

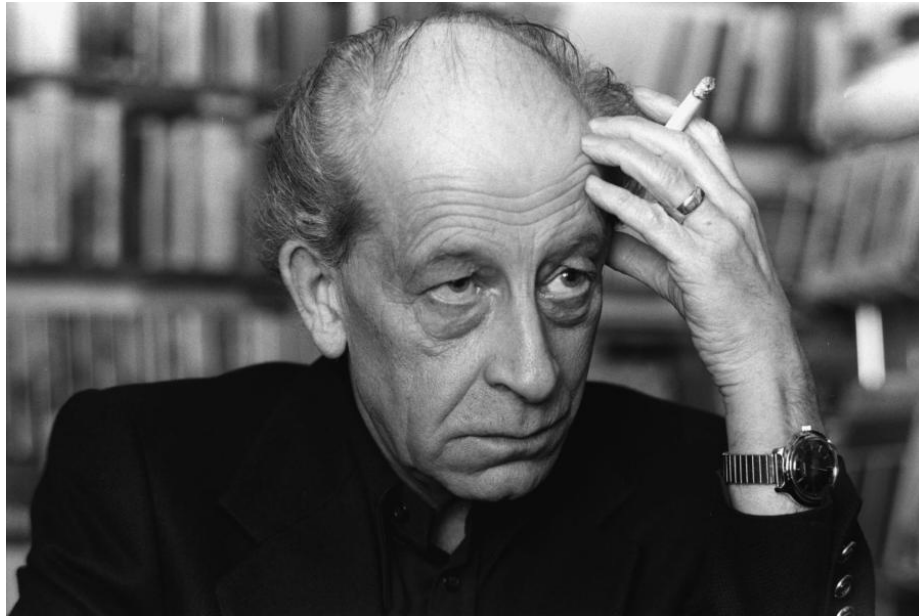


Bridging the gaps: From Clinical Work with Survivors of Torture & Trafficking To Mental Health Policy

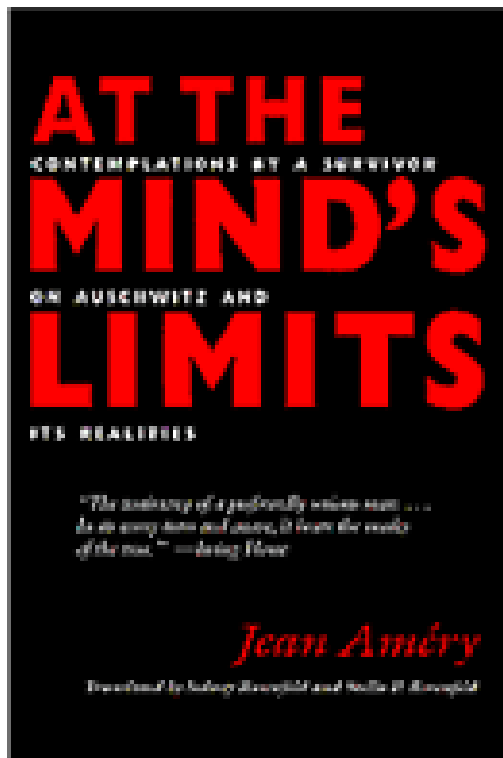
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- Austrian Jew, a journalist, who was arrested in Belgium as part of the resistance to the Nazi occupation.
- He was tortured by the Gestapo and was sent to concentration camps (Auschwitz, Buchenwald, Bergen Belsen).



- Torture
- How much home does one need?

At the mind's limit: Contemplation by a survivor on
Auschwitz and its realities, Jean Améry, Indiana University
Press, 2009

- With the first blow from a policeman's fist, against which there can be no defense and which no helping hand will ward off, a part of our life ends and it can never again be revived...
- The boundaries of my body, are also the boundaries of my self... My skin surface shields me against the external world... So long as other people respect my body boundaries, my self likewise experiences itself as autonomous.
- But when my body is attacked - and, furthermore, when I have neither the ability to defend myself nor any expectation of help from another person-then my self is attacked.

- The torturer... forces his own corporeality on me... It is like a rape, a sexual act without the consent of one of the two partners
- Only in torture does the transformation of the person into flesh become complete. Frail in the face of violence, yelling out in pain, awaiting no help, capable of no resistance.

