Berner Fachhochschule
Haute école spécialisée bernoise
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Workshop 2: Migration and Mental Health – Case Examples

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Published on December 22, 2020 14:48. Updated on January 10, 2021 14:06.

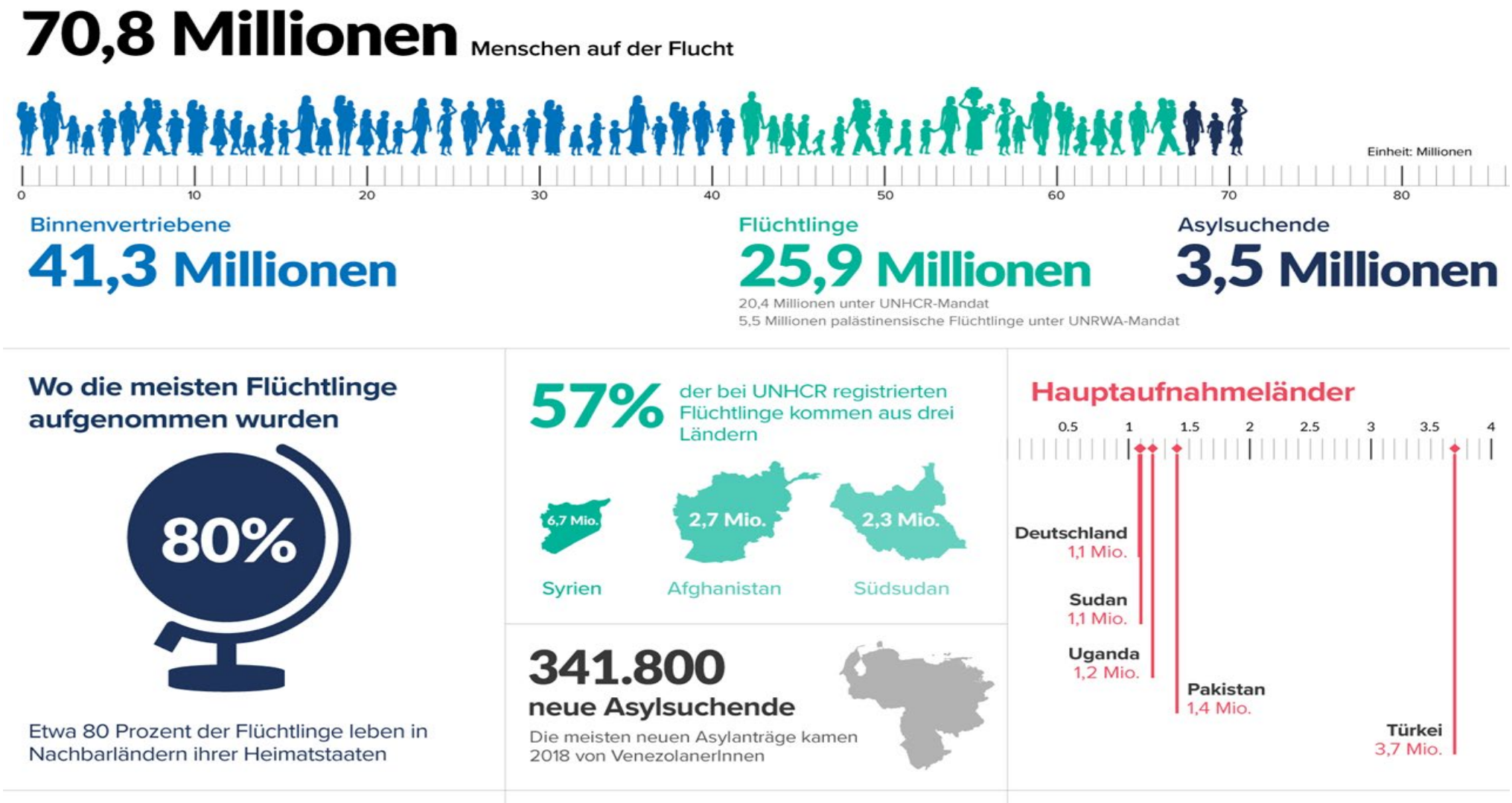
Addressing the mental health plights of Swiss migrants

Svet Lustig

Structure

1. Introduction and Definitions
2. Mental health and migration
3. Case example
   - Challenges
   - Potential solutions
4. Mental Health – Médecins Sans Frontières
5. Conclusion

