Psychosocial implications in Vulnerable Migration, Migration Crisis, and Forced Migration. The IOM Perspective

Guglielmo Schinina, Head – Mental Health, Psychosocial Response and Intercultural Communication Section, International Organization for Migration (IOM).

gschinina@iom.int
Agenda

1. The International Organization for Migration
   1.2 The Mental Health and Psychosocial Support Section
      1.2.1 Global functions

• The IOM Approach to Psychosocial Support
  2.1 The Framework of Outcomes
  2.2 Identity
  2.3 Spaces of vulnerability vs. vulnerable groups

3. Some programmatic examples
   3.1 in Vulnerable Migration
   3.2 in Emergency
   3.3 in Recovery
   3.3 in Reparation and Peace
   3.4 the issue of assessing, monitor and evaluate
IOM's Mission

IOM is committed to the principle that humane and orderly migration benefits migrants and society.

Leading international organization for migration:
• Assist in meeting the growing operational challenges of migration management.
• Advance understanding of migration issues.
• Encourage social and economic development through migration.
• Uphold the human dignity and well-being of migrants.
## Service Areas

### Migration Management
- Migrant Assistance
- Labour Migration & Human Development
- Immigration & Border Management
- Migration Health
- IOM Development Fund

### International Cooperation & Partnerships
- Donor Relations & Resource Management
- International Migration Law
- International Partnerships
- Migration Research
- Climate Change & Migration
- 2013 Unit

### Operations & Emergencies
- Resettlement & Movement Management
- Operations & Emergencies
- Election Support

The IOM, MHD & MHPSS | The IOM Approach to MHPSS | IOM’s Operational Framework
The Mental Health, Psychosocial Response and Intercultural Communication Section (1998)

Capacity building for professionals, Governments, Agencies, IOM Departments through

- Assessments, analysis, researches,
- Knowledge dissemination initiatives, including conferences
- Trainings, Summer schools, Masters programs.
- Development of policy papers, guidelines

Development of an international expert network

Support to IOM mental health, psychosocial support and intercultural communication programs

- Albania, Bosnia, Cambodia, Chad, Colombia, Egypt, Georgia, Haiti, Indonesia, Iraq, Italy, Kenya, Kosovo, Jordan, Lebanon, Liberia, Libya, Macedonia, Moldova, Montenegro, Nepal, Pakistan, Poland, Romania, Serbia, South Korea, Syria, Thailand, Turkey, Ukraine.
Professional trainings

Summer School in Psychosocial Interventions in Migration, Emergency and Displacement.

• Global-annual for IOMers & partners
• Three editions have taken place, with 90 graduates from IOM, UNICEF, UNHCR and various NGOs & Governments.
• 4th edition will take place in May
Active engagement in the IASC MHPSS Technical Reference Group and support to CCCM Cluster
Knowledge Dissemination

The IOM, MHD & MHPSS | The IOM Approach to MHPSS|
IOM’s Operational Framework
1. The International Organization for Migration
   1.2 The Mental Health and Psychosocial Support Section
      1.2.1 Global functions

• The IOM Approach to Psychosocial Support
  2.1 The Framework of Outcomes
  2.2 Identity
  2.3 Spaces of vulnerability vs. vulnerable groups

3. Some programmatic examples
   3.1 in Vulnerable Migration
   3.2 in Emergency
   3.3 in Recovery
   3.3 in Reparation and Peace
   3.4 the issue of assessing, monitor and evaluate
Mental Health and Psychosocial Support - Key definitions

- Mental Health: State of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2002)

- Psychosocial: “Pertaining … to the interrelation of behavioral and social factors, … to the interrelation between mind and society” (OED, 1997)

- Mental Health and Psychosocial Support are part of a continuum but often used separately in the humanitarian jargon
- Mental health is more than the absence of mental disorders
- Situations such as wars and natural disasters are not normal stressors of life. People have to be supported avoiding pathologizing normal reactions to abnormal situations.

It is a migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made cause. Forced migrations are for example movements of refugees and internally displaced persons as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine etc. (International Organization for Migration 2013a).
Identity/Role is the key concept of

Who I am to myself
(Individual differences)
- The internalized societal factors: gender
culture, traditions, traditional roles, etc.
- How others perceive me. Can also
be a self perception

The three factors can have different weight in different cultures.
The construction is dynamic not still.
Migration and forced migration (and trafficking in particular) shake this
construct, because two factors change drastically, and the other by default,
but more slowly.

