EU-MiCare

Training the EU Health Workforce to Improve Migrant and Refugee Mental Health Care

Basic Framework for the training of staff working in Migrant and Refugee Mental Health

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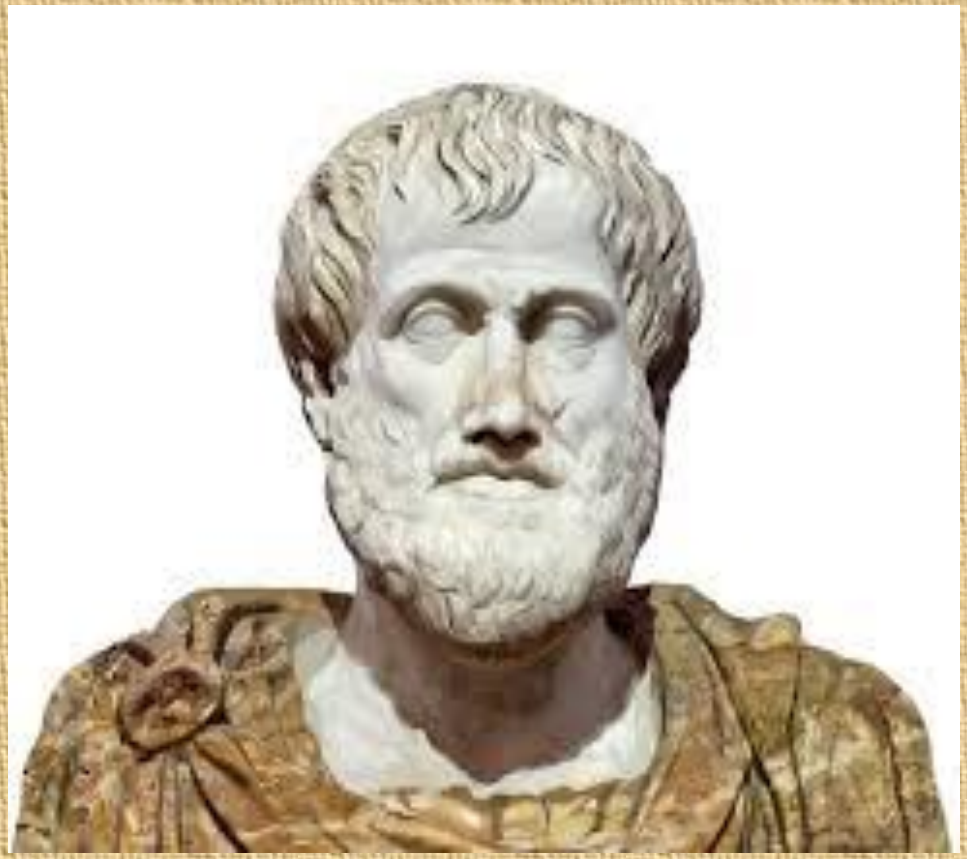


Aristotle
384-322 BC

Wellbeing

- **Hedonic:**

Avoidance of suffering; pursuing happiness and pleasure

- **Eudaimonic:**

Actualising one's potential; living according to one's unique nature; acquiring a sense of fulfilment.

Epistemological agility

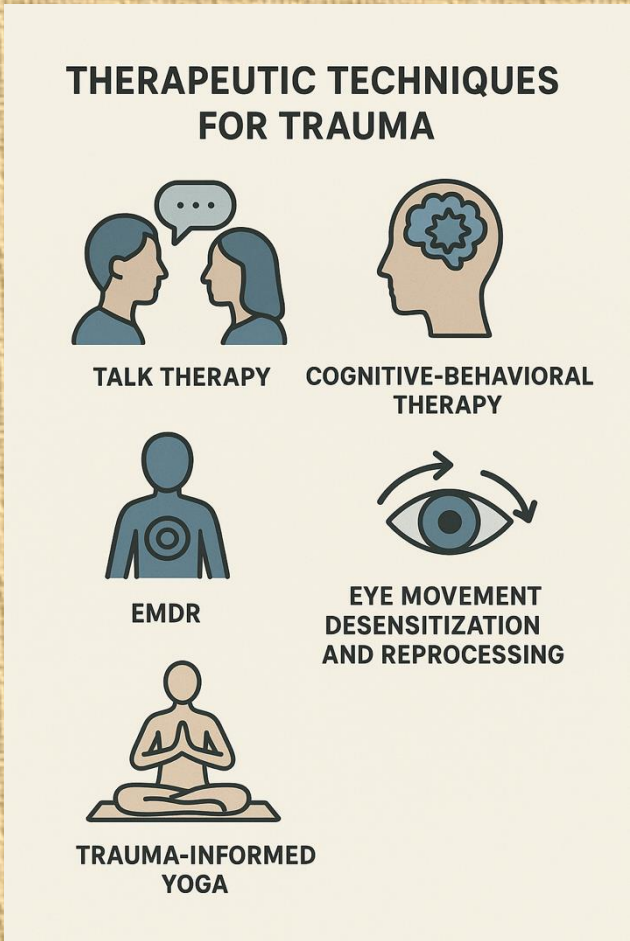
Capacity

- To perceive different perspectives, to increase the level of precision of what we ‘see’
- To adopt different positions in relation to these different perspectives
- To grasp the implications of our position and role in relation to the examined phenomena.