Definitions



Unhcr 2020: https://www.unhcr.org/dach/ch-de/publikationen/statistiken

Migration in Switzerland 1; Asylum Population

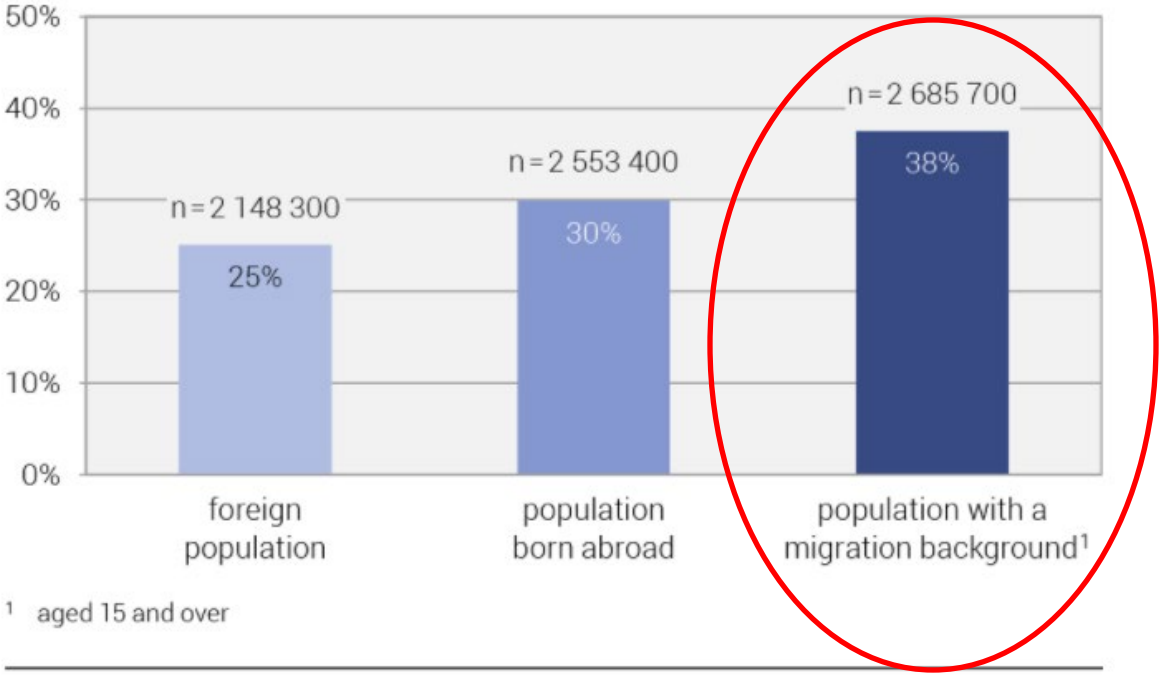
- In 2021:
  - 14 928 Asylgesuche wurden gestellt
  - 15 464 Asylgesuche erstinstanzlich erledigt
  - **5369 Personen erhielten 2021 Asyl.** Die Anerkennungsquote (Asylgewährung) lag damit im Jahr 2021 bei 37 %
  - **In 3409 Fällen erging ein Nichteintretensentscheid (NEE). Davon wurden 2678 NEE im Rahmen des Dublin-Verfahrens und 479 im Rahmen bilateraler Rückübernahmeabkommen gefällt**
  - **5730 Gesuche wurden abgelehnt**
  - Resettlement 1380 Personen (Syrien, Sudan, Afghanistan)

Staatssekretariat für Migration (2021). Available at: https://www.sem.admin.ch/sem/de/home/sem/medien/mm.msg-id-87177.html#:~:text=Im%20Jahr%202021%20hat%20das,2020%3A%2033%2C3%20%25).

Migration in Switzerland 2; Permanent Residents

Permanent resident population, 2018

By three population typologies — G1.2



¹ aged 15 and over

Sources: FSO – SLFS, STATPOP

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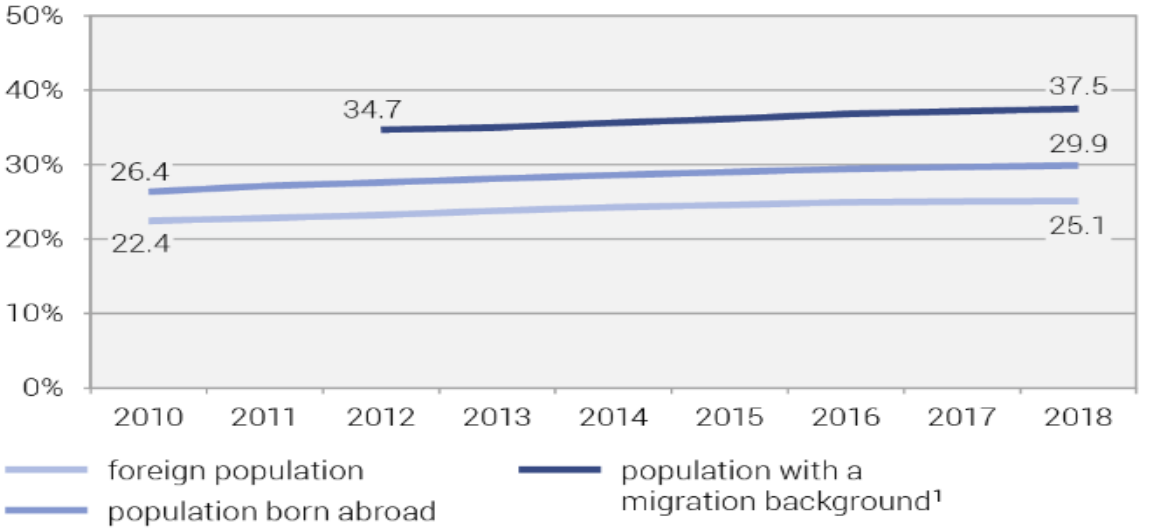
Trends in permanent resident population, 2010–2018

