

14.10.2020

## Recommendations for improving the mental health support system for refugees in Estonia

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### Background and introduction

This report outlines recommendations for improving the mental health support system for refugees in Estonia. The development of recommendations has been commissioned by the Estonian Refugee Council as part of a project supported by the US Embassy in Estonia.

The recommendations are drafted by Mads Ted Drud-Jensen, sociologist and senior advisor in the Danish Refugee Council, and Antti Klemettilä, psychologist and senior researcher at the Finnish Institute for Health and Welfare.

Prior to the development of these recommendations, the Estonian Refugee Council (ERC) has identified several challenges facing refugees' mental health support system in Estonia.

The core problems identified by ERC are:

- 1) language barriers
- 2) attitudes (on the sides of both refugees and service providers)
- 3) low performance of existing service providers.

These interlinked challenges are consistent with experiences from other European countries such as Denmark and Finland. At the same time, the Estonian context also in some ways differ from other European countries. The small number of refugees in Estonia has not generated any special services or been enough to develop the existing mental health services. Lack of English-speaking mental health professionals and lack of interpreters for many languages makes communicating mental health matters almost impossible and no doubt leads to misunderstandings, misdiagnoses, and human cost.

The present recommendations are based on Estonian and international literature as well as interviews with professionals who currently work with refugees in health and social services in Estonia. The interviews shed light on many challenges in the current infrastructure. It appears that issues related to mental health are neglected and that mental health services are generally not accessible to refugees.

This report outlines key findings and recommendations. For each theme, proposals are presented. The proposals are presented on two levels. *General proposals* are intended to policy and decision-makers for building a more efficient mental health care system in the future. However, we recognize that there is an urgent need for action as soon as possible. *Specific proposals* are intended for immediate use to support professionals working with refugees and for the betterment of refugees' mental health in Estonia.

The report also lists examples of relevant research and good practices for inspiration or immediate use. The examples of good practice have been selected with a view to their accessibility in English or other relevant languages – the authors can be contacted for more good practices from a Danish or Finnish context.

### Relevant EU policies

The European Commission Action Plan on the integration of third-country nationals

[https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/integration/action-plan-integration-third-country-nationals\\_en](https://ec.europa.eu/home-affairs/what-we-do/policies/legal-migration/integration/action-plan-integration-third-country-nationals_en)



## Relevant research

Priebe, S., Sandhu, S., Dias S., Gaddini, A., Greacen, T., Ioannidis, E., Kluge, U., Krasnik, A., Lamkaddem, M., Lorant, V., Puigpinós i Riera, R., Sarvary, A., Soares, J.J.F, Stankunas, M., Straßmayr, C., Wahlbeck, K., Welbel, M., & Bogic, M. (2011). **Good practice in health care for migrants: views and experiences of care professionals in 16 European countries.** *BMC Public Health*, 11:187. DOI:10.1186/1471-2458-11-187.

Sandhu, S., Bjerre, N. V., Dauvrin, M., Dias, S., Gaddini, A., Greacen, T., Ioannidis, E., Kluge, U., Jensen, N. K., Lamkaddem, M., Puigpinós i Riera, R., Kósa, Z., Wihlman, U., Stankunas, M., Straßmayr, C., Wahlbeck, K., Welbel, M., & Priebe, S. (2013). **Experiences with treating immigrants: a qualitative study in mental health services across 16 European countries.** *Social psychiatry and psychiatric epidemiology*, 48(1), 105–116. <https://doi.org/10.1007/s00127-012-0528-3>.

## Findings and recommendations

The themes and recommendations are presented in following order:

1. Uphold the principle of equal treatment
2. Enhancement of communication
3. Education about mental health (psychoeducation) for refugees
4. Education of service providers in cultural competence and equal treatment as well as holistic and multi-disciplinary approaches
5. Access to basic health services and support to General Practitioners
6. Tools for identifying and handling trauma and PTSD
7. Identification and treatment of torture victims
8. Care for the care providers
9. Increase coordination and multi-professional cooperation
10. Remember children and youth

### 1. Uphold the principle of equal treatment

An overall finding is that the principles of equal treatment – as stipulated in EU and national law – could be more thoroughly implemented in the provision of services. This would not only benefit refugees, but society at large.