Basic differentiation re: therapeutic interventions

- **Therapeutic schools:**
  - Conceptualising the phenomena and the interventions exclusively within the theories and concepts of one 'school' of psychotherapy
  - Theoretical approach very explicit
  - e.g. psychodynamic, behavioural, systemic, humanistic, etc

Basic differentiation re: therapeutic interventions



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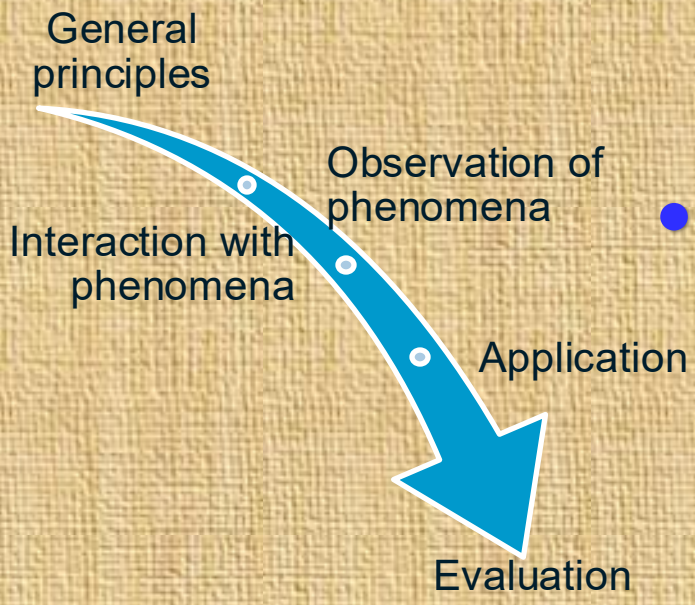

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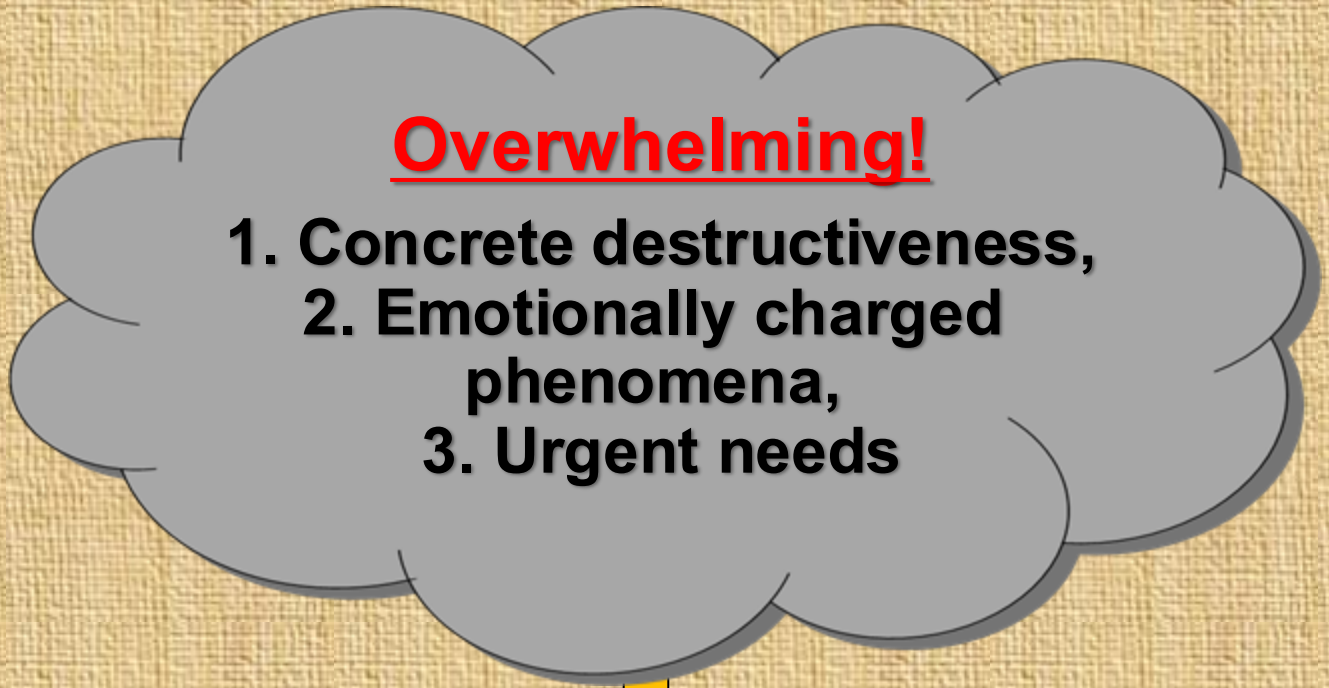
- **Framework:**
  - Focus on the uniqueness of the phenomena examined
  - No set theory or technique, but a cluster of basic principles that are applied creatively in each situation.