By three population typologies — G1.3



¹ aged 15 and over

Sources: FSO – SLFS, STATPOP

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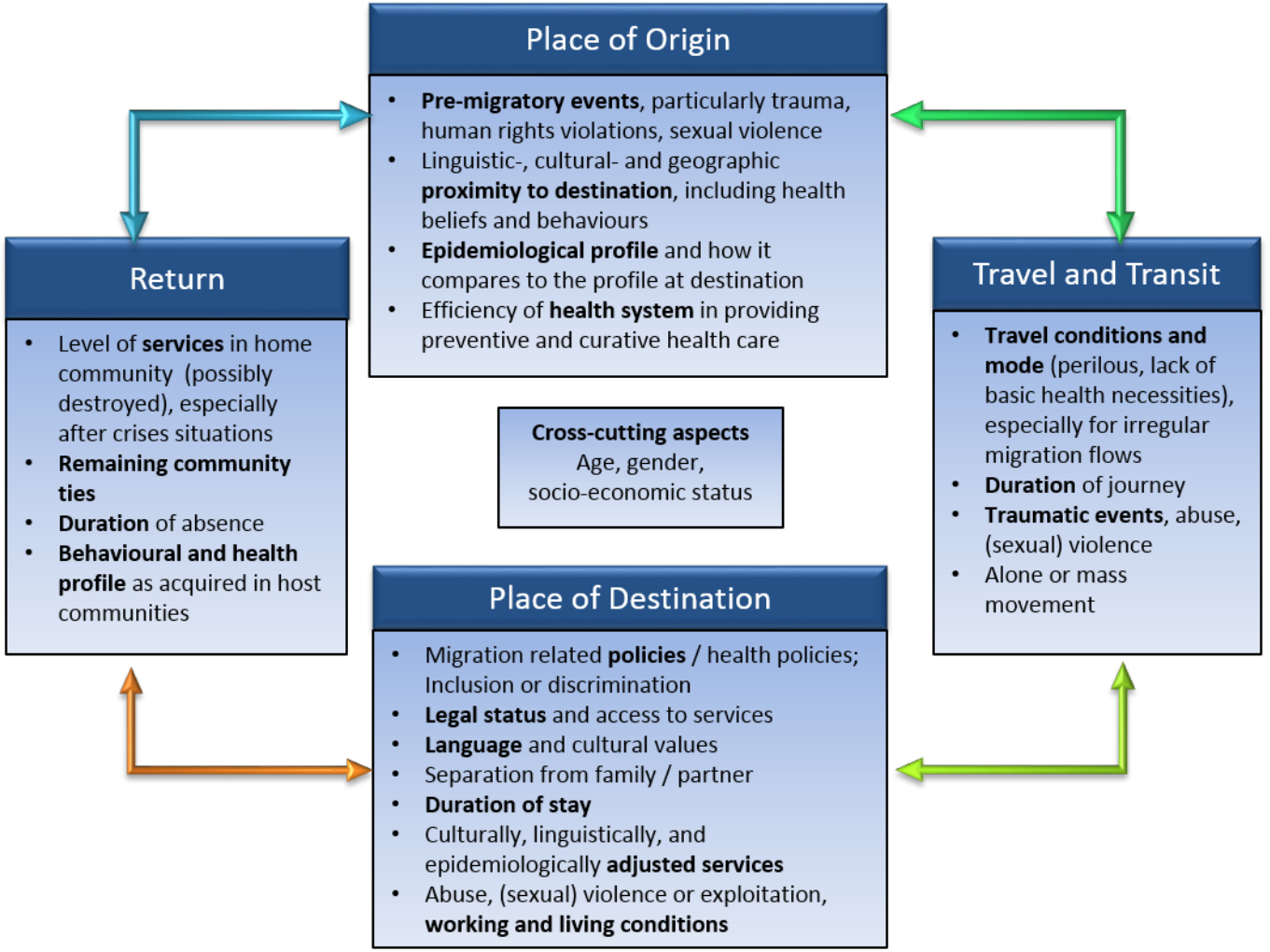
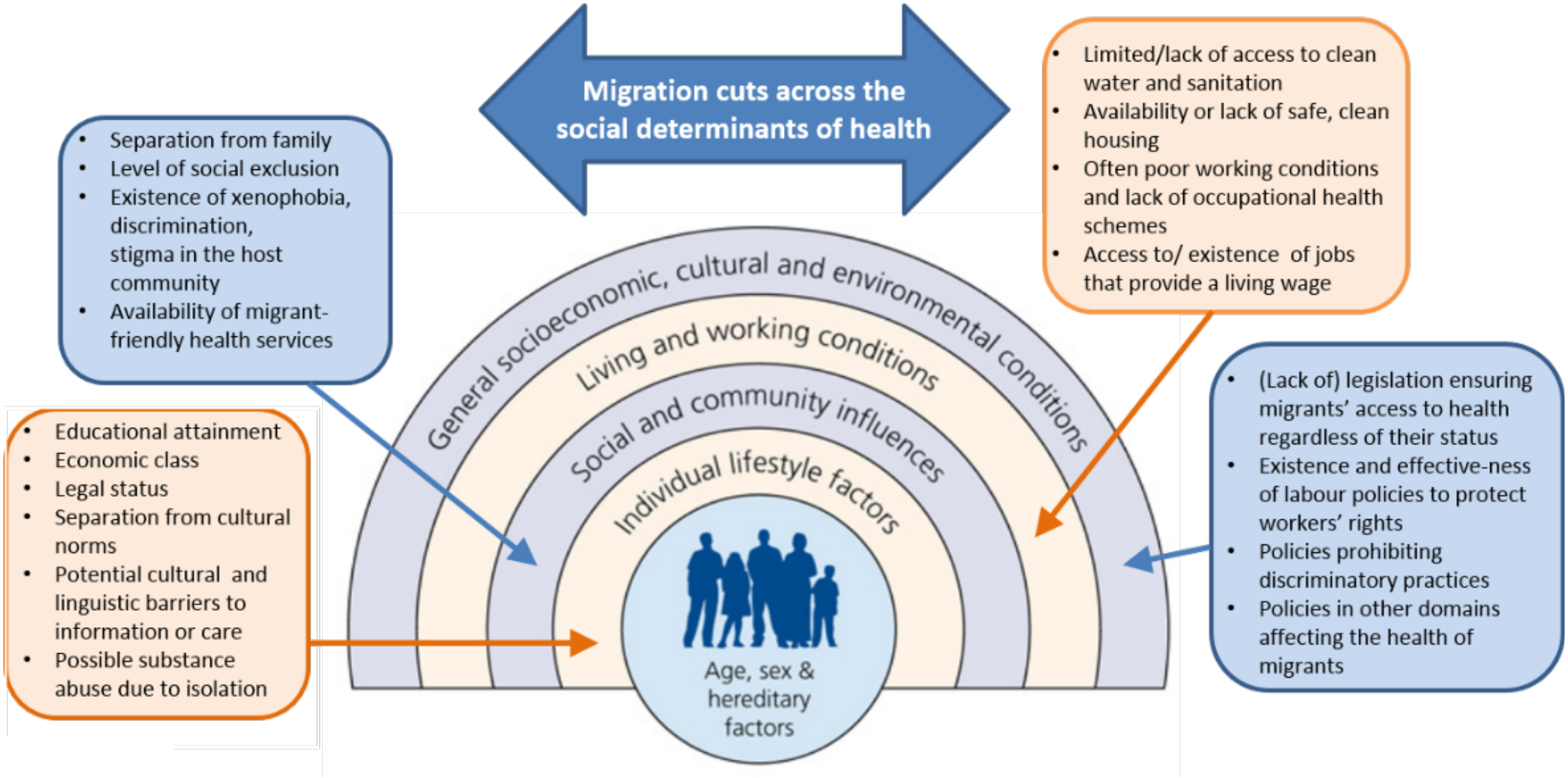
Mental Health - Migration



