Refugee Resettlement I: Challenges for Mental Healthcare Services in Portugal

O Acolhimento de Refugiados I: Desafios aos Cuidados de Saúde Mental em Portugal

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INTRODUCTION

The present crisis in the Middle East has resulted in the greatest number of displaced people in recent history, and although some low and middle-income countries have bore the brunt of the responsibility in resettling the majority of refugees, Europe has faced the unprecedented effort of redistributing and resettling those who reach our shores. Portugal, although playing a minor role in this process, has received approximately 1500 refugees under the European resettlement program. On the healthcare and especially mental health front, this presents the challenge of providing adequate care to a very heterogeneous, culturally dynamic and vulnerable group of people during an important transition period.

Challenges during the resettlement period

The relocation from Greece or Italy to another European country (often not one of their own choosing) following a period of forced migration, marked by the loss of family members, personal belongings, and economic means, and after dwelling in successive refugee camps, marks the beginning of the resettlement period. The resettlement program implicitly establishes some objectives for the first 18 months: learning the local language, becoming familiar with the culture, understanding the workings of local institutions and finding a job, so as to develop a means of subsistence and future independence. These objectives, along with re-establishing a sense of security and family unity constitute the main concern, often relegating healthcare needs to second place.[1-3]

These circumstances are further aggravated by their lack of knowledge on how to access services, and the stigma, cultural[2] and linguistic barriers[4] which may be encountered.[3] Furthermore, these new challenges are often at odds with their individual abilities to cope with additional adversity; the regaining of hope and trust may be affected by local service providers and authorities being perceived as unfriendly.[3]

From the doctor's perspective, the resettlement period carries other challenges: that of providing care during a period when effective health responses, especially mental health, are often dependent on addressing social needs. Realistically, without a strong social intermediary to guide this process locally, to provide housing, face-to-face translation services and community insertion that meets the goals of these individuals, a structured and productive clinical exchange is hard to establish in mental health.

This period also carries the challenge of providing health care in the context of multiple concerns, narratives and expectations, which often requires a level of sensitivity and cultural competence in the clinical relationship, rarely addressed in medical training.[5,6] In this scenario, it is both important to understand the refugee's unique experience of suffering and resilience, and to promote a balance between one´s clinical objectives, the concerns raised by the individual and the social and cultural implications both may imply.[7]

Lastly, there is the challenge of transposing effective healthcare measures and interventions in light of limited resources available, namely that of well-trained mental health teams, but also in terms of time available for patient contact and contact with social partners. This reflects the sensitivity and relevance of this issue in the context of the Portuguese mental health care model.

Mental Health and psychiatric care

The cumulative effect of traumatic experiences that a refugee is subjected to throughout the migratory process[3] may cause social and psychological distress, and sometimes can be associated with common psychiatric disorders, in particular stress related disorders, Post-Traumatic Stress Disorder (PTSD) but also Complex PTSD, as well as other anxiety and depressive disorders[1,2,7] and, to a lesser extent, psychoses and substance abuse disorders.