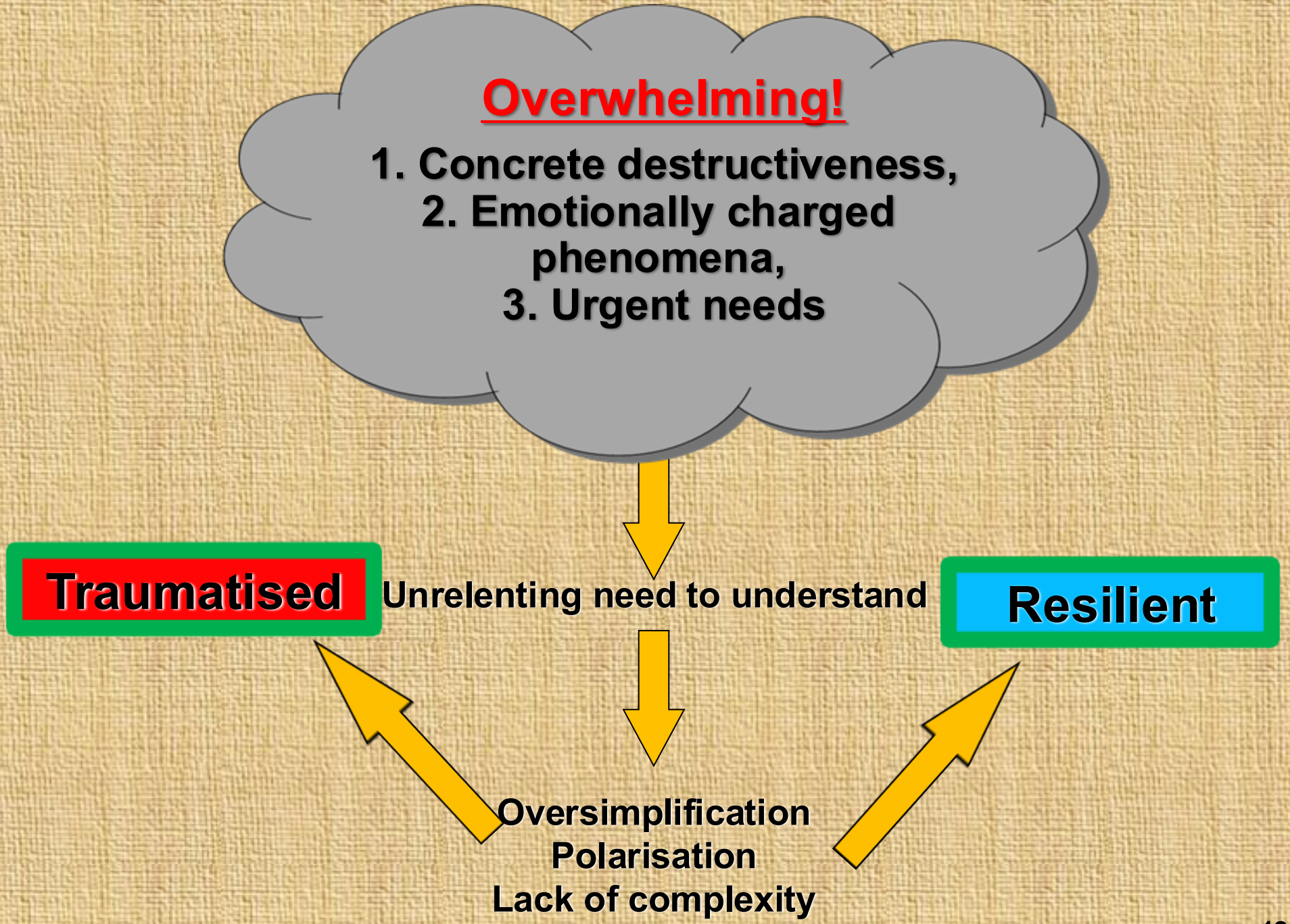
Impact of Severe Forms of Collective Adversity (SFCA) on <u>everyone</u> !

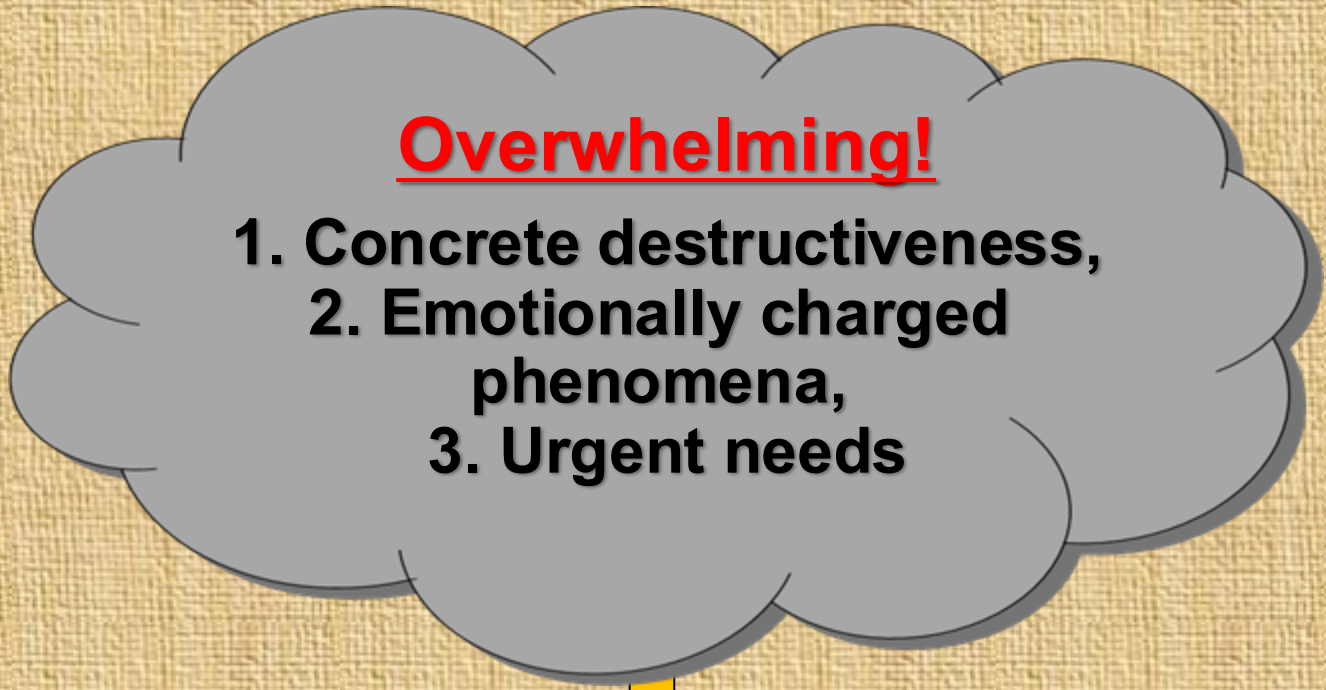


Unrelenting need to understand

Oversimplification
Polarisation
Lack of complexity


Overwhelming!
1. Concrete destructiveness,
2. Emotionally charged phenomena,
3. Urgent needs
They are bad
Unrelenting need to understand
We are good
Oversimplification
Polarisation
Lack of complexity