https://www.iom.int/social-determinants-migrant-health

Migration and Social Determinants of Health



https://www.iom.int/social-determinants-migrant-health

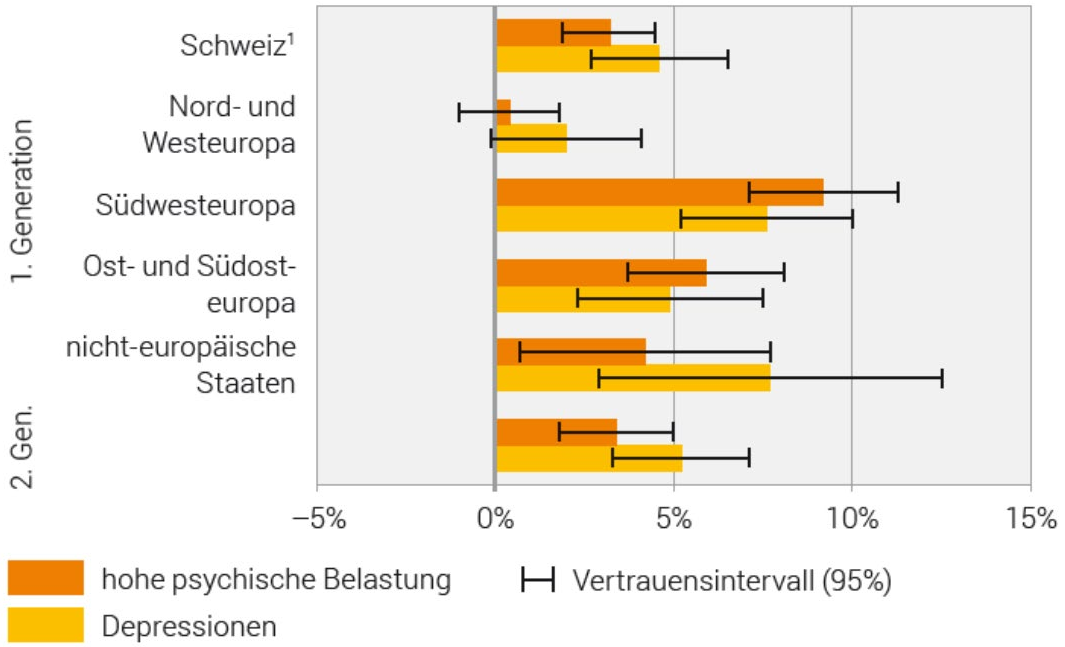
Mental Health Disparities Switzerland

Adjustierte Risikodifferenzen hohe psychische Belastung und Depressionen, 2017

Bevölkerung ab 15 Jahren in Privathaushalten

G 3

Referenzkategorie: Bevölkerung ohne Migrationshintergrund (0 Werte der Skala). Adjustiert für Alter und Geschlecht

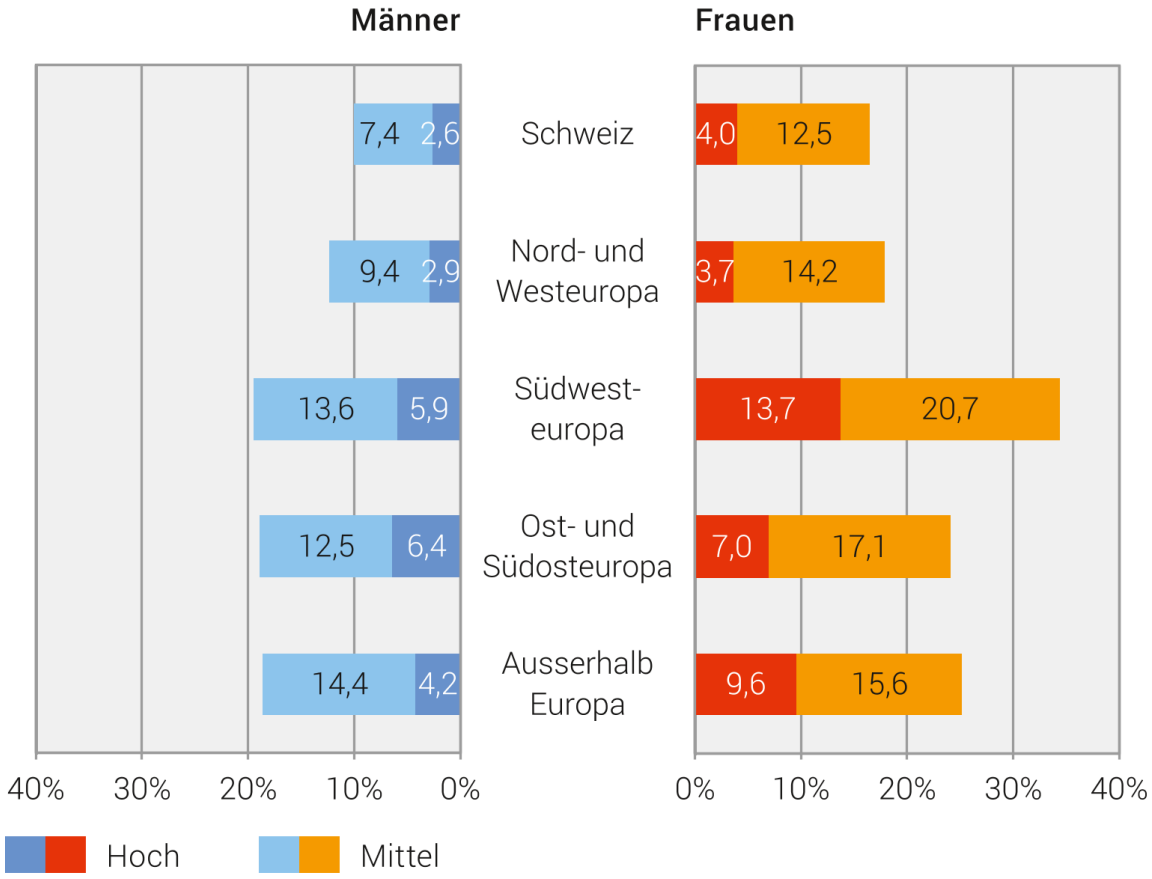


¹ im Ausland geborene eingebürgerte Schweizer Staatsangehörige sowie im Ausland geborene gebürtige Schweizerinnen und Schweizer, deren Eltern beide im Ausland geboren wurden

Quelle: BFS – Schweiz. Gesundheitsbefragung (SGB), Berechnungen BASS

Psychische Belastung nach Staatsangehörigkeit, 2017

Bevölkerung ab 15 Jahren in Privathaushalten



Quelle: BFS – Schweizerische Gesundheitsbefragung (SGB)