It seems that refugees in Estonia do not experience equal treatment and equal access in relation to health and public services. This problem may be exacerbated by a general lack of understanding of the basic principles of equal treatment among service providers.

The Estonian Equal Treatment Act lists eight criteria for the purposes of unlawful discrimination. These include nationality (ethnic origin), race, colour, religion or other beliefs, age, disability, sexual orientation, and gender.

The principle of equal treatment entails that citizens should be met and treated differently taking into account their various backgrounds in order to gain equal access and benefit of services – and not be treated “the same” as some of our informants explained their practice.

Basically, equal treatment and non-discrimination is about handling and considering the diversity of the population when developing and providing public services, and it is about respecting differences. Hence, it is



both a question of effectiveness and efficiency of services, and it is a value judgment. This makes equal treatment a key issue regarding the provision of public services for refugees since the challenges observed relate to both a general lack of resources and the prevalence of negative stereotypes related to ethnicity and religion.

Upholding the principles of equal treatment would make public services more effective and benefit all citizens, including refugees. Research and experience show that services and organisations are more effective when working proactively with diversity and inclusion. And experience and business cases show that social investments typically pay off in the long run leading to vulnerable citizens being less dependent on social support and benefits and more able to contribute to society and gain active citizenship.

The following recommendations in this report address some of the challenges currently hindering equal treatment of refugees.

### Relevant policies

The Estonian Equal Treatment Act: <https://www.sm.ee/en/equal-treatment>

Charter of Fundamental Rights of the European Union: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT>

### Good practices

- Areas for intervention and guidance for policy- and decision-makers across all sectors:  
*Mental health promotion and mental health care in refugees and migrants*. Copenhagen: WHO Regional Office for Europe; 2018 (Technical guidance on refugee and migrant health). [https://www.euro.who.int/\\_data/assets/pdf\\_file/0004/386563/mental-health-eng.pdf](https://www.euro.who.int/_data/assets/pdf_file/0004/386563/mental-health-eng.pdf)

## 2. Enhancement of communication

### Problem: Language barriers

According to interviewees there are very limited interpretation services on many languages in Estonia (especially Arabic). This leads to use of friends, children and other relatives as interpreters and translators during meetings. This is particularly a problem when talking about sensitive mental health matters, and when using children as interpreters. Then the communication often becomes self-censored, and it can be harmful to the child to hear about their parent's depression, anxieties, or traumatic encounters. Additionally, it often imposes more responsibility onto the child, than he or she is ready to handle. Even when a professional interpreter is available, there are often issues related to trust and confidentiality, when the interpreter is from the same small community.

### General proposals

- **Making the use of a professional interpreters mandatory** especially in health services. This will lead to less misunderstandings, more effective treatment, and will increase the patient safety. Using more interpreters will lead to more job opportunities for rare language speakers.
- **Making the use of children as interpreters forbidden** in mental health settings, preferably also in relation to other social services. This practice is harmful to children's development.
- **Train more professional interpreters.** The training of professional interpreters should be regulated to ensure high standards. Obligation of confidentiality is very important in mental health services



and is the basis of trust to talk about sensitive and personal matters. Refugees should have absolute certainty that the interpreter will not talk about his or her matters to outsiders.

- **Free comprehensive Estonian language tuition** should be made available and mandatory for refugees.

### Specific proposals

- **Professional interpreters can be trained to act as “cultural mediators” or “community health workers”**. A cultural mediator serves as a link between a person and a service provider. S/he has knowledge of the values, beliefs and practices and can be useful of mediating cultural differences and facilitating intercultural communication. Cultural mediators should have a clearly defined role, training, and supervision.

Volunteers can also be trained to everyday counselling/interpretation and cultural mediation, also to participate in meetings with service providers.

- **Train social and health care employees on how to work with interpreters**. This will increase the use of interpreters in the future and lead to better quality of work.
- **Encourage the use of remote interpretations**, using phones or video with off-site professional interpreters. It is usually easier to find a remote interpreter than an on-site interpreter. When the professional can talk English, the interpreter can be even in another country. Professional interpreters can be acquired through an agency or hired on a freelance basis. It is often easier to talk about sensitive mental health issues to a total stranger than via an interpreter one knows.
- **Translation of mental health information** (see “psychoeducation” below).

