

BEYOND VICTIMHOOD AND STIGMATIZATION

Trauma, Ruptured Memories and Agency
in the Context of Global MigrationrefuKey: Need adapted treatment for
traumatized refugees in a stepped care
setting

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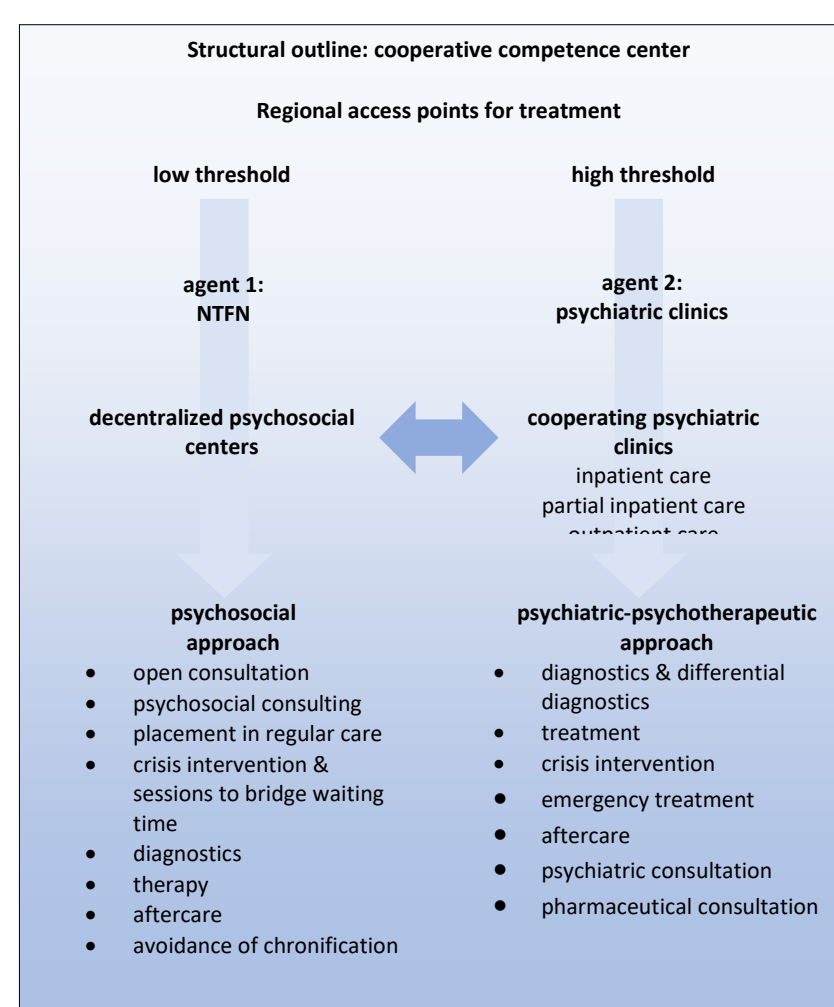
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Introduction

The project *refuKey* aims at improving standard mental health care for refugees. It is a cooperation between the Network for Traumatized Refugees in Lower Saxony (NTFN e.V.) and the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology (DGPPN e.V.). It is funded and initiated by the ministry of social affairs of Lower Saxony. Within a novel approach existing support structures provided by the NTFN e.V. were expanded by establishing *psychosocial counselling centers* for refugees (PCCs). PCCs and local psychiatric clinics form *cooperative competence centers* that merge expertise in the fields of psychotherapy, psychology, social pedagogy, and psychosomatic medicine. The project provides staff to bridge the gap between the institutions and transmit and solidify knowledge about transcultural sensitivity in treatment. Low- and high-threshold mental health care services interconnect more efficiently and help to overcome access barriers for patients. Effectiveness is assessed by an evaluation study accompanying the project.

Theoretical background

Refugees have been identified as a particularly vulnerable population with increased psychiatric morbidity¹. Access to adequate treatment poses more challenging for them for a plethora of reasons (Giacco et al., 2018; Schröder et al., 2018). PCCs offer extensive experience in dealing with these problems and are specialized in psychosocial and psychotherapeutic support of refugees. Nevertheless, incorporating psychiatric professionals is obligatory. Procedural losses happen most commonly at this institutional intersection. Transitions between facilities occur only sporadically or in cases of acute emergency. Therefore, different methodological perspectives and specific knowledge cannot interconnect synergistically. Clinics often lack the resources to meet the psychosocial needs of refugees. As a result, declining treatment quality creates high strain and frustration for both personnel and patients.



Methods

The evaluation study is comprised of 4 longitudinal sub studies: (1) A survey to determine parameters surrounding the treatment of refugees in psychiatric clinics and PCCs all across Lower Saxony, (2) A survey of personnel from participating as well as project external clinics to determine the extent of the burden and general perception of the work with refugees, (3) An expert survey on common problems occurring within the psychiatric, psychotherapeutic and psychosocial treatment of refugees as well as the anticipated potentials of the project, (4) primary data collection from patients treated within the project and a control group from a non-participating clinic assess changes in mental health burden before and after treatment. The measures applied in the sub-studies are standardized "state-of-the-art" scales, additionally, expert focus group discussions take place in the middle and end of the project.

Empirical Findings (1st refuKey cohort)

According to expert opinion (n=14) bureaucratic workload, language barriers, insecure legal status and limited personnel resources represent the main impediments to the quality of mental health care for refugees. Qualified interpreters, knowledge of asylum law, reduction of structural access barriers and residence permit have been named as specific needs in the context of refugee care. Two thirds of the refugee patients participating in the 4th sub-study (n=100) rated the severity of their mental health burden as strong or extreme. The pre-post comparison (n=28) revealed significant improvement (medium to large effect sizes) in levels of general well-being (WEMWBS), depression & anxiety (HSCL-25), psychoticism and somatization (SCL-90), and traumatization (HTQ) after treatment within refuKey. Significant high correlations were found between post-migration living difficulties and every mental health parameter assessed, suggesting a strong link between post-migration factors (PMLD-S) and mental health (Trilesnik et al., 2019). The findings of the 2nd and 3rd cohort are not published yet. However, the preliminary results of the 2nd so far correspond with those of the 1st cohort, in the 3rd cohort levels of depression and anxiety seem to increase despite treatment, which may be related to the COVID-19 pandemic.

Conclusion

- Standard psychiatric care in Germany is not sufficiently adapted to the needs of traumatized refugees.
- PCCs provide specialty care for this population, but do not receive the same structural funding as institutionalized mental health care.
- Better networking can improve the treatment of traumatized refugees.

Research Questions

- What is the status quo of routine mental health care regarding refugees (number of refugee patients, diagnoses, use of interpreters, re-hospitalisation rates, etc.)?
- Does refuKey improve mental health care for refugees in comparison to a group treated in a non-participating clinic?
- Does refuKey improve the stress and strain of personnel in the context of refugee care?
- What are common problems occurring in mental health care for refugees according to experts?
- How do experts in mental health care rate the effectiveness of refuKeys' elements and the project as a whole?

Bio

Daniela Finkelstein holds a Masters' degree in Marriage and Family Therapy. She is trained in the TRIMB-method for trauma coping and a certified supervisor and supervision trainer. She heads the PCC Göttingen and is part of the evaluation team.

Dr. Maria Belz works as a psychological psychotherapist at the PCC Göttingen. She has extensive clinical experience in treating refugees, a topic she dedicated her doctoral thesis to.

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