

PsychCare

PSYCHIATRIC SERVICES FOR REFUGEES

PROJECT SPONSORED BY OPEN SOCIETY FOUNDATIONS
WWW.OPENSOCIETYFOUNDATIONS.ORG
WITHIN THE MENTAL HEALTH PROGRAM



After the summer break, we are pleased to share the highlights of the activities carried out from July 2019 to September 2019, within the PsychCare project

Newsletter N.3
Project
PsychCare
November 2019

In recent months the team has had the opportunity to visit **CAS** and **SPRAR/SIPROIMI** received in special realities of the province of **Frosinone**, in the province of **Salerno** up to the slopes of Cilento territory, in the wonderful and colorful **Naples** up to reaching the Sicilian provinces.

On September 10th we had the honor of hosting the **first inter-regional Project workshop**, in our **IPRS** headquarters in Rome, our sponsors of **Open Society Foundations** were on site, who had come from overseas to share the first results of qualitative analysis conducted during this first year project, present ASL Psychiatrists, Moderators and operators of the Reception Centers and distinguished colleagues from the third sector.



Unforgettable
picture taken with
refugee guests at the
LESS centre
in Naples, July 2019

SUGGESTED CONTENT WORTHWHILE DEEPENING HERE FOLLOW:

- A **documentary** that captures the spirit of FAMI WE CARE project: **Video YouTube**
- **CENTER Migrant and vulnerable mental health "P.A.S.S.I":**
Project objectives document (in Italian language)
- **EVENTS:** please note the presentation of the 2019 **Immigration Statistical Dossier**, next 24th October, 10.30 am in Rome, organized by **IDOS** in partnership with **CONFRONTI**. The dossier will be presented in multiple Italian locations (In Italian language):

[https://www.dossierimmigrazione.it/giovedi-24-bre-2019-presentazioni-regional-of-the-statistical-immigration file-2019 /](https://www.dossierimmigrazione.it/giovedi-24-bre-2019-presentazioni-regional-of-the-statistical-immigration-file-2019/)

Below are the main areas with the first identification of where to look for the next solutions, during the WorkShop hosted at our IPRS headquarters in Rome.

- **Creating an interconnected network system:** by reducing fragmentation, improving collaboration in continuity, networking and information exchange.
- **Knowledge creation:** improving content through more extensive research cooperation, which is access to all.
- **Facilitating access:** rethinking, redesigning access points, not only to promote simplified accessibility to mental health services for migrants and asylum seekers, but by changing places of access, bringing services to vulnerable people, overcoming the borders of health facilities.
- **Bureaucracy:** reducing / eliminating bureaucratic barriers in case of essential health services, in particular for those who are in precarious situations, without the standard ID and/or appropriate documents.
- **Screening and extension of the service to all:** recognizing the importance of screening and services to support all migrants and asylum seekers who come from well-known travel routes with a high percentage of violence and shocking consequential traumas, create opportunities for health resorts, inclusive, with a setting of reception rather than rejection.
- **The importance of narrative:** to change the communicative narrative that is spread towards the public about issues of violence associated with migrants, in order to allow the knowledge of the real impact that such violence has on us all and therefore reduce the stigma in the access to mental health services.

The Participants were representatives of the following organizations:

Less Onlus of Naples, **GEA Coop Sociale** of Padua, **Sol.Co.** Mantova, **Centro Penc**, **SMES Italia**, **Cooperativa La Rada** of Salerno, **Centro Astalli**, **ASL Roma 1**, **Borderline Sicily**, **UO Psichiatria ASST** of Cremona, **IPRS** of Rome, **Open Society Foundations** of NewYork as well as **Open Society Foundations** of Berlin.



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

KEY POINTS

Lazio Region

Security Law decree law of 4 October 2018, n. 113 produces effects just like a waterfall: reduction of some reception facilities, due to the obliged optimization of costs, strong reduction of staff (operators) and almost non-existence of psychologists, in support of guests.

Such cuts and 'optimizations' in the reception services are actually bringing to a significant increase in double dependence cases, including dependency on '**wi-fi**', the only escape granted being refugees and asylum seekers destined to a grueling waiting period for outcome of **PoS** (ID permit) ranging from a **minimum of 1 year up to 24 months**, even the omission of illness or physical discomfort from guests who have been prescribed pharmacological treatment, as the tickets often have to be paid by patients with '**pocket money**', this often leads the guest by not taking care and / or total omission of the illness to avoid having to face the dilemma of putting forward the care for oneself or the good of one's family members.

Many men and women from third countries, despite everything, manage to reach Italy in full health, a state that is lost undermined by the inevitable depression, a sense of powerlessness, the incomprehension of the complex and long-winded national bureaucratic system on the one hand, combined with the difficulty of the operators themselves, by being able to give plausible explanations.

The environment that surrounds guests and operators becomes more and more repulsive, psychoanalytic support becomes necessary for operators as well as for refugees.

Campania Region

The common Italian saying, that every Italian citizen knows is: **Italy is divided** into two territories, Northern Italy and Southern Italy, each territory distinguished by culture, history, resources, popular beliefs, often governed by different principles and priorities, yet what we, at **IPRS** are seeing in this project, is that scenarios change not only from region to region, **but even from province to province**.