### Good practices

- General guidance and practical considerations on working with an interpreter: <https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/working-with-the-assistance-of-an-interpreter>
- *The Neighbourhood Mothers* is a project in Denmark, where women with an ethnic minority background do a voluntary effort in their local area by supporting isolated and vulnerable women. The Neighbourhood Mothers listen, convey important information, and build bridges between the woman and the area in which she lives, which can help the woman further on. The help gives the women strength, so they can help themselves, their children and their family: <https://bydelsmor.dk/english>
- *DRC's Corps of Voluntary Assesors* provides refugees with the possibility to be accompanied by a voluntary assessor to meetings with authorities or service providers: [https://flygtning.dk/media/6009585/hjemmeside\\_engelsk.pdf](https://flygtning.dk/media/6009585/hjemmeside_engelsk.pdf)

### Relevant research

McGarry, O., Hannigan, A., De Almeida, M.M., Severoni, S., Puthoopparambil, S.J. & MacFarlane, A. (2018). **What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region?** Themed issues on migration and health, IX [Internet]. Copenhagen: WHO Regional Office for Europe; 2018. (Health Evidence Network Synthesis Report, No. 62.)

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0006/380229/who-hen-62.pdf](https://www.euro.who.int/_data/assets/pdf_file/0006/380229/who-hen-62.pdf)



### 3. Education about mental health (psychoeducation) for refugees

Problem: Attitudes of refugees, low awareness of mental health matters, stigma.

We observed a lack of mental health services for refugees. Service providers seem not to understand the needs of the refugees or know what to do with or where to refer them. Even more strikingly, because of language barriers service providers could not give out even basic information about health. Refugees should have access to information about mental health and have assets and resources to support their own psychosocial well-being. Providing refugees with adequate information can considerably reduce psychological distress.

#### General proposal

- **Information on entitlements should be provided to both the refugees and providers of mental health care.** Refugees often have no knowledge of what rights they have in relation to health services. Equally, service providers might lack the information about what services they should be able to provide to refugees by law.

#### Specific Proposal

- **Provide information about mental health to refugees.** Psychoeducative information should be provided in everyday language and avoid using clinical terms outside clinical settings. Labelling a person with a clinical term (such as “mental disorder”, “mental illness”, “traumatised”, or “PTSD”) is not always necessary, as it may increase misunderstanding, fear, and stigma. Discussing mental health in a way that increases normalization and validation is highly recommended (e.g. “it is normal to feel sad, when one has lost something important”).

Basic information about mental health should be readily available in refugees’ own language. Culturally sensitive information can be provided in a leaflet, video, or organized discussion in a group setting.

Community or group conversations and workshops are valuable when tackling mental health stigma. Likewise, refugees sharing their personal stories – e.g. on film – about mental health in exile and about coping strategies, getting help, and moving on can be a valuable resource and help break down taboos about mental health issues.

Material for refugees may also be useful as guidance and resources for health professionals in contact with refugees.

#### Good practices

##### Online information about when and where to seek help

- Example of how to provide information about when and where to find mental health support (in 12 languages): <https://www.infofinland.fi/en/living-in-finland/health/mental-health>

##### Materials for refugees with information and advice about mental health and support services

- Information about the meaning and improvement of mental health (in English, Finnish and Arabic): <https://www.omamieli.fi/en/>
- Information about aspects of mental health and different relaxation exercises (in Arabic, Dari, English, Finnish, Sorani, Russian, Persian, Somali, Sorani): <https://www.mielenterveysseurat.fi/turku/kielet/englanti-english/>