In the situations we are describing layer 2 and 3 change, hence the identity is challenged. Mental health uneasiness may arise,
but should be responded to on all levels, avoiding pathologizations.
<table>
<thead>
<tr>
<th>Who I am to myself</th>
<th>Reasons for leaving</th>
<th>During travel</th>
<th>Arrival-integration?</th>
<th>Return-reintegration?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Being subject to violence and extreme deprivation. Change in status.</td>
<td>Lack of official identity. Suspension/transition. Annihilation in an unknown group.</td>
<td>Changes in self perceptions. New identity as a migrant</td>
<td>Failure sense of going backward. Upon return, discovering the self has changed. Discovering the environment (previous anchor) is not as imagined. Difficult balance between new and old self</td>
</tr>
<tr>
<td>The cultural and social elements of identity</td>
<td>Breakdown of social, economic and cultural structures.</td>
<td>De-humanization threats exploitation lack of access to services</td>
<td>Drastic change in surrounding social and cultural factors</td>
<td></td>
</tr>
<tr>
<td>Who am I for my significant others</td>
<td>Devaluation of social roles. Persecution. Undertaking the role of the savior of the family</td>
<td>From citizen to migrant, often clandestine. From a resource to a problem. From an individual to a category.</td>
<td>Devaluation of roles, stigmatization</td>
<td>Failure, problem, symbol of worsening economic conditions.</td>
</tr>
</tbody>
</table>

Let's brainstorm. Outline of negative consequences
Often there is a continuum of needs in all phases.

- Relevant studies report that 60% of adult female victims of trafficking have faced some form of exploitation (physical, sexual) prior to being trafficked.
- Some qualitative studies found out that many VoT came from families with a long history of violence going back to generations.
- Retrafficking is common in many cases, hinting that reintegration is key in addressing the issue.

(Stolen Smiles, IOM, 2008)
Migration brings threats to the identity concept that result in

Disorientation
Confusions
Sense of instability
Sense of loss
Lack of trust
Sense of inferiority
Isolation
Looking at the past, the future, but not the present
«nostalgic disorientation and unsettlement»
These are normal reactions to abnormal situations, but we have to appreciate them, when working with migrants.
Pathological outcomes

- Literature is sparse, results are inconclusive and highly dependent on methodological factors:

a) Comparative migrant-resident populations analysis on distress related disorders in 6 EU Countries show that migrant populations are up to 4.7 times more likely to be referred to state services for those disorders (avg. 2.52) → population-specific and context-specific (variance 1 to 4.7) (Selten & Carta, 2005).

b) Comparative migrant resident populations analysis of admission for psychosis and schizophrenia in UK mental health facilities show that admission is proportionally the highest for Caribbean migrant populations.

c) Systematic review of psychopathology of refugees resettled in Australia, Canada, Italy, New Zeland, Norway, UK, and USA shows a 5% prevalence of minor depression, as in the general population (Fazel, 2005).
d) However, past history of political violence, torture and persecution brings to an increase in rates of anxiety, depression and post-traumatic syndromes in all studies (various). Some populations seems to be more at risk than others (Cambodian, Buthanese, etc.) (Van Ommeren et al, 2004; Marshal, 2005).

e) In refugees, a wide variability in the rates of psychiatric conditions, including affective disorder, anxiety disorder, clinical depression, and post traumatic stress (Fenta, 2004).

f) Variance, according to systematic and narrative reviews, depends a lot on contextual, socioeconomic factors related to integration or lifelong paths rather than past experiences only (Porter and Hassfima, 2005; Lindert & Brahler 2008).
Psychosocial support to vulnerable migrants

Happens on three levels

a) Implementing specific activities within the assistance system
b) Adopting certain strategies in the interpersonal relations between the various helpers and the victim
c) Avoiding harmful practices in both the system and the interpersonal relations
In the system

- Psychiatrists and clinical psychotherapists trained in transcultural-migration informed care
- Legal services, counselling, group therapy, arts therapies
- Secure shelter, medical care, food and hygiene, full information, all provided with consideration of the emotional experience
The Psychosocial Model

Pertaining to the interrelation between
a) Individual, collective & systemic
b) Bio-psychological, socio-economic and cultural-anthropological

Psychosocial approach
These interrelations are considered in all aspects of humanitarian assistance.

