Ε.Π.Α.Ψ.Υ.

ΕΤΑΙΡΕΙΑ ΠΕΡΙΦΕΡΕΙΑΚΗΣ
ΑΝΑΠΤΥΞΗΣ ΚΑΙ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ

UNHCR
The UN Refugee Agency

Intervention for Mental Health care in refugees in Attica; questions and ideas on a “new clinical setting”.

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Key-Questions of the Presentation

- Which is EPAPSY NGO?
- Towards a culture of segregation?
- What interventions for which needs?
- What about the piloting project of EPAPSY?
- Any ideas on the clinical level?

EPAPSY NGO

- The Association for regional development and mental health - EPAPSY is a nongovernmental, non-profit organization, which operates in the field of psychosocial rehabilitation and mental health promotion. It's governed by a 5-member board of directors and was founded in 1988 by Prof. Stelios Stylianidis.
- EPAPSY currently serves approximately 2300 mental health users and family members. It employs 250 mental health professionals, psychologists, psychiatrists, social workers, carers, administrative staff, and clinical supervisors.
- EPAPSY is currently operating a network of units throughout Greece: 25 Residential Units for severe psychiatric patients (in 2016 hosted 209 people), 2 Mobile Mental Health Units, 2 Day Centres for Severe Mental Illness.

1. Trikala: Residential Unit for severe psychiatric patients

2. Lamia: Residential Unit for elderly psychiatric patients

3. Livadeia: Residential Unit for elderly psychiatric patients

4. Chalkis: Halfway House for chronic, ex institutionalized, psychiatric patients

5. Chalkis: Residential Unit for severe psychiatric patients

6. Eretria: Residential Unit for severe psychiatric patients

7. NE Cyclades: Mental health mobile unit

8. W. Cyclades: Mental health mobile unit

9-17

ATTICA

9. Athens: MAIN OFFICES

10. Penteli: Residential Unit for elderly psychiatric patients

11. Lykovrysi: Residential Unit for severe psychiatric patients

12. Melissia: Day Centre

13. Chalandri: Residential Unit "Thetis"

14. Chalandri (Patima): Residential Unit "Odysseus"

15. Chalandri: Residential Unit "Ariadne"

16. Chalandri: Halfway House "Thetis"

17. Chalandri: Halfway House "Odysseus"

Build a parallel system?

vs

Integrate services?

Moria Camp, 2016
Source: KEVIN MCELVANEY/AL JAZEERA

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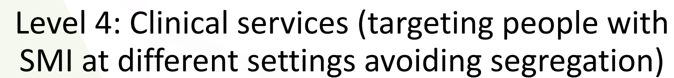
Evidence on mental health status in refugee population (IMPACT Consortium)

- Research into mental disorders and mental health conditions among people seeking asylum in European countries is limited.
- Available studies indicate **high levels of depressive disorders, post-traumatic stress disorder, suicidal ideation and behaviour** (Holmes et al, 2017; Priebe et al, 2016; Gilliver et al, 2014; Sieberer et al, 2011)
- The **psychological and social stresses** often experienced by refugees during migration can **double the prevalence of severe mental disorders**, such as severe depression, disabling anxiety and psychosis, and **increase the figures of mild to moderate mental disorders** from 10% to 15-20% (Abbott, 2016; WHO, 2012)
- Long-term and chronic PTSD among refugees has shown to be associated with **limited access to mental health care** (Lamkaddem et al, 2014)
- Scarce suicide figures suggest a **higher prevalence of suicide in migrant and ethnic minority groups**, particularly women under the age of 25 who have a suicide rate twice as high as that of male migrants or members of ethnic minority groups (Van Bergen et al, 2015)
- Persons with psychosis are at risk of neglect, exploitation and abuse in acute humanitarian settings and it is suggested that mental health interventions should include the treatment of these forms of severe mental disorder which seems to be more prevalent amongst refugees as indicated by Silove, Ventevogel & Rees (2017)

Introducing a comprehensive range of interventions in an MHPSS frame (WHO, 2018)



Level 4: Clinical services (targeting people with SMI at different settings avoiding segregation)

Level 3: Focused (targeted) psychosocial support (targeting people with identified emotional problems, ex. PM+)

Level 2: Strengthening community and family support (universal approach) (ex. introducing changes that are holistic and psychosocial to empower families)

