

PsychCare

PSYCHIATRIC SERVICES FOR REFUGEES

A PROJECT SPONSORED BY OPEN SOCIETY FOUNDATIONS
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WITHIN MENTAL HEALTH PROGRAM



PSYCHCARE GOES ON...

As you will remember, the project carries out activities in four regions: **Campania**, **Lazio**, **Lombardy** and **Sicily**. In the last month we have had the opportunity to conclude a large number of **interviews** with psychologists and psychiatrists belonging to the **ASLs** (National health local organizations) of Lazio Region, **MSF** professionals, **CAS** managers and social workers. In **Lombardia** region, instead, we participated at two interesting meetings with numerous **CAS** guests and local professionals.

Latest weeks' activities

The sessions we had with volunteers from **third sector organizations**, **operators**, **mediators**, **psychologists** and managers of **CAS** and **SPRAR**, **prefectural social workers** and **ASL psychiatrists** were extremely rich in ideas.

The month of **June** ended with our participation in an initiative promoted by the **Cooperative Sol.Co. Mantova**, named "**word group**", a periodic appointment offering a space and moments for refugees and operators to share thoughts and opinions on an equal footing.

Newsletter N.2
Project
PsychCare
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"Word Group"
picture taken at
Sol.Co.
Mantova, 1st July 2019

WE WOULD LIKE TO HAVE YOUR ATTENTION ON THE FOLLOWING RECENT SECTOR PUBLICATIONS:

- **REFUGEES' TRAUMA CLINIC**

Published by MIMESIS Clinic of trauma and dissociation

- **THE FOURTEENTH REPORT**

published by the "OSSERVATORIO ROMANO SULLE MIGRAZIONI" edited by IDOS Ddizioni

- **THE FARI FINAL REPORT - Training Assisting Rehabilitation Enter 2014-2020**

published by the UOSD Centro SAMIFO belonging to ASL Roma 1

KEY POINTS

Lazio Region

There is a strong concern coming from all the actors involved, with respect to the new scenarios that are already taking shape after the legislative changes introduced by **the Security Decree (today Law 132/2018)**, in particular the lowering of the expected standards for the **CAS** and budget cuts that will particularly affect on a widespread, **reception of refugees**. Subjects from **Third Countries** are increasing, adding psychological and drug dependency problems to psychological vulnerabilities. Psychologists, psychiatrists and managers of some reception centers agree that there is a close correlation between traumas suffered by migrants before their arrival in Italy and often also once arrived in our country, plus the development of use of substances. The **absence of prospects** for integration, to which today the lack of initiatives for **social inclusion** is added, starting from language courses, **risks producing a real life freezing of these people**.

Guests, faced with protracted expectations which are increasingly followed by denial of protection, show serious mental hardships which are difficult to diagnose and which are difficult to find answers for: often the only option available is to consult specialists who operate in very distant territorial structures.

As emerged from the interviews carried out in the various **Lazio** provinces, the territorial dislocation of some **CAS** makes access to effective health care, problematic.

The general scarcity of specialized structures is added to the shortage of operators that can accompany guest into clinics, because difficult to reach by public transport. Long-term management is affected by administrative bureaucratic impediments and widespread cuts in resources.

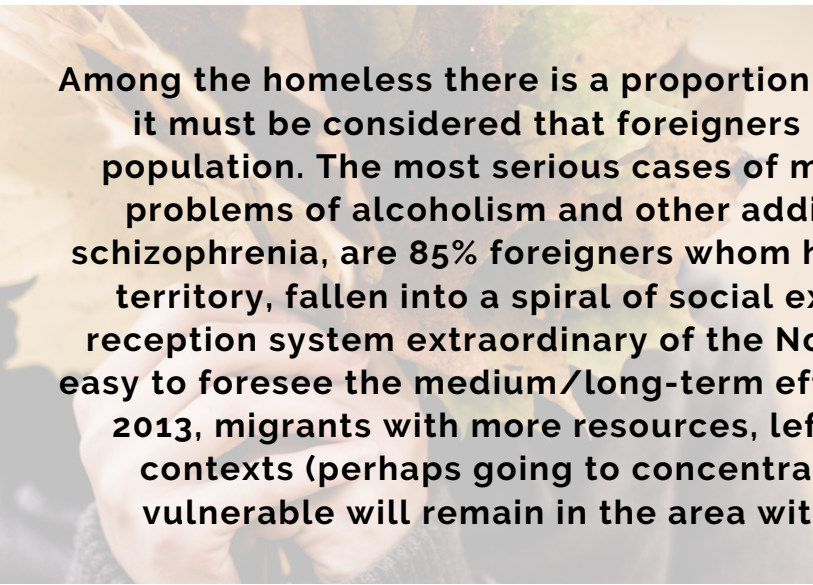
On top of this, there is the risk of widespread professional **burnout**. The not always easy relationship between reception facilities and health facilities: on the one hand, not all **CASs** are able to ensure an adequate level of proactivity (it is not envisaged, for example that guests are subjected to periodic medical examinations), on the other hand some center managers complain of an uncooperative attitude, if not actually rejection, by psychologists of the health facilities to whom they have asked for help.

Lombardia Region

Networking in **Mantova** started in **2011** and has continued intensively in recent years. On the occasion of the so-called **North African Emergency** a table was inaugurated, coordinated by the Prefecture, which met every 15 days, with the participation of the **Municipality**, the management bodies and the **Health Service**, the latter involved in particular for the hygiene and health verification of the structures.