- Torture robs the victim of trust in the world- the certainty that his self is inviolate and that others will respect the boundaries of his self.
- Once lost, this fundamental trust in the world can never be regained.
- **Whoever was tortured, stays tortured.** The torture is burnt onto him forever, even without visible objective clinical marks in his body...
- In this matter there is **no repression**. Can someone repress birth mark?

On migration:

- Homeland is safety
- Mother language and the environment to which we are born into grow with us, grow into us, and that is how knowledge and orientation develop, all of which gives us the sense of safety.

- Jean Amery killed himself in 1978, 35 years after the first blow that shattered his world.

Clinical vignette

- A, born in Eritrea, 38 y.o., married, 4 children
- Lives in Tel Aviv, with 6 roommates.
- He doesn't work- d/t his mental condition.
- In Eritrea- in prison.
- During the passage in Sinai desert- kidnapping, physical violence (repeated head traumas).
- He witnessed the death of 3 others during kidnapping.

- Upon arrival to the clinic- somatic symptoms (headaches), sensitivity to noise, avoidance, **flashbacks**, recurrent intrusive memories of the traumatic events in Eritrea and Sinai.
- Insomnia, **nightmares**.
- Inability to be with others, difficulty in holding to a job.
- Diagnosis- PTSD.

- Anti-depressant and anxiolytic medication-
immediate relief (mainly with interpersonal context)
- **Psycho-therapy interventions:**
 - Breathing exercises and relaxation technique
 - Anger management, cognitive reframing
 - Behavioral activation and daily gradual assignments
- **Work-related injury** (fracture of rt. distal radius)
- **Symptoms exacerbation with interviews**
application for visa renewal, Ministry of Interior

Definitions, context and complexity

- **Torture:** any act by which **severe pain or suffering**, whether **physical or mental**, is **intentionally** inflicted on a person for such purposes as **obtaining... information** or a confession, **punishing** him for an act he or a third person has committed or is suspected of having committed, or **intimidating** or **coercing** him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

(United Nations Convention against Torture- UNCAT)

- **Refugee:** a person “owing to a well-founded fear of being persecuted for reasons of race, religion, ...political opinion, is outside the country of his/her nationality..” (1951, Refugee convention)
- **Asylum seeker:** a person who has left his/her country of origin, has applied for recognition as a refugee in another country, and is awaiting for a decision regarding the application.

- **Human trafficking/modern-day slavery:**
recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, or the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, *for* the purpose of *exploitation*.
(Palermo Protocol- to Prevent, Suppress and Punish Trafficking in Persons)
- **Work Migration...**voluntarily, with consent(?)

- Overlap of definitions, exposures and vulnerabilities during the stages of immigration process
 - *Kidnapping / smuggling / trafficking / modern slavery*
 - *Asylum seekers / refugees*
 - *Torture*
- Challenges to use in clinical setting and research

Immigration: Global phenomenon with mental health consequences

Immigration: a global phenomenon



- The number of immigrants worldwide has grown dramatically in recent decades
 - persons living in a country other than where they were born
- **UN/WHO:** 2002: 175 million immigrants,
2015: 244 million-3.3%world population
(*www.unmigration.org*)
- Most immigrants move from less developed and poorer countries to more developed countries
 - globalization, climate change