Level 1: Social considerations in basic services and security (ex. PFA)

Accommodation scheme and refugee population in mental health need

- 24487 people were accommodated as of the end of April 2018 half of whom were children
- 51000 refugees are currently in Greece
- **Vulnerabilities** to be considered for proper mental health care attention and comorbidity
  - Serious medical condition
  - Single parent/caregiver with minor children
  - Women at risk
  - Elderly
  - Disability

ESTiA
ΠΡΟΓΡΑΜΜΑ ΣΤΗΡΙΞΗΣ ΕΚΤΑΚΤΗΣ ΑΝΑΓΚΗΣ ΓΙΑ ΤΗΝ ΈΝΤΑΞΗ ΚΑΙ ΤΗ ΣΤΕΓΑΣΗ

Relating mental health to the myth of "Prokroustis"

Factors that burden mental health of refugees and migrants

In the past

- Unstable condition in the country of origin (violence, war, terrorist attacks)
- Low quality of life (extreme poverty, inability to cover fundamental needs)
- Difficulties in the journey to the host country (trafficking, harsh weather conditions)

In the present

- Lack of information and update
- Poor quality of living (camps, accommodation settings in apartments/residential units)
- Difficulty to integrate to a “normality” (work, school, social roles)

In the future

- Loss of **hope**

Demographics of the Project

- 25 Beneficiaries for Assessment and Treatment
- 1 living in a Psychosocial Rehabilitation Unit (Penteli)
- 16 M / 9 F
- 17 Adults (22-41 yo)
- 8 Children/Adolescents (2-16 yo)
- Country of Origin (Syria, Afghanistan, Iran, Iraq, Morocco, Erithrea, Lebanon)
- Diagnosis: **Severe Mental Illness**

Project's Approach I

- The Refugee Outreach Mental Health Team will address severe mental health problems such as psychosis, severe depression with or without suicidal ideation, severely disabling forms of anxiety, severe cases of post-traumatic disorder. Also, they will focus in refugees with vulnerabilities that make them prone to developing mental health problems as described above.