Overwhelming!
1. Concrete destructiveness,
2. Emotionally charged phenomena,
3. Urgent needs
Traumatised
Unrelenting need to understand
Resilient
Oversimplification
Polarisation
Lack of complexity

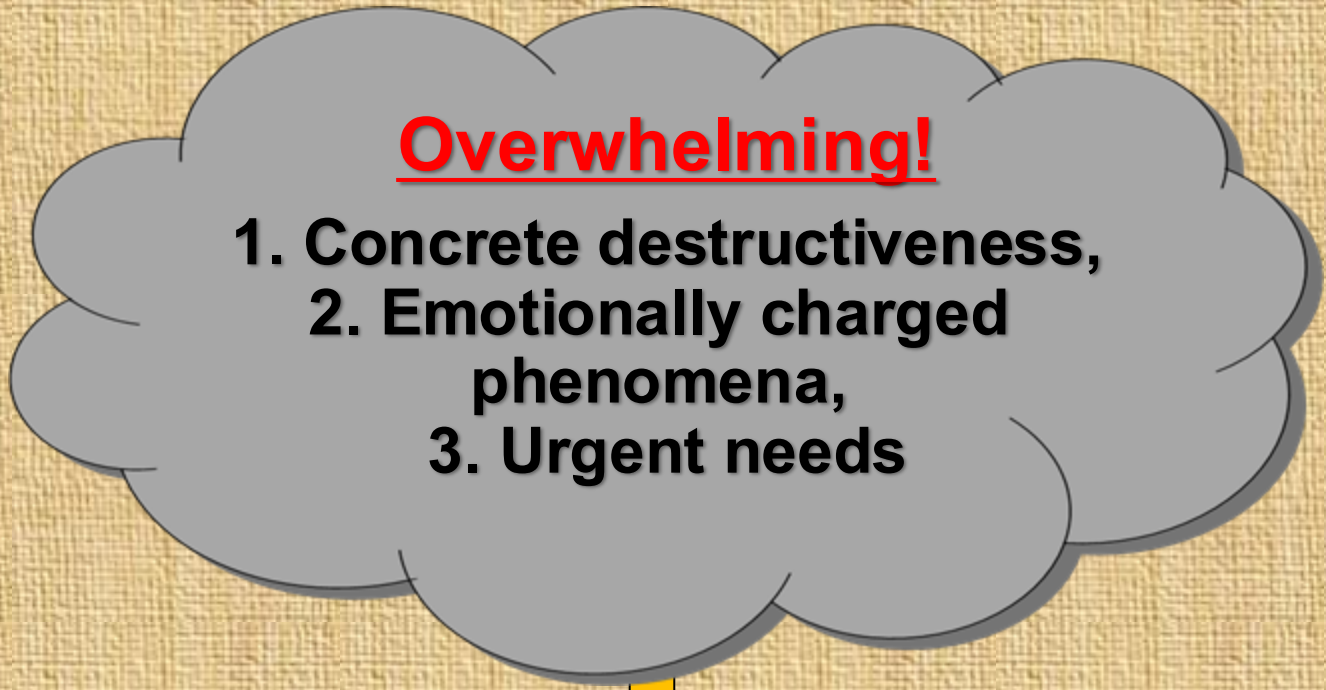


‘Bad’ Migrants

Unrelenting need to understand

‘Good’ Refugees

Oversimplification
Polarisation
Lack of complexity

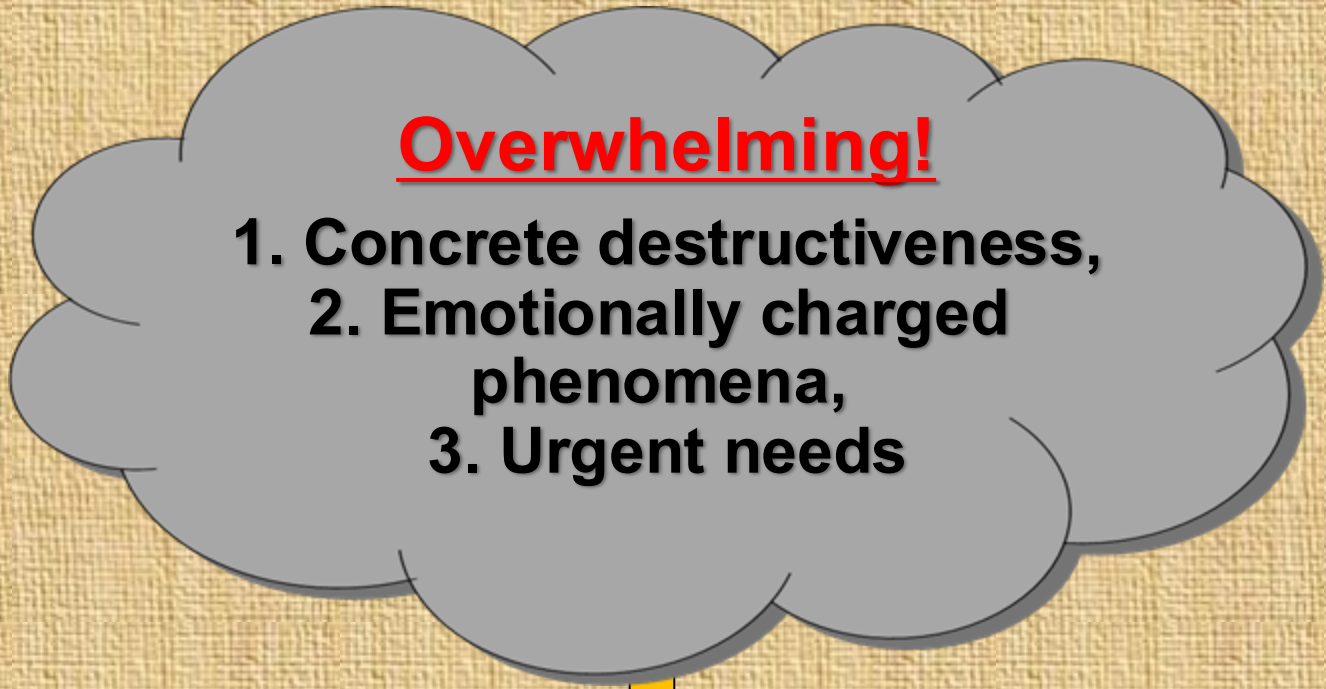


"Trauma Informed"

Unrelenting need to understand

"Strengths Based"

Oversimplification
Polarisation
Lack of complexity



‘We can do Nothing!’

Unrelenting need to understand

‘We can do Everything!’

Oversimplification
Polarisation
Lack of complexity

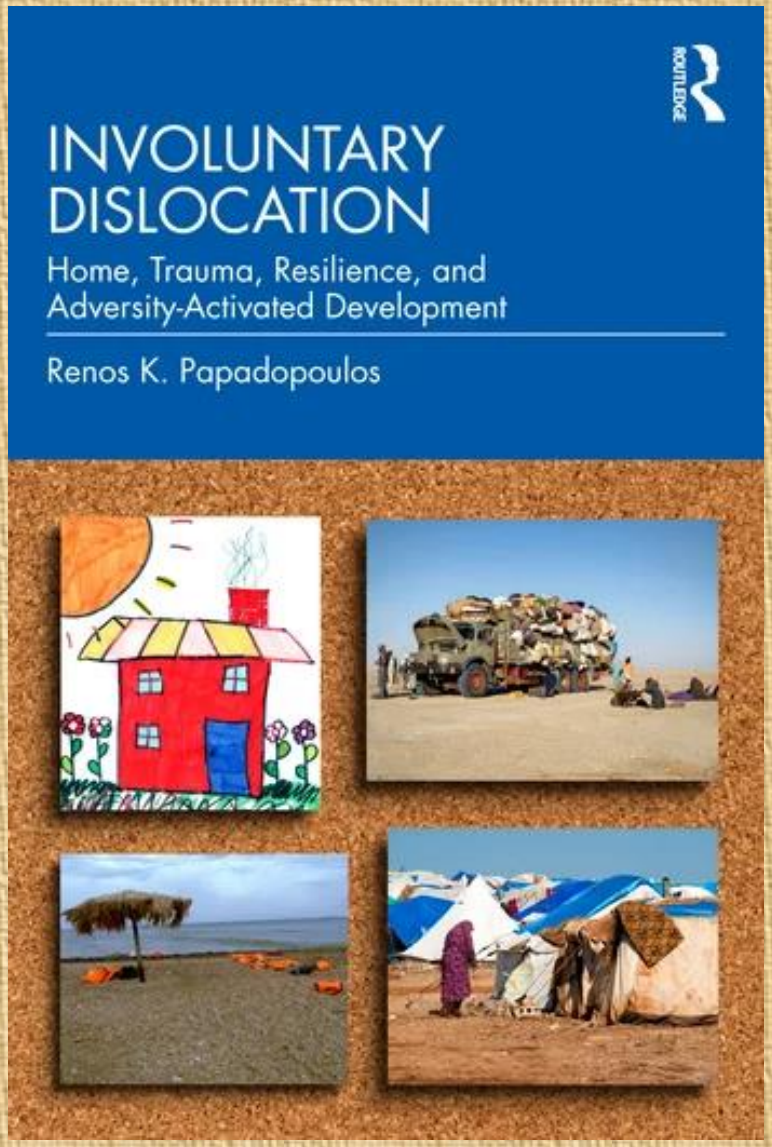
Main consequence of SFCAs
Loss of complexity

