

Chapter 4. GOOD PRACTICES

A. GOOD PRACTICES

This chapter will show two in-depth case studies of good practice based on the survey carried out and explained in Chapter 3.

The chosen case studies are one statutory and the other non-statutory, and both are located in Barcelona. These cases have been chosen because they comprise a range of good practice elements – easy access and promotion, user involvement, personal and cultural sensitivity, the co-operation between different agencies, continuity of services and clients, advocacy work, evaluation and research tasks - and were also found particularly innovative.

B. CASE STUDIES

SAPPIR. Psycho-pathological and psycho-social assistance service for immigrants and refugees

Introduction

The first and unique *Pla de Salut Mental* (Plan for Mental Health) in Catalonia was approved in 1994 and it does not conceive ethnic difference as criteria for screening users who require professional care for their mental disorder. Hence, it didn't make any reference to the need to establish specific services addressed to non-EU immigrants or specific policies aimed at ethnic minorities. However, it did refer to immigration, its cultural impact and racism, as life events that could alter the psychological balance of a person.

The socio-political scene characterised by the will of the EU to close its borders, and the demographic concentration of the immigrant population, together with the major attention paid by the media to this phenomenon, favoured the appearance of a specific mental health service partly integrated¹ in the public health system and directed towards non-EU immigrants and refugees. This is SAPPIR.

On a micro-social level, other factors that promoted the establishment of this service were the incapacity, expressed by health professionals, of attending patients from different cultural backgrounds, and the complaint, on the behalf of certain NGOs and health professionals, regarding the problems of accessing health services by an important sector of the non-EU population².

SAPPIR was established in 1994 and set out to provide mental health assistance to undocumented immigrants, asylum-seekers and refugees in Barcelona. The centre is a specialised service inside a wider group, the Health Assistant Service for Immigrants and Refugees (GASIR). The GASIR was established to help the health problems that these groups have. The GASIR was founded in 1990 by a cross-disciplinary team that comprises doctors, psychiatrists, psychologists and anthropologists. Among its objectives were the

¹ The service has working towards a complete integration since its origin, and the process is nearly finished. Effects of this non-completed integration into the mainstream health care provision are, for example, the fact that the doctor cannot prescribe medicines whose prescription is subsidised by the Social Security, even though this will be possible soon.

² Before the implementation of the 4/2000 Immigration Law which universalised the right to health assistance, undocumented immigrants were assisted only by NGOs and Charities. Nowadays, problems of access to the Public Health System still exist (see pp. 54-55).

development specific psycho-social and mental health programs for immigrants.

SAPPIR was established with the objective of setting up a free assistance service specialised in psycho-pathological and psycho-social assistance for immigrants and refugees. The centre is situated in Hospital Sant Pere i Claver Foundation, near the city centre. It receives funding from the Servei Català de la Salut and the City Council annually. This private hospital, which is a pioneer in working with immigrants, generously provides its infrastructure - reception, rooms, administration personnel and technological equipment -. SAPPIR is linked to the Association for the Study of the World Refugee Problem (AWR) located in Rome.

The centre comprises a multicultural team formed by a head psychiatrist - member of GASIR -, a child psychiatrist, two psychologists - one of whom carries out art therapy sessions, a cross-cultural mediator and interpreter, a sociologist and an administrator. Most of the staff are volunteers so that we can say the volunteers play an important role in the functioning of the service. Members of staff carry out periodical meetings in order to share their expertise and to discuss aspects of the day to day running of the centre. The team carries out different activities according to the following realms:

- The Bi-cultural team. Psycho-pathological and psycho-social assistance (first visits, treatment, psycho-social evaluation and art therapy)
- Administration
- Promotion and training
- Research

Other elements of the project include the elaboration of a standard intercultural psychiatry questionnaire on behalf of the head psychiatrist. This questionnaire is currently in progress, and the objective is to obtain a standard questionnaire that could be used by any psychiatrist treating patients from a different culture.

The objectives of SAPPIR are:

- Independent of the patient's clinical and social situation, psychological and social attention will be given.
- Psychological attention is provided from a psychological and psychiatric intercultural perspective.
- To offer training to other professionals
- The promotion and diffusion of their work to other institutions that work with migrants
- To achieve external recognition based on the high level of quality offered

Project users

- ❑ Immigrants suffering from problems deriving from adaptation to their new environment, independent of their legal situation.
- ❑ Asylum-seekers and refugees. GASIR signed a covenant in 1998 with Red Cross Barcelona, by which SAPPPIR assumes responsibility for the psycho-pathological and psycho-social attention given to asylum-seekers and refugees in Catalonia.