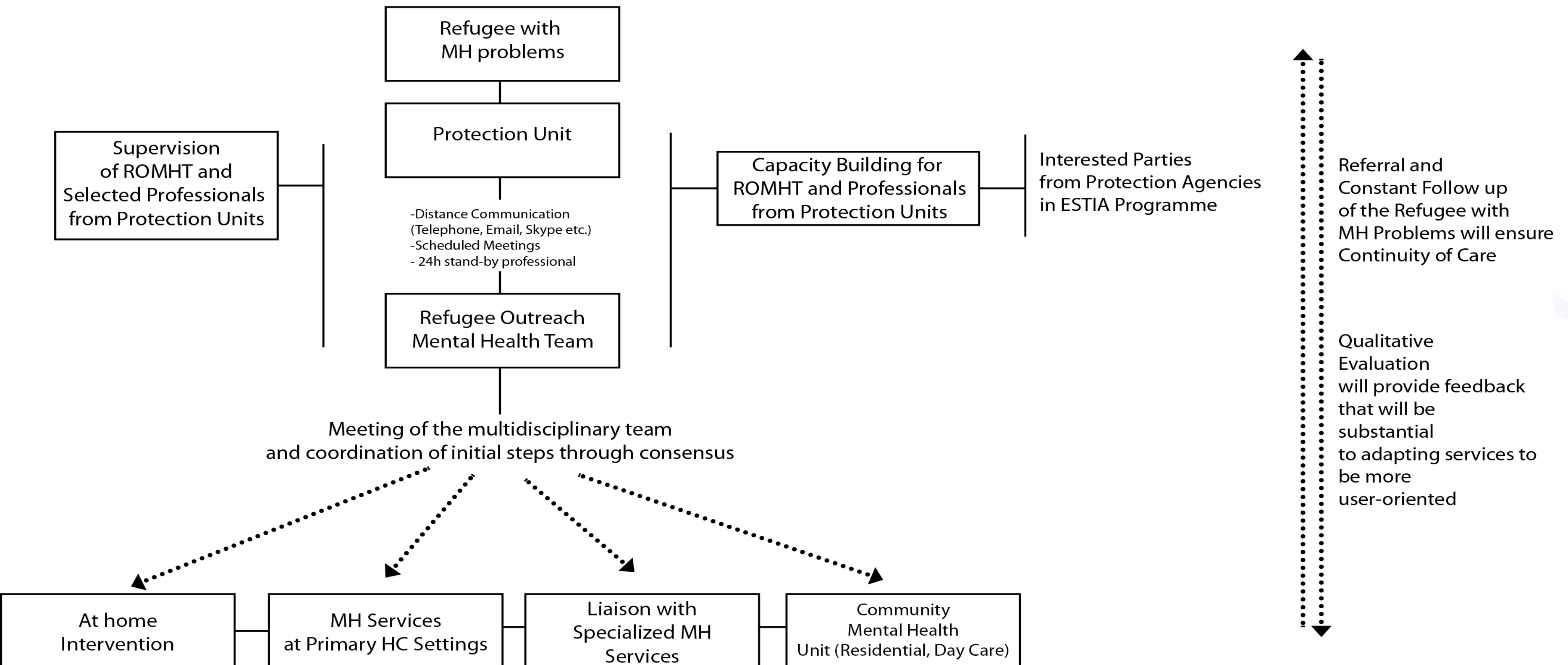
Project's Approach II

- The project's approach is to integrate mental health services in both Primary Care Settings (Local Municipality, Local Agencies etc.) as well as Specialized Mental Health Community Services (Day Center, Residential Units for Psychosocial Rehabilitation) while coordinating care through the ROMHT that will be intervening at home for emergency mental health care and follow up.
- Capacity building actions and awareness raising shall also take place in the duration of the intervention.

Personnel Synthesis

- Refugee Outreach Mental Health Team
  - Psychiatrist
  - Child Psychiatrist
  - 2 Psychologists
  - Social Worker
  - Administrative Worker
  - 2 Interpreters
- 2 Clinical Supervisors
- External Academic Partners in Qualitative Evaluation
- Capacity Building experts in mental health and refugee population
- Professionals employed by EPAPSY in already functioning mental health units that will increase integration of care

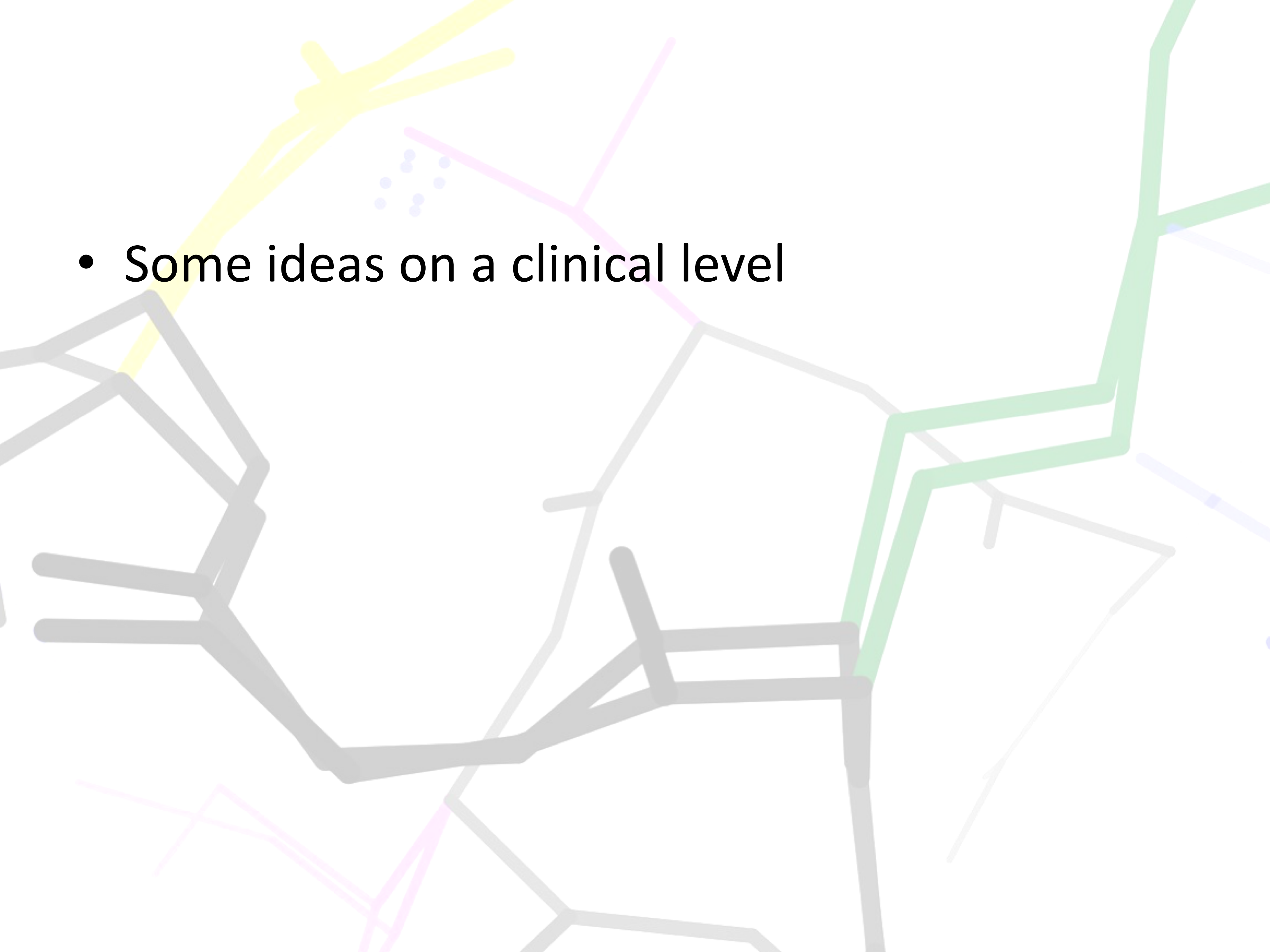
Intervention in refugee population for mental health care:
Treating urgent needs and ensuring continuity in care