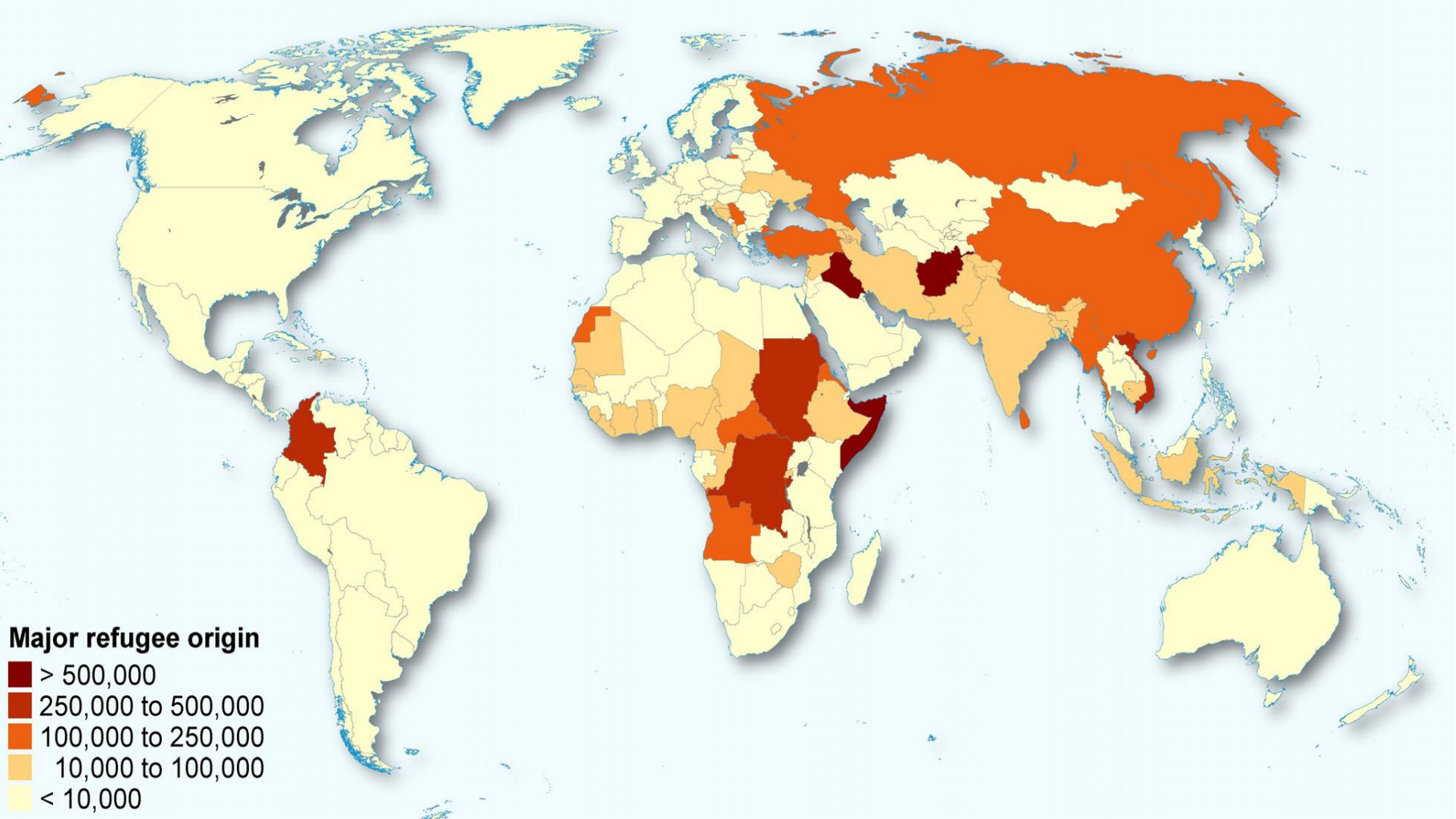


Global forced displacement hits record high

UNHCR Global Trends report finds 65.3 million people, or one person in 113, were displaced from their homes by conflict and persecution in 2015.

Refugees and migrants cross the border between Serbia and Hungary.
© Hollandse Hoogte/Warren Richardson

- **22.5 millions- refugees**



Immigration to Israel



- As a part of the world trend of immigration, Israel has become a target country for immigrants.
- Victims of trafficking (N=?)
- ~45,000 asylum seekers
 - Eritrea (80%) and Sudan.
 - 20% women

Asylum seekers in Israel



- The majority live in southern Tel Aviv, in one of the city's poorest neighborhoods.
- Lack of policy and/or restrictive policies-
 - lack of access to RSD (Refugee Status Determination)
 - labeled “infiltrators” (un-deportable)
- Limited access to employment (“not unlawful hire”)
- Limited access to the national health care system - only in **medical emergencies** - including psychiatric hospitalization

Israel Parliament, Information Center. Data on crimes committed by illegal immigrants & asylum seekers & crimes against illegal immigrants and asylum seekers (2010)



Israel

*Sinai
desert*

Libya

Egypt

North
Sudan

Chad

Darfur

Sudan

Eritrea

South
Sudan

Ethiopia

Congo

Uganda

- In a survey of 1,044 persons who passed through the Sinai desert conducted in a primary health clinic (The Open Clinic-PHR), a **high prevalence (men- 54%, women- 38%)** was found to have been exposed to kidnaping, torture and sexual abuse by traffickers (Nomadic tribes in Sinai).