- Information about various mental health challenges (available in 24 languages): <https://www.rcpsych.ac.uk/mental-health/translations/>
- *Experiencing war and fleeing*, pamphlet by Danish Refugee Council (available in English, Arabic, Tigrinya, Dari, Somali): <https://drc.ngo/media/i4hb5zgy/at-opleve-krig-og-flugt-engelsk.pdf>
- *How to help a child with traumas*, pamphlet by Danish Refugee Council (available in English, Arabic, Tigrinya, Dari, Somali): [https://drc.ngo/media/du4nj3ja/folder-til-flygtningeforaeldre-saadan-hjaelper-du-et-barn-med-traumer\\_engelsk.pdf](https://drc.ngo/media/du4nj3ja/folder-til-flygtningeforaeldre-saadan-hjaelper-du-et-barn-med-traumer_engelsk.pdf)
- *Living with trauma* – a film by Danish Refugee Council where refugees tell about how they have coped with mental health challenges (available in Danish, Albanian, Arabic, Bosnian, Burmese, Farsi, French, Nepali, Somali): [http://traume.dk/fakta\\_litteratur](http://traume.dk/fakta_litteratur)

#### **MindSpring, a peer-driven psycho-social group programme for refugees, both adults, youth, and children**

- Information about *MindSpring* in English: <https://mindspring-grupper.dk/about-mindspring>

#### Relevant research

Giacco, D., Matanov, A., & Priebe, S. (2014). **Providing mental healthcare to immigrants: current challenges and new strategies**. *Current opinion in psychiatry*, 27(4), 282–288.

<https://doi.org/10.1097/YCO.000000000000065>

Im, H., Jettner, J. F., Warsame, A. H., Isse, M. M., Khoury, D., & Ross, A. I. (2018). **Trauma-Informed Psychoeducation for Somali Refugee Youth in Urban Kenya: Effects on PTSD and Psychosocial Outcomes**. *Journal of child & adolescent trauma*, 11(4), 431–441. <https://doi.org/10.1007/s40653-017-0200-x>

#### **4. Education of service providers in cultural competence and equal treatment as well as holistic and multi-disciplinary approaches**

Problem: Attitudes and low performance of existing service providers

We observed employees widely using negative stereotypes and prejudice related to notions of culture, nationality, or religion. Frustrations that come from service structures, lack of resources, poor communication or non-existent possibilities were blamed on refugees' culture, personality and/or religion. These negative attitudes translate into lack of cooperation and motivation to work with refugees. Working with refugees is considered difficult and time-consuming. Moreover, it is known from research that experienced discrimination has a negative impact on mental health.

#### General proposal

- Ideally, all the **professionals who work with refugees should have a good understanding of the principles of equal treatment, cultural competence and cultural sensitivity as well as the psycho-social challenges related to being in exile** (the differences and challenges encountered are not just about 'culture' even if they may be perceived as such). In addition, mental health workers should have a good working knowledge of cross-cultural psychology and cultural psychology. In the future, these important subjects should be included in the curricula of students of psychology, psychiatry, social work, doctors, and nurses. This should include an understanding of the importance of applying a holistic and multi-disciplinary approach when working with vulnerable citizens.



### Specific proposal

- **Provide training on cultural competence and cultural sensitivity** to all employees who encounter refugees. Cultural competence of the service provider produces several benefits for the organization, service users and community. Cultural competence increases mutual understanding, respect and health outcomes.

### Good practices

- Brief overview of cultural competence and cultural sensitivity: <https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/cultural-competence-and-cultural-sensitivity>
- Free web-based training package, which gives information about people with refugee background and how to promote their wellbeing (subtitled in Finnish, Swedish and English): <https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/paloma-training>

### Relevant research

Horvat, L., Horey, D., Romios, P., & Kis-Rigo, J. (2014). **Cultural competence education for health professionals**. The Cochrane database of systematic reviews, (5), CD009405. <https://doi.org/10.1002/14651858.CD009405.pub2>

Govere, L., & Govere, E. M. (2016). **How Effective is Cultural Competence Training of Healthcare Providers on Improving Patient Satisfaction of Minority Groups? A Systematic Review of Literature**. *Worldviews on evidence-based nursing*, 13(6), 402–410. <https://doi.org/10.1111/wvn.12176>

## 5. Access to basic health services and support to General Practitioners

### Problem: Low performance of existing service providers

It seems that refugees may face difficulties finding a GP, who is able – or willing – to take them in. This may be due to lack of resources or language competences on the clinics or due to negative attitudes towards refugees. Equal access to health care is a basic right and a prerequisite for supporting mental health.

Moreover, a GP-informant told that she was only in some cases able to refer refugees to specialised mental health support and only due personal contacts from previous workplaces.