Collaborating Partners

- BABEL NGO
- ENTER Mental Health (Europe)
- International and National Experts
- External Evaluation in Recovery-oriented practice
  - Faculty of Health and Social Sciences, University College of Southeast Norway
  - Norwegian University of Science and Technology (NTNU) Department of Education
- Local Municipalities
- Mental Health Network of EPAPSY
  - Day Center for Mental Health
  - Residential Units
  - Mobile Mental Health Expertise
  - Supervision

HSN University College of Southeast Norway



- Some ideas on a clinical level

Capturing the essence of therapeutic interventions

- "Any utterance, whether spoken or written, that people use in communication with each other is internally dialogic. The nature of human life itself, in dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, spirit, with his whole body." Bakhtin, 1984
- Treat the person as a whole in his/her cultural context.
- Understanding cultural context will help us "get through" to the person who is concerned by issues of a similar nature to ours. The "otherness" that we fear might become a hindrance to us "dialogically reaching the very essence of the person" (Seikkula, 2018).
- How do we deal with "Otherness" and "Trauma"?

Different levels of dialogue

- Individual (within each person that participates in treatment) what we think during the session and what we carry home
- Interpersonal (between all partcipants/involving other people) peer support, supervision
- Community (societal structures and ideas) how society can be an obstacle or a facilitator
- Ideology (strict ideas that govern us and are interacting with the ideology of the person that we are treating) understanding ourselves as an agent who carries an ideology/culture which interacts with the culture of the person we are treating and the person we are working with in interpretation/mediation

Trauma as a fragmented psychic reality and maturational responses

- Trauma is often linked with mental health disorders ("parents say that after the bombing F started feeling sad and gradually started shutting down")
- Psychic reality and the nature of consciousness (2016) by Fonagy and Allison describe a traumatic and fragmented present stemming from our limited capacity to experience ourselves as *"conscious, intentional agents in a coherent world of objects that is not merely a modality of perception but rather a maturational and developmental achievement that to some degree depends on adequate experiences of caregiving and is vital in ensuring the possibility of human communication*".
- Oversimplification that leads to paralysis of thinking and inability to eventually lend our "consciousness" to help people organized themselves (Gionakis & Papadopoulos, 2018) and "Bipolar Discourse".
  - This paralysis of thinking damages our mentalizing capacity; the ability to be able to process things and not "lose" whole fractions of our conscious mind.
- The goal is to keep moving towards hope and dreams, social support/social resilience, self-adequacy, the ability to give meaning and lastly the chance to have control over our own life.

“We shut it down and we are off
6-5-94,
Time 10.30.
Bye Bye”

Image: Alex Majoli, taken shortly after the closure of Wing 16 of the Leros Psychiatric Hospital, from thepressproject.gr.