Currently the **CAS** in the territory are managed in medium-small structures or in apartments and between the social service of the **Prefecture** and the **Municipality** and the institutions of the **third sector**, dialogue has remained constant. **With the new public tenders, some managing bodies have decided not to reappear, because the new specifications do not allow to continue the service with the same standards.** Currently a solution is being thought for guests who will have to leave facilities on disposal. There is a strong awareness, on the other hand, of the role of **SPRAR** centres, as a public reception service, albeit greatly reduced by the recent legislative changes, with the specific mandate to stimulate the territorial services to assume the role that belongs to them, also growing in skills. However, mental health services, perhaps because they are involved in a relatively small number of cases, still fail to respond adequately to complex diagnoses, which have been increasing in the last year despite the decrease in refugee arrivals on the territory: for this reason it is chosen to consult professionals who work in structures with greater experience in the field of ethno-psychiatry, even coming from other national territories.

The increased social vulnerability of migrants in the area is evident from the activity of the **road unit of the Municipality of Mantova.**



Among the homeless there is a proportion of 60% Italians and 40% foreigners, but it must be considered that foreigners represent just 14.1% of the resident population. The most serious cases of marginalization, often associated with problems of alcoholism and other addictions, depression and diagnosis of schizophrenia, are 85% foreigners whom have been present for some time in the territory, fallen into a spiral of social exclusion after the dismantling of the reception system extraordinary of the North African Emergency. It is therefore easy to foresee the medium/long-term effect of the CAS closure: as happened in 2013, migrants with more resources, left without shelter, will move to other contexts (perhaps going to concentrate in the big cities), while the more vulnerable will remain in the area with a high risk of chronic discomfort.

GOOD PRACTICES

Lazio

MSF is carrying out a medical and psychological assistance project within the city of **Rome**, in collaboration with the **ASL RM 2** and the **INMP**, starting from November 2017. The project identifies an experimental path regarding **taking charge**, from **screening** patient's initial coordination with local institutions for the identification of medium-long term solutions for the most serious cases of mental illness.

One **critical point** concerns the fact that psychological care often remains an unexpressed need, also due to the cultural resistance of migrant patients: **for this reason it was decided to start from the spontaneous access of migrants to mobile unit clinics, mostly concerning requests for pharmacological treatment, and to systematically support a psychologist with the generic doctor, during the Health-visits.**

The **multidisciplinary project team**, composed by a **doctor**, a **psychologist**, some cultural **mediators**, a **logistician**, a **coordinator** and a **nurse**, has carried out 2,500 consultations to date. The multidisciplinary approach has allowed more adequate assistance and also a satisfactory prevention action, through **counseling** services, health promotion, psychological support and social support. The main problems detected in patients were:

1. **anxiety and nervousness 16%**
2. **sleep disorders 12%**
3. **substance abuse 12%**
4. **post traumatic stress syndrome 11%**
5. **depression 9%**
6. **stress and irritability 8%**
7. **psychosomatic disorder 4%**
8. **personality disorder 3%**

The design experience has demonstrated the need to strengthen the **coordination** and **collaboration** between the institutions and the services involved in taking care of the patients, to put the experience gained into a system, also with respect to the professional skills most suited to respond to the specific needs of the refugees patients.



Project realized
in collaboration with
CrossingDialogues
association for intercultural and
interdisciplinary dialogues

Lombardia

With respect to the mental health of migrants, in recent years networking has had a strong **containment** and **prevention** function.

Sol.Co. Mantova has been organizing "**Word Groups**" since 4 years, bringing an experience of knowledge, support and comparison between operators and guests of the **CAS**.

The "Word Groups" have a three-weekly basis, the facilitation is carried out by professional psychologists belonging to the cooperative and operating in the CAS.

Participation is completely **spontaneous**, open to men and women, and is based on certain assumptions, shared by the participants:

1. **in the group all participants are "experts", there is a level of total equity:** cthose who lead, offer their skills in the psychological field and related to the conduct of groups, but in reality what they do is to make their own skills available (linguistic, cultural, emotional, direct experience ...);
2. **Health is built together, in a group;**
3. **the word group is open to different methods and methods, followed by participants suggestions:** for example, if someone considers it necessary to pray, or to propose other sharing strategies, one and all are willing to do so. To integrate means to be willing to accept everyone's way without hesitation or judgment

The **benefits** found in recent years, based on the testimony of migrants, operators (including those with migrant backgrounds), mediators and doctors, have been remarkable.

The meetings favor the expression of needs, emotional suffering, in some cases even the first stories of traumas suffered in a climate of total confidentiality from those who are present.

But at the same time, the sharing of needs is strongly linked to the participatory research of **immediate solutions** (for example through orientation to social-welfare services and to the resources of the social network) and **longer-term change** (the elements that emerge are developed to support training of the operators).

A total of **35 refugees participated in these meetings, each one present continuously for periods of time from 3 months to 1 year.**

AN ADVOCACY ACTION THAT INVOLVES ALL

This first survey seems to bring out an increase in the difficulty that the public health service encounters with respect to **taking charge of the psychological vulnerability of migrants**, and in particular of 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 favor a process of effective improvement of the territorial mental health services offered to migrants, **a strong advocacy action is needed 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 please to receive your opinions and/or comments! Please write to

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