



## **An analysis of the systems of services in non-participating capitals.**

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# PROMO: WP9

An analysis of the systems of services in  
non-participating capitals

Mr. Reamonn Canavan, Professor Margaret Barry.  
11/10/2010

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## **Introduction**

The focus of the PROMO project (Best Practice in Promoting Mental Health in Socially Marginalised People in Europe) is on the delivery of health and social care for people with mental health problems in 14 EU member states who belong to one of the six following groups: (1) long-term unemployed; (2) homeless; (3) prostitutes/sex workers; (4) asylum seekers/refugees; (5) illegal immigrants; (6) travellers. The project reviews legislation and policies, and – focussing on major cities - assesses systems of health and social services for the people concerned.

Work package 9 (WP9) of the PROMO project refers to the identification of experts in social marginalization and promotion of mental health in the capital cities of the non-participating EU member states. The experts were asked to provide feedback on the systems of services available to people with mental health problems from the six target groups living in the capital cities of the non participating EU member states.

The aim of WP9 was to collect information in the non participating capitals in relation to the following:

1. The structure of services provided to people from the target groups with mental health problems
2. The pathways to care for people from the target groups with mental health problems, what are the barriers to receiving that care and how can these barriers be overcome
3. The strengths and weakness of the care provided and how is care co-ordinated

## Methodology

### **1. Identify experts**

The aim was to identify one expert from each country (n=13) to participate in the process. Of the 13 experts identified, eight were identified through recommendations from partners from the participating countries. The remaining five were identified through internet searches of appropriate European mental health sites such as Mental Health Europe.

### **2. Development of questionnaire**

In order to develop a questionnaire which would reflect the findings from the 14 participating countries qualitative interviews from 6 of the participating countries were analysed. These were the Netherlands, Austria, UK, Ireland, Hungary and France. The main themes emerging from these interviews were used in order to inform the WP9 Questionnaire.

Six questionnaires were developed in total, one for each of the target groups. The structure of each questionnaire was the same and were based to a large extent on the templates used for the semi-structured interviews in the participating countries.

The questionnaires are divided into four sections and include a mix of qualitative and quantitative questions.

**Section 1:** General questions regarding the individual completing the questionnaire e.g. demographic information and professional background.

**Section 2:** Overview of the structure of the services provided to the target group.

**Section 3** Presentation of two case vignettes, one male and one female, related to each specific target group. The vignettes sought to determine the pathways to care and treatment available to each of the target groups, including questions relating to the barriers to receiving that care and treatment and how these barriers can be overcome.

**Section 4 :** General questions regarding service provision for the target groups, including their strengths and weaknesses, and level of co-ordination.

Please see appendix 7 for an example of the questionnaires employed.

### **3. Data collection**

The questionnaires were distributed to the experts in early March 2010. The questionnaires were constructed using survey monkey software. Each expert was sent a link to the six questionnaires via e-mail and they were then completed online.

It was expected that if an expert did not have sufficient knowledge or experience in relation to all of these groups that they would collaborate with colleagues or other experts in their country in order to collate the relevant information for each group.

Five experts completed all six questionnaires for their country themselves. The remaining experts either (1) completed some of the questionnaires and had other experts from their country complete the rest or (2) forwarded all six questionnaires to other experts for completion.

Each expert was offered €1000 remuneration for completing the questionnaires.

#### **Response rates**

In total 9 of the 13 countries completed all six questionnaires. Three countries completed five questionnaires (two of these countries, Malta and Luxembourg, felt they were unable to complete the traveller questionnaire due to the absence of a travelling population in their country). One country completed two questionnaires only. Therefore the overall response rate was 91%.

**Response rates for country x target group (total responses - 71 out of 78)**

	LTE	Sex Workers	Homeless	Refugees/ Asylum Skr	Illegal Immigrants	Travellers
<b>Bulgaria</b>	√	√	√	√	√	√
<b>Cyprus</b>	√	√	√	√	√	√
<b>Denmark</b>	x	x	x	√	√	x
<b>Estonia</b>	√	√	√	√	√	√
<b>Finland</b>	√	√	√	√	x	√
<b>Greece</b>	√	√	√	√	√	√
<b>Latvia</b>	√	√	√	√	√	√
<b>Lithuania</b>	√	√	√	√	√	√
<b>Luxembourg</b>	√	√	√	√	√	x
<b>Malta</b>	√	√	√	√	√	x
<b>Romania</b>	√	√	√	√	√	√
<b>Slovakia</b>	√	√	√	√	√	√
<b>Slovenia</b>	√	√	√	√	√	√
<b>Total</b>	<b><u>12</u></b>	<b><u>12</u></b>	<b><u>12</u></b>	<b><u>13</u></b>	<b><u>12</u></b>	<b><u>10</u></b>

## **Results**

In this section the results are presented separately for each group. For the quantitative questions the results are presented in graph format. For the qualitative questions the results are summarised into relevant categories of responses. To see responses per country the relevant appendices.

### **Section 1: Background of respondents**

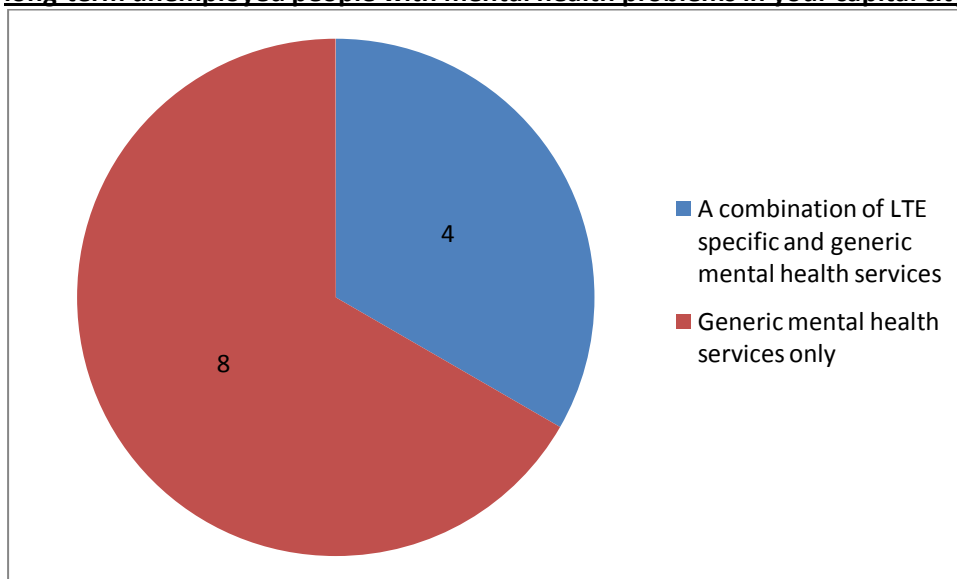
There were no strict criteria on who should respond to the questionnaires. Respondents came from a variety of backgrounds - academics, mental health professionals, researchers, people from social services or people working in relevant NGO's.

For an extensive overview of the professional background of respondents see the relevant appendices for each group.

## Target group 1: Long-Term Unemployed

### Section 2: Structure of Services

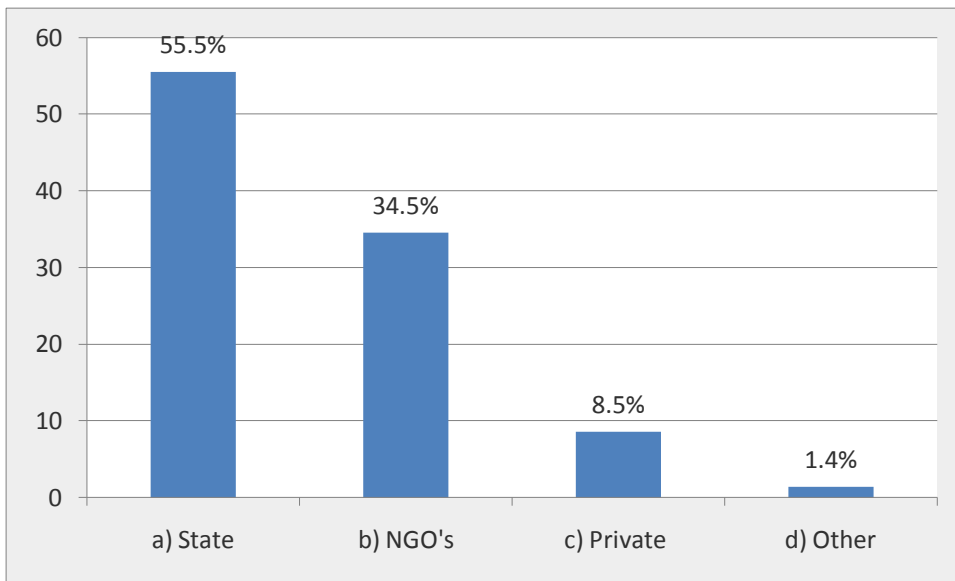
**Figure 2.1 Which of the following most accurately describes the structure of services accessible to long-term unemployed people with mental health problems in your capital city? (n=12)**



We can see from the graph that the majority of respondents (8) indicated that the structure of services accessible to long-term unemployed people with mental health problems in their capital city are generic mental health services only.

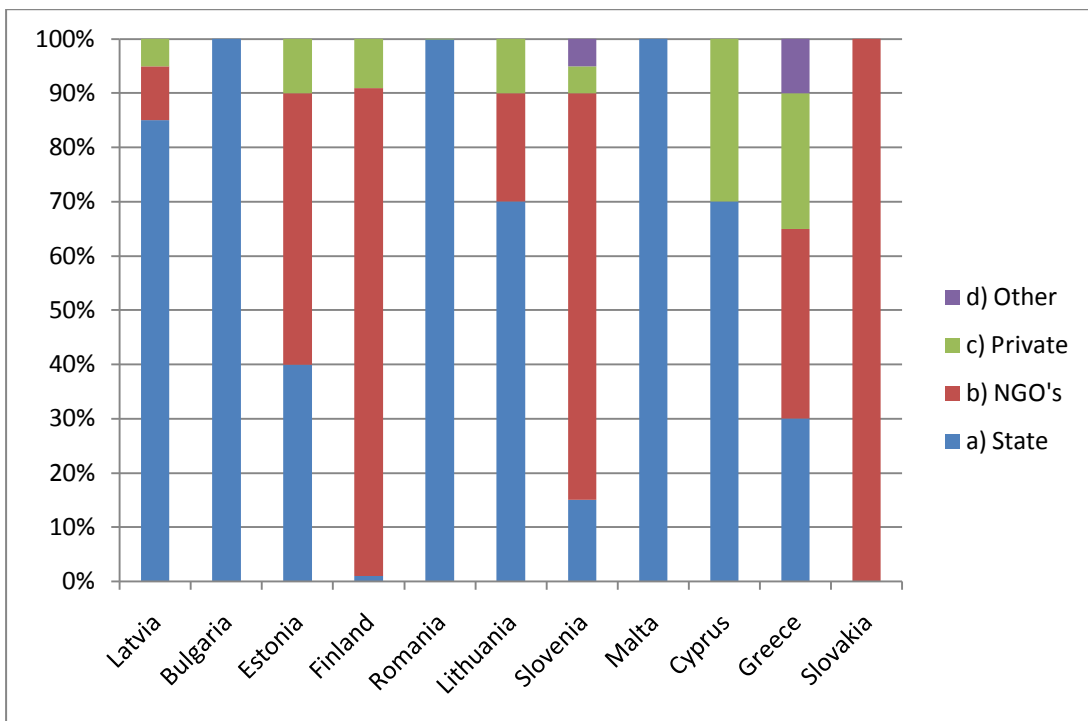
***\* For a brief description of the structure of services see Appendix 1 – LTE***

**Figure 2.2 What proportion of services (%) accessible to long-term unemployed people with mental health problems are provided by the following: (n=11)**



We can see from the graph that the largest proportion of services are provided by the state sector (55.5%) followed by NGO's (34.5%).

**Figure 2.3 Proportion of services per country (n=11)**



### Section 3: Case Vignettes

#### **Vignette 1**

A 30-year old male, unemployed since leaving education, hears voices and appears disturbed. He is socially isolated, talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

#### **3.1 Which services would notice his problems and initiate help? (n=12)**

##### **Social services (regarding allowances , benefits etc) x 5**

1. If he is a client e.g. at the Social Services Department (receiving living allowance because of unemployment) and his employee (a social worker or a social counsellor) notices this situation, he will be initiated to the Health Centre.
2. Centre for social work (statutory social service) or local employment office where this person most probably need to go on regular basis in order to get either social benefit or unemployment benefit.
3. The fact that he receives benefits will lead social welfare services to initiate help.
4. In case he is registered at the labour office, the office mediator provides contact with the expert adviser or the labour office psychologist who help this person to find professional psychiatric help
5. SSP : Proximity Social Services. Social support: Welfare claim, Welfare allowance

##### **Self-referral x 3**

1. The individual must approach ETC himself as no outreach is available for the case in question. Currently, outreach services are targeting only youths.
2. He will visit public mental health hospitals if somebody notices his problem and accompanies him to the services. Otherwise no one will be aware of his situation.
3. In case he is not registered at the labour office somebody close to him or some relative makes contact with social department at the labour office or social officer at the self-governing region office

##### **None x 2**

1. There exists no services that would notice his problem and act in a proactive way.
2. There are no specific services to notice the problem

##### **Neighbours x 2**

1. Neighbours
2. Neighbours, relatives

**Social Worker x 1**

- In this situation the problem is most likely detected and dealt by the social worker in local government.

**\* To see the responses per country see Appendix 1 - LTE**

### **3.2 Which services would, once informed, go out and contact him? (n=12)**

#### **Police x 5**

1. Police (if this person make some legal offence or try to do it)
2. The outreach approach is not practised at all levels of the mental health service provision until the person becomes aggressive or provocative and the police are called in order to solve the problem.
3. PUBLIC ORDER POLICE DEPARTMENT
4. Police
5. City police – to claim identity, based on identity document

#### **Medical services x 2**

1. A Doctor on Call
2. Telephone health service - 24 hours a day

#### **Social Welfare services x 2**

1. Police or social welfare services could be informed by this gentleman neighbours. Usually social welfare workers would go out and contact him. After initial assessment they will submit information for primary mental healthcare centre. Primary mental health care centre will be informed by police or social welfare municipal services. Usually social worker together with psychiatrist will go for visit
2. SSP : Proximity Social Services

#### **Community mental health team x 2**

1. Coordinator of community mental health based in statutory social service would try to get in contact with him
2. Community mental health services and most likely a community psychiatric nurse

#### **NGO's x 2**

1. Mental health NGOs, for example ALTRA, SENT, OZARA, PARADOKS, user association MOSTOVI would try to contact him, although they don't have such strong outreach service as other associations in the field of homeless and drug dealers. They would offer counselling, day centre activities, volunteers
2. Bratislava Self-governing Region has service "centre for family", providing on voluntary basis accompanying of person with severe problem to the doctor

### **Self-referral x 2**

1. The individual must contact the Employment and Training Corporation (ETC) which will guide him through training opportunities and schemes available which he is eligible to
2. For other institutions, the claim must come from the person him/herself

### **Emergency psychiatric services**

- Emergency psychiatric service. Both would deliver this person to the mental hospital in Riga (name: Riga Centre for Psychiatry and Addiction disorders)

### **Ambulance**

- Bucharest Ambulance Service (S.A.M.B.)

### **None**

- There are no such services

**\* To see the responses per country see Appendix 1 - LTE**

### **3.3 What further services are available to this person? (n=12)**

#### **Psychiatric hospital x 6**

1. In the described case if the person becomes aggressive he could be involuntary brought into hospital for 24 treatment without permission by the court. After the 24 hours a commission should decide on whether he should stay for treatment
2. In mental hospital this person will be treated and also there are possibilities to contact with social workers
3. Psychiatric hospital services for acute disorders – no health insurance needed; Chronic psychiatric disorders services– health insurance needed and/or direct payment
4. This man could be referred to mental hospital for treatment with no delay
5. Depending on the severity of his mental health he will either be admitted to the Psychiatric Hospital of Nicosia (Athalassa) or he will be referred to a community mental health team
6. Long-term professional and specialized care – hospitalization or daily stationary care

#### **Outpatient psychiatric services x 3**

1. After hospital care it's possible to visit outpatient clinics in Riga (psychiatric consultation) or day centre. This services is for free and also medicines according to diagnosis is for free or with discount
2. Treatment could be initiated either as out-patient in the same Primary mental health care centre
3. Specialized medical service – psychiatrist provides psychotherapeutic services

#### **NGO's x 3**

1. Finnish Association for Mental Health is a non-governmental organization which promotes mental health. It operates an emergency service, SOS Centre, which provides psychological first aid in emergencies and on-site help in accidents, assists in a crises helpline, and receives clients for short-term counselling
2. It depends on the case in question but individuals can also be referred to the Richmond Foundation, a local, leading NGO which promotes mental health well being within the community
3. Réseau psy' not-for-profit organization based in Esch /Alzette; Centre Kompas (www.cermm.lu) - Centre for Solidarity and Readaptation of Mentally Disordered Persons; Liewen Dobaussen' not-for-profit organization based in Ettelbruck, mental health centre

#### **Rehabilitation programmes x 1**

- It is possible to offer him the possibility to participate in a number of rehabilitation programs (provided by many institutions), However, the programs are voluntary, so the participation depends on concrete person

#### **Private services x 1**

- Mental care is provided by private counsellors including psychiatrists. A share of the services by a private psychiatrist is reimbursed by the National Health Insurance

#### **Social welfare services (job finding) x 1**

- After psychosis will be reduced, he will be referred to social welfare services for assessment for job finding in Labour exchange office

#### **Supported employment x 1**

- Some mental health NGOs offer also supported employment possibilities. According to Vocational rehabilitation and employment disabled persons Act, every person who is employed under this act has a right to have a mentor taking care that this person has on job training; SENTPRIMA - Institute for advising, training and rehabilitation of people with disabilities offer training, supported employment

#### **None x 1**

- None

**\* To see the responses per country see Appendix 1 - LTE**

### Vignette 2

A 40-year old female, unemployed for more than 5 years, living alone, depressed, with suicidal ideation. She wants help.

#### **3.4 Where can she get information regarding the services which can help her? (n=12)**

##### **GP x 5**

1. If she is health insured the GP could guide her to a specialist - psychiatrist
2. At the Health Centre
3. Personal GP or psychiatrist if she already has one
4. Otherwise she may contact her GP who will direct her to public services
5. Generic medical service – GP provides first generic medical intervention, recommendation to specialist

##### **Emergency services x 4**

1. In praxis only through emergency call 112. Emergency service can give advice - where it is possible to receive psychiatric help
2. Bucharest Ambulance Service
3. She can call the emergency clinic of mental health public hospitals
4. First aid crisis centres, e.g. „Brána do života“ (Gate to the Life)

##### **Social Services x 3**

1. Social Services Department
2. Municipal social welfare services
3. Social welfare services may contact for her mental health services

##### **Internet / Mass Media 2**

1. Internet. There are Mental hospital website with information On internet are also some information about crisis centres. Crisis centre can give support by phone
2. Promotion through the media is central. She can obtain information through adverts, newspapers, television, the radio and the internet

### **Psychiatric Services x 2**

1. Emergency psychiatric service, Mental Health Centre, Psychiatric Hospitals
2. Primary mental health care centre

### **Employment services x 2**

1. Labour exchange office
2. Estonian Unemployment Insurance Fund ('unemployed' status requires at least one consultation every month)

### **NGO's x 2**

1. NGO's
2. Mental health NGOs, for example ALTRA, SENT, OZARA, PARADOKS, user association MOSTOVI, women's counselling service in Ljubljana

### **Helplines x 2**

1. Helplines for people in mental health distress
2. Phone help line (Hope Line, Košice); First aid phone line (first help, information on specialized subject providing help)

### **Her own community x 1**

- She may also be aware of certain service through the community itself, more likely through the grapevine

**\* To see the responses per country see Appendix 1 - LTE**

### **3.5 Which services can she approach and what services will they provide? (n=12)**

#### **Employment services x 6**

1. In the case she is asking for a job, after her treatment through the governmental office for employment she could eventually participate at the state program for temporary employment
2. If a consultant in Estonian Unemployment Insurance Fund is meeting an unemployed client who is emotionally unbalanced and she wishes to seek help, the consultant can refer her to career consultant, who has education in psychology
3. In addition to psychological counselling, a person who feels powerless and abandoned, may join with clubs of unemployed. Clubs of unemployed help people to meet with people in similar situation and problems, who wish to improve their condition.
4. Labour exchange office will provide job assessment and job finding services. If she will fail to start a job - courses for new professions would be offered. Also psychological counselling will be offered.
5. She can contact ETC's Supported Employment Section and if she meets the set criteria, she can be guided through a scheme of the three currently available schemes, being:
6. Social department of the labour office (professional counselling and recommendation to specialist)

#### **Emergency psychiatric services x 3**

1. Emergency medicine services (special psychiatric team) The role of this team is to quickly contact psychiatric patients on the street, at home, in public places etc. and make provisional assessment, give medicines or/and give advice to visit psychiatric outpatient clinic or providing hospitalisation in mental hospital
2. Emergency psychiatric service/ Emergency Room for Psychiatric Disorders
3. Otherwise she will have to visit or call the emergency mental health services.

