



Pilot Project

Low Threshold Psychosocial Support for Refugees and Asylum Seekers

A pilot project emerges

In March 2017 MSF and St Josef Hospital in Schweinfurt began a pilot project for low threshold psychosocial support for refugees and asylum seekers. The project has been independently continued by St Josef Hospital from August 2017. Refugees and asylum seekers are approached with an information and counseling service from psychosocial peer counselors with relevant backgrounds (regarding language, culture and refugee experience). The psychosocial peer counselors undergo training with a specifically tailored curriculum and are supervised in their work by qualified staff.

Low threshold support to close gaps in refugee care

To make access to the project as easy as possible, the information and counseling services are offered directly in the areas familiar to asylum seekers and refugees (in an initial reception center in Schweinfurt and a secondary accommodation facility in the area). This model project should demonstrate new methods of providing psychosocial support with low threshold access for refugees and asylum seekers in Germany. Existing barriers to access as well as a glaring lack of resources in German health services mean that the adequate provision of psychosocial support for refugees and asylum seekers is often impossible. Those who require psychosocial care are therefore often left alone with their concerns and problems and suffer an increasing deterioration in their mental health.

**Goal: stabilization, activation,
easier integration**

Approaching new arrivals early on and adequately in their totality can lead to a stabilization of their mental health and to the activation of their own resources, which in turn eases integration efforts. The goal of the pilot project is also to try out the efficiency and effectivity of a low threshold, resource-oriented approach in refugee support in order to initiate its wider implementation in Germany.

**Target group: all refugees
and asylum seekers**

The project primarily targets those people who have fled war and crisis areas who have only been in Germany for a short time. However, the project also targets all asylum seekers and refugees newly arrived in Germany and should enable them appropriate psychosocial support. Refugees and asylum seekers are generally people with a high level of psychological and emotional burdens through pre-, peri- and post-migration stressors that require specific attention.

**The team:
clinical psychologists and
psychosocial peer counselors**

The pilot project is held in two locations: at the initial reception center in Schweinfurt alongside with the medical outpatient clinic of St. Josef Hospital; and a shared accommodation facility in Geldersheim. The team is made up of a clinical psychologist and three psychosocial peer counselors who were schooled and supervised by two experienced clinical psychologists from MSF in the first half of 2017. This involved training and advisory talks in groups and individual settings. All members of the team have been employed as salaried employees of St. Josef Hospital. As from August 2017, two psychologists were hired by St. Josef for everyday training and supervision of the peer counselors.

Psychosocial peer counselors: essential actors in low threshold care

The psychosocial peer counselors are the central element of this model project. These counselors are people who themselves have refugee experience and who have attained a secure residency permit. They have lived in Germany for at least two years, know the systems with which newcomers are confronted and bring their own interest and social ability to the work. Relevant professional experience is desirable, but not absolutely necessary.

Practice-oriented training

The training program for the participating psychosocial peer counselors is practice-oriented in intensive training modules (three training modules make up a total of 20 days), and involves continual training during the work itself. The supervision and training content for the psychosocial peer counselors covers the following areas:

- Counseling skills (i.e.: verbal and non-verbal communication; counseling techniques; counseling in difficult counseling situations; counseling technique "psychological first aid" etc.)
- Counseling knowledge (such as of the German health system; counseling concepts and the role of the advisor; the relationship between body and mind; stress and stress management; problem conceptualization and structured problem solving; basic knowledge of resources and coping mechanisms; family and parenting / child education; family relationships and conflicts; addiction and drugs; traumatization and the results of trauma; how to deal with suicidal tendencies etc.)
- Professional and personal self-awareness and experience (biographical work; own and group reflection on the theme of counselor personality traits etc.)
- Continual expert supervision from the project manager.

Counseling in the client's native language

Client peer counseling is generally conducted in the native language of the newly arrived migrant (the psychosocial counselors speak Arabic, Kurdish, Somali, Persian, English and German). Where required, it is possible to involve interpreters.

Counseling content

- Confidential counseling
- Psychoeducation regarding stress and functional stress reduction
- Strengthening resources
- Structured problem analysis and structured problem solving
- Activation in everyday life

Prevention and early detection of mental health issues

Besides the confidential counseling services and psychoeducation concerning stress management, this pilot project aims to enable the early identification of mental health issues for further referral to expert care. The project activities are categorized at the intervention level of primary and secondary prevention.

Costs and staffing

In this model project, three psychosocial peer counselors (each 75%) and a psychologist / project manager (100%) attend to an average of 40 - 50 clients per month. Interpreters are also brought into the project where required and employed on a freelance basis. 60 - 70 individual counseling sessions and 30 - 40 group counseling sessions are carried out each month. The monthly costs of this model project in Schweinfurt, including personnel and material costs amount to roughly 20,000 Euro.

Feedback from clients and scientific insights (from end of 2017)

The activities of the model project are scientifically analyzed. The goal of this analysis is to establish whether the mental health and stress management of the project's clients improve in comparison to a control group. In addition, the level of psychological strain across the whole group of clients is recorded and the characteristics of the people who do not accept psychoeducation or counseling assistance is analyzed. The Self Reporting Questionnaire 20 (SRQ-20) from WHO and the Brief-COPE from Knoll et al. (2000) are used as measurement instruments. In the first interim evaluation, the psychoeducative intervention was rated as being very positive by clients in the qualitative survey. On a quantitative level evidence showed an increase in positive, active emotional management mechanisms through the intervention. Since the refugees and asylum seekers have little control over their circumstances in Germany in the initial period of arrival, exactly this type of stress management is highly relevant. The scientific accompaniment of the project is continuing with the project and a publication of the study findings is planned for the first half year of 2018.

Summary of working principles

- Low threshold – the easiest possible and stigma-free access to counseling services
- "Peer to peer" and "helping people help themselves" – prevention through early basic help and psychosocial peer counselors and easing the burden on expert assistance services.
- Resource referentiality – the focus of this approach is on the totality of the person and strengthening healthy coping mechanisms
- Synergy rather than parallel structures – close cooperation and networking with other actors in refugee support services

- Developing local capacity – capacity building, meaning the accentuation of knowledge transfer, training and further education of local employees

Contact



For further questions and information, please contact Dr. Henrike Zellmann (henrike.zellmann@berlin.msf.org) or Philipp Frisch (philipp.frisch@berlin.msf.org). For those interested, we offer expert assistance for the realization of project ideas.