Nakash O et al, Exposure to Traumatic Experiences Among Asylum Seekers from Eritrea & Sudan During Migration to Israel. *J Immigr Minor Health* 2014

- According to estimates, there are 4,000- 7,000 survivors of trafficking and torture living in Israel, as a result of their passage through the Sinai desert.
- Those who are officially recognized as victims of trafficking are eligible for services provided by the State, however- they are a minority.

Knesset Protocol Number 9 from the Meeting of the Special Committee for Foreign Workers (01 July 2013)

Mental health risk factors: immigration

1. Pre-immigration
2. The circumstance(s)/reason for immigration
3. Stressors associated with the journey
4. Stressors as the host country (post-immigration)



Mental health of survivor of torture/trafficking



- The prevalence of psychiatric diagnoses and behavioral disorders among **survivors of torture and trafficking**- 30% or higher, including PTSD, depression, anxiety, alcohol/substance abuse.

Steel, Z. et al, Association of torture & other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review & meta-analysis. *JAMA*, 2009

Zimmerman, C., The health risks & consequences of trafficking in women & adolescents: Findings from a European study. London School of Hygiene & Tropical Medicine, 2003.

Mental health of Refugees



- Refugees have an increased risk of depression, PTSD, anxiety and schizophrenia (compared to the native and with non-refugee migrants from similar regions of origin).

Lindert J et al., **Depression & anxiety in labor migrants & refugees-a systematic review and meta-analysis**, *Soc Sci Med.* 2009

Hollander A.C. et al, Refugee migration & risk of schizophrenia & other non-affective psychoses: cohort study of 1.3 million people in Sweden, *BMJ*, 2016

- Longer duration of asylum procedure is an important risk factor for psychiatric problems.
- Change in refugees' visa status (temporary to permanent) is related to a significant improvement in the quality of life and in posttraumatic and depressive symptoms.

Laban et al, Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands, *JNMD* 2004

Nickerson et al, Change in visa status amongst Mandaean refugees: Relationship to psychological symptoms and living difficulties, *Psychiatric Research* 2011

Mental health of asylum seekers in Israel



- Among Eritrean asylum seekers women- high prevalence of post natal depression (82%).
- PND was associated with **impaired mother–infant bond**.

Nakash O, Nagar M, Lurie I, The Association Between Postnatal Depression, Acculturation & Mother–Infant Bond among Eritrean Asylum Seekers in Israel, *J Immigrant Minority Health*, 2016

Mental health of asylum seekers in Israel



- Among forced migrant general medical service users (PHR Open Clinic) – high prevalence (53%) of emotional distress, but with low identification rate (8%) by GPs.

Dick M, Fennig S, Lurie I, Identification of emotional distress among asylum seekers & migrant workers by primary care physicians, **Isr J Psychiatry Relat Sci**, 2015

PSS & PTSD



- Among asylum seekers from Eritrea/Sudan (N=90) at PHR Open Clinic:
- 90% reported- exposure to at least 1 traumatic event.
- Perceived social support (**PSS**) was **associated** with **lower PTSD symptoms** among those who reported **low exposure to traumatic events**.
- Among those who reported high exposure- PSS did not affect the association.

Nakash O, Nagar M, Shoshani A, Lurie I. The association between PSS & posttraumatic stress symptoms among Eritrean & Sudanese male asylum seekers in Israel. *Int. Journal of Culture & Mental Health* 2017



Geshher (Bridge) Clinic

- In light of the needs and lack of stable provision of services of mental health care for this population, **Geshher (Bridge) Clinic** was established by Ministry of Health- at Yaffo Community Mental Health Center
- Initial support – UNHCR, German donation.
- The clinic was opened in February 2014.

Gesher clinic: Goals



- To provide **psychiatric and psycho-social services** tailored to the needs of **asylum seekers and victims of trafficking and torture** in Israel.
- **Culturally-aware and linguistically accessible service**

Mental health services

- Psychiatric evaluation and diagnosis
- Follow-ups
- Medication (PO, IM long acting)

Psychosocial interventions:

- Counselling- both individual and group
- Social work

- Community outreach

Staff



- Psychiatrists (4)
- Psychologists (3)
- Social workers (2)
- Psychiatric nurses (2)
- Administration (2)
- **Translators, cultural brokers, interpreters**
- The clinic hours- 9 hours per week
- Sum- 60 hours per week
- Paid workers (not volunteering)!