#### **Psychiatric Services x 3**

1. Mental Health Centre; Psychiatric Hospitals
2. Psychiatrist in health centre - counselling, self-help group;
3. Mental health services and depending on her assessment she will either be admitted to the hospital or she will be referred to a community mental health team.

#### **NGO's x 3**

1. NGO's Psychological counselling programs are offered by many NGO's - they help the person to re-find herself, understand her needs, and attain an inner balance.

2. Mental health NGOs, for example ALTRA, SENT, OZARA, PARADOKS
3. Low-threshold psychological and social advisory services (League for Mental Health, Aupark, Bratislava)

#### **Social Welfare Services x 2**

1. In municipal social welfare services she will receive information, psychological help, and might be referred to a Primary mental health care centre, where she will be treated for depression.
2. Social department of the Bratislava Self-governing Region Office Social services providers (legislation is under revision now)

#### **GP's x 1**

- Assessment of her physical and mental condition by a doctor; Guidance to a specialist; Psychiatric consultation; Institutional treatment at the dispensary or the psychiatric hospital in Kurilo

#### **Generic Health Centres x 1**

- The services at the Health Centre

#### **Charities x 1**

- In case there is no support from family or social network, the person can contact charities (Ehlerenger Wäschbur, therapeutic workshops,...)

#### **Private Sector x 1**

- If she can afford she can ask for help in the private sector.

**\* To see the responses per country see Appendix 1 - LTE**

### **3.6 What further services are available to this person? (n=12)**

#### **Psychiatric services x 6**

1. In psychiatric hospital this person will be treated. After hospital care it's possible to visit outpatient clinics in Riga (psychiatrist consultation) or day centre
2. Chronically psychiatric disorders services– health insurance needed and/or direct payment; Counselling and Psychotherapy– direct payment
3. Alternatively she might be treated in mental hospital, referred without delays due to depression with suicidal ideation
4. Routine mental health care services are mainly available to those people. specific services such as psychotherapy they can get after an appointment with public clinical psychologist or group activities in day centres
5. Daily stationary care/daily sanatorium; Daily clinic – supportive psychotherapeutic groups, groups under professional guidance of psychologist, mutual clients care and help, laic therapists, work therapy
6. Psychological follow-up. medicine prescription according to the type of problem: stabilization therapy to maintain the health status of the person After stabilization professional reintegration enabled

#### **Services for the unemployed x 3**

1. Clubs on unemployed and psychological counselling are present. The problem is awareness. The information can be obtained by different media channels (internet, newspapers), but these people usually lack motivation and possibility to find the information. Therefore, it is extremely important that specialists who are working with the target group have passed relevant training
2. Rem Schaffen Initiative: Institution for women who wish to find a job
3. SENTPRIMA - Institute for advising, training and rehabilitation of people with disabilities offer training, supported employment, Some mental health NGOs offer also supported employment possibilities incl. training on job

#### **Social services x 2**

1. She could be send to a Expert commission for the determination of the percentage of invalidity in order to receive some social advantages (a small monthly pension)
2. Social Services – assistance in order to obtain a medical insurance and state financial help

#### **Mental health NGO's x 1**

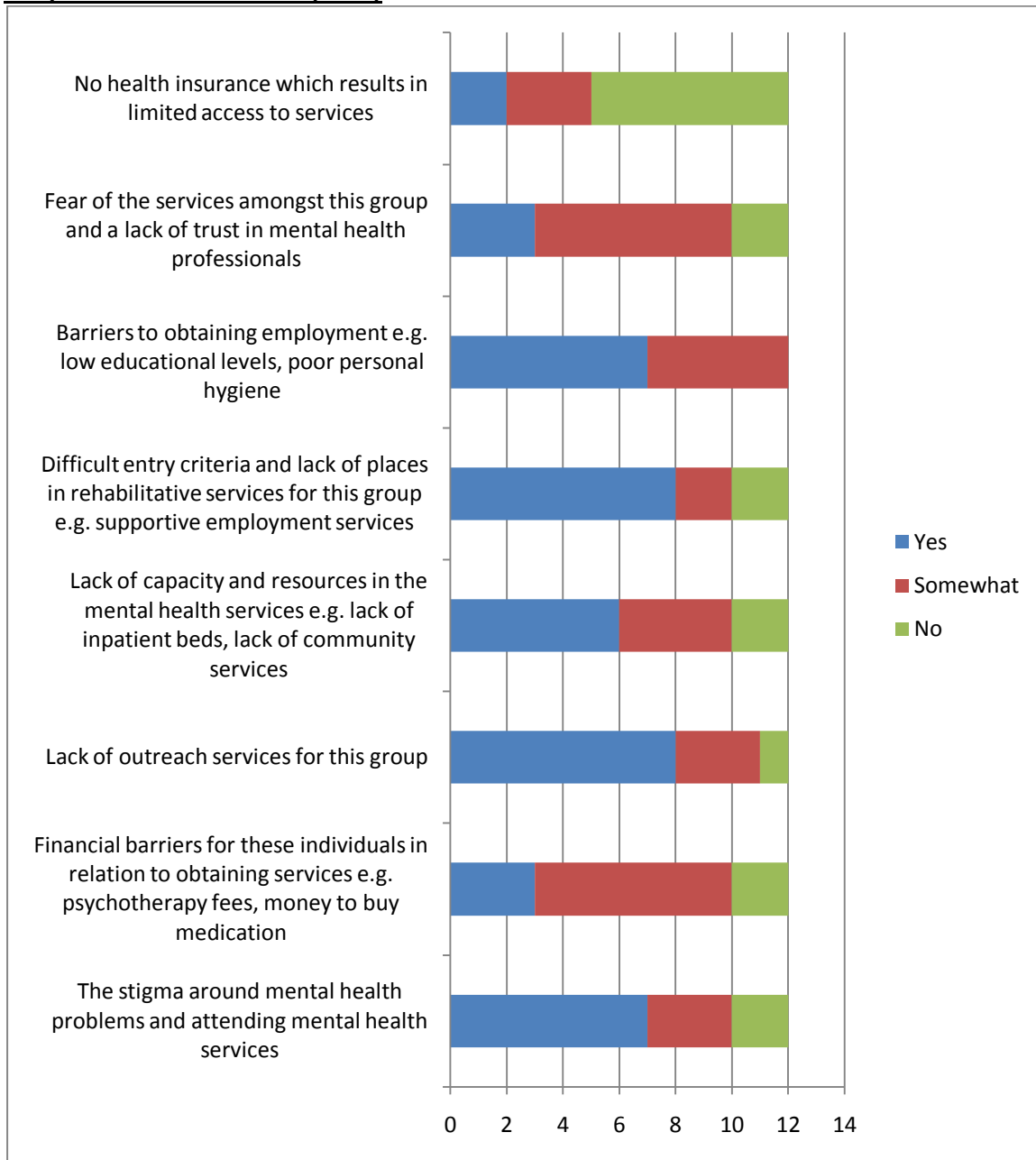
- Finnish Association for Mental Health

**None x 1**

- None

**\* To see the responses per country see Appendix 1 - LTE**

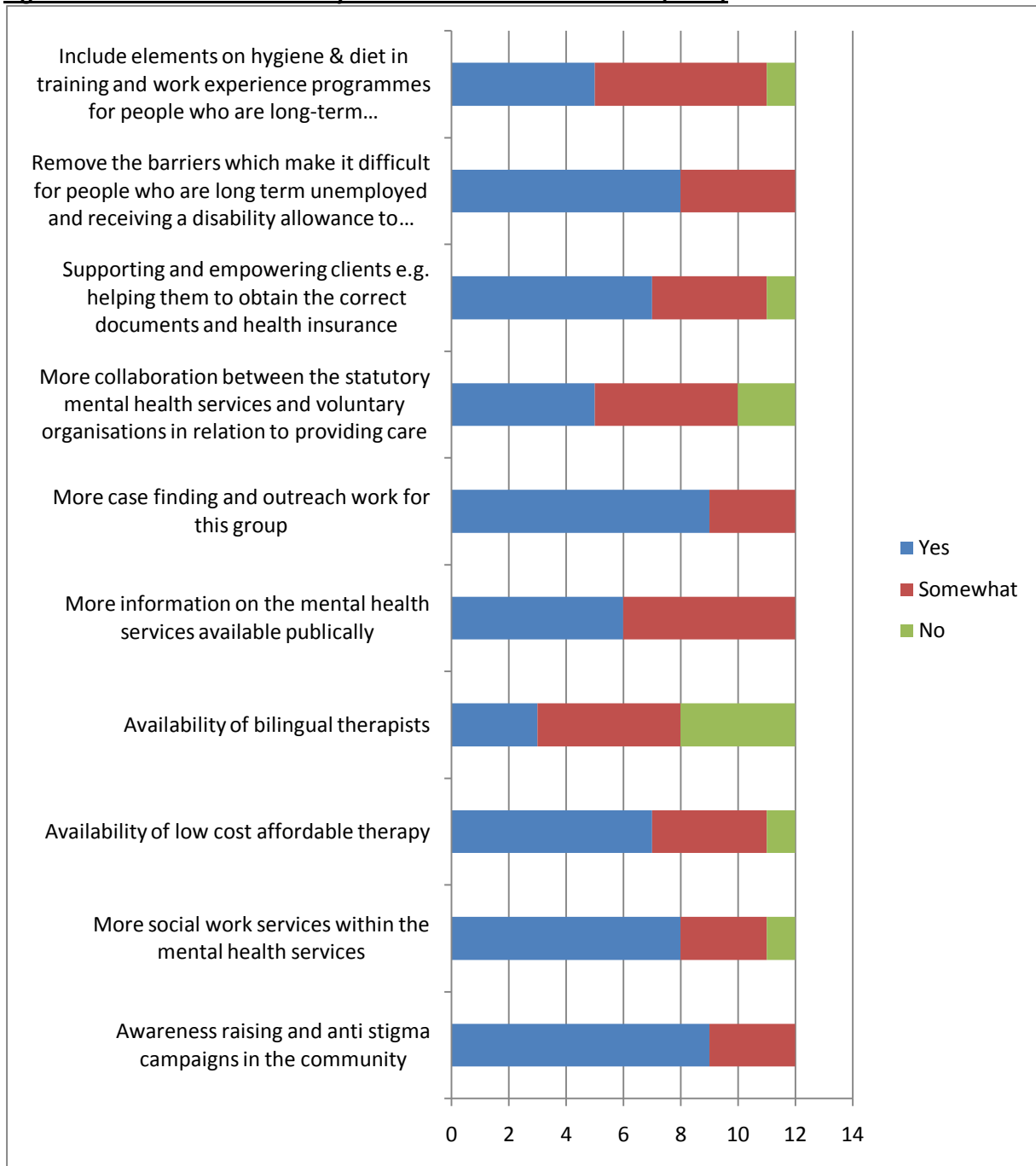
**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described? (n=12)**



**Summary**

The most common ‘barriers’ indicated were lack of outreach services for this group (8); difficult entry criteria and lack of places in rehabilitative services for this group (8); barriers to obtaining employment e.g. low educational levels, poor personal hygiene (7) and the stigma around mental health problems (7.)

**Figure 3.2 What are the best ways to overcome these barriers? (n=12)**

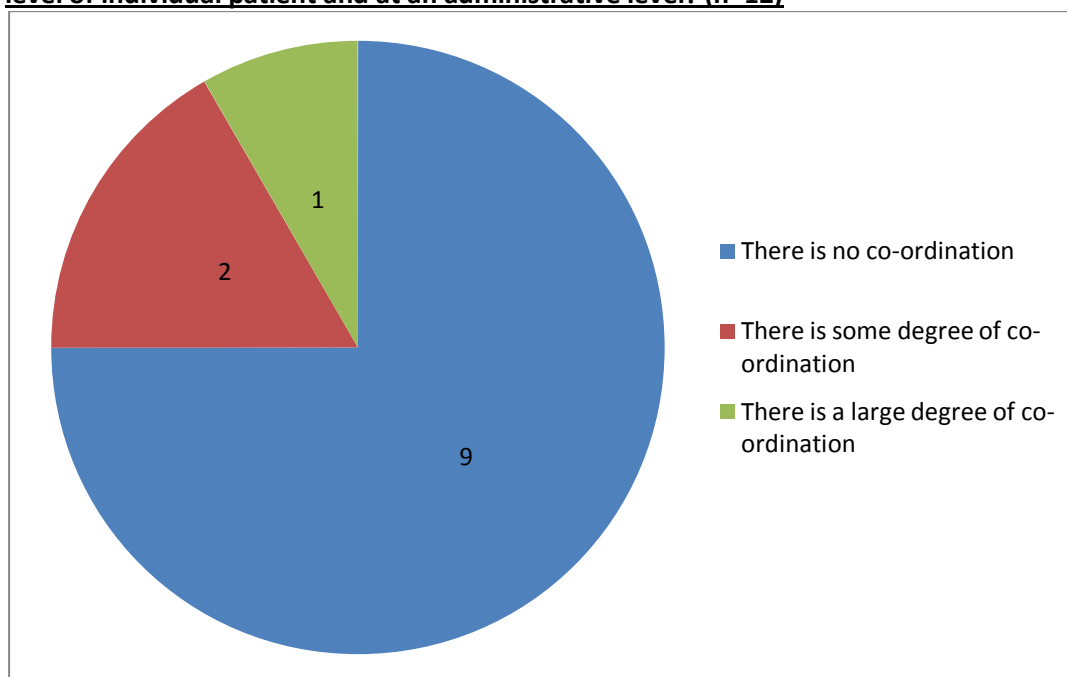


**Summary**

The most common ‘ways to overcome barriers’ indicated were awareness raising and anti-stigma campaigns in the community (9); more case finding and outreach work for this group (9); more social work services within the mental health services (8); remove the barriers which make it difficult for people who are long term unemployed and receiving a disability allowance to accept work when offered (8).

#### Section 4: General Questions

**Figure 4.1 How is mental health care for long-term unemployed people co-ordinated at both the level of individual patient and at an administrative level? (n=12)**

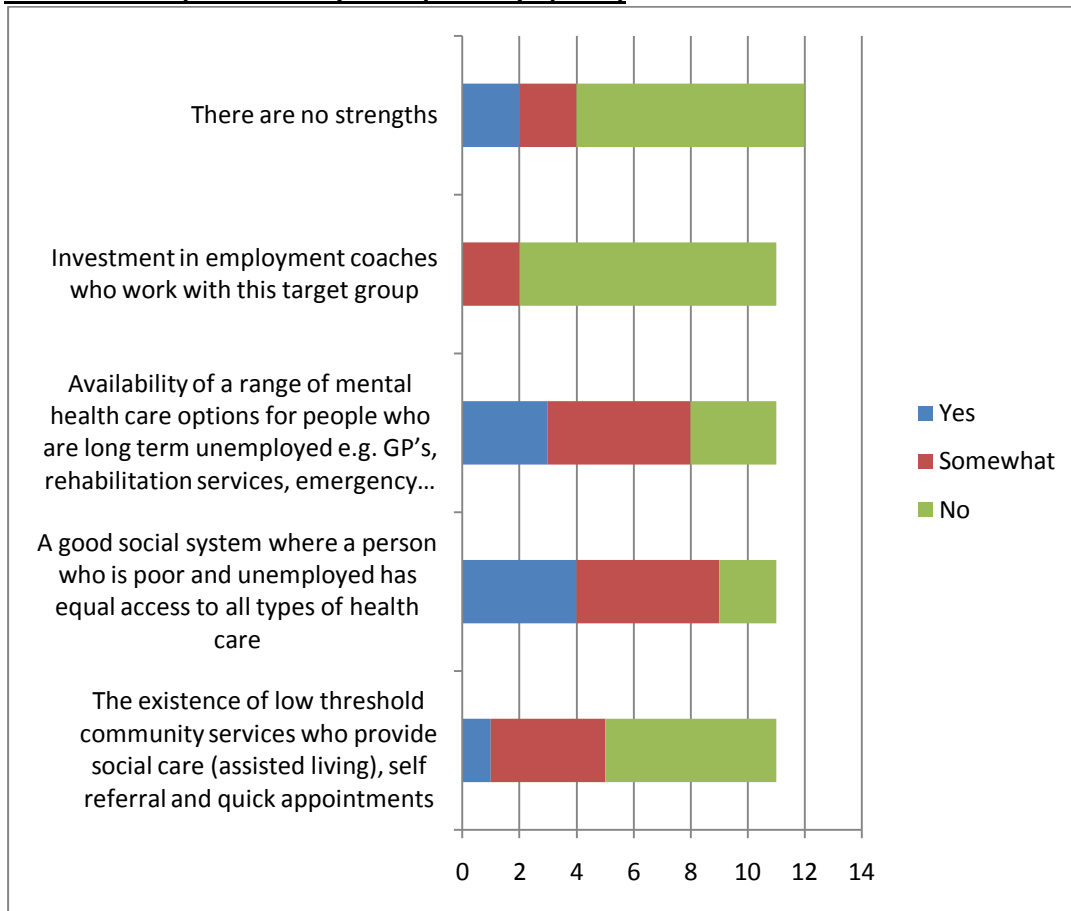


We can see from the graph that in 9 of the 12 capital cities there is no co-ordination, in two there is some degree of co-ordination and in one there is a large degree of co-ordination.