- Concrete destructiveness
- Highly emotionally charged experiences
- Urgent, pressing needs

Overwhelming impact!

Diminished *capacity to process* events and experiences

- No space to think, to reflect
- Impulsive thinking, 'epistemological acting out'
- Oversimplification
- Polarisation
- {Loss of Complexity, Uniqueness and Totality (CUT)}
- Distortion of reality
- Ineffective planning and interventions.



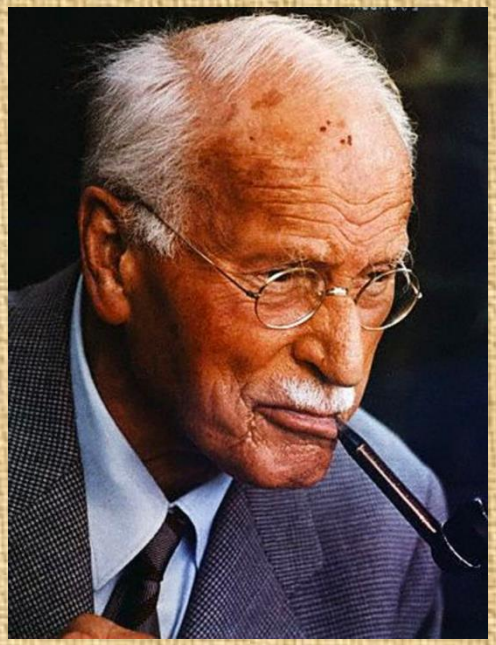
Trauma
etymological meanings

- In Greek (travma): injury, wound
- Etymological origin:
  - *Titrosko*: to pierce
  - *Teiro:* to rub
    Two meanings:
    a) to rub in, and
    b) to rub off, to rub away
- Two outcomes (transformation):
  a) of being injured, wounded
  b) of being renewed (burnished).

