Occidentalocentrism in the legitimation of mental health care provision for immigrant populations in Europe

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Occidentalocentrism

- Social science researchers argue that healthcare provision for asylum seekers, refugees and illegal migrants in Western countries is often based on the priorities and values of the host countries and not on the needs of the migrants.
- Is this true for mental health care provision in Europe?

Four typical occidentalocentrist arguments

- Biomedical Model: they are sick, we must treat them
- Protecting local public health: avoiding the spread of migrant-born infectious diseases locally (TB, HIV…)
- Humanitarian compassion for victims of torture, pain, suffering or hunger
- Egalitarianism: simplistic notions of equality that confuse need with provision: providing the same care for everyone. *'They deserve just the same as us! Let's give them just the same as we get!'*

Legitimation model 1: the Biomedical Model

These people have illnesses. We must treat them.

- PTSD a diagnostic category created following the Vietnam war by the *'interests, institutions and moral arguments'* that mobilised these resources (Young 1995)
- 'Misuse' of statistics in providers' interest to mobilise resources into mental health: example Bosnia (Stubbs, 1999)
- This model (and these institutions) generalised to asylum seekers & refugees, seen only as suffering from PTSD – but without taking into account their own point of view on their problems & priorities: particularly social and economic (Summerfield, 1999)
- Resulting model of care: service-led rather than user-led (Watters 2001). We give them what we have, not what they need.
- Culturally sensitive services often only used as a tool to facilitate psychiatric diagnosis (i.e. not to ask what are the priorities of the person being interviewed).

Legitimation model 2 : The Public Health Model

These people have illnesses that may be dangerous to public health in the host country!

- We must treat them.
  - HIV, TB, Ebola
  - But also physical problems: hunger, sleep, cold
- We must send them back
  - HIV
  - But also mental health
    - because it's better for them to be with their family & friends

Legitimation Model 3: the Humanitarian Model

These people are in danger! Victims of war, torment, torture, agression, starvation! We must save them!

- Asylum seekers and refugees stereotyped as victims of war, political violence, torture, with little attention to their own point of view on their problems, priorities, strengths, projects (Summerfield, 1999; Fassin, 2010)

Legitimation Model 4
The Egalitarian Model

- *All people are equal and have equal rights*
- *They are people, just like us.*
- *They deserve the same healthcare as we have.*

But again, this model often forgets that these people may well have different needs, values and projects than we do

1998

World Federation for Mental Health survey of mental health services for refugees in 18 European countries : only 2 had developed mechanisms for listening to the voices of refugee service users (Watters, 1998).

2005

Charles Watters, David Ingleby, **Good Practice in Mental Health and Social Care for Refugees and Asylum Seekers**

Concluding recommendations of this 300 page report

- An assessment of mental health needs is undertaken at an early stage of the asylum seekers application
- The assessment is sensitive to the particular culture and language of asylum seekers and includes interpreters and translated materials where required
- Advocacy services are available to help meet the range of mental health and social care needs asylum seekers and refugees may have
- Key service providers, including those acting as gatekeepers, receive training modules to develop their skills and awareness in dealing appropriately with this client group
- Asylum seekers and refugees are consulted about the sort of services they would find helpful
- Mental health and social care services are responsive to the stages of the asylum process and provide support at key phases during which clients may be most vulnerable

The PROMO Study: 2007-2010

- Two highly deprived areas (population size from 80K to 150K) in capital cities of 14 European countries
  - Austria, Belgium, Czeck Republic, France, Germany, Hungary, Ireland, Italy, Netherlands, Poland, Portugal, Spain, Sweden,, United Kingdom
- Coordination: London University
- DG SANCO

PROMO study on Mental health care for refugees, asylum seekers and illegal immigrants: the humanitarian model comes out on top

In the 14 PROMO countries: interviews with mental healthcare experts concerning the quality of mental health care for these migrant populations in their geographical area

- The humanitarian model comes out on top: Mental health care needs often defined in terms of saving victims of trauma due to political violence
- Republican notions of equality are often applied to care provision rather than mental health care needs
- The biomedical model obscures other determinants of mental health: little is known about the actual mental health care needs of these populations

Immigrants have other problems

- Immigrants have other problems:
  - The same as anyone: sleeping, eating, talking, working, loving…
  - Plus post-migration problems
    - Fear of being sent home
    - Separation with family, loneliness
    - Poverty
    - Not understanding how the system works
    - Discrimination
- Not taking them into account → distrust of health & social services
- Imposing a diagnostic and treatment model ('salvation through recounting the torture scene, etc') → distrust and falsehood
- Ignoring immigrants' own theories about care → lack of adherence to treatment protocols
- Result: a lack of involvement of refugees within a wide range of health and social care settings (Knudsen, 1995; Fadiman, 1999).

Training refugees as peer counselors
Médecins sans frontières, Germany, 2017

- Training refugees as psychosocial peer counselors: newcomers talk about their worries and mental state with other refugees who have faced similar experiences.
- Refugee counselors are trained
  - to identify and refer the most troubling cases
  - to teach asylum seekers coping techniques for stress and anxiety.
- The program
  - counters feelings of boredom and loneliness by engaging refugees in the provision of mental-health services and motivating them with the opportunity to assist others.
  - helps break down cultural and language barriers as well as the stigma associated with therapy, while skirting the lack of mental-health resources.

Life After Trauma: The Mental-Health Needs of Asylum Seekers in Europe, Report from Migration Policy Institute, January 2018.

Promoting mental health interventions by non-professional actors

- The crisis in Syria has resulted in vast numbers of refugees seeking asylum in Syria's neighbouring countries as well as in Europe.
- Refugees are at considerable risk of developing common mental disorders, including depression, anxiety, and posttraumatic stress disorder (PTSD).
- Most refugees do not have access to mental health services for these problems because of multiple barriers in national and refugee specific health systems, including limited availability of mental health professionals.
- To counter some of challenges arising from limited mental health system capacity the World Health Organization (WHO) has developed a range of scalable psychological interventions aimed at reducing psychological distress and improving functioning in people living in communities affected by adversity. These interventions, including Problem Management Plus (PM+) and its variants, are intended to be delivered through individual or group face-to-face or smartphone formats by lay, non-professional people who have not received specialized mental health training,
- We provide an evidence-based rationale for the use of the scalable PM+ oriented programmes being adapted for Syrian refugees and provide information on the newly launched STRENGTHS programme for adapting, testing and scaling up of PM+ in various modalities in both neighbouring and European countries hosting Syrian refugees

Sijbrandij et al. (2017) Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in 8 countries. *European Journal of Psychotraumatology,* 8 (2).

Conclusion

- Improve evaluation of needs
- Ask them what they think
- Get them to help with handling the problem
- Use mental health promotion models