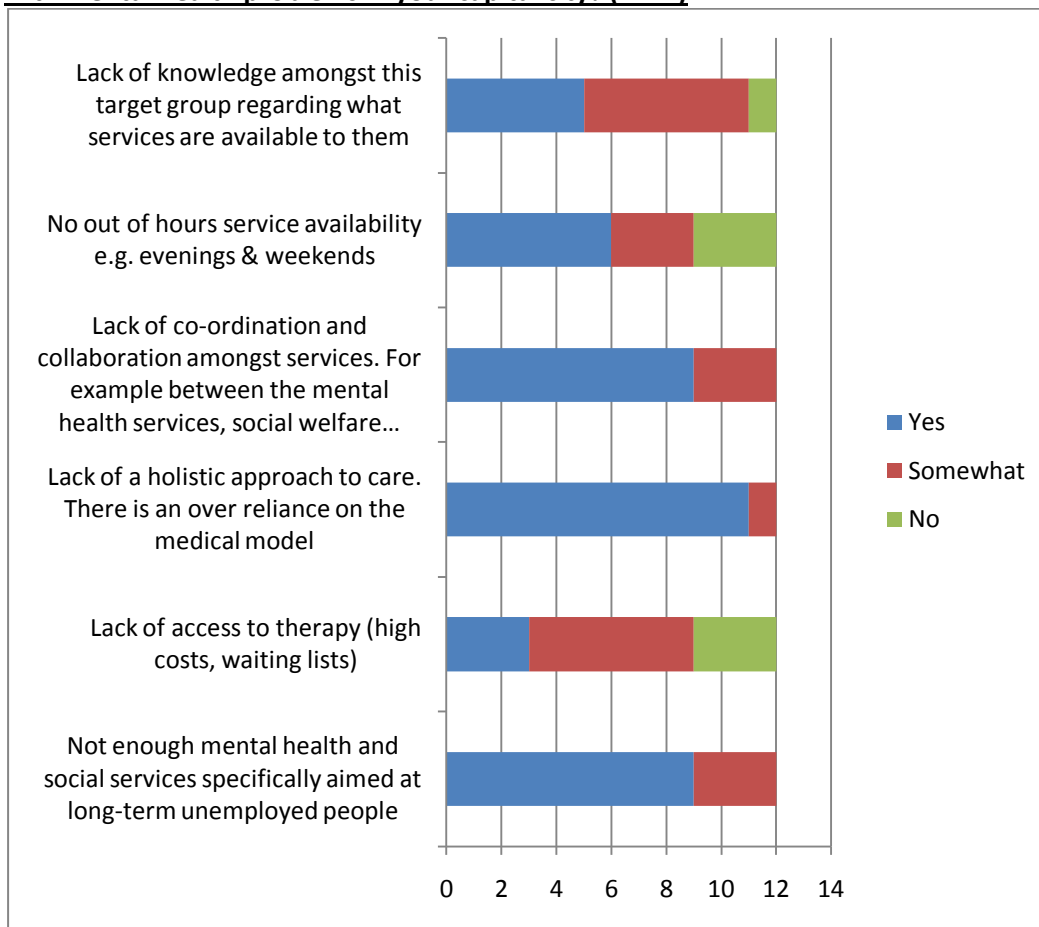
**Table 4.1 If co-ordination exists please describe**

<b>Finland</b> (large degree of co-ordination)	A client collaboration group within rehabilitation. This is a multi professional work group that helps the client in sorting out matters pertaining to rehabilitation. There is the Law on client collaboration within rehabilitation in Finland. There are the Labour Force Service Centre in many municipalities in Finland, also in Helsinki
<b>Slovakia</b> (some degree of co-ordination)	There is low level of coordination between the labour office, social services and professional advisory services or health care professionals, however, if person is not registered at the labour office, it is more difficult to reach him
<b>Malta</b> (some degree of co-ordination)	If the individual suffers from intense mental health issues, follow ups are conducted

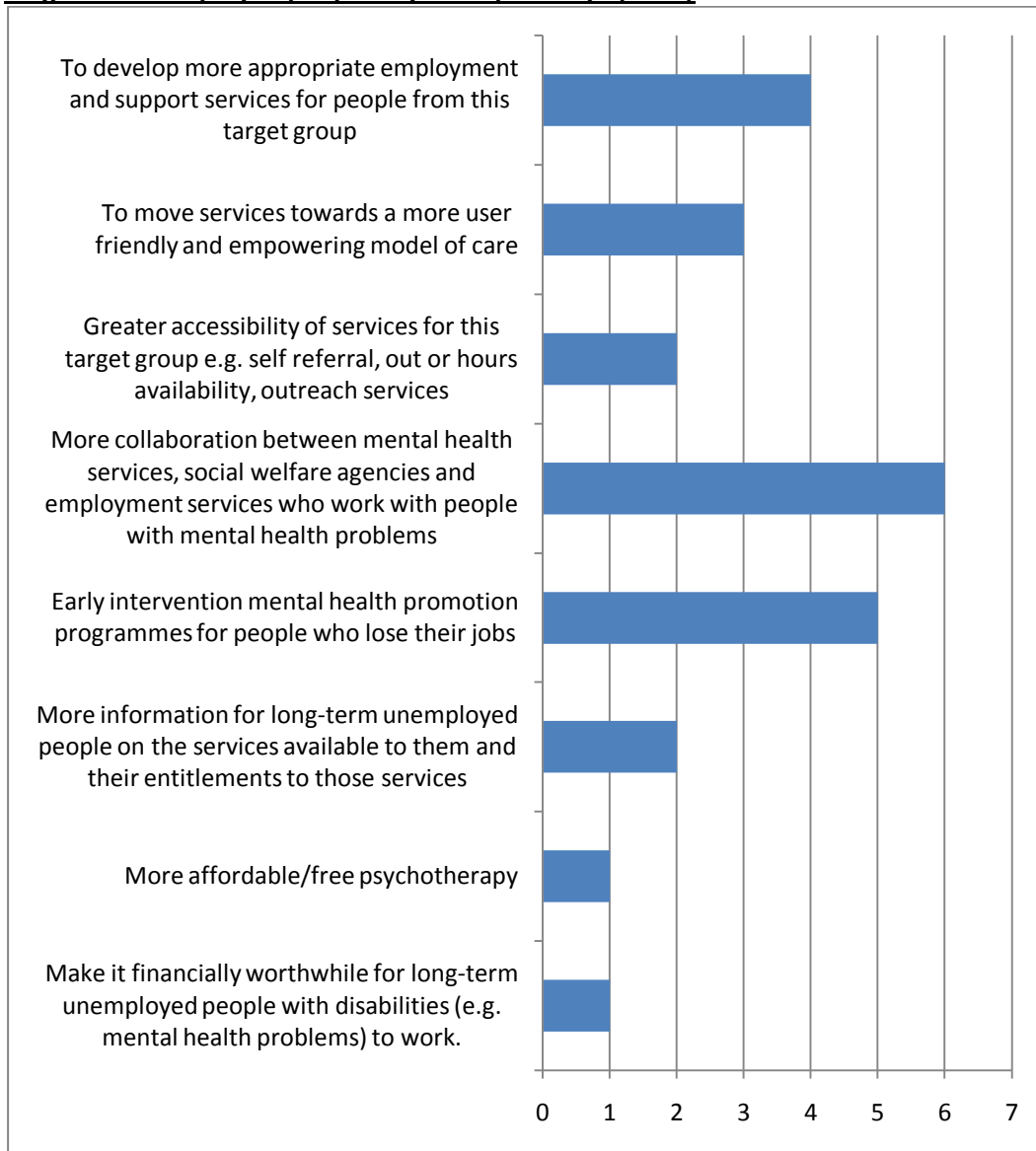
**Figure 4.2 What are the main strengths of service provision for long-term unemployed people with mental health problems in your capital city? (n=12)**



**Figure 4.3 What are the main weaknesses of service provision for long-term unemployed people with mental health problems in your capital city? (n=12)**



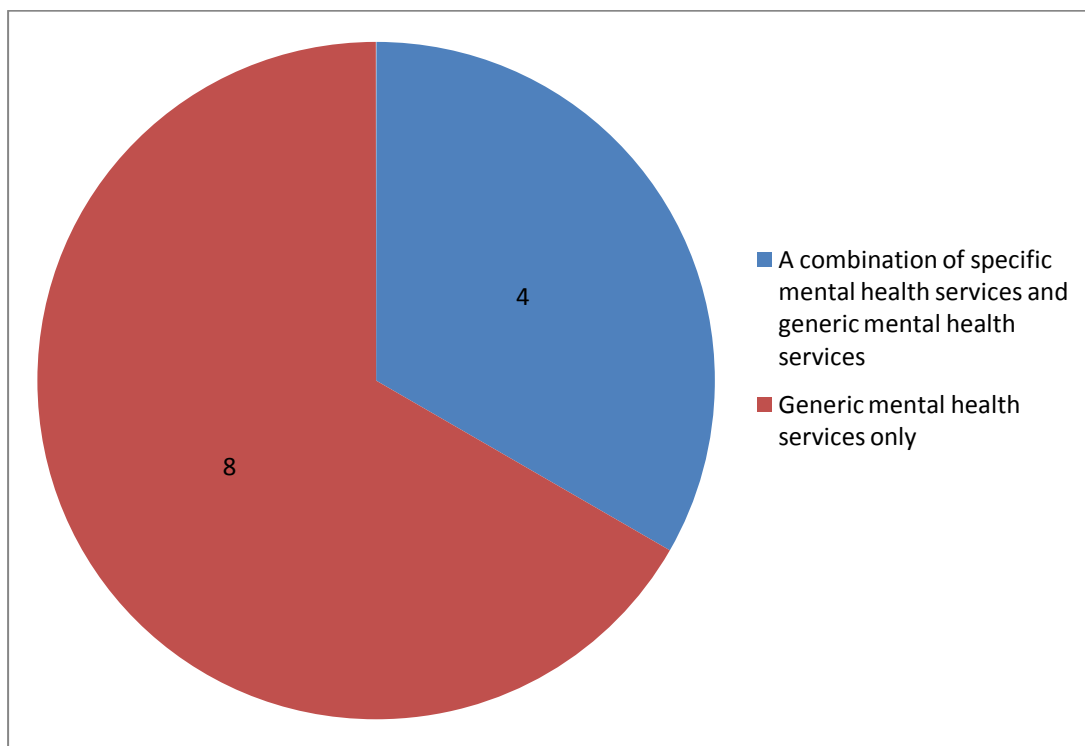
**Figure 4.4 What 2 things would you change in order to improve mental health care provision for long-term unemployed people in your capital city? (n=12)**



## Target group 2: Sex Workers

### Section 2: Structure of Services

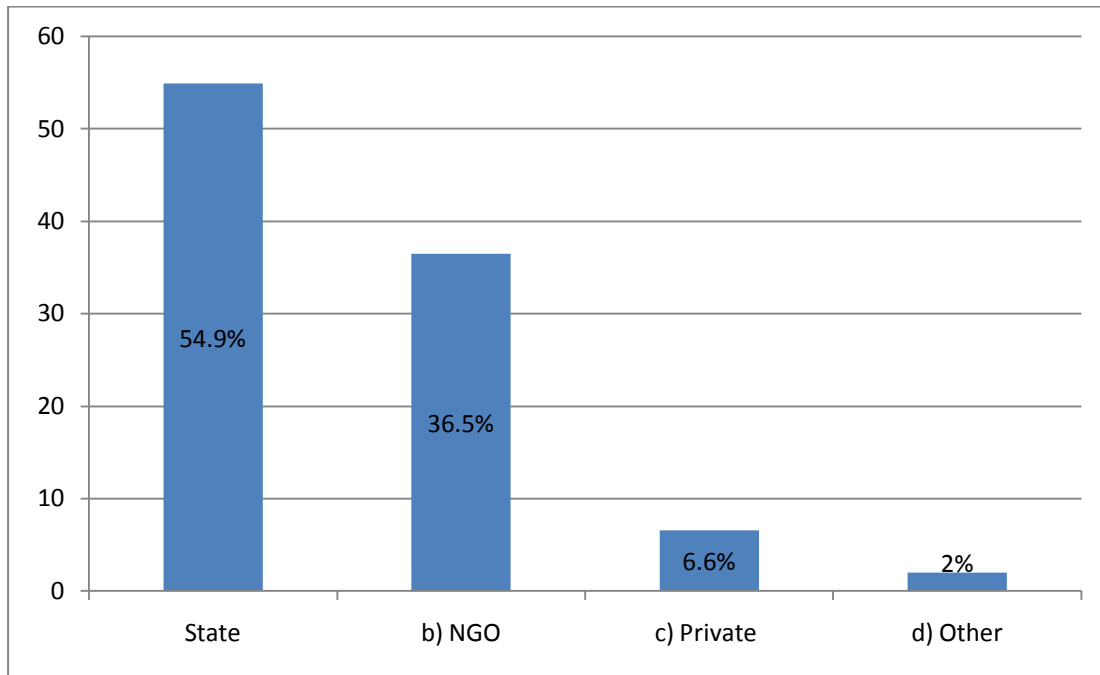
**Figure 2.1 Which of the following most accurately describes the structure of services available to sex workers with mental health problems in your capital city? (n=12)**



We can see from the graph that the majority of respondents (8) indicated that the structure of services accessible to long-term unemployed people with mental health problems in their capital city are generic mental health services only.

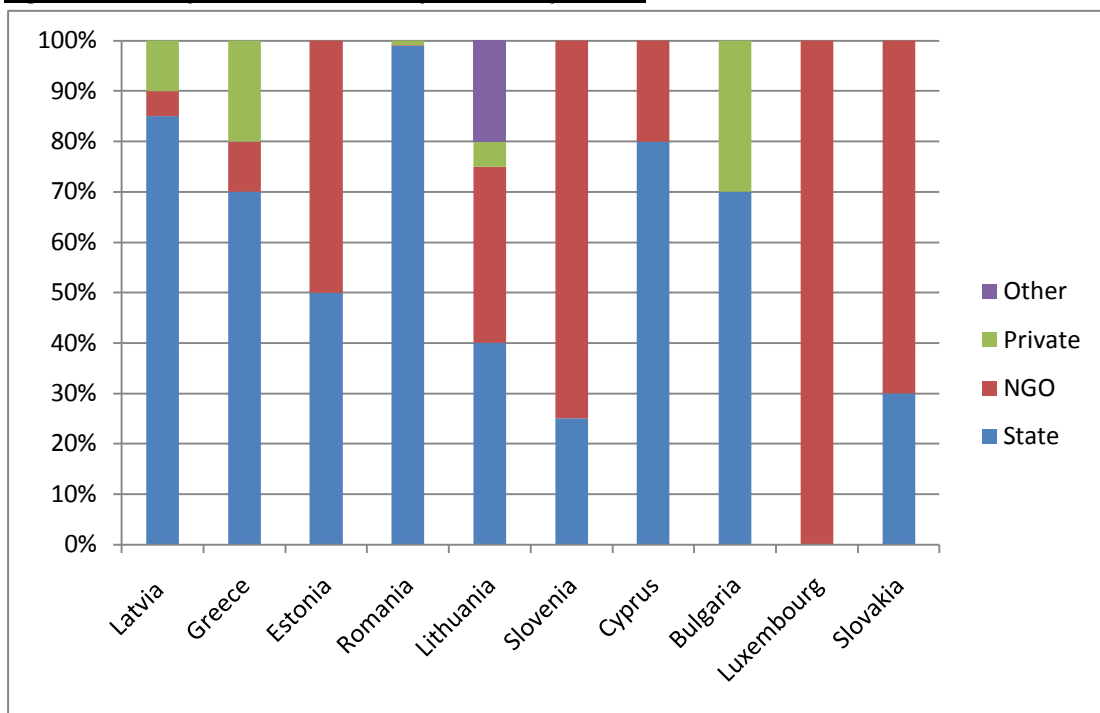
**\* To see a description of services per country see Appendix 2 - Sex Workers**

**Figure 2.2 What proportion of services (%) accessible to sex workers with mental health problems are provided by the following (n=10)**



We can see from the graph that the largest proportion of services are provided by the state sector (54.9%) followed by NGO's (36.5%).

**Figure 2.2a Proportion of services per country (n=10)**



### Section 3: Case Vignettes

#### **Vignette 1**

A 25-year old female, working as a street prostitute for at least 3 years, hears voices and appears disturbed. She is socially isolated, talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

#### **3.1 Which services would notice her problems and initiate help? (n=12)**

**Police** (if there is a risk to herself or others or being a nuisance) **x 5**

**Sex Worker specific outreach services x 3**

1. ATOLL outreach workers
2. Pro-tukipiste (NGO) does outreach work once a week amongst street sex workers
3. "Blue Bus" outreach workers

**More generic outreach services x 3**

1. "STIGMA" (association for harm reduction in the field of using illegal drugs) run good outreach service and in the case that this female is using illegal drugs, this organization might get in touch with her
2. "KINGS OF THE STREET - association for help and self help also has good outreach service and might get in touch with this female and inform other services
3. Outreach work through the NGOs (Prima, Odysseus)

**Other street sex workers or relative/friend x 2**

1. Non-official self-help service from other street workers could initiate help
  2. No one, except if a client or a colleague reports it to a relative or someone who cares for this person and then this person will take the responsibility to accompany her to an emergency mental health department
- If the person in question is a drug addict, it is likely that the Substance Misuse Unit will notice her problems due to being in contact with her

- There are no specific services to notice her problem
- Consumers/clients

**\* To see the responses per country see Appendix 2 – Sex Workers**

### **3.2 Which services would, once informed, go out and contact her? (n=12)**

**Police x 3**

**None x 3**

**Ambulance x 2**

#### **Sex worker mental health specific outreach service x 2**

1. ATOLL centre will go out and meet her. The centre provides primary psychological help in the street, in purpose to bring the girl to the centre for further evaluation
2. "Blue Bus" outreach programme that combines specific mental health services with generic services

#### **Sex worker specific outreach service x 2**

1. Pro-tukupiste (NGO) does outreach work amongst street sex workers. If we are informed about the above situation, we would, depending on our resources, attempt to get in contact with her as soon as possible
2. A special project for homeless people with mental health problems (mostly dual diagnosis issues) do outreach work and would in theory come at some point to meet the person if Pro-tukupiste workers would have an initial contact with the person

#### **Social care services x 2**

1. Municipality social workers who provide non specific social support
  2. "Coordinator for community mental care" - based in social service should go and contact her and organize appropriate help for her
- Emergency psychiatric team in emergency medicine services
  - Crisis centres

**\* To see the responses per country see Appendix 2 – Sex Workers**

### **3.3 What further services are available to this person? (n=12)**

#### **Psychiatric services x 11**

1. Psychiatric hospital
2. Primary mental health care centre: free of charge for population of the catchment area. If her mental problems are assessed as severe she might be treated also in a psychiatric hospital
3. Outpatient psychiatric clinics or day centre
4. Psychiatric dispensary or the hospital
5. Psychiatric Hospital
6. Public sector: acute psychiatric assessment & treatment, in in-and outpatient basis, for those who are entitled to public services
7. Psychiatric hospital services for acute disorders – no health insurance needed
8. Chronically psychiatric services– health insurance needed and/or direct payment
9. In the case of emergency and acute crisis - she would be hospitalized in psychiatric clinic
10. Mount Carmel Hospital which coordinates all mental health professional services which are offered locally. If the person was a male, he could stay at the dual diagnosis unit. Women, however, cannot.
11. Public and private mental health services

#### **Sex worker specific NGO's x 5**

1. If ATOLL direct the girl to the hospital then their support person personally helps the girl to make her further decisions. If the girl does not want the treatment in the hospital then the support person invigilates her condition and welfare. If needed, she can get psychiatric consultation
2. Pro-tukupiste (NGO): informal support and assistance in accessing appropriate services, short-term therapeutic intervention
3. "Blue Bus" provides harm reduction programme combined with psychological, social and psychiatric consultations
4. NGO "Demetra" is providing low barrier multidisciplinary services specifically to street workers since 2000 with consultations of psychologist, gynecologist, social worker etc
5. "KLJUC – "centre for fighting against trafficking in human beings" is offering concrete, free of charge forms of help to foreign victims of trafficking who are subjected to forced sexual or other forms of exploitation i.e. counselling by help line, psychosocial help, retrieval of victims from endangering situations (nightclubs, apartments, construction sites...), crisis accommodation

#### **Generic NGO's x 3 (2 are situation specific)**

1. Sex worker is an intravenous **drug user** she could be contacted by the outreach team of Initiative for Health
2. In the case of **violence** she can also receive support by the NGO Animus who run a shelter where she could stay for several months
3. Finnish Association for Mental Health / SOS Centre: promotes mental health, offers crisis assistance and rehabilitation to promote people's capacity to cope and prevent social exclusion and mental health problems, provides psychological first aid in emergencies, crises helpline and receives clients for short-term counselling

### **Social services x 3**

1. Social Services – assistance in order to obtain a medical insurance and state financial help
2. Possibilities of contact with social workers
3. Social assistance (accompanying client to relevant public institutions – e.g. public social administration bodies, hospitals)

### **Accommodation x 2**

1. There is a shelter for those people in a district outside of the capital
2. Accommodation services with providing meal and hygiene conditions

### **Private services x 2**

1. Counselling and Psychotherapy– direct payment
2. She can also get private help in case she is illegal (human trafficking victim)
  - Crisis Centre for Young People (19-29 years) provides crisis support with mental health problems
  - If she is a drug addict, it is likely that the Substance Misuse Unit will notice her problems due to being in contact with her. She would be offered a visit to a dual diagnosis clinic where she could be helped by a psychiatrist
  - The Department of Social Welfare currently places victims in homes for elderly people which does not provide adequate prevention from further abuse [for example sexual harassment from staff etc] nor provide an environment for appropriate psycho-social support

**\* To see the responses per country see Appendix 2 – Sex Workers**

## **Vignette 2**

A 25-year old female, working as a street prostitute for at least 3 years, living alone, depressed, with suicidal ideation. She wants help.