Adversity Grid

Range of consequences of exposure to adversity

Levels	Negative			Unchanged -	Unchanged +	Positive
	Most severe	Moderately severe	Least severe	Negative U	Positive U RESILIENCE	Adversity – Activated Development
Individual	Psychiatric Disorders e.g. PTSD	Psychological Symptoms	Expected Human Suffering			
Family						
Community						
Society /Culture						



C.G. Jung
1875 - 1961

‘Suffering is not an illness; it is the normal counterpole of happiness.’

(CW18, § 179).

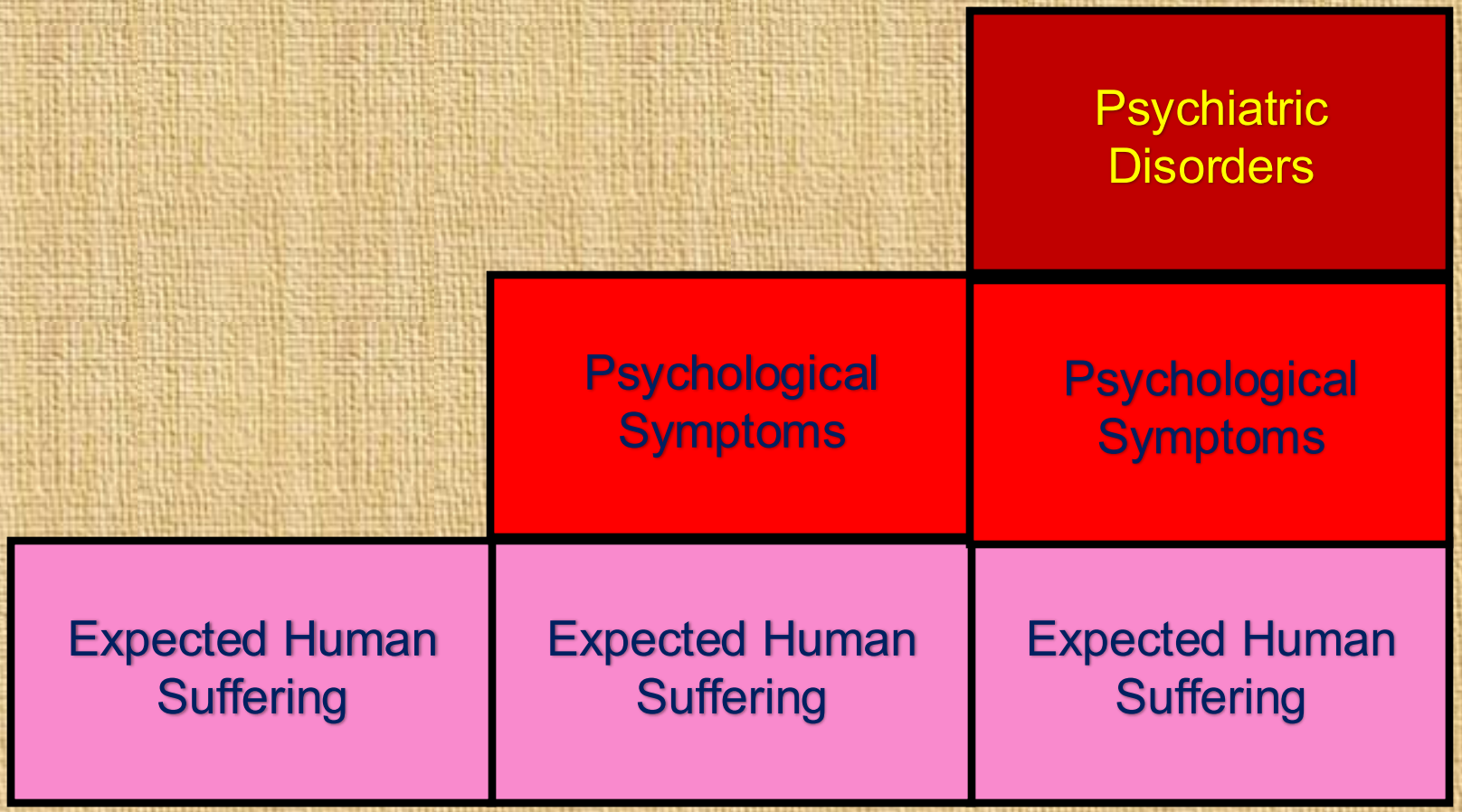
Resilient features

- **Existing strengths, resources, positive qualities, characteristics, behaviours, functioning, relationships that were retained from before exposure to adversity and survived despite the exposure to adversity.**

Adversity-Activated Development (AAD)

- **New strengths, resources, positive qualities, characteristics, behaviours, functioning, relationships that were activated, acquired from the very exposure to adversity.**

