Training on migrant Health in a migrant world

Ana Requena-Méndez
• Migration to Europe
• What do health professionals really face in the daily practice?
• Historical perception of migration
• Do we need training on migrant health?
• What training strategies in migrant health do we have?
• Improved digitalized skills to address migrant health: experience in Spain - The role of primary care in migrant health
What is the current situation for migrants arriving to Europe?
Increased migration flows between the North and South Mediterranean
How is the trip through the migration route?

The majority make the journey under very difficult physical and dangerous conditions.

They travel for days, crowded into the back of pickup trucks crossing the desert, without stopping to sleep or eat and with little water.

Sometimes they have to walk to avoid police checkpoints. According to various testimonies, men, women and children have died due to the difficult conditions of the journey or the violence they encountered along the way.

Women are particularly vulnerable, as they face the risk of also being victims of sexual violence.

My journey through more than 5 countries, took me more than 8 years.

I started travelling when I was 12 years old.

I have no family. My brother died on the sea...

No expectations of my future...

Testimony from patients attended at Hospital Clínico
Are health professionals really ready for that?
The hordes of illegal immigrant minors entering the U.S. are bringing serious diseases including swine flu, dengue fever, possibly Ebola virus and tuberculosis — that present a danger to the American public as well as the Border Patrol agents forced to care for the kids, according to a U.S. Congressman who is also a medical doctor. This has created a severe and dangerous crisis.
Global Health and population mobility

It is the population mobility and not the immigration is the major driver behind many global disease challenges, particularly infectious diseases: SARS, H1N1, TB (XDR), malaria, Ebola, Zika, HIV/AIDS...

Source: Travel Tips and Tricks
Exploring barriers to primary care for migrants in Greece in times of austerity: Perspectives of service providers

Maria Papadaki\textsuperscript{a,b}, Christos Lionis\textsuperscript{a}, Aristoula Saridaki\textsuperscript{a}, Christopher Dowrick\textsuperscript{c}, Tomas de Brún\textsuperscript{d}, Mary O’Reilly-de Brún\textsuperscript{d}, Catherine A O’Donnell\textsuperscript{e}, Nicola Burns\textsuperscript{e,f}, Evelyn van Weel-Baumgarten\textsuperscript{g}, Maria van den Muijsenbergh\textsuperscript{g,h}, Wolfgang Spiegel\textsuperscript{i} and Anne MacFarlane\textsuperscript{j}

KEY MESSAGES

- Discriminatory attitudes and other provider and system-related barriers are evident in the provision of primary healthcare to migrants in Greece.
- Providers feel unable to fulfil their role efficiently under limited system support and contribution to decision making.
- Training and guidelines promoting cultural competence are necessary in the Greek primary healthcare.
Need to develop ‘migrant-sensitive healthcare systems’ has been raised as a key issue by global organizations.

Need of training on migrant health issues.
Facilitators for successful care

Motivation and interest
- Need to really want to engage with migrant patients!
- Expertise in the practice, for example, in working with asylum seekers
- Some practitioners are motivated by their own experience of migration
- Spending time getting to know patients/making them feel welcome

Taking time
- Understanding that taking time at the beginning will avoid problems later
- Taking time establishing medical history after registration
- Need to build trust around mental health/sensitive areas
- Successful consultations with an interpreter take a lot longer
- Establishing new migrant health check where more time is available

Overcoming language barriers
- Members of staff with the same language or cultural background can be helpful but this can impact on workload and practitioner–patient dynamics
- Team-based approaches taken by practice to make best use of members of staff with language competencies
- Continuous relationship with trusted interpreter
- Use of bridging people—community health champions, link workers
- Strategies to check understanding and picking up misunderstandings, for example, on next consultation
Figure 1. WHA Resolution on Migrant Health, Selected Action Points

**Monitoring migrant health**
- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

**Policy-legal frameworks**
- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

**Migrant sensitive health systems**
- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

**Partnerships, networks and multi-country frameworks**
- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network

Migration health, as a new interdisciplinary field of health sciences, requires a new type of health professional.
Training experience in migrant health
The ISIR (Immigration and Health Network) started in 2007 as a tool which enables communication and exchange between people interested in improving health care for the migrant population.
The main aim of this review is to identify, select and assess existing good quality training programmes, which address the particular issues related to improving access and quality of health care delivery for migrants and ethnic minorities.

Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma MEM-TP

**TRAINING MATERIALS DEVELOPMENT: REVIEW OF EXISTING TRAINING MATERIALS WORK PACKAGE 2**

Prepared by:
AUSL of Reggio Emilia: Antonio Chiarenza, Lidia Horvat, Anna Ciannameo,
Gianluca Vaccaro
Academic Medical centre - University of Amsterdam: Katja Lanting, Adeed Bodewes, Jeanine Suurmond

https://www.mem-tp.org/

Courtesy of Ainhoa Ruiz (EASP)
Additional Module 2: Specific Health Concerns
Unit 3: Mental Health

1. Objectives and Methods

<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Activities</th>
<th>Sources</th>
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<tbody>
<tr>
<td>5 minutes</td>
<td>Explain the objectives of the Unit</td>
<td>Explanation of the objectives</td>
<td>Projector, laptop, screen.</td>
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| 10 minutes | • To explain the general patterns of mental health problems in migrant and ethnic minority populations, among them the Roma.  
  • To inform about the epidemiology of mental health problems in migrants and ethnic minorities, among them the Roma, in Europe and how EU institutions could address these problems. | Presentation “Mental Health” and questions | Projector, laptop, screen. |

2. Presentation

Slide 1: Title page

Slide 2: The European Union (EU)’s Green Paper on mental health¹ and the 2010 World Health Organization–International Organization for Migration report on the health of migrants² both recognize migrants as a group particularly at risk of mental disorders in Europe, and one to prioritize in terms of responses. Given the variety of migrant populations, the mixed evidence, and the diversity of mental health systems in Europe, this presentation reviews the current state of knowledge on mental health of refugees and asylum-seekers only. Refugees and asylum-seekers, together with undocumented migrants, are considered to be particularly at risk, due to past and current predicaments³.

Slide 3: However, migration itself is not considered to be a cause of mental illness, but a stressful event. Thus, the migration process has been explained in terms of a model composed of seven losses: friends and family, language, culture, homeland, loss of status, loss of contact with the ethnic group, and exposure to physical risks. When this process becomes a mental health problem we talk about migratory grief⁴.

Slide 4: It is important to collect all the factors involved in migration grief in a medical record⁴.

<table>
<thead>
<tr>
<th>Medical records Items to be covered with migrants⁴</th>
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<tbody>
<tr>
<td>Pre-migration Reasons (e.g., student, economic, political) Preparation Group or singly Degree of control over migration</td>
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<tr>
<td>Migration How long ago? Why? Age on arrival? Possible return or permanent? Asylum status? Previous experiences</td>
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<tr>
<td>Post-migration Aspiration/achievement Acculturation and adjustment Attitudes towards new culture Attitudes of the new culture Support networks available/accessible</td>
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<tr>
<td>Interviewer Own values, prejudices Being aware of strengths of one’s own culture and its weaknesses</td>
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Slide 5: Migratory grief fulfills the following characteristics: it is partial and recurring. It is linked to deep-rooted infantile aspects and multiple. It causes a change of identity and psychological regression and develop several phases. Different defenses and cognitive strategies are used during its development. It is accompanied by ambivalence. Indigenous people suffer grief and those and those remaining in the country of origin also grieve. The return of migrants is a new migration. The grief is transgenerational⁵.

Slide 6: Friedli⁶ says that “Levels of mental distress among communities need to be understood less in terms of individual health problem and more

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¹Barrett, M.G., Bernal, M. & Hardoy, M.C. Migration and mental health in Europe (the state of the

Courtesy of Ainhoa Ruiz (EASP)
Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 2. SPECIFIC HEALTH CONCERNS
Unit 3: Mental Health

Elaborated by:
Mª Victoria López Ruiz, 2015

Courtesy of Ainhoa Ruiz (EASP)
Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma MEM-TP

MODULE 1. SENSITIVITY AND AWARENESS OF CULTURAL AND OTHER FORMS OF DIVERSITY
Unit 2. INTERCULTURAL COMPETENCE AND SENSITIVITY TO DIVERSITY GUIDELINES

Prepared by:
Ainhoa Ruiz and Amets Suess
Andalusian School of Public Health

Courtesy of Ainhoa Ruiz (EASP)
Co-funded by the Health Programme of the European Union

Supporting Health Coordination, Assessments, Planning, Access to Health Care and Capacity Building in Member States under Particular Migratory Pressure

SH-CAPAC

Methods and content

- Training needs identification
- Definition of training strategy
- Development of training materials
- Workshops on implementation and adaptation
- Online training course development (Pilot)
- Online training course evaluation
- Recommendations to adaptation of training materials to national/regional/local contexts

Courtesy of Ainhoa Ruiz (EASP)
Online course

> 30 hours course to pilot the training contents and pedagogical approach.

> 3 targeted groups
  Health managers (15 units)
  Health professionals (18 units)
  Administrative staff (12 units)

> Moodle virtual learning environment.

> October to November 2016

Adaptation to local contexts

> Most of contents were evaluated with high ratings of adaptation to local contexts.

> Similar opinions between profiles.

http://www.sh-capac.org/
Introduced training and research in migration health as a new priority field.

DEVELOPING TRAINING IN MIGRATION HEALTH: UNIVERSITY OF PÉCS MEDICAL SCHOOL

Istvan Szilard, Erika Marek, Zoltan Katz
Department of Operational Medicine, University of Pécs Medical School, Hungary

BOX 2. MSC IN MIGRANT HEALTH TRAINING PROGRAMME OF THE CHANCE CONSORTIUM

The six-semester, 120 ECTSC (European Credit Transfer and Accumulation System) value course is built around six training modules:

- Module 1: epidemiology and research methodology;
- Module 2: environmental medicine and occupational health;
- Module 3: economic/health economic impact of migration;
- Module 4: organization and systems management;
- Module 5: clinical and public health assessment;
- Module 6: social and behavioural aspects of migration, including multicultural and multireligious aspects and their health/mental health impact.