### **3.4 Where can she get information regarding the services which can help her? (n=12)**

#### **NGO's x 6**

1. 'Pro-tukipiste' informal support and practical assistance & information in accessing appropriate mental health services via assertive outreach and case-management. Services are available for her either through telephone, e-mail or face to face contact
2. From "Blue Bus" outreach workers
3. From NGO "Demetra"
4. Associations mentioned previously: STIGMA (association for harm reduction in the field of using illegal drugs) and KLJUC (centre for fighting against trafficking in human beings)
5. Various mental health NGOs (ALTRA, SENT, PARADOX, OZARA) are offering information, counselling, day centres, group homes, advocacy
6. She can get help from ATOLL's outreach workers and family doctors (if she has no health insurance)

#### **Psychiatric services x 4**

1. She can get information through a psychiatrist, privately, or through Mater Dei Hospital
2. Psychiatric reception
3. She can call up or visit a private or public mental health service
4. Emergency psychiatric service

#### **GP's x 3**

1. General practitioners (GP) – only for guidance towards a psychiatric service
2. Her personal GP, in the case she has one
3. She can contact her General practitioner, if she is health insured, but this case is rather rare

#### **Social Workers x 2**

1. From municipality social workers
2. Social assistance (social workers)

- Police, if she will be in contact
- Emergency call 112
- Internet
- If the person in question is a drug addict, he/she are guided by the Substance Misuse Unit

**\* To see the responses per country see Appendix 2 – Sex Workers**

**Table 3.5 Which services can she approach and what services will they provide? (n=12)**

**Acute psychiatric services x 4**

1. Public sector: acute psychiatric assessment & treatment (in- and outpatient basis) for those who are entitled to public services
2. In the psychiatric hospital she can get all services that she needs. If she has not health insurance then she gets only acute treatments
3. Psychiatric hospital services for acute disorders – no health insurance needed
4. The outpatient and inpatient services are also available for this person

**Private psychiatric practice x 4**

- She also can contact a private psychiatrist, but in this case she has to pay out of pocket
- Private practice psychiatric services
- Public and private mental health services
- Additionally, she can resort also resort to the private sector for psychiatric help

**Sex worker specific NGO's x 3**

1. In the ATOLL's centre she can get: psychiatric consultation and if needed a note for psychiatric hospital, psychological help, health consultation, support person
2. 'Blue Bus' is providing harm reduction means for sex workers as well as for persons who are dependent on injectable and other street drugs; in combination with this harm reduction consultations of the psychologist and social worker are available at the spot (outreach), also in day care centre at Vilnius centre for dependencies
3. NGO "Demetra" is providing low barrier multidisciplinary services specifically to street workers with consultations of psychologist, gynecologist, social worker etc

**Emergency psychiatric services x 2**

1. Emergency medicine services (special psychiatric team). The role of this team is to quickly contact psychiatric patients on the street, at home, in public places etc. and make provisional assessment, give medicines or/and give advice to visit psychiatric outpatient clinic or providing hospitalisation in mental hospital
2. Emergency psychiatric services – no health insurance needed

**Outpatient psychiatrist services x 2**

1. Mental Health Centre

2. She can enter Primary Mental Health care centre at her living region for treatment of depression

#### **Generic mental health NGO's x 2**

- Finnish Association for Mental Health (NGO)
- Various mental health NGOs (ALTRA, SENT, PARADOX, OZARA) are offering counselling for people with mental health problems

#### **Social services x 2**

- "Coordinator for community mental care" - based in social service might find the appropriate help, such as counselling, medical help, financial help if needed.
- Social services in field – decreasing risk of infectious diseases transmission (HIV/AIDS, hepatitis and other blood transmitted infectious diseases), minimising number of unsafe sexual intercourses among prostitutes through information-educational materials and discussions, needles and syringes distribution and used syringes and needles exchange

**\* To see the responses per country see Appendix 2 – Sex Workers**

### **3.6 What further services are available to the person? (n=12)**

#### **Psychiatric services (inpatient and outpatient) x 6**

1. In mental hospital this person will be treated and also there are possibilities to contact with social workers
2. She can get psychiatric ambulatory or stationary treatment.
3. Public sector: acute psychiatric assessment & treatment, in in-and outpatient basis, for those who are entitled to public services
4. Chronically psychiatric disorders services– health insurance needed and/or direct payment
5. Alternatively she can be treated in mental hospital due to severe depression with risk for suicide; referral could be obtained from primary psychiatrist without delays, because this case will be regarded as urgent admission
6. After hospital care it's possible to visit outpatient clinics in Riga (psychiatrist consultation) or day centre. This services is for free and also medicines according to diagnosis is for free or with discount (e.g. schizophrenia for free, same forms of depression - 50% etc)

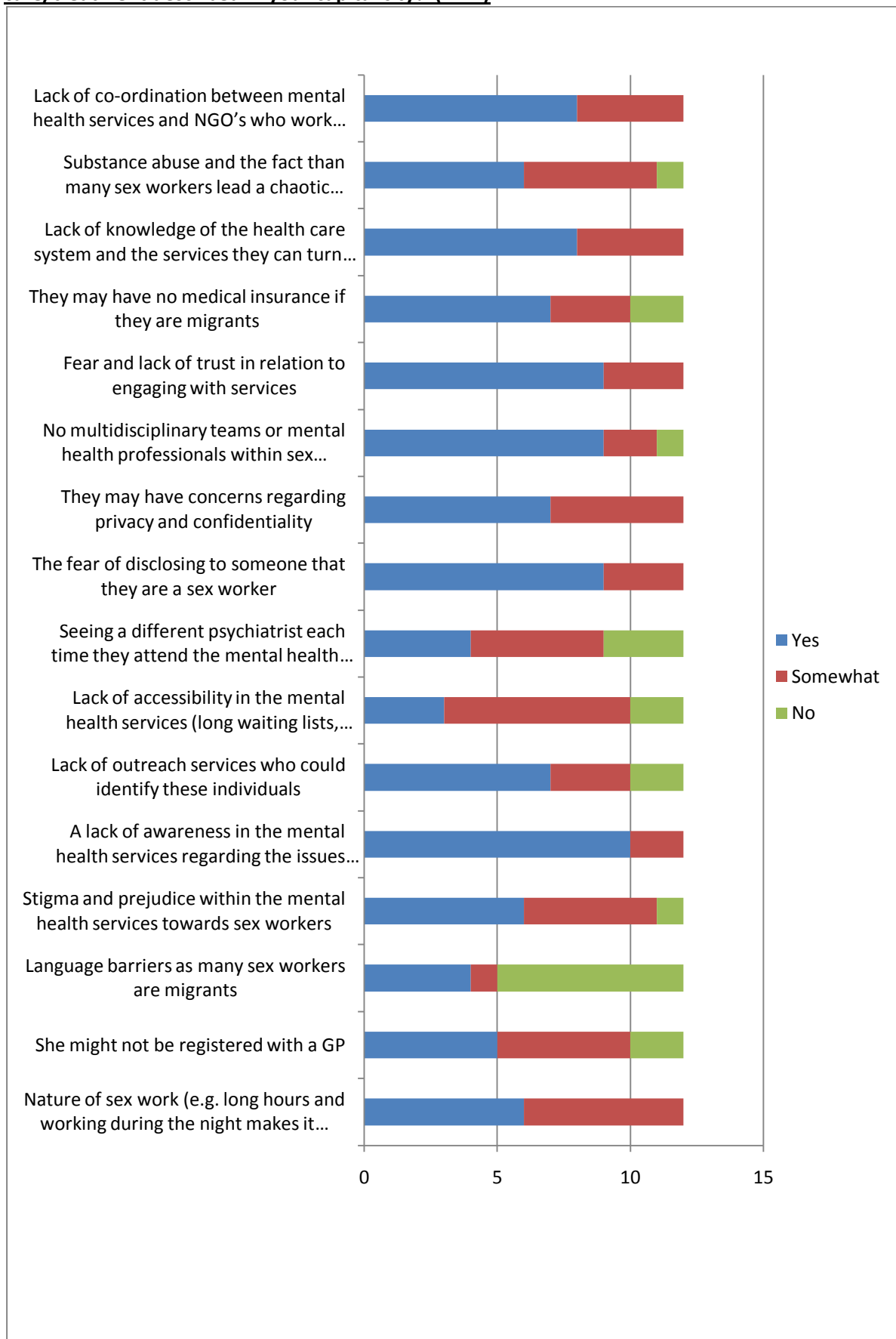
#### **NGO's x 3**

1. Pro-tukipiste (NGO) – sex worker specific
2. Finnish Association for Mental Health (NGO) / Crisis Centre for Young People (19-29 years) provides crisis support with mental health problems
3. Associations mentioned above, such as association STIGMA and KLJUC(both described above), social service, mental health NGOs, psychiatrist, GP, all depends on what are the reasons for her depression and what she would wish to be done

#### **Social services x 2**

1. Social Services – assistance in order to obtain a medical insurance and state financial help.
  2. Special social counselling – social workers in field who provide counselling in field of social and material need, they help to get in touch with relevant social institutions and to overcome barriers in contact with these institutions
- Counselling and Psychotherapy– direct payment
  - This sex worker is at particular risk of not getting help timely. Her needs receive insufficient attention and cannot be meet through usual health and welfare channels
  - No services
- 
- **\* To see the responses per country see Appendix 2 – Sex Workers**

**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described in your capital city? (n-12)**

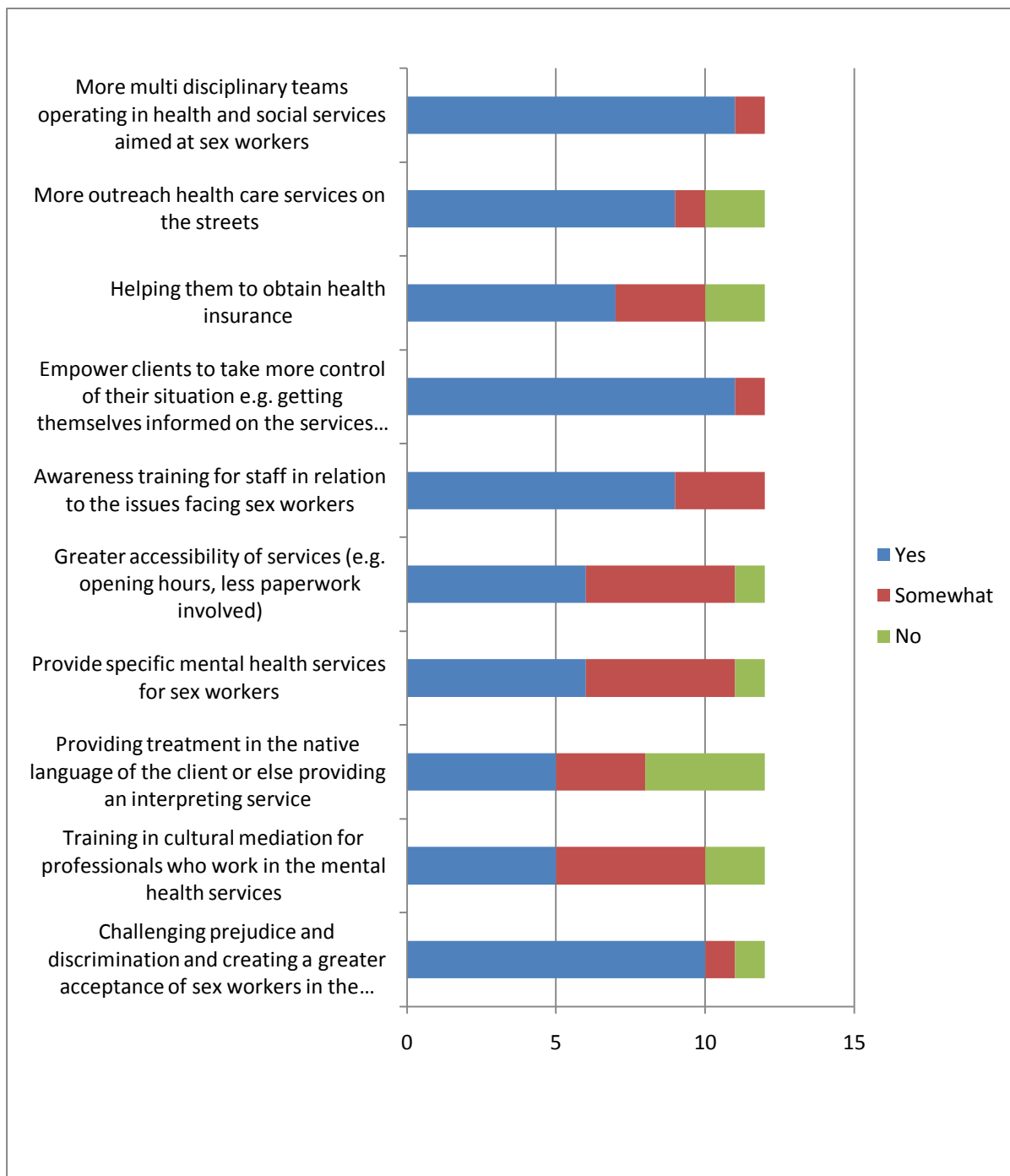


## Summary

The most common *barriers* indicated were:

- 'a lack of awareness in the mental health services regarding the issues facing sex workers' (10)
- 'fear and lack of trust in relation to engaging with services' (9);
- no multidisciplinary teams or mental health professionals within sex worker specific health and social services' (9)
- 'the fear of disclosing to someone that they are a sex worker' (9)

**Figure 3.2 What are the best ways to overcome these barriers? (n-12)**



**Summary of overcoming barriers**

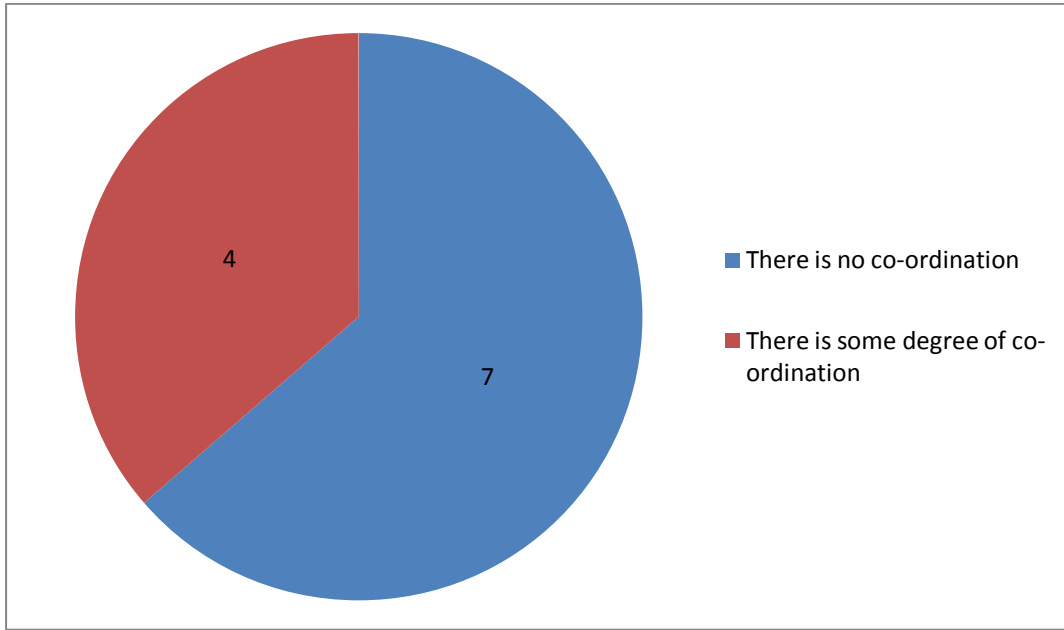
The most common ways of overcoming barriers were:

- ‘empower clients to take more control of their situation e.g. getting themselves informed on the services that are available’ (11)

- 'more multi disciplinary teams operating in health and social services aimed at sex workers' (10)
- 'challenging prejudice and discrimination and creating a greater acceptance of sex workers in the services' (10)

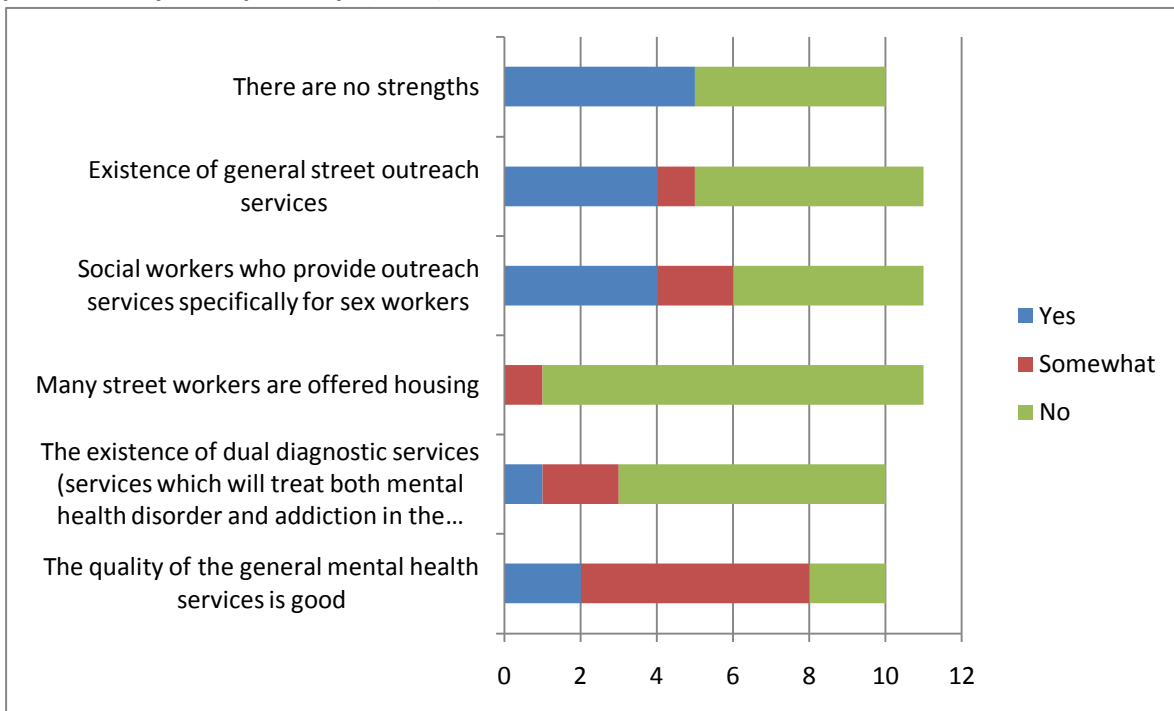
#### Section 4: General Questions

**Figure 4.1 How is mental health care for sex workers co-ordinated in your capital city at both the level of individual patient and at an administrative level? (n=12)**