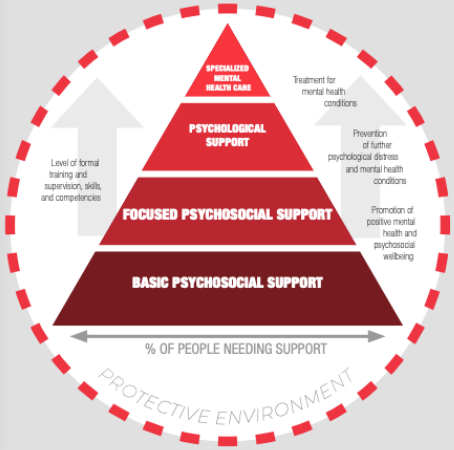
‘Mental Health’ ‘Problems’ ‘Psychosocial difficulties’



THE IASC MHPSS PYRAMID VS. THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT FRAMEWORK

SIMILARITIES & DIFFERENCES

THE IASC MHPSS INTERVENTION PYRAMID	THE INTERNATIONAL RCRC MOVEMENT FRAMEWORK
Applicable for the whole population in emergency settings.	Applicable for the whole population, in all contexts and at all times (emergency / non-emergency). Framework also acknowledges the 'special' population groups of the ICRC.
4 layers referred to as: (1) basic services and security, (2) family and community supports, (3) focused non-specialised supports and (4) specialised services.	4 layers referred to as: (1) basic psychosocial support, (2) focused psychosocial support, (3) psychological support and (4) specialised mental health care.
Uses terminology related to mental health disorders, functioning and wellbeing.	Uses mental health conditions terminology, wellbeing and psychological distress.
Community and family supports are all grouped as layer 2 interventions – includes family tracing, assisted mourning ceremonies, non-formal education, supportive parenting programmes, women's groups, youth clubs.	Individuals, families and communities can be targeted at all 4 layers (e.g., specialised mental health care for a family). Layer 2 is the more focused psychosocial work for persons at-risk (includes structured activities for children and youth, peer support and group work). Scalable psychological interventions fall under this layer.
Level of formal training and supervision, skills and competencies increases with the layers.	Level of formal training and supervision, skills and competencies increases with the layers.
IASC MHPSS Guidelines Core Principles: human rights and equity, participation, do no harm, building on available resources, integrated support systems and multi-layered supports.	Pyramid is surrounded by a 'protective environment' layer which is linked to international humanitarian law, human rights law and refugee law. The Fundamental Principles guide our work.
Advocate for a multi-layered approach where activities at all levels are available to beneficiaries in emergency settings. Referrals between layers to ensure an individual or family's multiple needs can be met.	Adopts a continuum of care approach, from the promotion of mental health and psychosocial wellbeing, through to prevention of further distress and MH conditions, to treatment for mental health conditions. Emphasis on referrals between layers to ensure continuum of care and a holistic approach.