Mental Health Disparities

- Migrants lack the usual family and community support systems
- WHO 2020 survey of migrant mental health during Covid-19
  - > 50% Depression, worry, anxiety, and loneliness
  - migrants were less likely to access healthcare

- Misdiagnosis
  - health care professionals miss important contextual details during consultations → poor quality of care

Case Example 1 - Emergency Department

- Samba, 16 years, presents to the emergency department requesting a presciption «Lyrica» for chronic pain, he is insistent and agitated. Several times he complains to the triage nurse about the waiting time, getting more and more agressive.
- He is of West African origin, without permanent adress. He speaks French and a few words of English, but communication is difficult
- When seen by a Dr, he shows an old scar on his shoulder as indication for the need for medication
- Samba doesn't answer questions from HP, only insists on the drugs he wants
- Whilst examining Samba, the Dr notes what looks like cigarette burns on his left arm.
- In the ER, there's guidance to not prescribe «Lyrica» in the absence of a clear medical reason and a previous prescription, as it's known to be misused on the street

Case Example 2 – Youth Prison

- Samba* is 16 years old. He arrived at the youth detention center after being picked up by the police and had no valid papers. It was established by the judge that he would need to be sent back to France, as he initially registered there.
- He was referred to a psychologist upon arrival because he wanted to talk. Stating he feels bad. He needs to talk and tell his story from the beginning. He expresses himself in French, but a translator is used for therapy.
- He lived with his parents and brothers and sisters in Ivory Coast. His father had problems at work. He lost his social status and had to leave. He returned to his country of origin, Mali. Samba, on the other hand, stayed back with his mother and siblings. With time, his mother worries about his father and asks Samba to join him in Mali.
- There he witnesses the decline of his father, who lives with few resources and is ill. His father dies. Samba finds himself alone and knows that his mother is in a very in a very precarious situation. He then leaves for Algeria in the hope of studying there. This project fails and he has to work in construction to ensure his subsistence.
- It is in Algeria that the project to leave for Europe takes shape. He organizes himself with the money he had earned and leaves for Libya. It is from there that it is possible to cross the Mediterranean. He tells that the crossing was perilous because several times they almost shipwrecked, but they finally arrived in Italy.
- Samba did not want to stay there and wanted to go to France. He went through the mountains. When he arrived in Paris, he presented himself to the Demie (Evaluation service for unaccompanied foreign minors). The recognition of his minority was refused. He continued on to Geneva.
- Since then, he has been sleeping outside. He does not understand. He can no longer sleep. He keeps replaying his story.
- "My dreams are spoiled. At my age, I sleep outside. I have a life of crime. I sleep in cardboard boxes. My mind is closed. I feel like a piece of trash, that nobody is looking at. I have no plans."
- Samba does not want to become a delinquent.
- He has moments of disinvestment which will put him in prey to a great sadness, doubting of his value in his own eyes and in the eyes of others, of the value of his life. He will regularly evoke dark thoughts.
- During several sessions, Samba talks about the symptoms that invade him: insomnia, the anxiety linked to uncertainty, his ruminations, his inability to project himself into the future and the pain associated with the fact of being reduced to this precarious present, without a possible release.

Challenges

- Patient-provider level
  - Language barriers
  - Translation and interpretation services
  - Health literacy, knowledge of health system
  - Cultural constructs/**health-seeking behaviour**
  - **Transcultural competence/**Implicit biaises, stereotypes
- Institutional capacity
  - Workload, practice based on time slots
  - Financing issues
  - Social issues
- Policy
  - Versorgungsengpass (mental health care)
  - Renunciation of health care

Possible Solutions and Tools

- Individual (provider) level
  - Training, awareness
  - Practice openness, ask questions, listen more
  - **Self reflection (you understand others better if you know your own values and prejudices)**
- Interpersonal
  - Use existing interpretation services
  - Use normal language, avoid medical jargon
  - Acknowledge and treat the patient in their situation (social, legal, etc)
- Institutional level
  - Structure health care services around needs of patients (opening hours, location, etc)
  - Integration and coordiantion of social services and (mental) health care
  - Home or phone visits
- Policy level
  - Witness accounts, talk about patients and issues
  - **Embrace diversity sensitivity**

Trans-/Crosscultural Psychiatry; Responding to Diverse Needs

- **Acknowledges the cultural background of patients**, and adapts to work within the patient's framework of health and disease, rather than imposing a Western view of psychiatry on the patient
- Acknowledges and validates patients' own frameworks of sickness and aims to understand what such frameworks mean and why they matter for the patients and work with them
- Therapy extends beyond the realms of the consultation room (Sometimes, this may involve getting in touch with lawyers and social workers to help patients with legal paperwork, or even finding a flat) → fosters participation and a feeling of recognition in a naturing environment

Mental Health – Médecins Sans Frontières

Mental Health in Humanitarian Contexts

Chronic Mental Disorders: 10-15% → 20 to 25%

Severe Mental Disorders: 1- 2% → 3 to 4%

- **Conflicts/Violence**
- **Victims of natural disasters**
- 50%: normal reactions to abnormal events
- **Other emergency contexts**
- Certain epidemics and severe nutritional crises

Mental health in the field 1

How do these patients present at our programs?