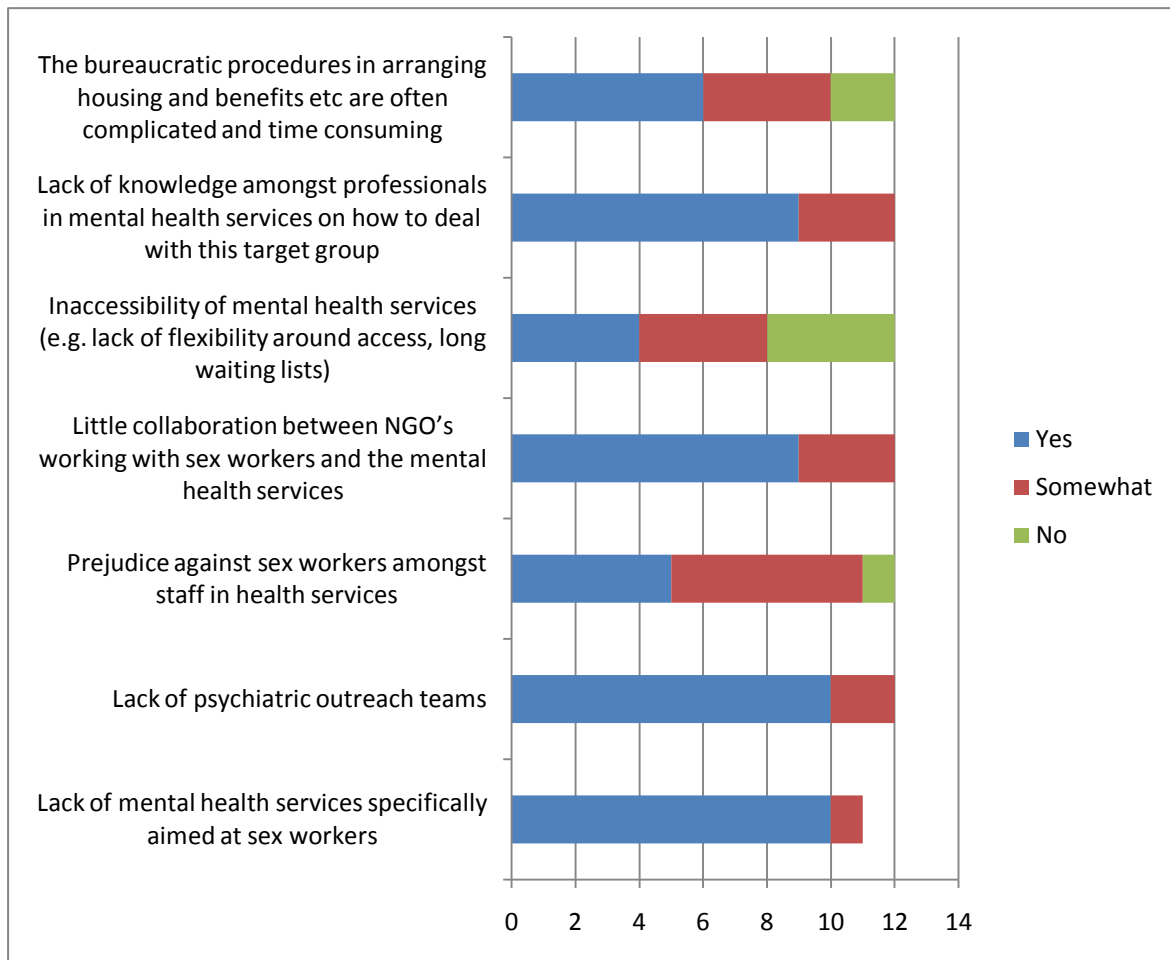


We can see from the graph that in 7 of the 12 capital cities there is some degree of co-ordination and in four there is no co-ordination.

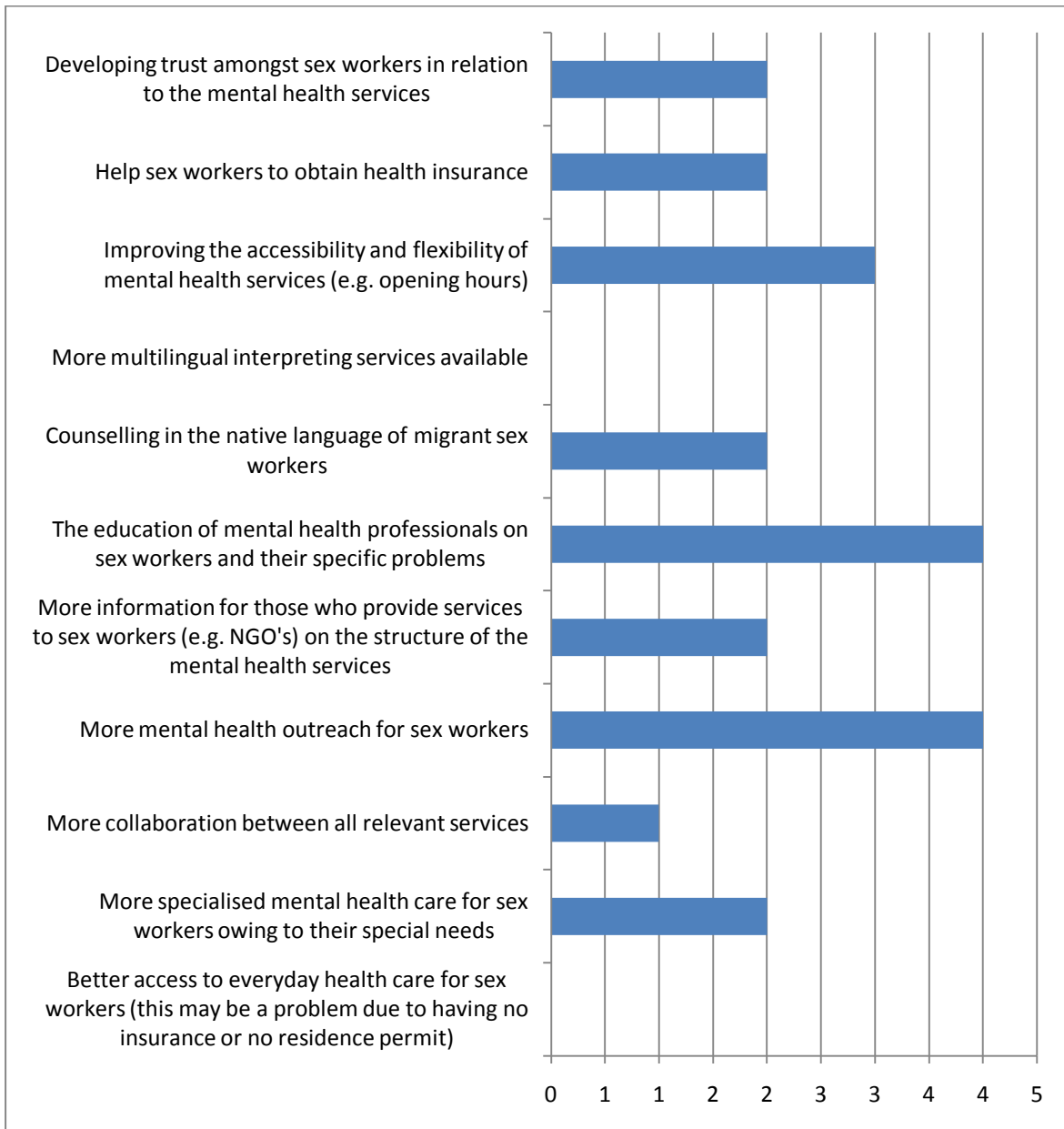
**Figure 4.2 What are the main strengths of service provision for sex workers with mental health problems in your capital city? (n=12)**



**Figure 4.3 What are the main weaknesses of service provision for sex workers with mental health problems in your capital city? (n=12)**



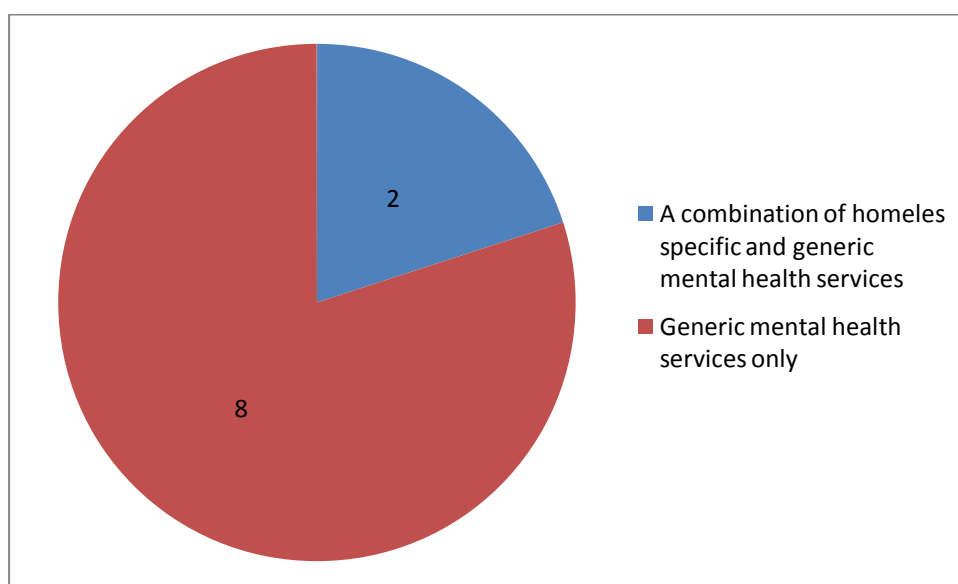
**Figure 4.4 What 2 things would you change in order to improve mental health care provision for sex workers in your capital city? (n=11)**



### Target group 3 :Homeless

#### Section 2: Structure of Services

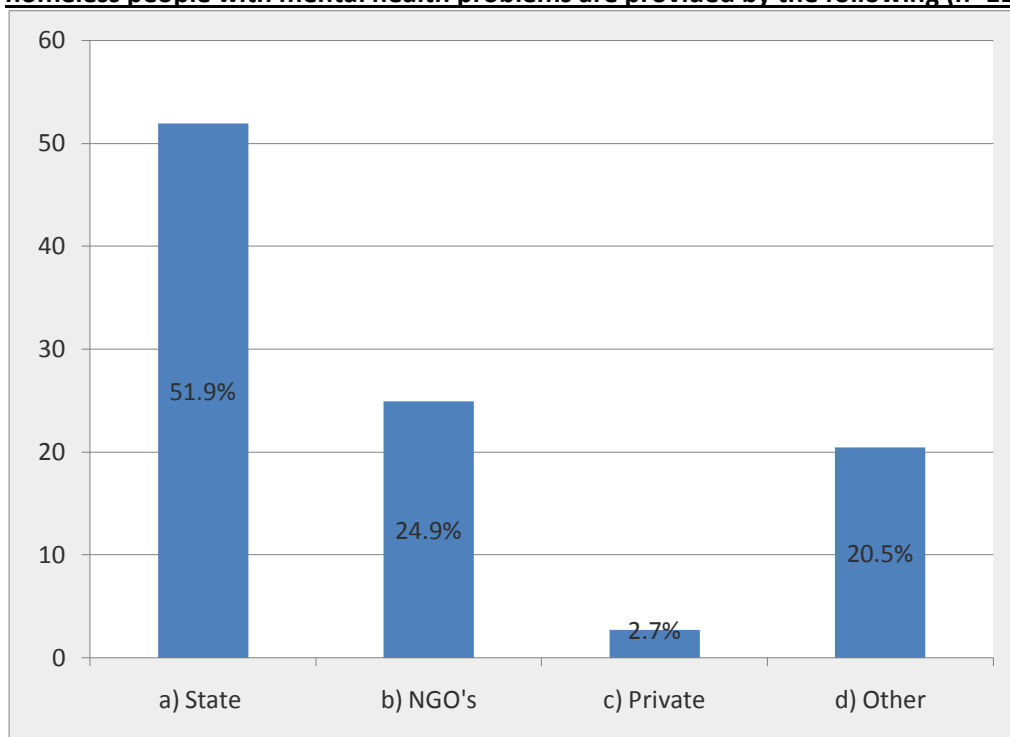
**Figure 2.1 Which of the following accurately describes the structure of services available to homeless people with mental health problems in your capital city? (n=10)**



We can see from the graph that the majority of respondents (8) indicated that the structure of services accessible to homeless people with mental health problems in their capital city are generic mental health services only.

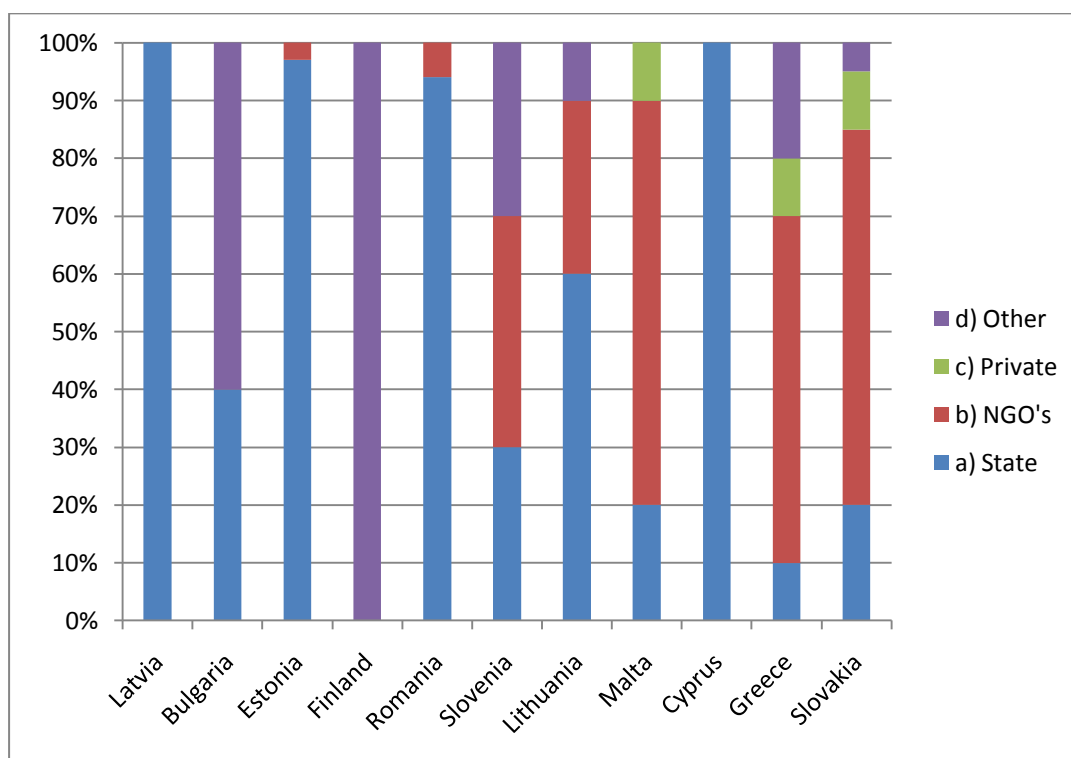
**\* For a description of services per country see 'Appendix 3 – Homeless'**

**Figure 2.2 Please estimate what proportion of services in your capital city (%) accessible to homeless people with mental health problems are provided by the following (n=11)**



We can see from the graph that the largest proportion of services are provided by the state sector (51.9%) followed by NGO's (24.9%) and other e.g. religious organisations (20.5%).

**Figure 2.3 Proportion of services per country (n=11)**



### Section 3: Case Vignettes

#### **Vignette 1**

A 30-year old male, homeless for more than 2 years and sleeping rough. He hears voices and appears disturbed. He is socially isolated, talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

#### **3.1 Which services would notice his problems and initiate help? (n =12)**

##### **Police x 4**

- Police (if this person make some legal offence or try to do it)
- The outreach approach is not practised until the person becomes aggressive and the police are called
- Municipality / police
- City police – identity checking with aim to decrease number of homeless with health problems

##### **Homeless NGO's with generic outreach services x 4**

- NGO "Kings of the streets" has outreach service, therefore they are probably only organization in Ljubljana which would notice a problem
- NGOs outreach e.g. civic association „Proti prúdu“ – social workers from who provide searching services on the streets
- NGO's (through street work)
- 'Street Work' Unit

##### **Homeless NGO with special mobile psychiatric team x 1**

- NGOs (eg Samusocial Romania - the NGO that helps homeless people and have a special mobile psychiatric team)

##### **Social welfare services x 1**

- Most likely due to his socioeconomic condition he may be in touch with Welfare Services. Therefore they may notice the problem when he visits their office

**Social care services x 1**

- Social care services under the Bratislava Self-governing Region

Emergency medical services x 1

First Aid shelter for homeless people x 1

Relatives x 1

Neighbours x 1

Church x 1

**\* To see the responses per country see 'Appendix 3 – Homeless'**

### **3.2 Which services would, once informed, go out and contact him? (n=12)**

#### **Social services x 4**

1. Social Services will contact Mental Health Services
2. Intervention of municipal social service
3. Social worker of local government
4. Social services (coordinators of community care for people with mental health problems)

#### **Psychiatric emergency services x 3**

1. Special psychiatric team in emergency medicine services
2. First aid unit in psychiatric health centre
3. Psychiatric hospital (in the case of emergency)

#### **Police x 3**

#### **General NGO's x 3**

1. Community organisation (Access) which offers generic services to community and vulnerable groups

#### **Ambulance service x 2**

#### **Homeless specific NGO x 1**

- Homeless NGO providing outreach services

#### **Case finding services provided through NGO x 1**

- Generic case finding services provided through NGOs e.g. civic association „Proti prídu“ – who search for homeless people in Bratislava through social workers in field and their transport in the special hostel for homeless people

#### **Outreach teams of religious organizations with input from a psychiatrist x 1**

**Church x 1**

**There is no formalized structure x 1**

**\* To see the responses per country see 'Appendix 3 – Homeless'**

### **3.3 What further services are available to this person? (n=12)**

- **Psychiatric hospital x 7**
- **Psychiatric outpatient clinics x 3**
- **Social services to help obtain documents/medical insurance/accommodation x 3**
- **Homeless shelters x 2**
- **Nursing home / Elderly home x 2**
- **Personal hygiene centre/re socialization services x 2**
- **Emergency psychiatric services x 1**
- **Forensic psychiatric services x 1**
- **Specific mental health services (psychotherapy, psychological counselling) x 1**
- **Generic primary health care x 1**
- **There are some NGO's or voluntary organisations which provide regular medical care and treatment mentally ill homeless x 1**
- **Supportive housing x 1**
- **Commission to determine the invalidity in order to receive some social advantages x 1**
- **State Programs for temporary employment x 1**
- **Religious organizations with services for homeless people (accommodation, food, clothes) x 1**
- **Spiritual services provided by some churches x 1**

**\* To see the responses per country see 'Appendix 3 – Homeless'**

## Vignette 2

A 40-year old female, homeless for more than 2 years and sleeping rough. She is depressed, with suicidal ideation, and she wants help.

### **3.4 Where can she get information regarding the services which can help her? (n=12)**

#### **Homeless shelters x 6**

1. Homeless shelter workers
2. If the client lives in a shelter or accommodation unit she would get information from the respective social worker
3. Shelter for Homeless people which is part of the state social services
4. She could receive information from municipal shelter service for homeless people
5. She is also able to seek information from: YMCA: Provides basic shelter for homeless
6. ALTRA - is non-profit and mental health non-governmental organization; one of its projects is drop-in and the shelter for homeless drug addicts

#### **NGOs for homeless people x 3**

1. NGOs, e.g. civic association „Proti prádu“ – social workers from who provide searching services on the streets; accommodation services; social and legal counselling; basic health and nursing care; psychological and spiritual advisory services
2. Association "Kings of the streets"
3. NGOs (Eg Samusocial Romania - the NGO that helps homeless people and have a particularly moving psychiatric team)

#### **Social welfare services x 3**

1. She could get some information from the Department social assistance
2. Appoĝĝ agency: the national social welfare agency which provides support and professional care. It offers over 25 specialized and generic social welfare services
3. Social care services under the Bratislava Self-governing Region

#### **Social workers x 2**

- Municipal social workers

#### **Psychiatric services x 2**

1. Institutions for medical psychiatric services
2. First aid unit in psychiatric health centre

**GP x 2**

**Police x 2**

**First aid shelters x 1**

**Suicide Help Line x 1**

**Emergency call 112 x 2**

**Internet x 1**

**Church x 1**

**\* To see the responses per country see 'Appendix 3 – Homeless'**

### **3.5 Which services can she approach and what services will they provide? (n=12)**

#### **Psychiatric emergency services x 4**

1. Psychiatric emergency team if she calls 112 who contact psychiatric patients on the street, at home, in public places etc. and will make provisional assessment, give medicines
2. Emergency psychiatric services – no health insurance needed
3. Psychiatric hospital in the case of the emergency (medication)
4. Hospitals and psychiatric emergency units.