### General proposal

- **All refugees should be assigned a GP**, who should not be allowed not to take them in. As there may be a need to obtain additional information about refugees, and since interpretation or handling of language barriers takes additional time, GP's should be compensated in terms of resources and time.

### Specific proposals

- **Material or information sites should be made available for GPs** (and other service providers) specifying where refugees can be referred to for mental health care.

### Relevant research

van Loenen, T., van den Muijsenbergh, M., Hofmeester, M., Dowrick, C., van Ginneken, N., Mechili, E. A., Angelaki, A., Ajdukovic, D., Bakic, H., Pavlic, D. R., Zelko, E., Hoffmann, K., Jirovsky, E., Mayrhuber, E. S., Dückers, M., Mooren, T., Gouweloos-Trines, J., Kolozsvári, L., Rurik, I., & Lionis, C. (2018). **Primary care for**





refugees and newly arrived migrants in Europe: a qualitative study on health needs, barriers and wishes. *European journal of public health*, 28(1), 82–87. <https://doi.org/10.1093/eurpub/ckx210>

## 6. Tools for identifying and handling trauma and PTSD

### Problem: Low performance of existing service providers

There seem to be very low attention to – and knowledge of – issues related to trauma and PTSD among service providers. It is important to be aware that not all refugees are traumatised or suffering from PTSD. But all refugees are profoundly shaken by the events that have fundamentally changed their life. Research in Denmark estimate that between one third and half of refugees are affected by trauma, and international studies estimate that 13-25 % of refugees living in ‘high-income-countries’ have PTSD. Some nationalities – such as Syrians – are estimated to be affected to an even higher degree.

If a person is affected by trauma, it is important to provide adequate support as early as possible to prevent the physical, psychological and social symptoms from worsening. Moreover, trauma may affect negatively on various aspects related to integration in the country of exile. It is important that service providers are sensitive towards possible trauma and has the tools to tackle them in a way that supports the empowerment of the individual refugee.

It is perfectly possible to practise effective counselling and psychotherapy with refugees, and via interpreter. According to research Cognitive behavioural therapy (CBT), Narrative Exposure Therapy (NET) and Eye Movement Desensitization and Reprocessing (EMDR) all help to reduce the symptoms of trauma and PTSD in refugees. However, the diversity of beliefs, cultures and people mean that professionals need to be culturally competent, sensitive and flexible. Counsellors and therapist should be able to adapt their usual working models and negotiate the best treatment option for each individual.

### General proposals

- **Establish a national focal point in the mental health system** with competences and knowledge related to trauma and PTSD that can serve as a reference point and resource for professionals.
- **Provide training on Narrative Exposure Therapy (NET)** for mental health professionals, and possibly for other relevant service providers. NET is evidence-based, manualised and relatively easy to learn.
- **Provide training about Cultural Formulation Interview (CFI)**. The CFI (part of DSM-5) is an interview protocol designed to be used by clinicians to gather information and assessing the cultural dimensions of illness. Studies show that clinicians receiving only one hour of training on the CFI improved their ability to work with patients from different cultural background.

### Specific proposals

- **Establish a network of mental health professionals** with interest in the field. An established network would enable building competences and sharing knowledge and experience. Moreover, the network would make it possible for service providers to get advice or refer refugees for professional mental health support.
- **Develop and distribute materials – handbooks, pamphlets, or online – with information about trauma and PTSD**, trauma symptoms and ways to engage with and support persons affected by trauma. Materials can be general and/or targeting specific professions such as health care workers, social workers, employment consultants, pedagogues, teachers, and volunteers.
- **Develop or disseminate tools for professionals and volunteers for the identification of trauma**, such as the Protect Questionnaire (see good practices below).