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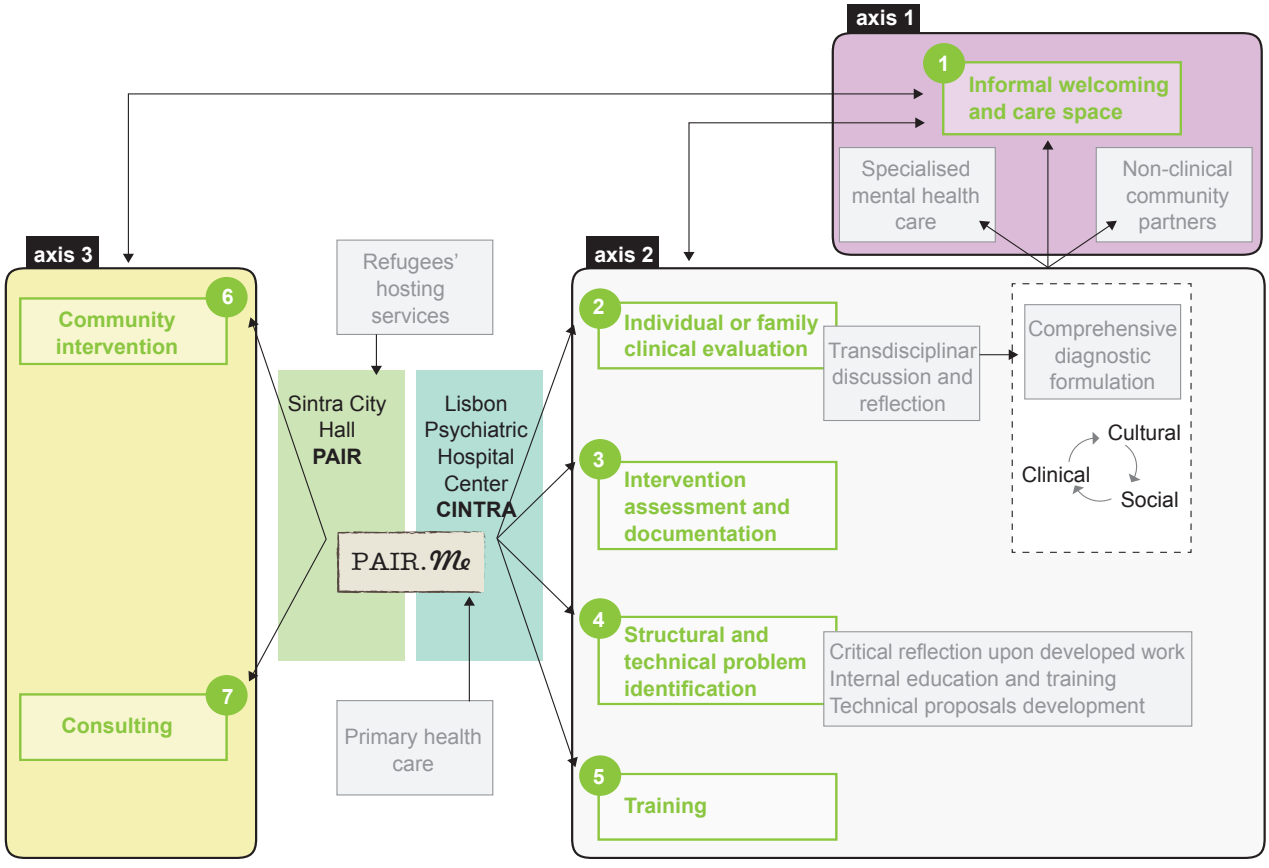
However, recent data indicates that about one quarter of this population is not receiving the mental health care it needs,[4] which reflects the difficulty in accessing mental health care. Special attention has been given to the impact that post-migratory stressors and socioeconomic determinants have on increasing symptoms of psychological distress and mental illness during the resettlement period, which tend to progressively decrease over time.[2,8,9] Therefore, it is imperative to provide access to both effective and culturally adapted psychiatric care and to programs that promote resilience and mental health during this unique window of opportunity.[1,2,7]

PAIR.Me - A local Mental Health project

Through a partnership with Sintra city hall, a multidisciplinary team at the Lisbon Psychiatric Hospital Center, with previous field experience, developed a mental health project to support the refugee resettlement process in the Sintra municipality. In this project (Fig. 1) the refugee perspective was valued, adapting international recommendations supported by clinical evidence[1-3,7,9,10] to the needs previously identified through collaboration with local partners (primary care centers and city hall) and institutions such as the Portuguese Center for Refugees and the Portuguese Refugee Association. This process suggested the following actions:

1. Providing a walk-in mental health clinic, for family or individual consultations, which ensures follow-up whenever necessary. This intervention follows the transcultural model that favours the cultural construction of the problem (idioms of distress) and a personal narrative (explanatory models), while contemplating the complexity of the translation and the multidisciplinary of the clinical encounter and the psychiatric diagnosis. The ongoing migratory experience, the negotiation of family roles and of values and culture are frequently explored aspects.
2. Consulting with professionals and institutions, the primary focus being the discussion of cases where the cultural or mental health dimension is a challenge. Efforts are made to mediate between the different actors and relationships at play, as well as direct support given to professionals, given the risk of burnout.
3. Training for Primary Care professionals in partnership with the local primary care management organization (ACES Sintra). A workshop was given on cultural, clinical and mental health skills for all health care professionals of ACES Sintra. Emphasis was placed on the strategies to minimize obstacles in accessing health care, how to work with a translator, and how to manage the most common health and mental health problems in this population.
4. Special attention was given to a particular need: that of a neutral space without institutional connections, which



PAIR.Me - Plano de Acolhimento e Integração de Refugiados - Saúde Mental, following Sintra PAIR

Figure 1 – PAIR.Me structure

in conjunction with a cultural mediator and a translator, would form a bridge between the local community and the refugees. This place would function symbolically as a place of belonging, where they could have a greater sense of autonomy in rebuilding their lives, and actively participate in the resettlement process, particularly relevant at a time when they are most dependent on host institutions. It would also be a privileged space to develop psychosocial interventions that promote mental health.[10]

Ongoing challenges

Finally, two particular aspects require a careful reflection. First, how to balance the proximity versus the independence of mental health teams, with the host institutions implicated in the partnership. This is particularly important if these provide fundamental resources such as translators, a setting for the interventions and social support, which if lost, may provoke discontinuity in refugees' access to services. Second, given the uncertain future of refugee relocations programs, anticipating the needs that might arise and the strategies that mental health services should adopt at the end of this 18-month period remains very difficult.

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CONFLICTS OF INTEREST

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