#### **Psychiatric hospital x 3**

1. Psychiatric consultation and institutional treatment at the dispensary or psychiatric hospital
2. Psychiatric hospital services for acute disorders – no health insurance needed
3. Hospital care

#### **Outpatient psychiatric services x 3**

1. A hospital to get treatment (both, as a outpatient and inpatient)
2. Outpatient care in psychiatric policlinics
3. Psychiatric services in generic health centres (counselling, medication)

#### **Counselling/Psychotherapy services x 3**

1. Counselling or/and Psychotherapy
2. Psychotherapeutic support (NGO, organisations)
3. Mental health NGO who have a counselling service

#### **Social services x 2**

1. Municipal social welfare worker
2. Specific social service that provides care specifically for homeless people in Vilnius

#### **NGO's x 2**

- NGOs from religious organisations
- Street searching services provided through NGOs
  
- GP for assessment and guidance to a specialist x 1

- Social Insurance Board to apply for rehabilitation services x 1
- She herself can phone or be referred to Richmond Foundation, POP, Mont Carmel Hospital x 1
- Accommodation (church, NGO, other organisations) x 1

**\* To see the responses per country see 'Appendix 3 – Homeless'**

### **3.6 What further services are available to this person? (n=12)**

#### **Miscellaneous psychiatric services x 4**

1. The psychiatric emergency team may give advice to visit psychiatric outpatient clinic or provide hospitalisation in mental hospital
2. Treatment in psychiatric hospital
3. Primary care mental health services
4. Specific mental health services – (psychotherapy, psychological counselling)

#### **Social services x 2**

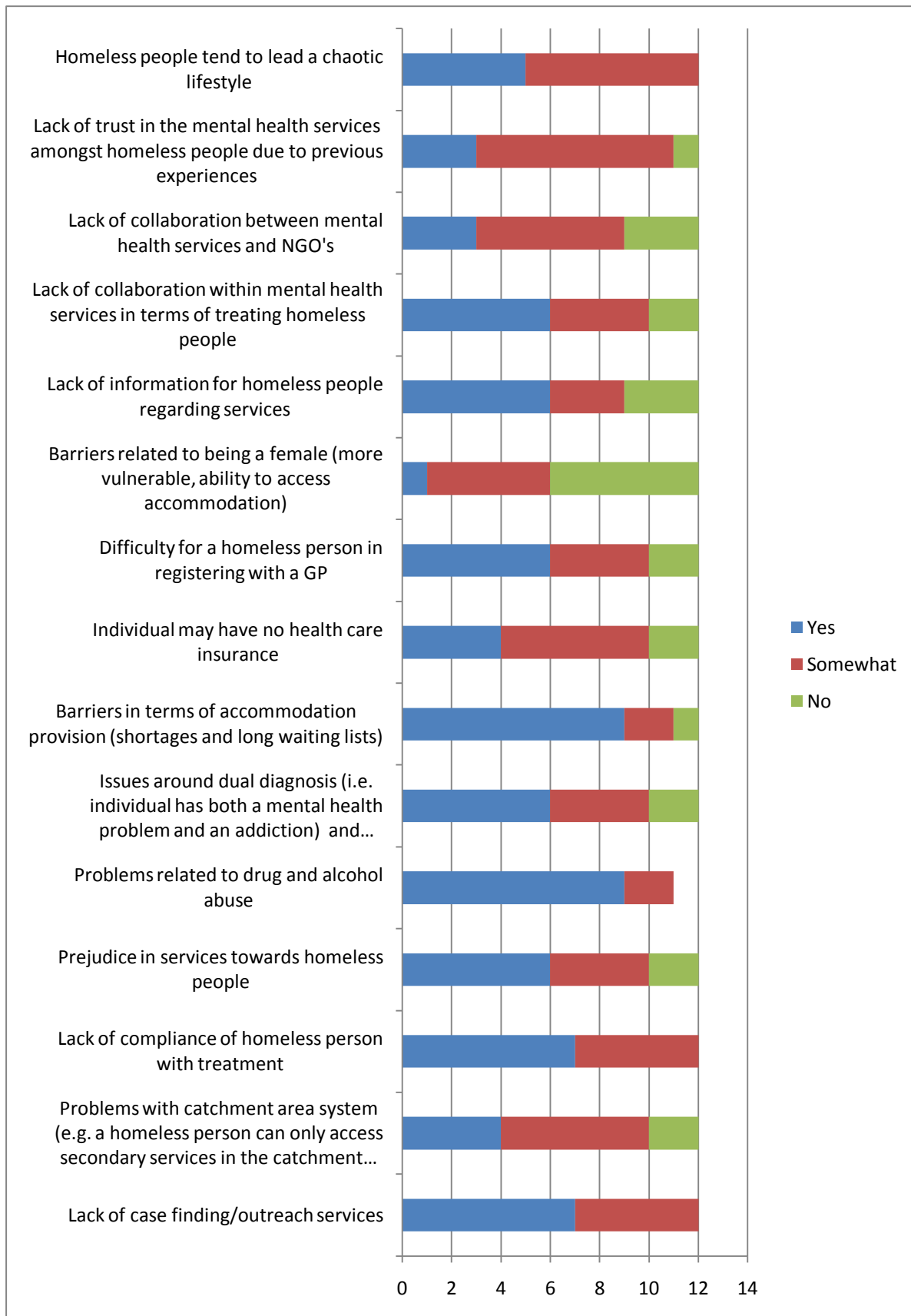
1. Social Services – assistance in order to obtain a medical insurance and state financial help
2. Referral to social welfare services

#### **NGO's x 2**

1. Homeless specific NGO
  2. Mental health NGO could offer counselling and day-centre activities
- Supportive services e.g. employment, accommodation x 1
  - Supportive housing x 1
  
  - Nursing home x 1
  - If depression does not reduce during inpatient treatment she will be placed for the rest of her life into social care home x 1
  
  - Care plan co-ordinated by community care service for people with mental health problems x 1
  
  - Personal hygiene centre x 1
  - Resocialisation service: one week maximum at psychiatric hospital x 1

**\* To see the responses per country see 'Appendix 3 – Homeless'**

**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described in your capital city? (n=12)**

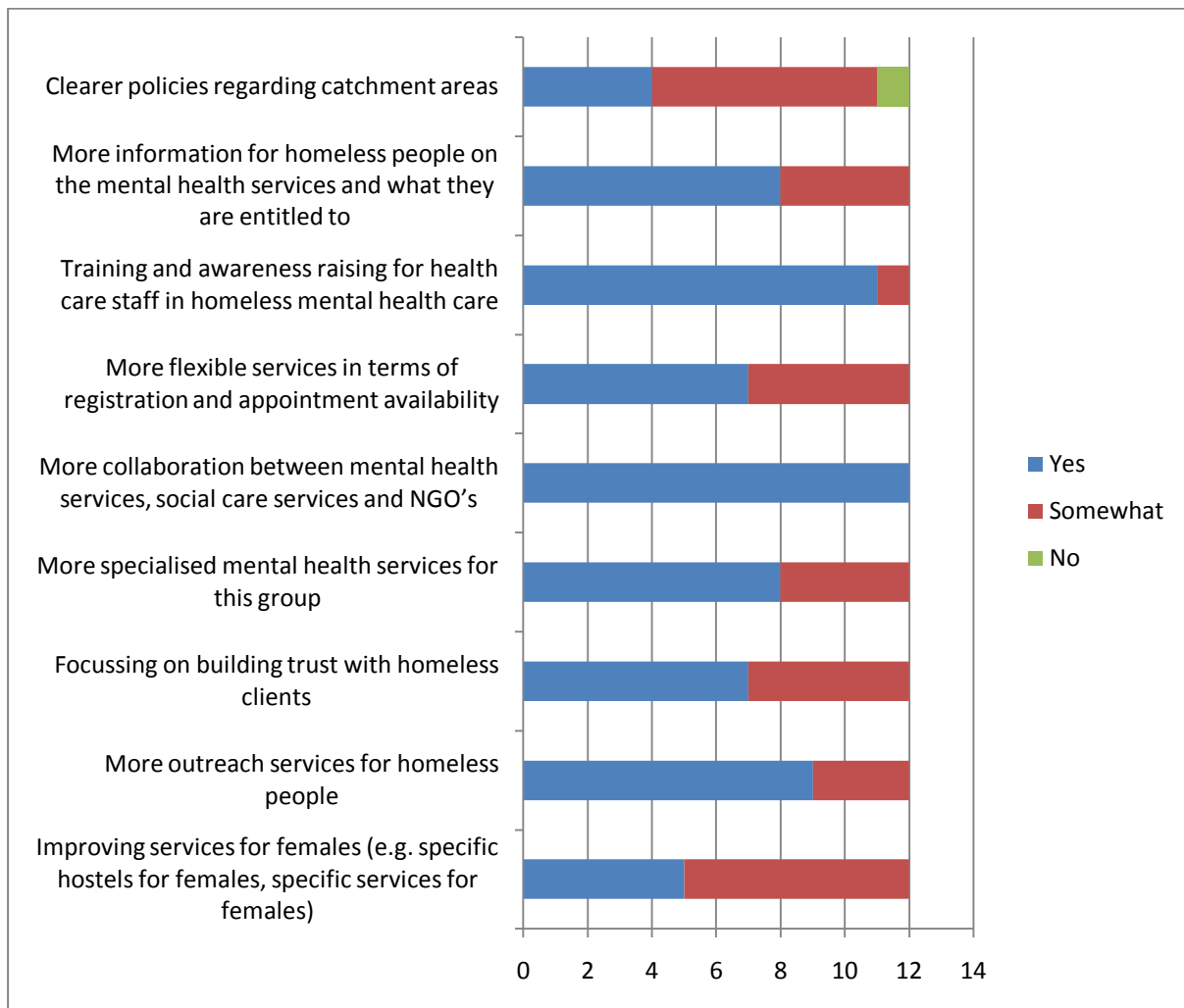


## Summary

The main barriers documented are

- 'problems related to drug and alcohol abuse' (9)
- 'barriers in terms of accommodation provision' (9)
- 'lack of compliance of homeless person with treatment' (7)
- 'lack of case finding / outreach services' (7)

**Figure 3.2 What are the best ways to overcome these barriers? (n=12)**



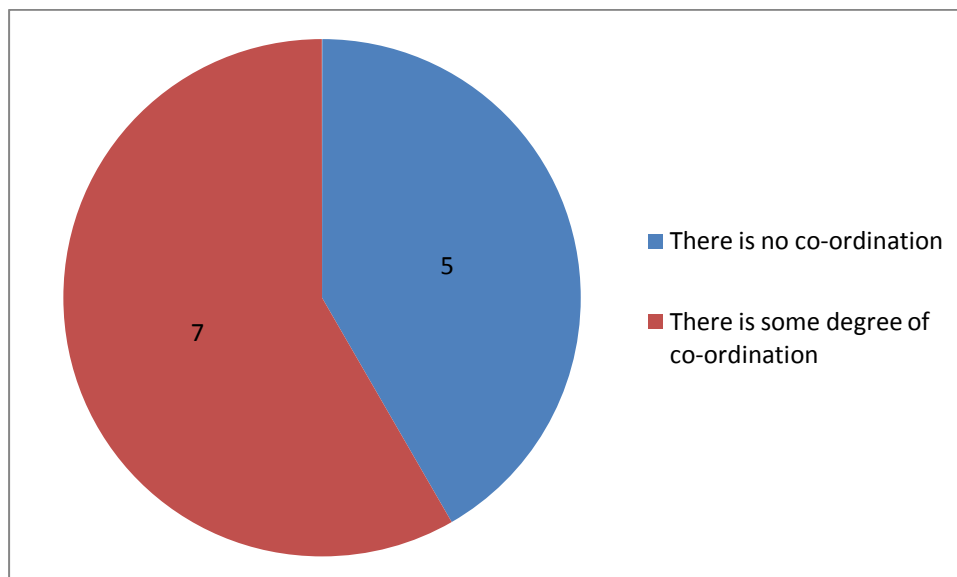
### Summary

The best ways to overcome barriers most documented were

- more collaboration between mental health services, social care services and NGO's (12)
- training and awareness raising for health care staff in homeless mental health care (11)
- more outreach services for homeless people (9)

#### Section 4: General Questions

**Figure 4.1 How is mental health care for homeless people co-ordinated in your capital city at both the level of individual patient and at an administrative level? (n=12)**



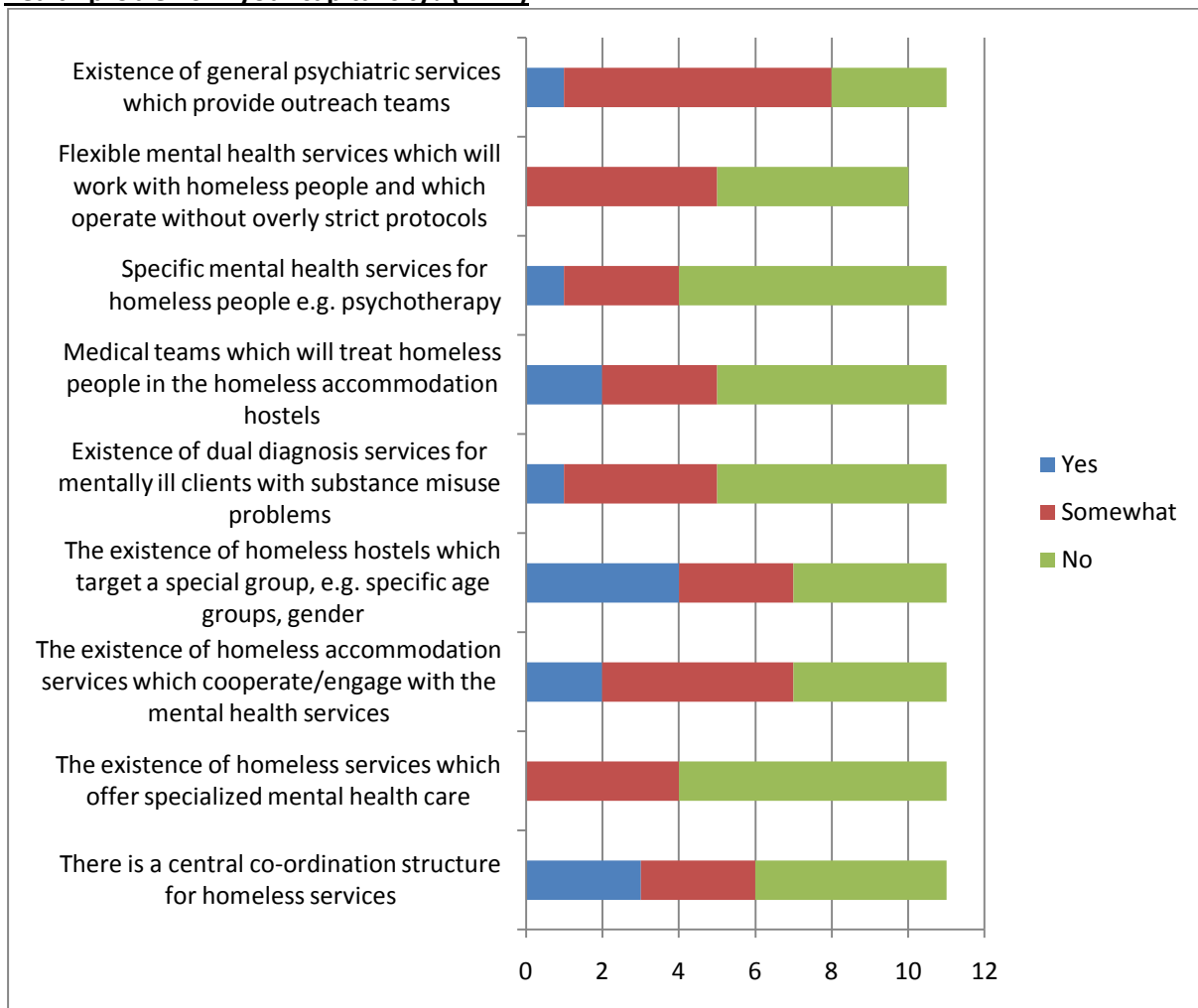
We can see from the graph that in 7 out of 12 capital cities there is some degree of co-ordination while in five capital cities there is no co-ordination.

**Table 4.1 If co-ordination exists please describe (n=7)**

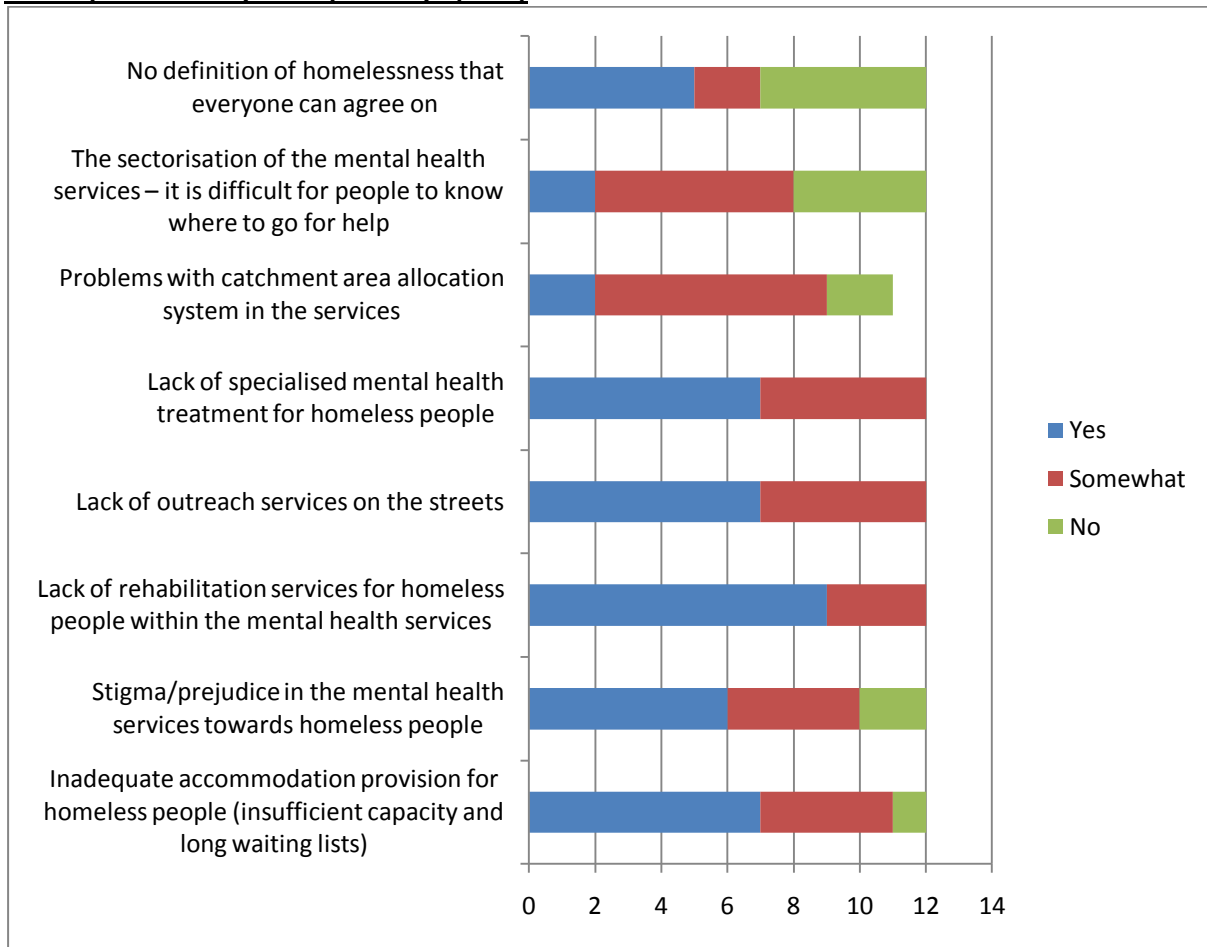
<b>Bulgaria</b>	The Municipality and the Agency for social assistance at the Ministry of Labour and Social affairs coordinate some of their activities: The approach of the case management and the multidisciplinary teams is largely missing in the everyday practical work in Sofia
<b>Slovenia</b>	Co-ordination between two types of NGO's (mental health NGOs as well as those working with homeless people) and between NGOs and psychiatric hospitals exist in some level, mostly at the level of the individual patient. At the administrative level there is no formal co-ordination, nevertheless, some good examples of the co-ordination in singular cases might change and improve this practice
<b>Lithuania</b>	Only when decision was taken to place homeless individual into social care home the municipal administratives are partly coordinating mental health care (waiting lists, referrals, benefits and disability pensions)
<b>Malta</b>	Co-ordination does exist, to some extent. It takes the form of liaison between services with mental health services such as Mount Carmel
<b>Greece</b>	The last few years, there has been an effort to provide mental health

	services to homeless (especially from NGOs) but they are more focused on medical treatment than primary mental health care
<b>Slovakia</b>	There is coordination on administrative-organizational level between the Bratislava Self-governing Region and NGOs
<b>Luxembourg</b>	Coordination does exist on the field, in some cases. There are relations between structures who are familiar with each other. This is quite successful but we are trying to institutionalize this system through agreements with all psychiatric hospitals