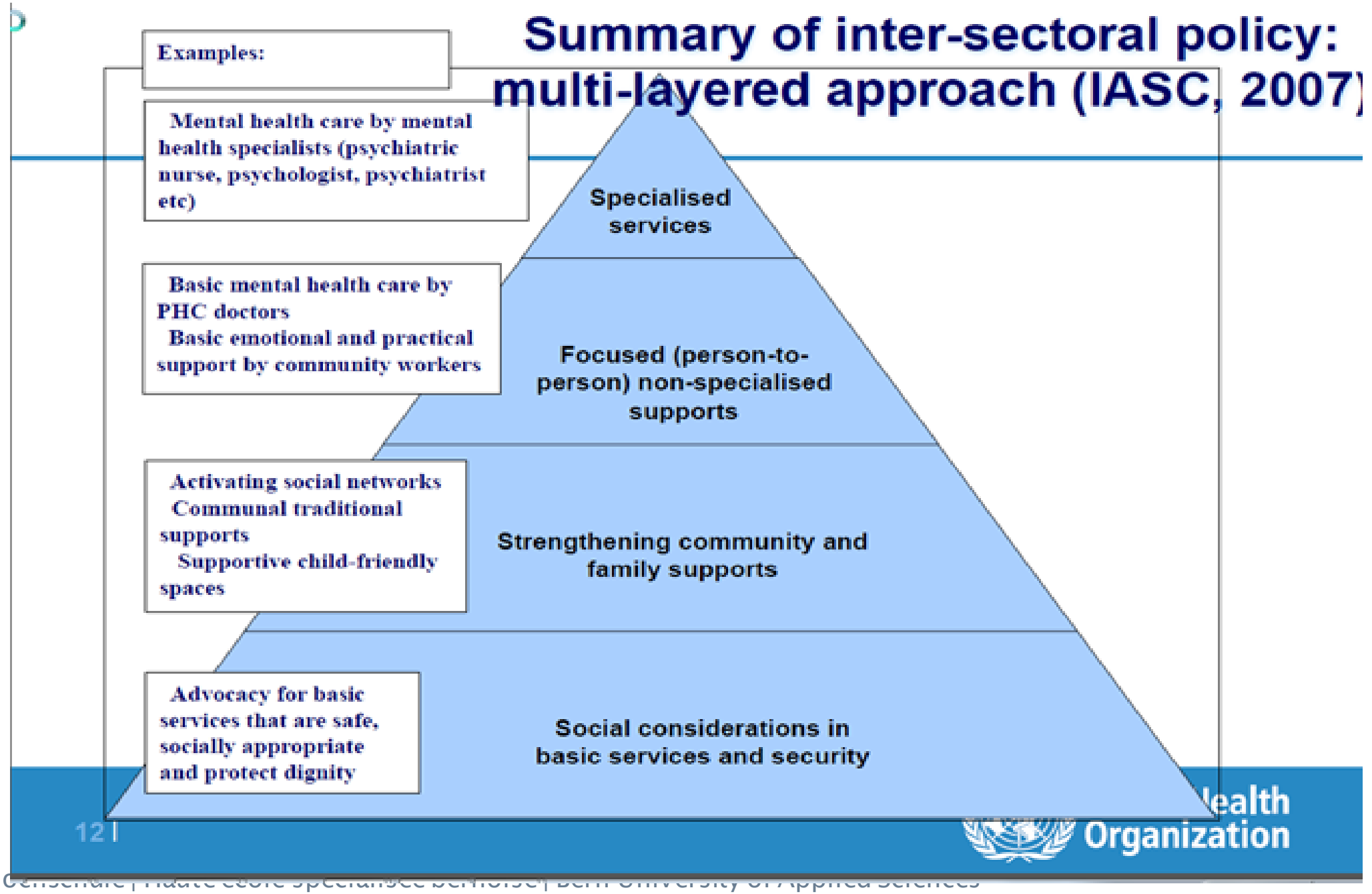
- Patients coming with physical complains (MUPS) not fitting a medical diagnosis. - Patients experiencing extreme traumatic experiences (ex: rape, torture, witnessing killings, etc) may tend to look for medical care as their complaints are more somatic
- Patients with "bizarre" behaviors (family/comm/police may report them)
- Patients with symptoms related to a possible MH disorder (lack of appetite, fatigue, sleeping problems, etc.)
- Emergencies (conversion disorder/functional neurological symptom disorder)

Mental health in the field 2

Reasons why we miss the diagnosis of Common Mental Disorders (CMD):