Clients are referred mainly from immigrant associations, Red Cross, Social Services and other health services.

The Bi-Cultural team

The staff consists of two bi-cultural psychiatrists, one of them being the team leader, who has responsibility for 2 bi-cultural support workers, both of whom are clinical psychologists. The availability of the service is two days per week by appointment.

Languages available are Spanish, English, Arab, Berber, German and Russian.

The work consists of:

⇒ **First visits.** The first visit is carried out in two parts, first with the psychiatrist and then with one of the psychologists, and focuses on assessing patient need. Firstly, the psychiatrist gathers information mainly about symptoms, stressors and the grade of resilience. Other data collected in the clinical record is: name, age and age that the patient looks, sex, civil state, country of origin (specifying rural or urban area), time of residence in Spain, previous migrations, labour situation before and after migration, legal situation, housing conditions, level of education, languages spoken, religion and grade of practice, migration characteristics (reasons, projects, if (s)he came alone, family relations, children, if any relative has died since they arrived, etc.), dreams of returning to their homeland, number of persons they can count on if they find themselves in a difficult situation and existence of an alternative system of beliefs. This data will be collected throughout different visits. The patient is asked to explain what they think are the causes of their mental disorder.

During a second stage, the psychologist tries to gather complementary information through the conducting of an interview based on the questionnaire of the "*seven grievances of migration*"³. This questionnaire has

³ See pp. 42 for further information about the *seven grieves*.

been drawn up by a psychiatrist who states that the patient will get better sooner if information is abundant and reliable.

- ⇒ **Treatment**. It consists in the application of the treatment according to *Pla d'Atenció i Seguiment* (Attention and follow up Plan). The cross-disciplinary team are experts in diverse psychological and psychiatric treatments and techniques such as psychoanalytical psychotherapy, systemic, cognitive and psychopharmacological, among others. Their methods are based on an eclectic approach.

Generally, SAPPIR offers a psychotherapeutic treatment that tries to relieve superficial symptoms, provides medication for anxiety or acute depressions and develops a psycho-dynamic therapy with the objective of re-organising the relational and social life of the person in the reception country.

The treatment of PTSD is done through psychopharmacological treatment combined with a psychotherapeutic cognitive-dynamic intervention.

- ⇒ **Art therapy**. SAPPIR is the only centre at the moment which offers free of charge this type of therapy for immigrants in Spain. The University of Barcelona has pioneered in Spain the offering of a Master in Art Therapy since 1999 and Madrid University has followed its steps offering this degree since 2001.

Art therapy has the advantage that patients do not need to speak the language of the recipient country. Although from art creation we could arrive at a verbal process, art plays down the importance of the verbal part of communication and provides an alternative model of treatment.

The art therapist in the centre is a foreigner, and has been trained in multicultural psychology. One-hour sessions take place in a classroom made available by the Secondary School right next to the hospital.

The results achieved so far are positive, even though only a very small minority of patients agree to participate on these sessions.

According to the psychiatrist, "art therapy helps in the collection of information about the patient, and the success of the intervention depends to a great extent on the quality and quantity of the information collected".

Administration

The tasks of the secretary are those of reception, arrangement of visits and management of the postgraduate course offered by the University of Barcelona, which is given at the centre.

Promotion and Training

Promotion

Members of staff have given briefings to the media - TV and radio - on the work of SAPPIR. The team leader has published various articles in national newspapers - e.g. *El País* - , medical magazines, and has also participated in the SOS Racismo 2001 Annual Report, with the objective of raising public awareness towards the situation of immigrants.

Moreover, he has just published a book titled "Depression in immigrants. An intercultural perspective".

Training

Training is given in the form of a postgraduate course in "*Mental health and psychological interventions with immigrants, refugees and minorities*" run by the psychiatrist, who is a university professor.

The course is given by the University of Barcelona, in collaboration with Sant Pere i Claver Hospital, where some of the normal classes are given, and where those of a practical nature take place.

The course centres on the study of the prevalence of mental health disorders in immigrants. Experts from different backgrounds - psychologists, psychiatrists, sociologists, anthropologists and journalists among others - are invited throughout the academic year to give lectures about the subject on which the students are working. The course is addressed mainly to psychiatrists, psychologists, G.P's, nurses, social workers, sociologists and other professionals working with migrants.

Apart from this, the team leader has given some talks for health professionals working in Primary Care Centres in Barcelona. These talks have been financed by pharmaceutical firms.