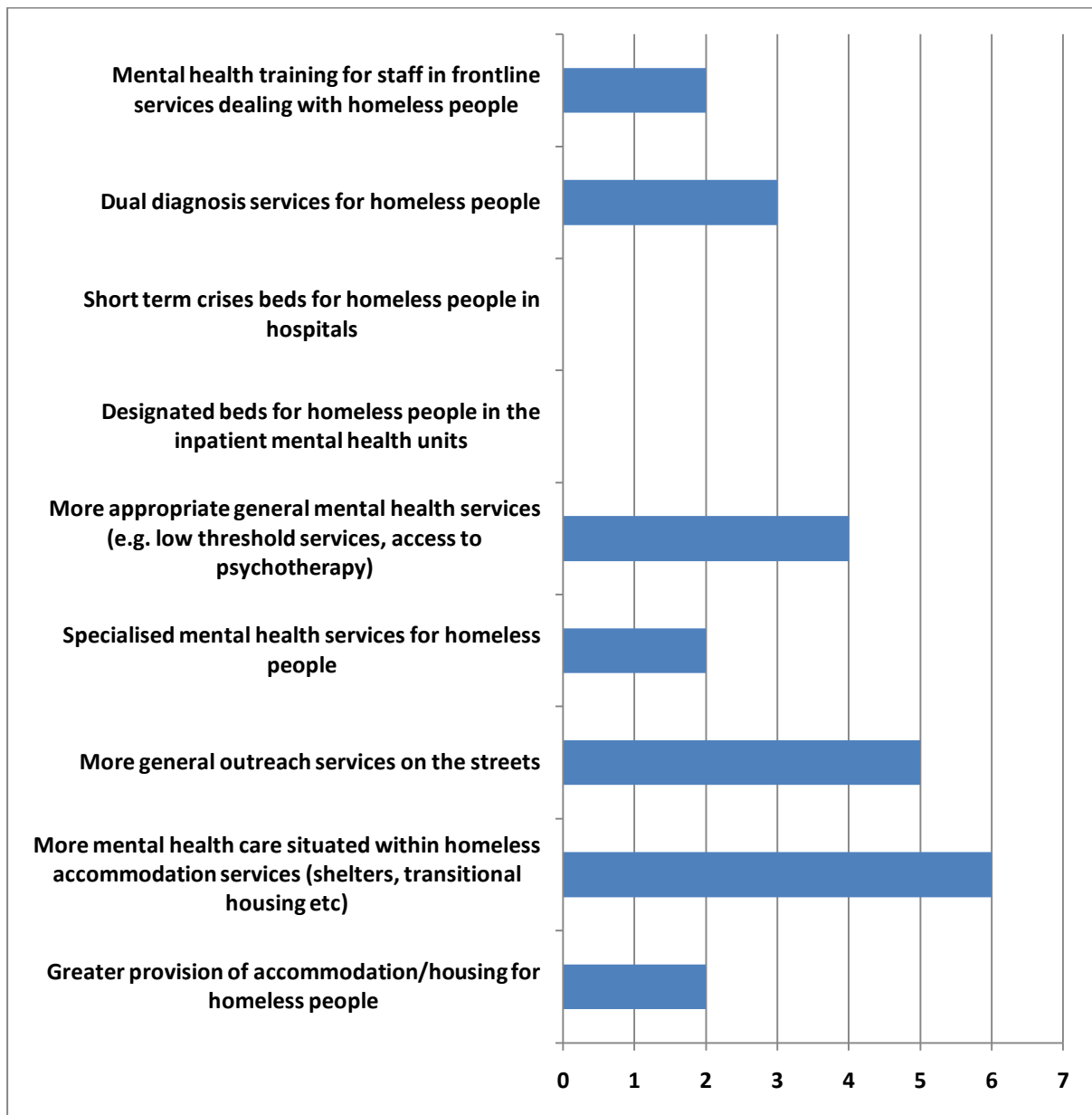
**Figure 4.2 What are the main strengths of service provision for homeless people with mental health problems in your capital city? (n=11)**



**Figure 4.3 What are the main weaknesses of service provision for homeless people with mental health problems in your capital city? (n-12)**



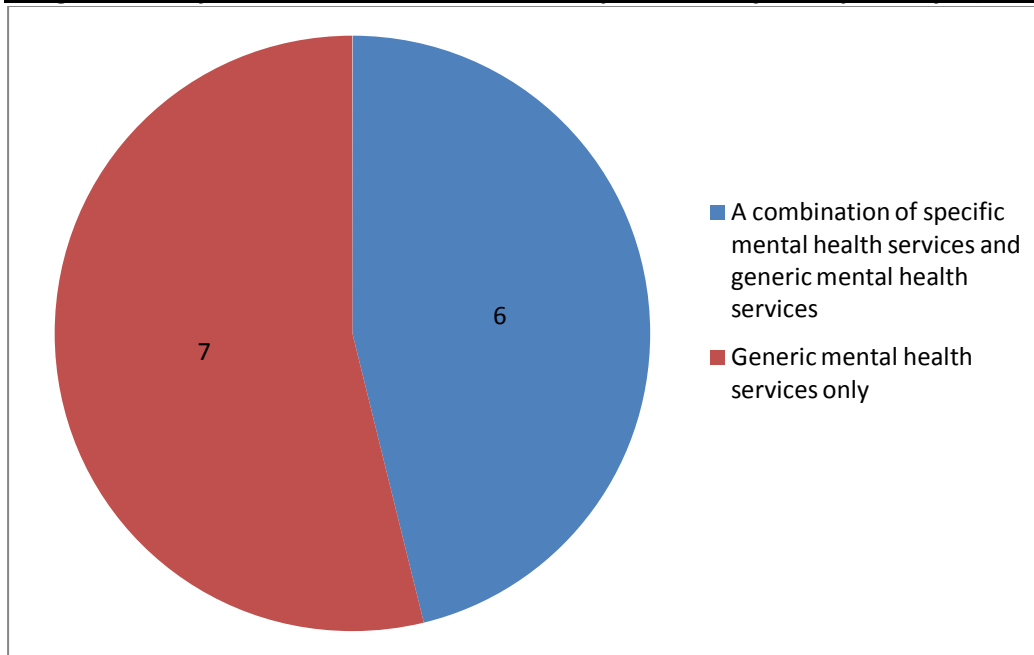
**Figure 4.4 What 2 things would you change in order to improve mental health care provision for homeless people with mental health problems in your capital city? (n=12)**



## Target group 4: Refugees and Asylum Seekers

### Section 2: Structure of Services

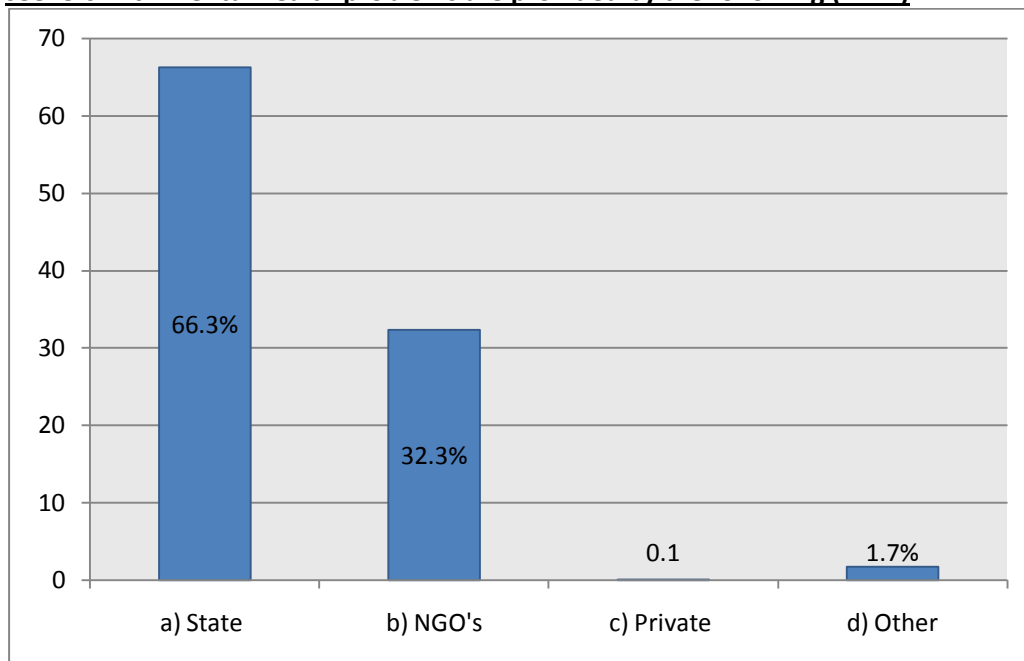
**Figure 2.1 Which of the following most accurately describes the structure of services available to refugees and asylum seekers with mental health problems in your capital city? (n=13)**



We can see from the graph that the majority of respondents (7) indicated that the structure of services accessible to refugees and asylum seekers with mental health problems in their capital city are generic mental health services only. Six respondents indicated a combination of specific and mental health services.

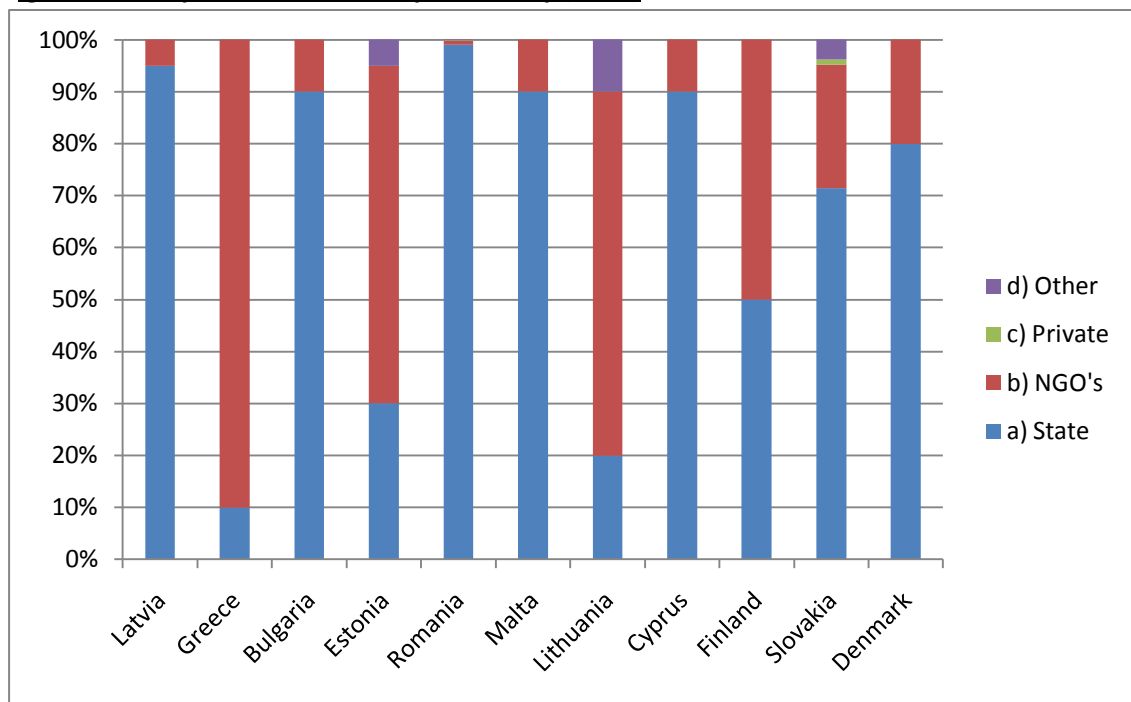
**\* For description of structure of services per country see 'Appendix 4 – Refugees and Asylum Seekers'**

**Figure 2.2 Please estimate what proportion of services (%) accessible to refugees and asylum seekers with mental health problems are provided by the following (n=11)**



We can see from the graph that the largest proportion of services are provided by the state sector (66.3%) followed by NGO's (32.3%).

**Figure 2.3: Proportion of services per country (n=11)**



### **Section 3: Case Vignettes**

#### ***Vignette 1***

A 30-year old male Refugee from Iraq, has been in the country for more than 1 year. He hears voices and appears disturbed. He is socially isolated, talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

#### **3.1 Which services would notice his problems and initiate help? (n=13)**

##### **Friends/neighbours/family x 5**

1. Informal social network (relatives, neighbours) would notice his condition.
2. If the individual is living in the community, family and friends would initiate help. Self referral is also an option.
3. If he lives in community - neighbours or municipality social workers could be first to initiate help. Police might be also involved.
4. Most likely his friends or neighbours would contact health services on an individual basis unless this particular man is in contact with Social Services and the social worker would make a referral
5. None unless family or friends try to make contact for him or he is picked up by police or volunteers in the street and driven to a psychiatric ER.

##### **If living is reception centre / asylum seeker centre x 3**

1. If he is an asylum seeker and lives in asylum home - most probably a social worker and a psychologist (who work there) would notice his condition.
2. If he lives in Asylum seekers centre in Rukla - medical services (nurses, GP) will initiate help
3. Nurse in reception centre or social worker if person still getting services from reception centre

##### **None x 2**

1. None, the only way is to approach a service himself or a friend / relative of him
2. If he is not health insured there are almost no chances for a proactive intervention by a service or individual professional

**If living in the community x 1**

- If his request for asylum has been approved and he has been granted a status of a refugee he might live in a so called "integrated house" for a period of one year or he is already integrated somewhere in the community. In this case most probably the ministry for interior might first notice his situation. In the "integrated house" counsellors, who mainly provide administrative information, might notice his condition and appoint him to specialized NGOs in the community.

**\* To see the responses per country see 'Appendix 4 – Refugees and Asylum Seekers'**

### **3.2 Which services would, once informed, go out and contact him? (n=13)**

#### **Ambulance / emergency medical services x 4**

1. Emergency medicine (special psychiatric service)
2. ER psychiatric ambulance services or the police (who would bring him to a psch ER). For him the same rules apply as for Danish citizens
3. Bucharest Ambulance Service (S.A.M.B.)
4. If there exists a need for hospitalization because the person is aggressive or auto-aggressive his relatives could call the emergency ambulance

#### **None / very little x 3**

1. None
2. If an asylum seeker lives in the community (rare examples) or a person with a refugee status there are less opportunities for help in this example. Outreach work by state welfare institutions and also by NGOs is rare
3. There are no outreach services available for asylum seekers in capital city. In urgent cases he could be seen by policeman or municipality social worker

#### **Services in the asylum centres x 3**

1. Asylum seekers are usually placed in the asylum home where social work service and psychologists are available. Outreach work in such cases is not needed
2. If the individual is residing within a centre, the management will refer him to mainstream services
3. Nurse in reception centre or social worker if person still getting services from reception centre. They are making home visits if it's needed.

#### **NGO's x 2**

1. NGOs Samusocial Romania
2. If NGO-s have resources in some project, they would go and contact him

#### **Police x 2**

1. Police (if this person make some legal offence or try to do it)
2. Public order police department

**Self-referral x 1**

- If he is residing within the community the individual has to contact NGOs, the Church the Migration Commission or the Foundation for Social Work Services (FSWS)

**Social services x 1**

- Most likely social services through their social workers who may work with him. Apart from social services there are no other professionals who would pay him a home visit

**\* To see the responses per country see 'Appendix 4 – Refugees and Asylum Seekers'**

**Table 3.3 What further services are available to this person? (n=13)**

**Mental health services x 11**

1. Both police or emergency medicine (special psychiatric service) would deliver this person to the mental hospital in Riga (name: Riga Centre for Psychiatry and Addiction disorders) After hospital care it is possible to visit outpatient clinics in Riga (psychiatrist consultation) or day centre
2. The public psychiatric hospitals where he can get voluntary hospital treatment or in case he does not want to get any help his relatives/friends (or in some cases other services) can request unintentional hospital treatment for him. Also he can continue the appointments with the psychiatrist after his treatment.
3. The problem is that the ambulance often reject to come because of avoidance of responsibility between the emergency service, the mobile team of the municipal dispensary and the police. After several attempts and a vastly loss of time the refugee could be hospitalized at the dispensary, at the psychiatric hospital in Kurilo or the emergency ward of the psychiatric department of the General hospital Alexandrovska in Sofia. He can stay at the institution for at least 24 hours for treatment without permission by a court
4. Emergency psychiatric services – no health insurance needed, psychiatric hospital services for acute disorders – no health insurance needed, chronically psychiatric disorders services– health insurance needed and/or direct payment
5. Mater Dei Hospital- Psychiatric Outpatients (POP) Mount Carmel which is in charge for the coordination of all mental health professional services available locally.
6. Primary mental health care centre (PMHCH): is providing all kind of out-patient assessment and treatment that are free of charge for population of the catchment area. If at PMHCH his mental problems will be assessed as severe - he might be treated also in psychiatric hospital.
7. Hospital if it's needed. Crisis prevention centre.
8. All sectors including hospital emergency services - Free Mental health Centre, General practitioner who prescribes medicine reimbursed by CNS, Caisse Nationale de Santé
9. Mental Health Centre: provide psychiatric and psychological consultations, individual psychotherapy, family and couple therapy as well as relaxation sessions
10. Inpatient stay and ambulatory visits and referral to specialist treatment. Just like a Danish citizen
11. If he has health insurance, it is possible that he can stay in Hospital for a while and get a treatment. But it is doubtful

**Social workers x 3**

1. There are possibilities to contact with social workers who contact with police, Office of citizenship and migration affairs for future work for legal status of person (residence permit etc.).
2. If he has a refugee status he has more social rights compared to a asylum seeker status - that means he also might go to the state welfare institution (centre for social work). Each person in social need or an individual who seek any kind of support, must be at least

informed about his/her basic rights and opportunities for eligible services there. If a social worker can't help him, at least he has to receive information where he can turn to.