Psychosocial programming
Support is given to ensure the wellbeing of migrants, displaced and crisis affected.
The IOM, MHD & MHPSS | The IOM Approach to MHPSS

IOM’s Operational Framework
• PRE CRISIS
• EMERGENCY
• EARLY RECOVERY
• RECOVERY, REPARATION AND PEACE
<table>
<thead>
<tr>
<th></th>
<th>SUFFERING</th>
<th>RESILIENCE</th>
<th>ACTIVATED DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Derived from Papadopoulos, R. (2007)
There might not be community resilience without dedicated responses to the individual suffering.

Supporting community resilience may be in certain situations the best way to respond to individual suffering.

<table>
<thead>
<tr>
<th></th>
<th>Individuals</th>
<th>Households</th>
<th>Societal Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society</td>
<td></td>
<td>Red</td>
<td></td>
</tr>
</tbody>
</table>
### Size of the problem:
#### Summary Table of Generic WHO Projections

<table>
<thead>
<tr>
<th>Source: IOM</th>
<th>Growth prevalence</th>
<th>Projected growth prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Mental health</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Justice</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Education</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-communicable diseases</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Note: Figures are approximate and subject to change.*
The IOM Approach in the IASC system

The IOM, MHD & MHPSS | The IOM Approach to MHPSS|
IOM’s Operational Framework
Psychosocial support to crisis affected

<table>
<thead>
<tr>
<th>Policy</th>
<th>Direct Intervention</th>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid psychosocial assessments in emergency displacement. In Iraq, Jordan, Lebanon, Haiti, Liberia, Georgia, etc.</td>
<td>IOM co-chairs the IASC MHPSS Working Group. Interdisciplinary psychosocial mobile teams active in priority camps, needs assessment, referrals, psychological first aid, socializing and recreational activities, discussion groups, organization of rituals, support to individuals. Protection and shelter to institutionalized patients &amp; daily transportation for people in need of psychiatric care.</td>
<td></td>
</tr>
<tr>
<td>Chair of the IASC MHPSS reference group in Kenya, Myanmar, Haiti, Syria.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Early Recovery

- Recreational and counseling centers for families as follow up from the work of the teams
- High level academic formation for practitioners
- Mid-term needs assessment
- Psychosocial expert teams
- DDR programs
<table>
<thead>
<tr>
<th>Policy</th>
<th>Direct Intervention</th>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy on PSS protection of VoT, Asylum Seekers through publications, best practices, conferences and expert seminars</td>
<td>Support activities in repatriation of third country nationals – Libya.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Referral of pre-existing cases.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Discussion groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Small scale conflict management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Recreational activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Safe spaces for women and children in transit areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- PFA training for operational and medical staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial support program for returnees – Chad</td>
<td>Needs assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Community based recreational and ritual activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Counseling</td>
<td></td>
</tr>
</tbody>
</table>

The IOM, MHD & MHPSS | The IOM Approach to MHPSS | IOM’s Operational Framework
### Psychosocial support in recovery, peace & security

<table>
<thead>
<tr>
<th>Policy</th>
<th>Direct Intervention</th>
<th>Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping the Ministry of Peace and Reconstruction (MoPR) of Nepal in the development and implementation of a “Psychosocial Field Implementation Manual” (2013) for the provision of psychosocial assistance to identified categories of victims of war in the reparation process.</td>
<td>Kosovo (2001 – 2004) Psychological counseling; Psychological and educational information &amp; referral services for former combatants.</td>
<td>Master programs in Colombia to train professionals working in reparation programs within the Victims Assistance Unit of the GoC and the Ministry of Health.</td>
</tr>
</tbody>
</table>

The IOM, MHD & MHPSS | The IOM Approach to MHPSS | IOM’s Operational Framework
### IOM’s Operational Framework

**Assessment and Monitoring & Evaluation**

<table>
<thead>
<tr>
<th>Psychosocial Needs Assessment in Emergency Displacement, Early Recovery and Return</th>
</tr>
</thead>
</table>

**WHO & UNHCR**
QUESTIONS?