Research

Records exist and are kept up to date. The sociologist, trained in multicultural psychology, is in charge of the data for the elaboration of the Annual Report. The data collected in the questionnaires has three parts:

- ❑ Socio-demographic data: sex, age, country of origin, civil state, education level, legal situation, year of arrival in Spain, etc.
- ❑ Data concerning the migratory process: reasons for migration, situation in the recipient country, expected activities, etc.
- ❑ Clinical record: child history, personal record (previous psychological problems, personality type etc).

Through the use of a computerised SP/SS database, research is carried out and reported on every year.

During 2001, SAPPPIR attended patients of 26 nationalities. Most of them were Moroccan (38.2%) followed by Ecuadorians (11.8%) and Pakistanis (5.3%). The majority were men (53.9%), aged between 19 and 30, who had gone to secondary school and who didn't have a job.

Most of these patients presented a combination of symptoms related to depression and anxiety, together with some psychosomatic symptoms, ranging from migraine and sleep disorders as the most common, to abdominal, joint and chest pain. Also, SAPPPIR treated cases in which stress caused sexual dysfunction, the most common problems being impotence and premature ejaculation.

Future projects aim to enlarge the service through the establishment of a social attention service - incorporating a social worker in the team -, and to carry out further and deeper research about what its director has called "*Ulysses syndrome*" - using the service database that contains more than 170 cases - with other European partners.

EXIL SPAIN. Programme of rehabilitation: medical-psycho-social for immigrant victims of human rights violations and torture

Introduction

The EXIL centre was established in 2000 in Barcelona and is a program of medico-psycho-social rehabilitation for immigrants who are victims of human rights violations and torture. It receives funding from the United Nations centre for Victims of Torture, from the EXIL centre based in Belgium and other institutions. It doesn't receive Government funding, apart from a small grant from Barcelona City Council.

The centre's activities and services will be enlarged when funding increases. One of the workers explained that to get higher funding it is necessary to offer guarantees that the centre is working with success. During the first two years of existence, they have dedicated all their efforts to the task of promotion and contact with other organisations in order to set up a co-ordinated network to provide a widespread and better service.

The first EXIL centre was founded in Belgium in 1976 by refugees who came from Latin America and had been victims of organised violence in their countries of origin. The director of the centre is a Chilean exiled in Belgium during the Pinochet dictatorship. In this country he administered psycho-social support for victims of torture and persecution. Later on he became specialised in the treatment of victims of organised violence - for political, religious or ethnical causes - and intra-familial violence - like sexual abuse, sexual mistreatment, child violence, etc. - .

Barcelona, was the chosen city to establish the Spanish EXIL centre for three main reasons, the favourable geographical situation, closest to other European countries - the director keeps regular contact with other organisations across Europe and, of course, with Belgium -, the high density of immigrant population living in the city and, finally, the higher sensibility concerning public health issues and the strong network of associations in relation with this field in comparison with the other regions he visited.

The project is made up of three services: psychotherapeutic, psychiatric and social. Its opening hours are from 10.00 a.m. to 17.00 p.m. and the assistance offered is free. Unlike the rest of services visited, EXIL counts with the availability of an adequate space for treatment. The centre is based in an ample flat, bright and quiet, divided into different rooms, one of which is conditioned for children.

Project users

- Immigrant's victims of human rights violations or torture. Even though, other immigrants are attended if they ask for assistance.
- Specialist treatment for women and children who are victims of torture

Clients are referred mainly from ACSAR-CEAR, Cáritas, Médicos Sin Fronteras, and Resident Associations that know of its existence due to the promotion campaign that Exil has carried out during its first two years of existence.

The Bi-Cultural team

The Bi-Cultural team is made up of a psychiatrist, a psychologist and a social worker as regular staff. They are all clinically trained in multicultural psychiatry and psychology and work full time. One should point out that all members of staff have been living in different countries for a considerable period of time, something that will surely have a positive effect on their work. Moreover, there is voluntary staff working part time, mainly psychologists, whose number varies depending on availability.

Languages spoken are English, French and Spanish. According to centre's experience, most patients speak one of these languages, even though in case of necessity they can ask for translators from other associations.

The centre's assistance focuses on an integral systematic approach in accordance with a medical-psycho-social model. The bio-psycho-social approach means an intervention which takes into account at the same time biological (heredity, neuro-endocrine disorders, biological susceptibility...), psychological (personality structure, the capacity to face life, ways of relating to others...) and social (influence of the environment that surrounds us, family, work and economic pressures...) factors. Mental or physical pathology is not perceived as something separate to a person's situation. According to EXIL's director's words, "We try to offer victims of torture rehabilitation through a process of medical-psycho-social support that it is done according to a type which relates to integration in the community, that means, putting those persons in contact with other survivors and supportive persons who will support them and help them rediscover their trust in humanity."