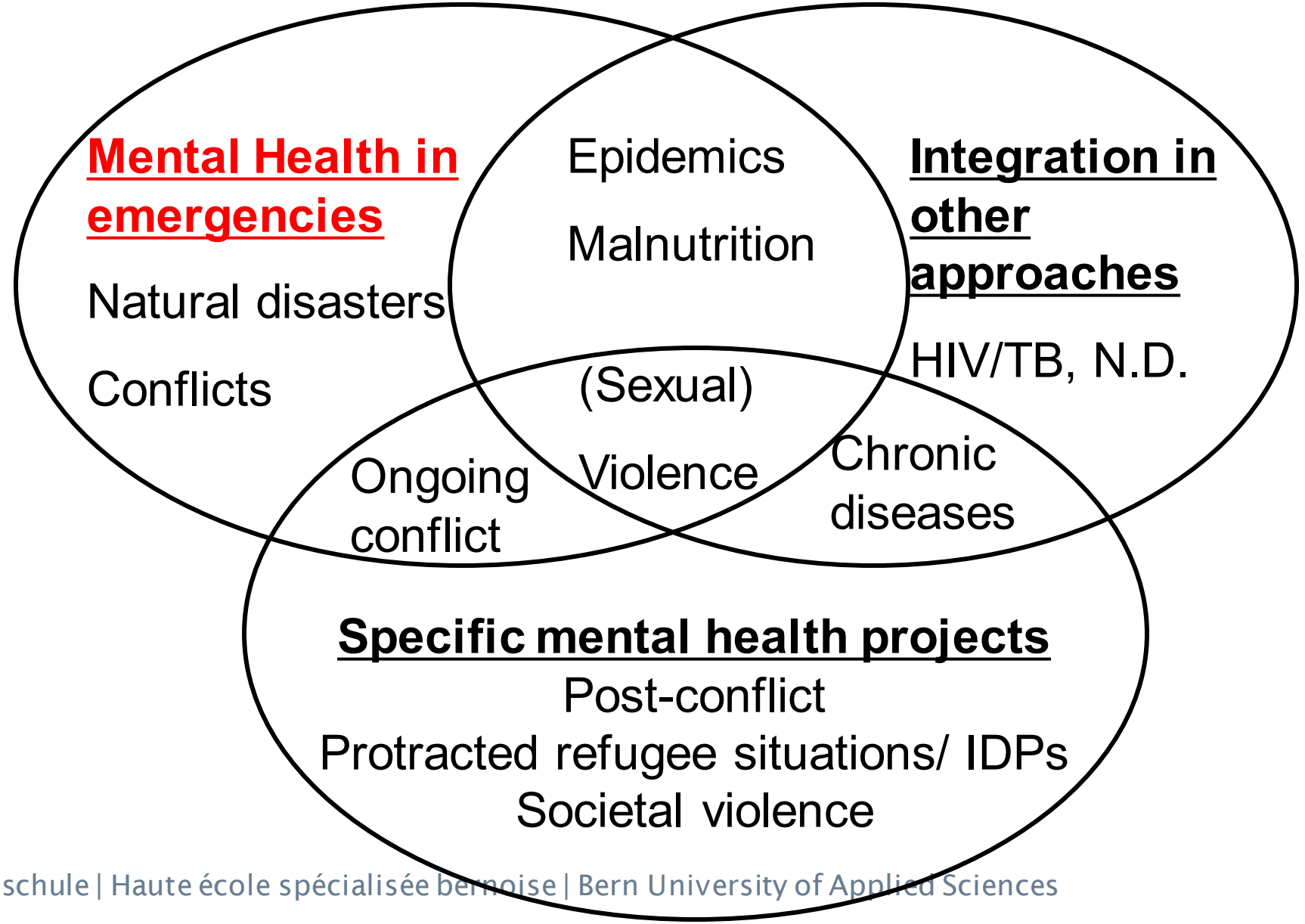
- **Somatization**
- No proactive **screening** for depression / CMD
- **Old concepts and theories** about Mental Disorders
- Staff and local population has **traditional explanations** about symptoms (mainly depression)
- **Stigma and resistance** to talk and acknowledge about MH problems (staff and community)

Summary of inter-sectoral policy: multi-layered approach (IASC, 2007)



ealth Organization

Contexts of Intervention



Package of Activities

- Community outreach
- Sensitize health staff to MH conditions
- Train community health workers to provide basic psychological support
- Train GP and nurses to provide and follow basic psychotropic treatment
- Screen for MUPS and Common Mental Disorders
- Screen for Severe Mental Disorders
- Community intervention (groups + home visits)
- Provide basic psychological support (Psychological first aid, Counselling)
- Provide specific psychological support (psychologist)
- Provide specific psychotropic treatment (psy nurse, trained GP, psychiatrist)
- Short psychiatric hospitalisations in general hospital
- Look for adequate referrals when needed (long term hosp, rehabilitation)
- Work with SW and other organizations to provide social support

PROMOTION

CAPACITY BUILDING

TREATMENT

Conclusion (Opportunities)

- Migration is a health determinant and migrants are at an increased risk for severe psychiatric and mental health problems
- Migrants present special mental health needs requiring inovative care models that incorporate their health and illness contexts and foster empowerment
- Difference could be seen as an asset rather than a deficit → pay attention to transcultural competence and patient centredness

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