Socio-demographic data

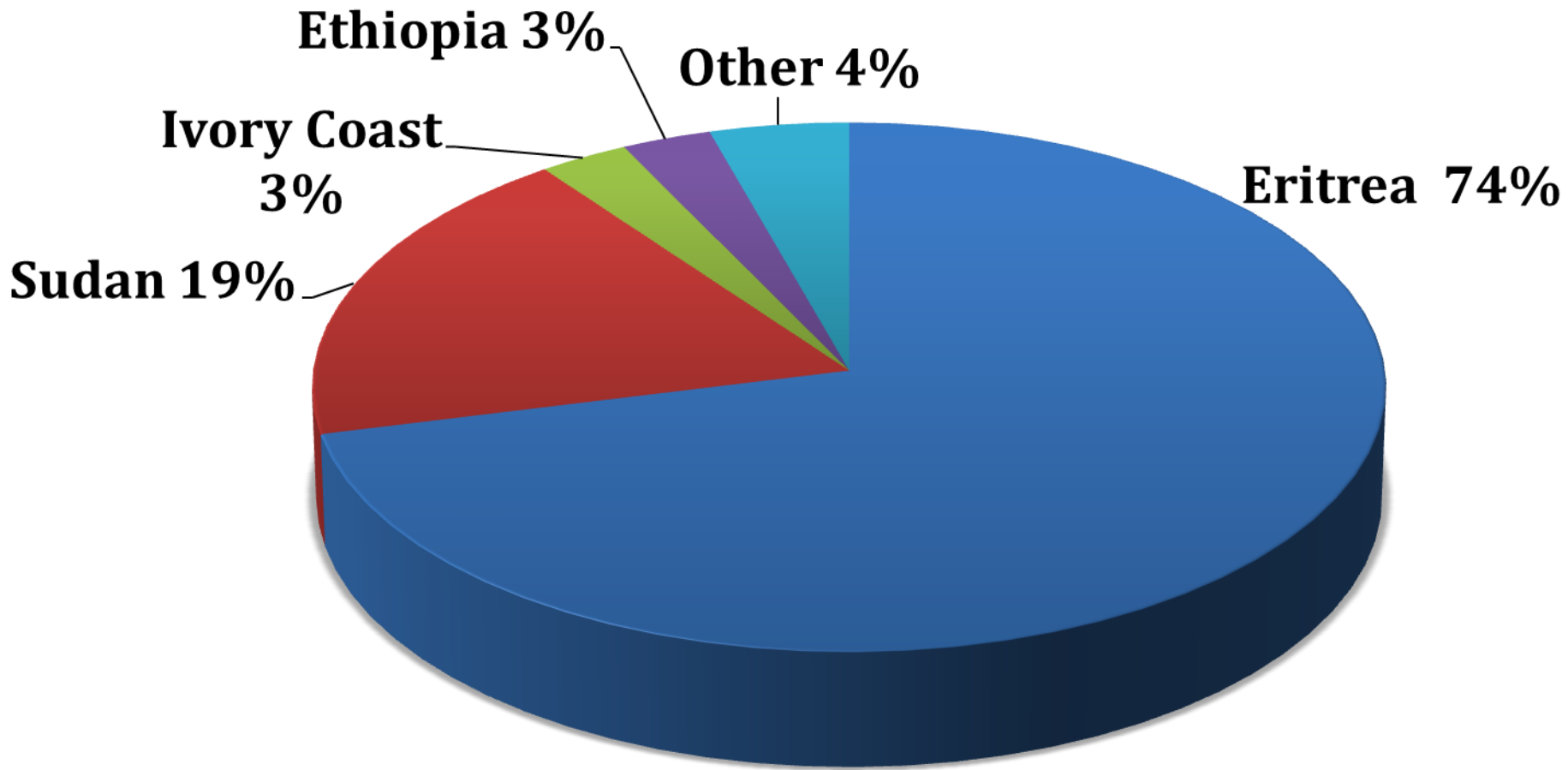


Between 2014 - 2016:

628 service users, 4,470 visits

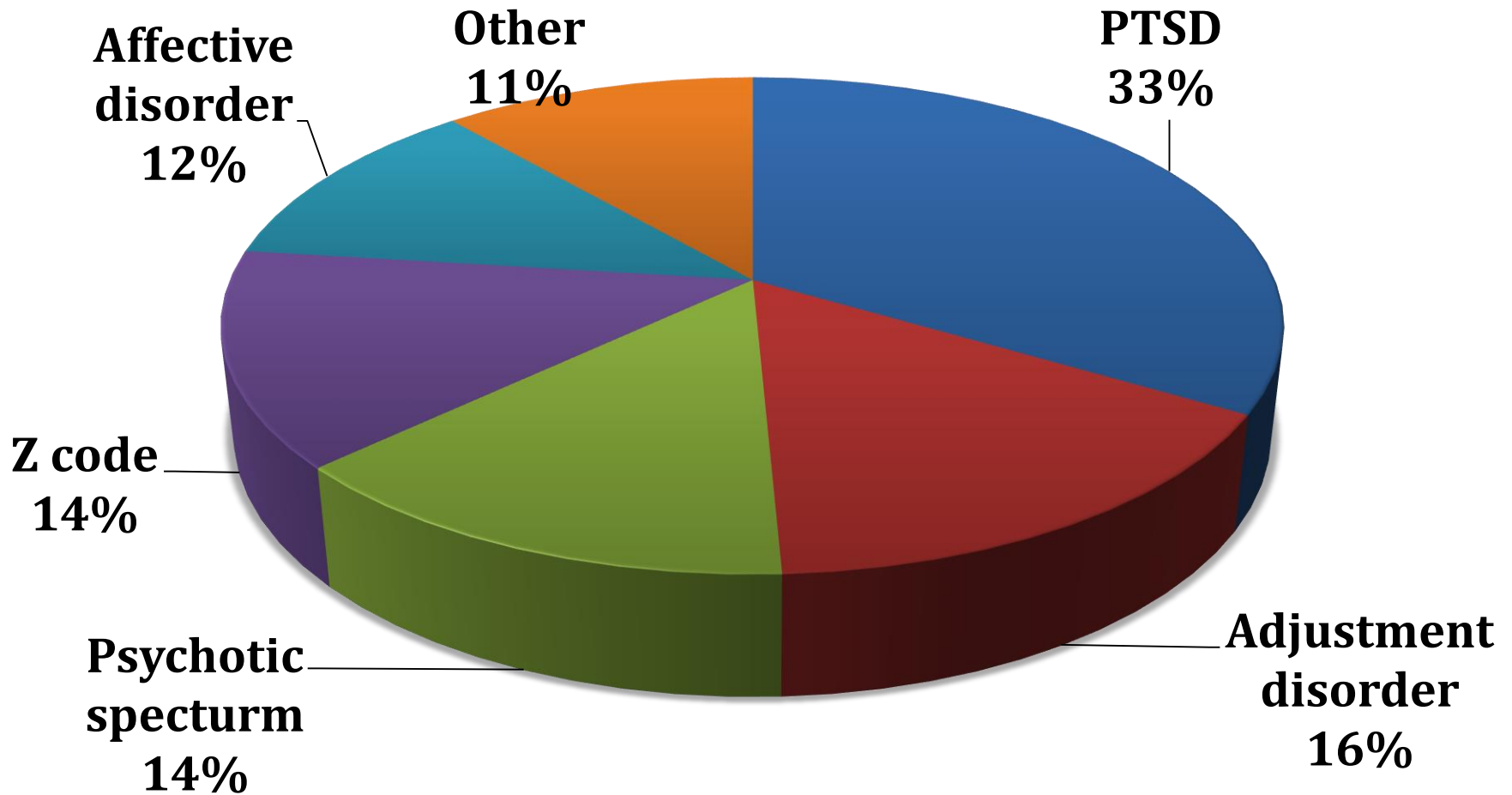
- Men- 408 (**65%**), women- 220 (35%)
- Age (mean, SD)- 34 yo
- Married- **single-57%**, 37%, divorced- 5%, widow/er-1%
- Spouse in Israel- **20%**
- Parents- 49%; of those- children in Israel- 35%
- **Employment: 28%** (60%- full time, 40%- part)

Country of origin



Other: The Philippines, Burma, India, Iran, Egypt, Morocco, Moldova, Uzbekistan, Chad, Niger, Nigeria

Distribution of psychiatric diagnoses



Other: Somatoform disorders, personality disorder, primary sleep disorder

- Survivors of human trafficking were diagnosed more frequently with PTSD compared to other patients (non trafficking survivors).
- There was **no differences in clinic service use.**
- Asylum seekers who experienced traumatic violent events (e.g., sexual abuse, torture) in their country of origin were diagnosed more frequently with PTSD than other asylum seekers.
- Christians had suffered more torture, kidnapping and sexual abuse than Muslims.