During the first visit the principle objective is to identify the person's basic necessities. The social worker is in charge of assessing needs and acts as a key worker in assisting refugees to access those services that will allow them to maximise their potential. His main tasks are those of accompaniment and orientation.

The centre has developed specific programs to cure the consequences of war trauma, organised violence and torture. Currently, there exist three different programs:

- Children-Families' program: is a program of medical-psycho-social support destined to support the "*parent role*" of families in exile. Work is done through individual and group support for children and families, and through a network with other members.
- Adolescent's program: is addressed to unaccompanied minors. It is integrated into a network of social workers that are in contact with adolescents. Activities are based on a personal and group approach.
- Women's program: is a medical-psycho-social accompaniment program for women victims of organised and gender violence. Work is carried out through individual and group support.

Moreover, the centre organises periodically some *discussion groups* with patients. However, the aim of these groups is completely therapeutic, in the sense that they are not set up only as a way of collecting qualitative information from patients, but to put them in contact with each other. While members of the team act only as mediators, patients get in contact with each other with the objective of helping each other in their therapeutic process and to rediscover their trust in humanity. This is what the centre calls "the therapeutic content of solidarity".

Promotion and training

Promotion has been scarce due to the short life of the service. Even though, one of the workers has been invited to a local radio station to speak about EXIL, in order to tell specifically what the program is about and what service they are offering.

The director, a specialist in child violence, has written books related to this field and has participated in various conferences on Child Protection - e.g. the last European conferences on Child Protection organised by the Diputación de San Sebastián.

Training, during the first two years of existence, has been given in the form of the organisation of two conferences on the consequences of torture, to which professionals/experts of different countries were invited.

The EXIL team remarks that training in this field has a strong demand. Recently, they were asked to participate in a seminar organised by two Algerian associations dedicated to victims of torture in Algeria.

Evaluation and Research

On a therapeutic level, evaluation of the service is given through team meetings where demands are assessed and suggestions made about the most humanitarian way of dealing with the problems which arise.

The director carries out the centre's general evaluation, but research is still not among the centre's main priorities.



Introduction

Red Cross established the psychological assistance service for asylum seekers and refugees in March 2000, in different cities such as Madrid, Barcelona, Córdoba and Valencia. Lately, other cities are incorporating this type of service - Alicante, Torrelavega, etc... - with the aim of implanting it across the country.

The IMSERSO (*Instituto para las Migraciones y Servicios Sociales*, Ministry of Labour and Social Affairs) has examined this psychological assistance service for asylum seekers and refugees as part of the global assistance program for this population at a state level.

Project users

- The project was conceived as being primarily for asylum seekers and refugees and a majority of users is from this population. However, if an immigrant (with or without documents) requires this service, (s)he will also be assisted.

Bi-Cultural Team

The Bi-Cultural team is made up of five social workers, one pedagogue, one lawyer and one psychologist. They work in co-ordination with an administrator and the director of the service.

The service aims to offer psychological support and psychotherapeutic intervention when necessary. They work on an interdisciplinary basis with the main objective of providing an integrated service. Their work includes evaluation, diagnosis and trauma intervention. It also includes the provision of psychological support throughout the asylum process, which is long and arduous and has different potential points of crisis every time the applicant receives a response.

Another important feature of the work is preventative mental health services. Adaptation to the new country, cultural difference, loss of references and the complication of the asylum process could lead to the emergence of psychological problems. Therefore, preventative strategies and the early detection of first symptoms will facilitate possible intervention.

Red Cross's psychological assistance service for asylum seekers and refugees consists of the following programs:

- ❑ Psychological assistance to adult asylum seekers and refugees
- ❑ Psychological assistance to asylum seekers and refugee's children
- ❑ Family therapy and couple therapy
- ❑ Psychological assistance to women asylum seekers

Promotion and training

The work is presented in diverse scientific forums concerning psychology and social work. The service has often been requested to give training on social services and health realms. This is also an opportunity to make their work known.

The team is constantly being trained in different aspects of their work: psychology, anthropology, etc. The psychologist, owing to the specificity of the subject, has trained most translators working in psychological intervention.

Evaluation and Research

Concerning assessment of the service, the co-ordinator carries out a half-yearly evaluation of the work done. This is achieved using different instruments and approaches:

- ❑ Evaluation of clients' satisfaction about the attention received at the service
- ❑ Evaluation on satisfaction about the work done and work conditions
- ❑ Other professionals assessment about their work

A report explaining the work carried out in the centre throughout the year, is produced annually. This report is addressed to the IMSERSO.

In 2001 and 2003 a quantitative analysis of the work done was carried out. Data results have been presented in different forums but have never been published, to date.