, a reason for rejection of application?

Major challenge: Trust

- Refugees surviving because of lack of trust
- Survivors of great stress – by people of authority
  - Whom can I trust, and why should I?
  - Are you working for the government?
  - With whom will your share the information?
- Interpreters are spies…
- My story is too difficult for me, what about you??
- 10 consultations for assessment, treatment and «case closed»

Clinical challenges - assessment

- The patient or the parent disagree that there is a problem to be solved, reluctance to referral
- When they come, «they don't cooperate», «don't want help», «they only want a health-certificate»
- They see no use in telling their story
- What is good enough evaluation?
  - Inadequate assessment tools, some times translated, but seldom culturally validated

Approach - assessment

- First meeting with the patient and the referral person, especially with families and URM
- Practical help as advocacy, important for building of a therapeutic relationship
  - Contact with lawyers, immigration offices
- Trauma-story **if** and **when** the patient is emotionally safe and ready for it
  - BUP: trauma assessment mandatory!
- No instrument/manual
- The clinical encounter of great importance

The Cultural Formulation Interview (CFI) – DSM 5

- The first component:
  - A core interview of 16 open-ended questions, with prompts for clinicians to understand the cultural content behind each question.
  - **Integrated in our approach**
- The second component: an informant component
- The third component: 12 supplementary modules
  - Immigrants and refugees one module

Comorbidity and complexity

Study of Health Outcome after Trauma, SHOT-study, UiO, OUH

- PTSD is a systemic disorder with a long line of biological dysregulations
- Comorbidity more the rule than the exception
  - From all organ-systems
- About half the population has a story of childhood neglect and abuse

- Consequences:
  - Cooperation with other parts of the health care system is important
  - A careful story of childhood and upbringing

Treatment

- Current concepts and theories about «trauma» or «the person with trauma» are insufficient to understand the complexity of the refugee predicament

Varvin S,2018

Approaches – treatment of trauma

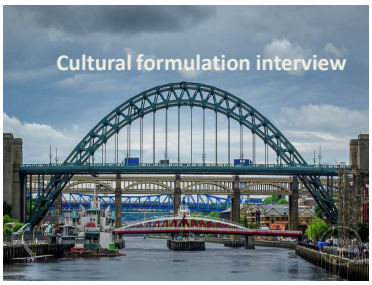
- Therapeutic alliance – TTT (Trust Takes Time)
- Start here-and now
  - Advocacy
  - Stabilization, psychoeducation
  - Focus on strengths and coping
- Prepare the future
- Then- if possible – the past
- Psychiatry as usual vs. Transcultural psychiatry?

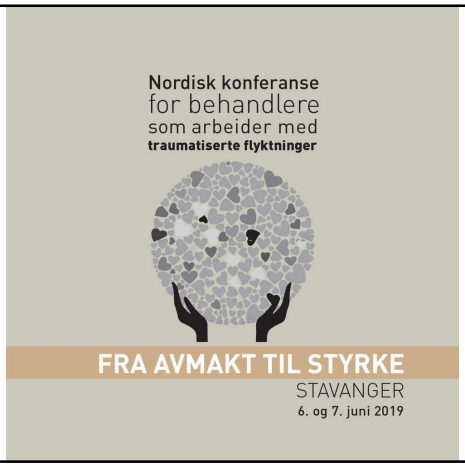
«As usual»	Transcultural approach
DISEASE	**ILLNESS**
• Questionnaires, instruments	• Explanatory model-approach – What do you think about your problem? – Whom would you asked for help at home? – What kind of advice would you get? – What would you have done?
• What is your problem? Symptoms?	• What is your story?
• Assessment, diagnosis and treatment	• How can we cooperate, to find a solution?
• **Goal:** Production	• **Goal:** Trust, building a relationship

Transcultural approach

- Necessary precondition for assessment, diagnosis and treatment

Disease Illness





Human rights as a «working tool»

Henry Ascher 2013

- Because of noise from the media
  we can get lost
- Being reminded of the Human rights may help us stay focused

WHO constitution (2006)

- The enjoyment of **the highest attainable standard of health** is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- **The health of all peoples is fundamental to the attainment of peace and security** and is dependent upon the fullest co-operation of individuals and States.

WMA resolution on migration

Reykjavik, Island, October 2018.

- WMA considers that **health is a basic need, a human right** and one of the essential drivers of economic and social development.
- The WMA emphasizes the role of physicians to actively support and promote the rights of all people to medical care based solely on clinical necessity, and **protest against legislation and practices contrary to this fundamental right**.

The best approach to reach a better mental health

- **«A warm welcome»** *Cecile Rousseau 18.2.2016*
- The Universal Declaration of Human Rights 1948: **Act towards one another in a spirit of brotherhood**
- Clinical psychiatric work hand in hand with interventions towards living conditions.
- To strengthen/increase the protection in the society will be the best approach to better the mental health