## Good practices

- World Health Organization: *Psychological first aid – Guide for field workers*. Handbook for providing basic psychological support for people in distress (available in 31 languages): [https://www.who.int/mental\\_health/publications/guide\\_field\\_workers/en/](https://www.who.int/mental_health/publications/guide_field_workers/en/)
- *Employment and traumatised refugees*. Report and website about effective employment initiatives for vulnerable and traumatised refugees based on comprehensive research and mapping of best practices in the Nordic Countries: <http://workandtrauma.org/>
- *Protect Questionnaire*, a free identification tool for professionals and volunteers available in several languages: <http://protect-able.eu/>
- 2015-2018 the Danish Agency for International Recruitment and Integration carried out a capacity building project to provide municipalities with tools to support refugees affected by trauma. The project tested the Protect Questionnaire in a Danish language version and trained professionals in the municipalities (primarily social workers, pedagogues, and employment consultants) in methods to support and accommodate the needs of refugees affected by trauma. One of the methods were Narrative Exposure Therapy, where professionals were trained in the approach by the Danish Refugee Council. Unfortunately, no project information is available in English.
- *Narrative Exposure Therapy*, a treatment for survivors of multiple and complex trauma: <https://www.vivo.org/en/narrative-expositionstherapie/>

## Relevant research

Ikram & Stronks (2016), **Preserving and Improving the Mental Health of Refugees and Asylum Seekers**. A literature Review for the Health Council of the Netherlands, Health Council of the Netherlands.

Thompson, C. T., Vidgen, A., & Roberts, N. P. (2018). **Psychological interventions for post-traumatic stress disorder in refugees and asylum seekers: A systematic review and meta-analysis**. *Clinical psychology review*, 63, 66–79. <https://doi.org/10.1016/j.cpr.2018.06.006>

Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F., Bird, M., Carswell, K., Churchill, R., Cuijpers, P., Hall, J., Hansen, L. J., Kösters, M., Lantta, T., Nosè, M., Ostuzzi, G., Sijbrandij, M., Tedeschi, F., Valimaki, M., Wancata, J., ... Barbui, C. (2019). **Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis**. *Epidemiology and psychiatric sciences*, 28(4), 376–388. <https://doi.org/10.1017/S2045796019000027>

## 7. Identification and treatment of torture victims

Problem: Low performance of service providers

Many with refugee background have experienced torture. For example, 33 % of the asylum seekers, who arrived in Finland in 2018, had encountered torture. These events can cause long-lasting physical, psychological and social pain and problems. Mental health has understandably suffered, and torture survivors often have symptoms of traumatic stress, depression and anxiety. Culturally sensitive cognitive psychotherapy and Narrative Exposure Therapy may reduce these symptoms, increase quality of life and help with social challenges. Multidisciplinary approaches are regularly used in torture rehabilitation centres around the world.

We did not observe any systematic attempt to screen or treat torture victims. International law obliges governments to investigate and document incidents of torture and to punish those responsible. The UN convention against torture also obliges countries to provide comprehensive rehabilitation for torture victims.



## Relevant policies

UN Committee Against Torture (CAT), General comment no. 3, 2012: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: implementation of article 14 by States parties, 13 December 2012. <https://www.refworld.org/docid/5437cc274.html>

## Specific proposal

- **Provide training** on identification and treatment of possible victims of torture for health professionals. Such a training can be coupled with identification and treatment of other severely traumatized patients.

## Good practice

- *The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (commonly known as the *Istanbul Protocol*) provides a set of guidelines for documentation of torture:
  - *Medical physical examination of alleged torture victims – A practical guide to the Istanbul Protocol for medical doctors*: <https://irct.org/publications/thematic-reports/57>
  - *Psychological evaluation of torture allegations – A practical guide to the Istanbul Protocol for psychologist*: <https://irct.org/publications/thematic-reports/59>

## Relevant research

Patel, N., Kellezi, B., & Williams, A. C. (2014). **Psychological, social and welfare interventions for psychological health and well-being of torture survivors**. *The Cochrane database of systematic reviews*, (11), CD009317. <https://doi.org/10.1002/14651858.CD009317.pub2>

## 8. Care for the care providers

Problem: Attitudes and low performance of existing service providers

Working with refugees is often very rewarding. However, it is widely acknowledged that working with for example survivors of trauma can have a negative impact on professionals. Especially working with issues of refugee mental health in a health care system without adequate treatment options can lead to the employee feeling insecure, helpless, and overwhelmed. The diverse need of refugees can produce stress and cause compassion fatigue, which in turn leads to distancing, avoidance, and prejudice.

## Specific proposals

- **Provide frequent supervision** for all the employees who encounter refugees.
- **Provide training** on compassion stress, compassion fatigue, vicarious traumatization, and coping strategies on intercultural difficulties for professionals. Such training could also be relevant for volunteers working with refugees.