BOX 1. ONGOING HEALTH-RELATED TRAINING AND EDUCATION PROGRAMMES FOR MIGRANTS AND ETHNIC MINORITIES

Undergraduate medical training

A. Regular/compulsory subjects
- Migration health aspects in family medicine
- Migration health aspects in occupational health

B. Optional programmes
- Health aspects of humanitarian assistance
- Migration health and travel medicine
- Special aspects in health assistance of Roma and ethnic minority communities
- New migration health challenges in the EU health-care system

Postgraduate programmes for medical and health-care professionals
- Cultural competence in medical and health assistance training and practice
Health Observatory in the Mediterranean region

An initiative from ISGlobal and the Ministry of Health of Morocco

Funded by the Spanish Agency of International Cooperacion (AECID)
Mediterranean Health Observatory (MHO)

- This observatory is aimed to improve the knowledge, the analysis and research on challenges of Global Health in the Mediterranean region.

- **Public health policies**
- **Access to health care**
- **Improve quality of life**

Common place / Interchange: Mediterranean countries

- NGOs
- Policy makers
- Private institutions
- Academics
- Researchers
- Multilateral institutions
- Civil society

- **Migrant Health**
- **Health System**
- **Maternal and reproductive health**
- **Environmental health**
- **Antibiotic resistance**

Global Health
STRATEGY OF THE MIGRANT HEALTH AREA

Developing a global strategy to enhance health care of migrants in transit or living in North-African countries

Objectives
- Identifying migrant health needs
- Defining effective intervention strategies
- Strengthening the capacities of all relevant actors

Framework
- Data collection and analysis: standardized and reproducible data categories
- Development of research projects
- Bilateral cooperation with national and international institutions
- Health policies that consider the particular health aspects of migrants
- Capacity building actions: Training courses

Vulnerable populations: Victims of trafficking and sexual violence, children and unaccompanied minors
WORKING-GROUP IN A THEMATIC AREA
Health professionals from different PCC

FOCAL POINT
OBJECTIVES

- To increase the sensitivity of migrant health and international health
- To improve the knowledge in imported diseases
- To promote the research related to international and migrant health within the working-group

Clinical practice

Research

Training
Clinical practice

To improve the communication between Primary care centres located in the “Health district” of our hospital and the International Health Department of Hospital Clínic

- Telephone number (what’s app) and –email address for questions
- Medical Reports of all referrals from primary care to the Hospital
- Future: Shared –Outpatient clinic for certain chronic disease. Model with HIV patients ongoing “Pilot study Chagas disease”
Training

To improve the knowledge and the awareness of imported diseases

Monthly sessions

Updating screening protocols

Co-organization of a symposium of International Health in primary care: Different aspects of International Health focused on primary care
Research

To promote the research related to international nad migrant health within the working-group

- Screening Hep B and Hep C with rapid test in primary care in Asiatic population
- PIs: Primary care physician and a specialist

CRIBMI
Objective: A pilot study to evaluate the feasibility of the implementation of a software that help primary care professional in the decision making process related to migrant health needs.
CRIBMI

- Passive tool -
- Recommendations based on 3 variables easily recorded by administrative staff in the informatic programme
- Recommendations adapted to the context of Primary care in Catalonia
- Introduction of mental health and female genital mutilation as migrant health needs

- 4 regions in Catalonia: Selection of 8 (Primary care centres) PCC
- Study to compare of PCCs in each area: Total migrant population (by area of origin)
- Selection of 2 PCCs in each region / Randomization of intervention and control

- Increasing the screening in migrants in the study period with improvement of their health results.
- Awareness of health primary care professionals about the migrant health needs
CRIBMI

Elaboration of recommendations

Intervention

Control

Training session of migrant health
Pop ups with recommendation

Data extraction after 1 year (1 year):
Key messages on training sessions

Risk: outbreak of ID because of the arrival of migrants is extremely low. Migrants do not pose a greater threat to public health than international travellers.

Screening strategies may be considered as measures to protect refugees' health and not because of “unfounded fears” that they might spread infectious diseases' or 'place a burden on the health systems: 'Their health is at risk, not the health of EU citizens'.

Chagas disease, strongyloidiasis and schistosomiasis are imported ID that should be recommended to screen in migrants coming from endemic areas.

Other infectious diseases should be also considered depending on the prevalence rate on the country of origin of the migrant.

These strategies should be implemented at primary care level.
Conclusions

Sensitize health professionals /civil society: Risk- outbreak of ID because of the arrival of migrants is extremely low. Migrants do not pose a greater threat to public health than international travellers.

Intercultural competence, mental health, health promotion, disease prevention and improving the management of chronic diseases including infectious diseases in migrants

There are Migrant Health training programmes.

The challenge is taking the training programmes to different settings and adapting them to the local context.
Thank you!

www.isglobal.org