

PsychCare

PSYCHIATRIC SERVICES FOR REFUGEES

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WITHIN THE MENTAL HEALTH PROGRAM



WHAT IS PSYCHCARE?

Newsletter N.1
Project **PsychCare**
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PsychCare aims to provide an answer to the psychosocial needs of forced migrants in Italy, supporting the **capacity of the reception system** to protect the well-being and mental health of the most vulnerable segments of the migrant population.

Implemented in **four regions** (Lazio, Lombardy, Campania and Sicily), PsychCare aims to develop shared practices based on an analysis of current practice and to promote awareness of the challenges connected to providing services to migrants who pass through the reception system. The project adopts an approach focused on the **active participation** of the actors involved in the provision of care and services within the reception system.

In the long term, the project objective is to improve the provision of local mental health services for migrants and asylum seekers within the **National Health System** in Italy, with a view to promoting access to public services and discouraging institutionalization within reception facilities dedicated to vulnerable subjects as this represents an obstacle to social integration.



Project implemented in
cooperation with
CrossingDialogues
Association
for Intercultural and
Interdisciplinary Dialogues

KEY POINTS THAT HAVE EMERGED TO DATE

Since September 2018, our institute has conducted an analysis of the critical issues related to the provision of care and services to reduce the **psychosocial vulnerability** of migrants that enter the reception system; this analysis include seminars and initiatives that allow for in-person exchange between participants (i.e., **focus groups**) carried out in Cremona, Rome, Monza, Matera, and Salerno with public and private sector professionals that work in the health sector, the reception system and the main third sector organizations that have been working in this field for years.

Some of the main elements that emerged are summarized below.

Additional details are available in the last **Project Report**.




Through **interviews, seminars** and **focus groups**, thanks to the collaboration of professionals and operators, clear elements of concern are emerging, but also some **best practices** already implemented in the territories

CRITICAL ISSUES

- The number of migrants accessing mental health services is growing: for example, in the **Cremona** area, in 2001 there were **3.3 users per 1000** immigrants, by 2018 this number had reached **20 users per 1000**.
- Cremona has also seen an increase in the percentage of users coming from **PFPM** in the Psychiatric Services of Diagnosis and Treatment (Italian acronym **SPDC**); 2018 data demonstrate an increase in mental health problems within this population, and the absence of and/or difficulty in providing preventive care as seen by the escalation of the crises (migrant users represent 22% of the total number of admissions to the SPDC in the City of Cremona).
- In the **Municipality of Rome**, 60% of homeless people are non-Italian citizens, mostly asylum seekers. Data for the **Region of Lombardy** are similar.
- Cases of dual diagnosis are increasing with addiction to alcohol, drugs or games added to psychological/psychiatric **fragility**.
- Several reception facility operators report a widespread inability to read discomfort early on and to take appropriate and timely action before reaching the acute phase.
- In **Lombardy**, the **SPDC** (Psychiatric Service for the Diagnosis of Treatment) has difficulty managing post-hospitalization: once the acute phase is over, it is not clear where the discharged patient should be sent due to the lack of protocols, an effective network and, in general, difficulty imagining an adequate response given currently available tools.
- The **DSMs** have been weakened by about 25% compared to current needs and consequently struggle to carry out their functions and to support mental health services.

- The **territorial health** services express a "generalist" competence that does not cover the aspects of medicine and psychopathology related to migration. On the other hand, the few public and private services dedicated to migrant victims of intentional violence present in different forms and in different ways in the regions targeted by the PsychCare project do not have sufficient resources to meet the emerging needs of this population in the absence of cooperation protocols with local health services and lack of integration of the competences embodied by the various actors involved. For a deeper understanding of the situation in Rome, **Crossing Dialogues** has recently published the report of the survey on the health and mental health needs of refugees and asylum seekers guests of reception centers in the Rome area, which available for free at the link: <http://www.crossingdialogues.com/news75.htm>



Further details are available in the Report which we refer to in the following **link**

GOOD PRACTICES

We have identified a number of **initiatives** that are innovative or of significant value to the area that show how the different regional areas are responding to a challenge - to guarantee the well-being of the migrant population - which is showing itself in all its complexity.

LOMBARDY REGION

- Cooperation between the **DSM** (referred to as CPS in the Lombardy Region) and the **CAS** will be consolidated. The network action has led to targeted intervention initiatives focusing on psychosocial vulnerability in projects mainly funded by the **Asylum, Migration and Integration Fund 2014-2020 (FAMI)** or by private foundations such as:
- **"New mental health network for asylum seekers in the Brianza ATS"**: in Monza and the Brianza area;
- **"Recovery.net"**: a three-year project in collaboration with universities, hospitals and various third sector entities for the redevelopment of mental health services with respect to community psychiatry (Brescia);
- **"Fami Start 2.0"**: focuses on the activation of transversal social and health services for asylum seekers and holders of international protection (Brescia).
- More generally, Lombardy is a context rich in experiences and ethnopsychiatric skills including the most well-known services such as the ethnopsychiatry service of **ASST 'Grande Ospedale Metropolitano Niguarda'** in Milan, the ethnopsychiatry program of the **Edoardo Bassini Hospital** of Cinisello Balsamo and the **City Hospital of Sesto San Giovanni**.

LAZIO REGION

The experience of the **SaMiFo Center**, in Rome (Center for the Health of Forced Migrants) is certainly relevant. The service was created in 2006 thanks to collaboration between the **Astalli Center** and the **ASL Rome 1**, which today qualifies as a **Health Structure with High Regional Value** for the protection of the health of forced migrants. For asylum seekers and refugees, SaMiFo offers both basic and specialized assistance in the areas of psychiatry, psychology, gynecology, orthopedics and forensic medicine. There are also linguistic-cultural mediators and social workers who act as a link between the reception and care phase. Special attention is paid to the protection, care and psycho-physical rehabilitation of the most vulnerable people.

CAMPANIA REGION

In the Province of **Salerno** specific activities are underway aimed on strengthening synergy in the daily work of the network between the main actors (**ASL, DSM, Prefecture**, and **third sector organizations** involved in reception centers). In addition to having initiated training courses aimed at improving skills on the subject of psycho-social vulnerability, work is being carried out on the preparation of an interesting tool designed to facilitate the **screening** of psychological and psychiatric distress of asylum seekers and migrants.

AN ADVOCACY ACTION THAT INVOLVES ALL

This **initial study** seems to bring into evidence an increase in the difficulty that the public health service encounters with respect to providing mental health care for migrants, especially forced migrants. In the coming months the project will offer the opportunity to deepen the investigation paths that emerged so far.

We are convinced that in order to support the improvement of the territorial mental health services offered to migrants, we need to engage in **advocacy** that involves all the actors involved in this field at national level.

This **newsletter** is an opportunity and an invitation to actively participate in this effort.



CONTACT US!

We will be pleased to receive your opinions and/or comments!

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