## Good practice

- Information on compassion fatigue and a 15-minute video lecture with English subtitles: <https://thl.fi/en/web/migration-and-cultural-diversity/good-practices/compassion-fatigue-and-work-guidance>



## Relevant research

Guhan, R. & Liebling, H. (2011). **The Experiences of Staff Working with Refugees and Asylum Seekers in the United Kingdom: A Grounded Theory Exploration.** *Journal of Immigrant & Refugee Studies.* 9. 205-228. 10.1080/15562948.2011.592804.

Rothschild, B. & Rand, M. (2006). **Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma.** New York: W.W. Norton.

## 9. Increase coordination and multi-professional cooperation

### Problem: Low performance of service providers

The informants interviewed leave the impression that there is a general lack of coordination and multi-professional cooperation. This includes lack of exchange of information about the refugees, lack of knowledge of other services, and lack of coordination between various interventions.

Research show not only that refugees are at particular risk of facing mental health problems, but also that the mental health of refugees are closely linked to – and influenced by – various social and economic factors related to everyday life in the country of exile. Hence, holistic and multi-disciplinary approaches are key when working with prevention as well as treatment of mental health issues.

### General proposal

- **Integration- and mental health policies on state- as well as local level should ensure or encourage multi-disciplinary exchange, coordination, and collaboration** e.g. between health, social, employment, education, and children's services.

### Specific proposals

- **Conducting a stakeholder analysis** of the various service providers and actors in touch with refugees (adults as well as children) in order to develop and implement models and modalities for increased cooperation and coordination on policy- as well as case-level.
- **Award and disseminate good practice.** Collect information about good practices – such as the roundtable format used in the Municipality of Tartu. A way to disseminate knowledge about good practice and generate incentive to provide good services could be to establish a yearly award for best practice related to integration and support of refugees.

### Good practices

- Processual network meetings is a model for collaboration and coordination, where the refugee or the parents of the family meet with the professionals, who know the person/family (e.g. teachers, social workers, health professionals), throughout a rehabilitation phase. The aim is to coordinate the work towards the same goal, consult with each other and be part of the rehabilitation process. Evaluations show positive effects in the work with families with complex challenges – both for the families, the professionals involved, and for the cooperation between them. The method has been developed by DIGNITY - Danish Institute Against Torture.



- Developing National Mental Health Policies for Refugees -project (PALOMA) in Finland got together people working with refugees across different sectors to identify barriers, needs and good practices in order to develop a national model for mental health work with refugees and people with similar background. Together the various service providers wrote a handbook for practical guidance for anyone working with refugees: <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/the-paloma-project-improving-mental-health-services-for-refugees>
- Currently ongoing PALOMA2 -project will establish a Centre of Expertise for mental health work among refugees within the 5 university hospitals in Finland. The project also pilots 12 good practises from the PALOMA handbook: <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/national-support-system-for-refugee-mental-health-work-and-the-knowhow-dissemination-paloma2->

## 10. Remember children and youth

### Problem: Low performance of service providers

Children and youth are also affected by the challenges related to flight and exile outlined above. At the same time, they go through various faces of development that might exacerbate the challenges with long-term effects. Additionally, they may be further burdened by their parents' challenges. Through the interviews it has become clear that children are often used as interpreters and we have heard anecdotal evidence of children and youth facing challenges in schools and in relation to coercive control enforced by their families. Overall, we observed a lack of support structures targeting mental health of refugee children and youth.

### Specific proposals

- **Develop material or training for social workers, pedagogues, and teachers** about how to support children and youth with refugee backgrounds (and their families). For the youth group, modules about coercive control should be included.
- **Develop material or training for parents** on how to raise and take care of children in the new Estonian context after having experienced flight, distressing situations, and meeting new institutions and requirements.

### Good practices

- The Children and War Foundation has developed interventions, manuals, and other measures to help children cope with their reaction to war and disasters: <https://www.childrenandwar.org/>
- *MindSpring*, a peer-driven psycho-social group programme for refugees, with programmes specifically for parents, youth, and children. Information about MindSpring in English: <https://mindspring-grupper.dk/about-mindspring>

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