The actors mainly involved in the mental health support system of refugees and asylum seekers are mainly composed of operators of **the first and second reception centers**, operators belonging to the **third sector** (Caritas and local Onlus associations), **Medici-Psychiatrists** as operators of the **ASLs** of territorial reference, the **prefectures** and the **Municipalities**, represented by stoic **social workers**. Both in the province of **Salerno** and in the city of **Naples**, official and unofficial initiatives have been set up to facilitate the interaction and collaboration of all, but in every commendable initiative what is always missing is, one of these main actors; therefore not enabling fluidity of services and activities related to the prevention of mental health, leading to even more complex scenarios when the **DSM** themselves are unable to collaborate with the **CAS** and **SPRAR**, and in case of guests in the grip of severe feelings of discomfort and mental illness are forced to resort to **TSOs**.

Textual quote from an operator

“Unfortunately when we found ourselves having to deal with public structures due to cases of vulnerability, as operators we actually found ourselves **alone**, in the inability to activate any health service. For example, in a case of alcohol dependence, after a series of cognitive interviews with all the possible referents (**Sert-drug dependency centre-, community, other structures**) **nobody wanted to take charge of the case**. When gravity emerged, all services declared themselves unable to operate adequate surveillance. We ourselves do not have a specific competence. We try to build answers by keeping the guest busy, but it's a huge effort.”

In the most fortunate cases we can count on an awareness of the shortcomings of the service offered by public health, which seeks how it can compensate by adhering to training courses, but the most enlightened psychiatrists would like to be able to integrate their team with experts **ethno-psychiatrists** or at least able to have consultants/colleagues to be able to consult in the event of the presence of patients who reveal vulnerabilities of difficult diagnosis, in which an **anthropological preparation** could help.

We were lucky enough to spend whole days in contact with **SPRAR** and **CAS** guests, for their part a minimum common denominator shared their stories, the problem of language, and they do not mean the languages of their countries of origin, but at least the main European languages that also in **Nigeria, Gambia, Ghana, Senegal, Ivory Coast, Syria, Morocco, Libya, Egypt** etc. mostly 'speak, which are English and/or French.

GOOD PRACTICES

Lazio

Mental Health **CENTRO** for immigrants and vulnerable people **PASSI** project, was born within the Department of Mental Health and Addiction Disorders, within the framework of the **La Casa Comune** Network, as a response to the need of building a path of diagnosis, treatment and rehabilitation for asylum seekers, unaccompanied foreign minors and second-generation minors, foreigners in conditions of marginality and / or economic and social difficulty, compared to mental distress and addictions with and without substances.

The Center is the result of the collaboration of the Cooperatives belonging to the Network present in the territory of the province of **Frosinone**.

The **Center** is born from the evident need to promote mental health in these population groups, subjected to considerable stress both for the physical and mental consequences for the journey from their country of origin to Italy, and also for the uncertain times, the difficulties in social and work integration, poverty, and a lot of high marginality risk. The risk of mental conditions and mental disorder and / or dependence on substances increases with the increase of years of social marginality and / or lack of labor integration, lack of housing autonomy and progressive loss of resilience capacity, generally very high at the moment emigration. Within **the PASSI Project**, on coordination and initiative of the **DSM ASL** of Frosinone, with the collaboration of the provincial **CAS** and **SPRAR**, in collaboration with the local Nigerian community, a '**ritual**' was implemented, through cultural and anthropological studies. Through remote connection with the villages of the country of origin, to free women Victims of exploitation in prostitution activities, allowing the dissolution of the 'promise' made by the family of origin.

Campania

At the **SPRAR** of Ottati, in the Cilento area, operators, guests, with the promotion of the Mayor, the municipality, organize **genuine local festivals** aimed at raising awareness of their respective cultures, the level of integration of "**Consorzio La Rada**" guests improves day by day, for example a guest is providing English lessons to Italian children residing in the town.

Also in the Province of Salerno, the same consortium, **La Rada**, having to compensate for the under-sizing of the moderators who are divided between multiple **SPRAR** and **CAS**, are activating an on-call counter, called "**call-to-mediation desk**".

Moving to Naples, **LESS "Impresa Sociale"**, created through the **WeCare project** - to give highly qualified support to hospitality projects on the territory of the province of Naples in dealing with the problems connected to psychological and physical traumas, and to the consequent psycho-health vulnerabilities of asylum seekers and holders of international protection - a regional support network for supporting and overcoming the psycho-health and legal vulnerabilities of migrants.

In detecting the requests and needs of the reception facilities on the regional territory, the partnership aims to build a **multilevel architecture** between the social and health system, 1st and 2nd reception systems for applicants and holders of international protection and the territorial community reference.

The project is implemented by **ASL Napoli 2 Nord, Less IS Onlus, Dedalus social cooperative** and financed with **the Asylum, Migration and Integration Fund 2014-2020**. In particular, within the project they intend to experiment with integrated and synergistic operational models for the emergence and recognition of vulnerable situations concerning asylum seekers and holders of international protection and for the realization of functional psycho-socio-sanitary individualized; to favor the construction of processes of autonomy and social, economic and cultural integration of applicants and holders of international protection in conditions of psycho-sanitary vulnerability, through the realization of:

- **additional, supplementary improvements** to support individualized therapeutic and rehabilitation programs;
- **increase institutional skills** and the **capacity of the operators** of the reception system in terms of identifying, emerging and treating psycho-sanitary vulnerabilities.

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

M.GAMMON@IPRS.IT