Psychotropic treatment



Psychiatric medication- 86%

- Anti-depressant- 52%
 - Trazodone
 - Paroxetine*
- Anti-psychotic- 18%
- Other- 30%

* Lurie I, Levine SZ, Meta-Analysis of dropout rates in SSRIs Versus placebo in randomized clinical trials of PTSD, J Nerv Ment Dis, 2010

Psychotherapy



- Individual therapy
 - Eclectic, crisis intervention, narrative
 - Dynamic psychotherapy
 - PE (...?)
 - EMDR (N=6)- **adaption of protocols** (linguistic, cultural)
- Group therapy
 - 5 groups- stress reduction (Sudan), ongoing open ended, women group

Translation



- Tigrinya, Arabic, Amharic
- **Training**
 - Medical/mental health terminology
 - Medical ethics, confidentiality
- **Supervision**
- *Reminders of upcoming appointments*

Ethical/clinical dilemmas



- Considering the limited resources and the high demand from the community:
- To what extent to deliver treatment and psychotherapy?
- In light of non-existent rehabilitation services- what is considered effective?
- When to declare psychotherapy has ended?

Ethical/clinical dilemmas



- Clinical vs. other needs (e.g., documentation, identification as torture survivors/Istanbul protocol, lawyers/detention tribunal/"Holot")
 - Secondary gain <> survival
- To what extent to stretch resources of clinical staff?
 - August 2016- June 2017- Closing the clinic to new-arrivals
- *Government organization vs. NGO*

Recommendations and Conclusions

Clinical Management
of Mental, Neurological and Substance Use Conditions
in Humanitarian Emergencies

mhGAP Humanitarian Intervention Guide (mhGAP-HIG)



mental health Gap Action Programme



World Health
Organization



UNHCR
The UN Refugee Agency

Recommendations



- Establish rapport and empathy.
- Humble approach.
- Basic human needs (food, shelter) and family/ community **social support** should be included in treatment plan.
- Decision-making about treatment/medication-should be narrowed down by a limited budget.

Recommendations



- Acquire information regarding the culture and the background of patients
 - pre/immigration/ post
- *Helping patients with the process of documentation and status determination process (?)*

Psychotherapy- challenges



- Translation, cultural bridging, gaps
 - therapists should accept the fact they do not know everything that is going on during the session
 - Therapeutic triad – therapist, patient, interpreter
- Power relations
 - The therapist is the powerful person, who represents the government/state/hosting population

Psychotherapy- challenges



- Validation, acknowledgment, recognition.
- Willingness to listen, position as a witness.
 - Extremely important for trust and the therapeutic process
 - Repeated exposure to traumatic events
- Reframing, reconstructing a narrative of traumatic events.
 - Fragmented history, guilt/shame
- Recruiting resources, building resilience.

Secondary traumatization



- Compassion Fatigue, Burnout, Secondary traumatization syndrome (STS)
- PTSD (DSM 5)

- Not a question of “will it happen”, but rather “when/how severe”.

Secondary traumatization



Measures to reduce secondary traumatization:

- Limits
- Team work, supervision
- Professional mental health
- Continuous learning (e.g., workshops, lectures)
- “Outsourcing”

- Among forced migrants and survivors of torture/trafficking there is a high prevalence of exposure to human rights violations and traumatic exposures and psychopathology.
- Forced migrants and victims of torture/trafficking-overlapping vulnerabilities and definition.

- According to the **bio-psycho-social model**, in accordance with international conventions, and with the understanding that there is **no health without mental health** and from public health, health economics and human rights perspectives:
 - a) establishing mental health and rehabilitation services accessible for forced migrants will benefit both the immigrant and the hosting populations.
 - *International cooperation (?)*
 - b) it is impossible to disregard human and social rights from psychiatric treatment and rehabilitation.

- Considering the magnitude of global migration, there is a need for well-designed studies on effective psycho-therapeutic interventions accessible to large populations.
 - Mobile phone/social media/application (e.g., FB, Whatsapp)

“When a foreigner resides among you in your land, do not mistreat them. The foreigner residing among you must be treated as your native-born. Love them as yourself, for you were foreigners in Egypt...”

Leviticus 19, 33-34



Thank you
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