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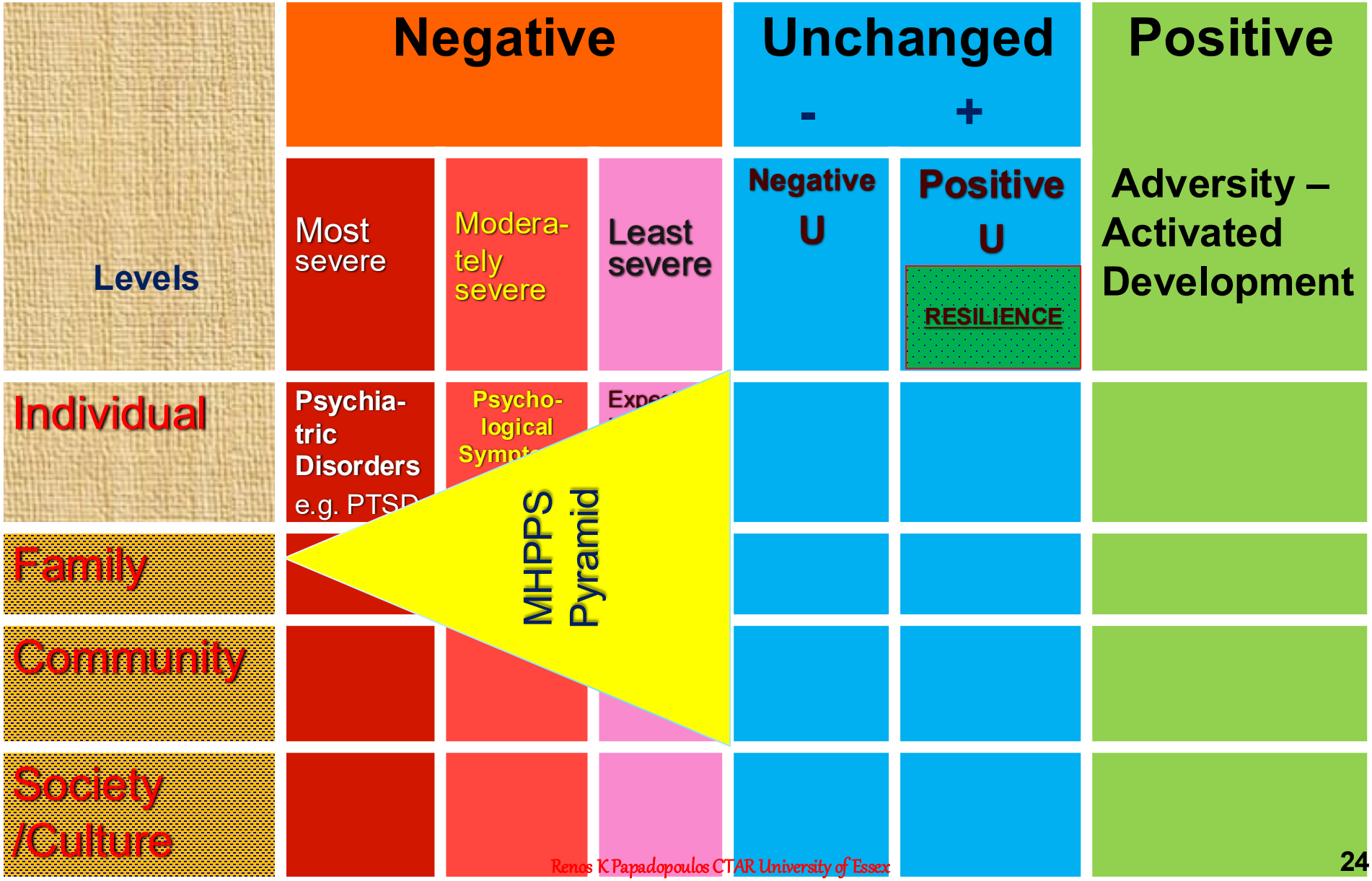
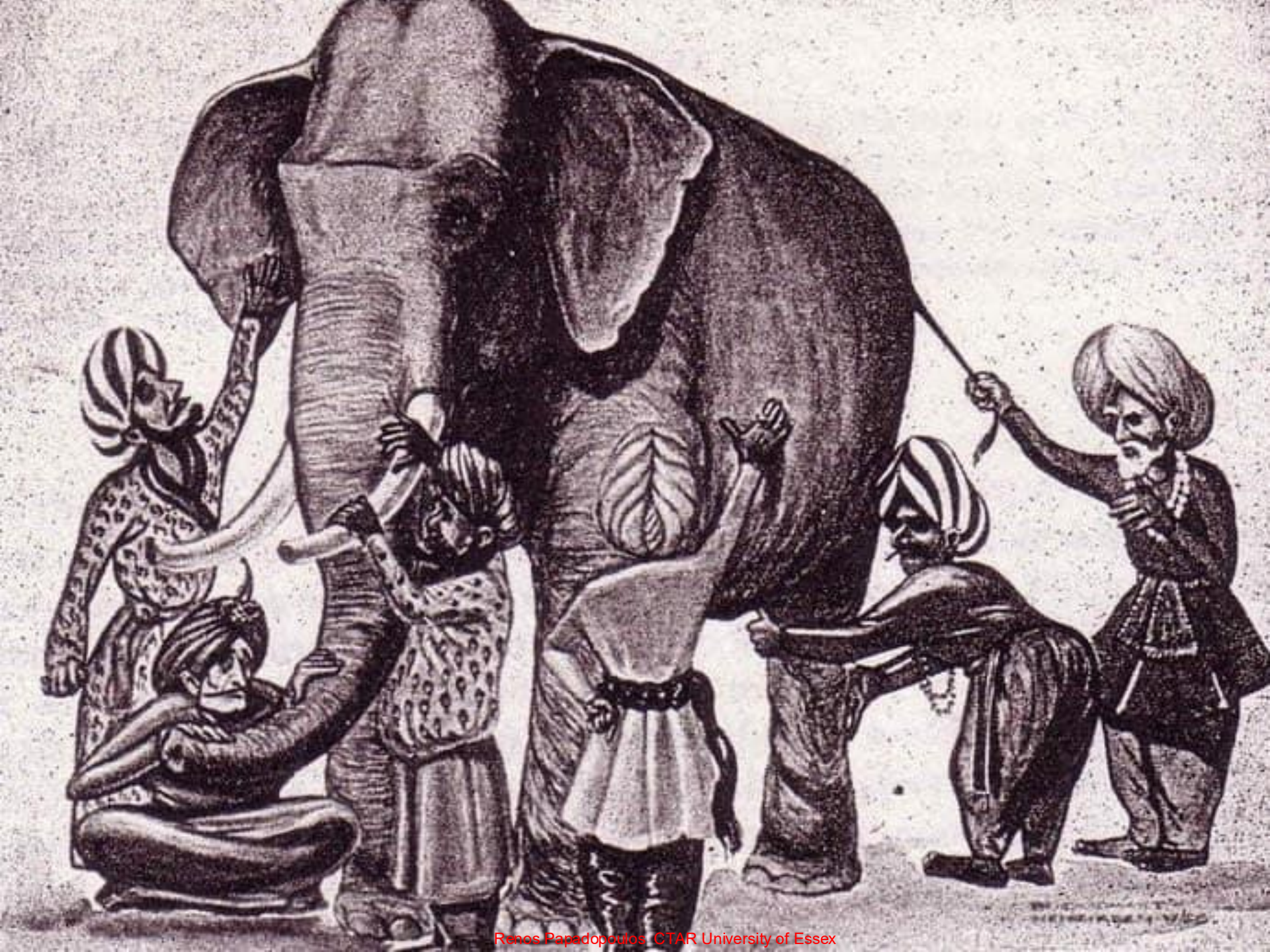


Differentiation between Distress and Disorder

- Distress: expected (normal, healthy) reaction to abnormal circumstances
- Disorder: Abnormal response to abnormal circumstances – beyond the expected time, context and impact.



Crucial differentiation of three 'types' of victims

- **Victim of adversity:**
  - Inevitable outcome of being exposed to adverse and devastating events and circumstances
- **Victim identity:**

Co-constructed by our interactions:

  - passivity, lack of responsibility, inappropriate dependence and entitlement, disempowers, 'learned helplessness'
- **Secondary victimisation:**
  - inadvertently, installing and strengthening 'victim identity'; pathologizing those we want to help.

Adversity Grid

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Family						
Community						
Society /Culture						

Holistic approach:

Complexity, Uniqueness and Totality

- Suffering, Losses, 'Trauma' (Hedonic Wellbeing)
- Strengths (Eudemonic Wellbeing)
  - Retained Strengths (Resilient Features)
  - New Strengths (Adversity Activated Development)

Thank you !

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