3. Migration Office of the SR – in case of official asylum seeker they provide in their above described facilities free accommodation, meal, social-psychological services; pocket money, hygiene and clothes; health care based on the Act No. 480/2002 Coll. §22; leisure time activities (sport, tourism, culture); cooperation with state governing and self-governing bodies

### **NGO's x 3**

1. Non-governmental organizations (specifically day centre "Babel") where he can get diagnosis, treatment and psychosocial rehabilitation, continuing care, follow up and counselling which will help him to socialized. Also an interpreter will be available for him to express himself in his mother tongue. If he may have problems with his residency status he will get help from the social worker
  2. Through NGO's he can maybe get some help and support, but not in the capacity what he need
  3. NGOs – help, counselling, activities for asylum seekers and refugees with mental health problems provided by professionals and volunteers; social, legal and psychological counselling; leisure time activities (sport, tourism, culture); material help; cooperation with state governing and self-governing bodies
- If living Illuka Reception Centre he can possibly get some minimal psychological help, if head of the Centre takes care of this
  - Apart from the state services (Welfare Services, Mental health services) and two NGO who do not provide though specific mental health services

**\* To see the responses per country see 'Appendix 4 – Refugees and Asylum Seekers'**

## Vignette 2

A 40-year old female Refugee from Iraq, has been in the country for more than 1 year. She is living alone, and is depressed with suicidal ideation. She wants help.

### **3.4 Where can she get information regarding the services which can help her? (n=13)**

#### **NGO's x 5**

1. She can get information about the services available for her from non-governmental organizations (Greek Council for Refugees (GCR), world's doctors, etc)
2. NGOs in relation with the Romanian Office for Immigration
3. If she lives in the community, she can visit all existing NGOs on the field of mental health in the city
4. An NGO though they are not that specialised
5. She can visit Slovene Philanthropy - an institution, which is also very active in the field of immigration. Within the organisation is the Centre for Psycho-Social Assistance to Refugees, which helps asylum seekers and separated minor refugees, and supports the integration of refugees into society

#### **Social services x 5**

1. If she lives in community - information she could get from Red Cross social care coordinators
2. Welfare services (social workers) who may be giving her welfare benefits so she may be familiar with her case worker
3. Own social worker can be also person who's giving information about services
4. Social worker of the Migration Office of the Ministry of Interior of the SR
5. Red Cross - Unit 'migrants and refugees'

#### **Within asylum seeker centres x 5**

1. If she is an asylum seeker she can get services in the asylum home (social worker, psychologist) In the case of severe difficulties she can be appointed to a psychiatric treatment in a state psychiatric hospital
2. If she is residing within a centre she can gain information through residents and friends, professionals, staff, care workers and NGOs
3. If she lives in Asylum seekers centre in Rukla - medical services (nurses, GP) will inform her about services which can help using translator
4. From nurse in reception centre or social worker if person still getting services from reception centre
5. From NGO working in a certain asylum facility

### **Family, friends etc x 3**

1. From the friends, colleagues, people whom know her
2. If she is living in a community, gaining information will be more limited as she can do so through other residents
3. None unless family or friends try to make contact for her or she is picked up by police or volunteers in the street and driven to a psychiatric ER

### **Immigration services x 2**

1. Romanian Office for Immigration
2. Luxembourg Office of welcoming and immigration - Family Unit

### **Internet x 2**

1. It's possible also to find information via internet. There are Mental hospital website with information about hospital, outpatient clinics (address, map, public transport). On internet are also some information about crisis centres
2. In internet-registry of enterprises, if there is no language barrier for her

### **GP's x 2**

1. She can contact her General practitioner, if she is health insured and the GP could send her to a mental health specialist
2. From the doctor (general practitioner) in Health Centre

### **Psychiatric / health services x 2**

1. If she has a health insurance, she can go to the Psychiatric Hospital or to psychologist
2. Or public health care system

### **Emergency call services x 2**

1. In praxis only through emergency call 112. Emergency service can give advice
2. National unique service for emergency calls - 112

### **Helplines x 1**

- From the helpline, if there is no language barrier

**Private psychiatric sector x 1**

- If she has enough money, she can visit the psychiatrist or psychologist in private sector

**Information handbook x 1**

- A handbook available in 20 languages regarding access to medical care for international protection seekers who were denied the right of asylum and for illegal residents in Luxembourg (January 2008)

**\* To see the responses per country see 'Appendix 4 – Refugees and Asylum Seekers'**

### **3.5 What services can she approach and what services will they provide? (n=13)**

#### **Psychiatric services x 6**

1. Infirmary *Intercultural Psychiatry* at Eginition public hospital where she can arrange appointments with a psychiatrist
2. If she has a health insurance, she can go to the General Psychiatric Hospital or to psychologist for treatment and medicines
3. Psychiatric hospital services for acute disorders – no health insurance needed, Private practice psychiatric services– health insurance needed or direct payment
4. Mount Carmel Hospital, POP at Mater Dei Hospital
5. The only service that can have mental health input are public mental health services which most likely they will refer her to a community mental health team
6. Hopital de Kirchberg; Centre Hôpitalier de Luxembourg (CHL); On-call psychiatrist

#### **NGO's x 6**

1. Non-governmental organizations (specifically day centre “Babel”) where she can get diagnosis, treatment and psychosocial rehabilitation, continuing care, follow up and counselling which will help her to socialized. Also an interpreter will be available for her to express herself in her mother tongue
2. If she lives in the community she can approach all existing NGO's on the field of mental health. Their services are not bound to health insurance. They can provide counselling and daily activities, self help groups
3. Médecins Sans Frontières offering medical aid through professional personnel; The Agency for the Welfare of Asylum Seekers (AWAS) is not a service provider of mental health. It however provides accommodation and conducts follow ups. AWAS also brings about the presence of the medical
4. If she lives in community in capital city - Red Cross or Caritas organisations might provide care coordination for her referring her to PMHCC or to specialized mental health practitioner
5. She would be oriented and informed - and could be given some help by the Red Cross if wanted
6. If she can find somewhere information about therapy groups, she can join some depression group, like some NGO's in Tallinn (for example Avitus) provide, but there exists always the language barrier

#### **Asylum centres x 4**

1. If she lives in an asylum home - she can approach to a social worker and a psychologist
2. If she lives in Asylum seekers centre in Rukla - medical services (nurses, GP) will refer her to Primary mental health care centre (PMHCC) for assessment and treatment

3. Nurse in reception centre or social worker if person still getting services from reception centre. They are making home visits if it's needed.
4. There are same type of services provided in each type of asylum facility: 1. social-psychological counselling provided by NGO workers or volunteers 2. social-psychological profile by social workers 3. generic nursing care and recommendation if necessary for further mental health care or hospitalization

### **Emergency psychiatric services x 3**

1. Emergency medicine services (special psychiatric team) The role of this team is to quickly contact psychiatric patients on the street, at home, in public places etc. and make provisional assessment, give medicines or/and give advice to visit psychiatric outpatient clinic or providing hospitalisation in mental hospital
2. Emergency psychiatric services – no health insurance needed
3. She can approach the psych ER

### **Private psychiatrist x 2**

1. She can also contact a private psychiatrist, but in this case she have to pay out of pocket
2. If she has enough money, she can visit the psychiatrist or psychologist in private sector for treatment and medicines

### **GP's x 1**

- General practitioners (GP) - only for guidance towards a psychiatric service

### **Social Worker x 1**

- If she may have problems with her residency status she will get help from the social worker

### **Immigration services x 1**

OLAI, Office Luxembourgeois de l'accueil et de l'Immigration (Luxembourg Office for Welcoming and Immigration)

**\* To see the responses per country see 'Appendix 4 – Refugees and Asylum Seekers'**

### **3.6 What further services are available to this person? (n=13)**

#### **Psychiatric services x 8**

1. In psychiatric hospital this person will be treated. After hospital care it's possible to visit outpatient clinics in Riga (psychiatrist consultation) or day centre
2. Chronically psychiatric disorders services– health insurance needed and/or direct payment
3. Legally, a suicidal refugee or asylum seeker has to be referred to the polyclinic. The district the individual resides in determines the locality of the polyclinic chosen. A social worker is available before the individual is assessed by a doctor. It is thus evident that, due to the current legal framework, care will mainly devolve on the doctor
4. Alternatively she can be treated in mental hospital due to severe depression with risk for suicide; referral could be obtained from primary psychiatrist without delays, because this case will be regarded as urgent admission
5. Hospital if it's needed. Crisis prevention centre
6. Based on individual assessment the Ministry of Interior of the SR covers health care costs which extent coverage of urgent health care in specific situation
7. Inpatient stay and ambulatory visits and referral to specialist treatment. Just like a Danish citizen
8. After treatment in Hospital is possible to visit psychiatrist like out-patient and go on with medical treatment

#### **None x 4**

#### **Private psychiatric services x 2**

1. Services of private sector (long-term treatment and long-term psychotherapy) are really expensive and not possible to use for this person
2. Private practice psychiatric services – health insurance needed or direct payment; Counselling and Psychotherapy– direct payment

#### **Social Workers x 1**

- There are possibilities to contact with social workers

#### **Immigration services x 1**

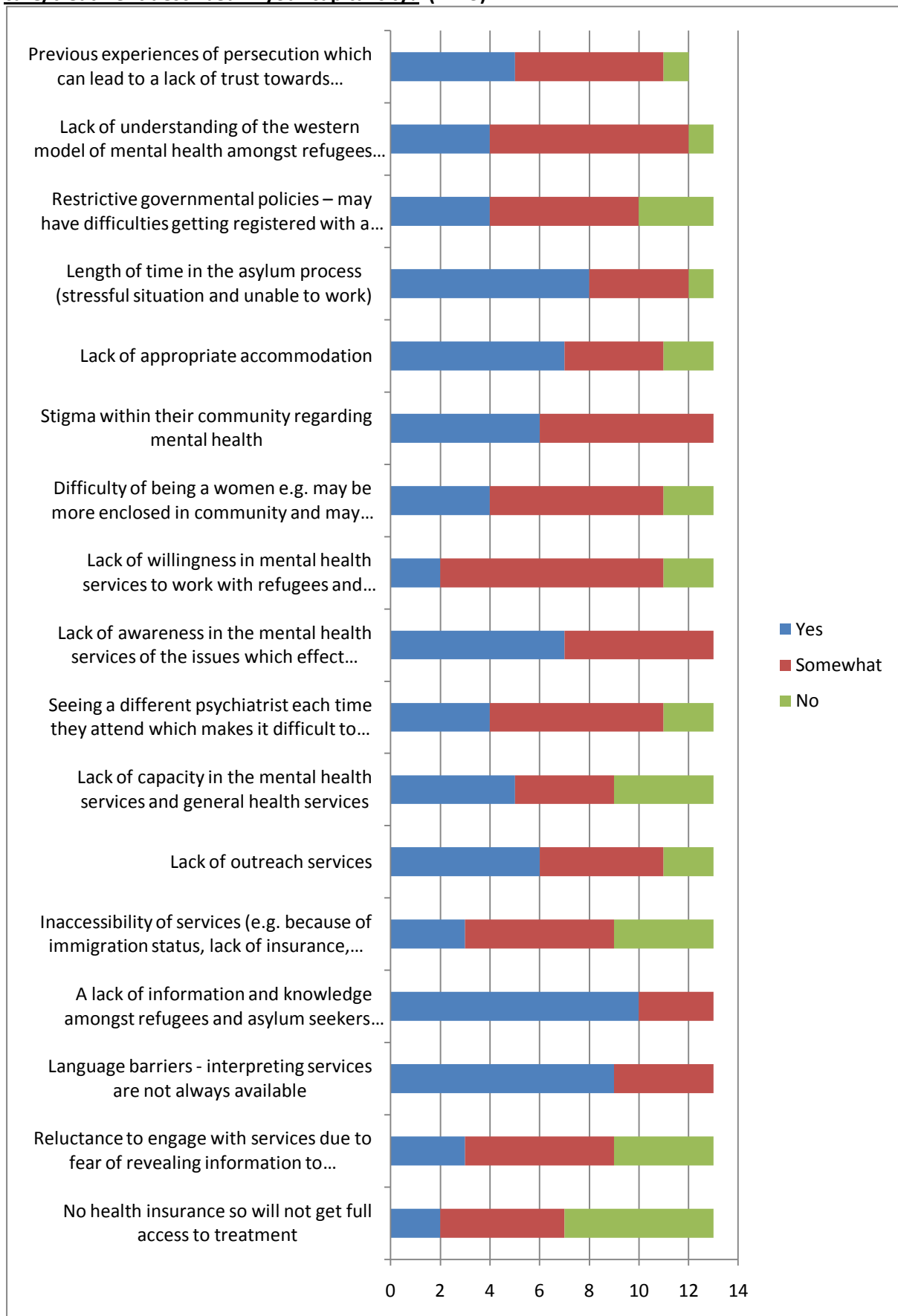
- Office of citizenship and migration affairs for future work for legal status of person (residence permit etc)

### **NGO support groups x 1**

- There may be some therapy groups and support groups for recovering persons from depression etc, which are not expensive (NGO “Aventus”, ca 50-100 EEK for 1 time, but everywhere will exist the language barrier. And may be cultural barriers as well.

**\* To see the responses per country see ‘Appendix 4 – Refugees and Asylum Seekers’**

**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described in your capital city? (n=13)**

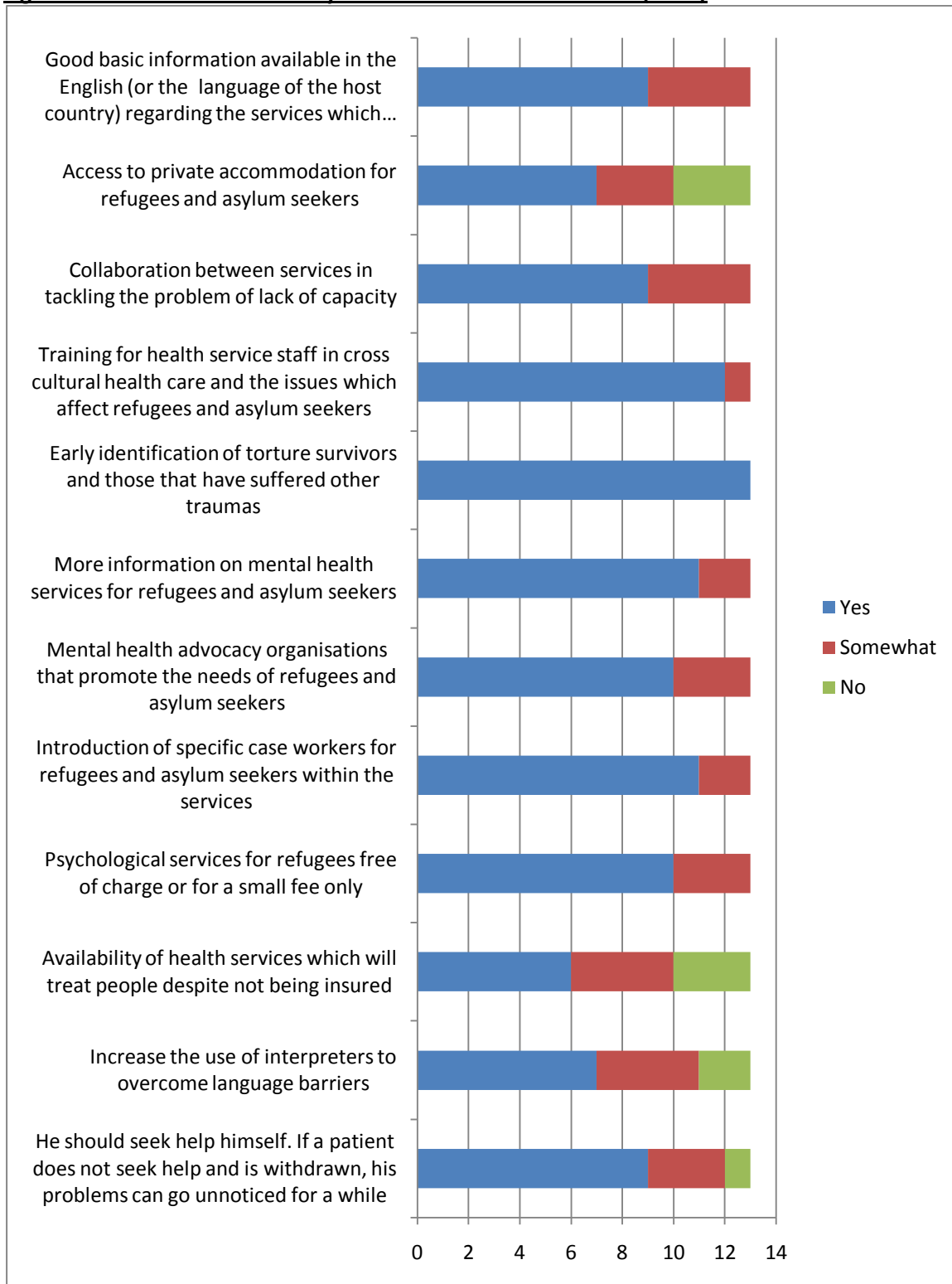


## **Summary**

The most common barriers indicated were:

- 'a lack of information and knowledge amongst refugees and asylum seekers regarding the mental health services and their entitlements to services' (10)
- 'language barriers - interpreting services are not always available' (9)
- 'length of time in the asylum process (stressful situation and unable to work)' (8)
- 'lack of appropriate accommodation' (7)
- 'lack of awareness in the mental health services of the issues which effect refugees and asylum seekers' (7).

**Figure 3.2 What are the best ways to overcome these barriers? (n=13)**



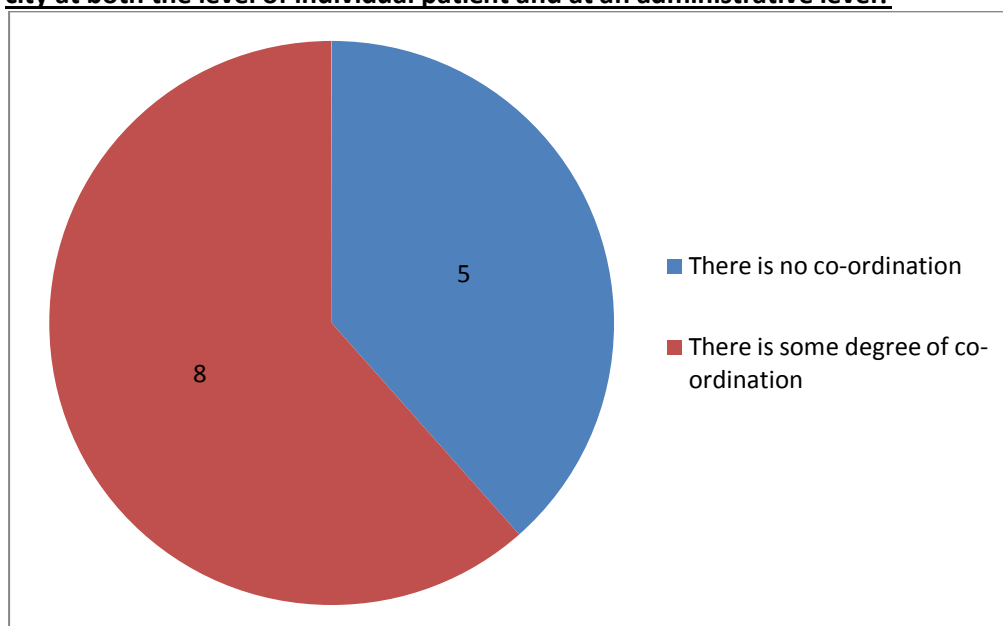
## Summary

The most common 'ways to overcome barriers' indicated were:

- 'early identification of torture survivors and those that have suffered other traumas' (13)
- 'training for health service staff in cross cultural health care and the issues which affect refugees and asylum seekers' (12)
- 'more information on mental health services for refugees and asylum seekers' (11)
- 'introduction of specific case workers for refugees and asylum seekers within the services' (11)

## Section 4: General Questions

**Figure 4.1 How is mental health care for refugees and asylum seekers co-ordinated in your capital city at both the level of individual patient and at an administrative level?**



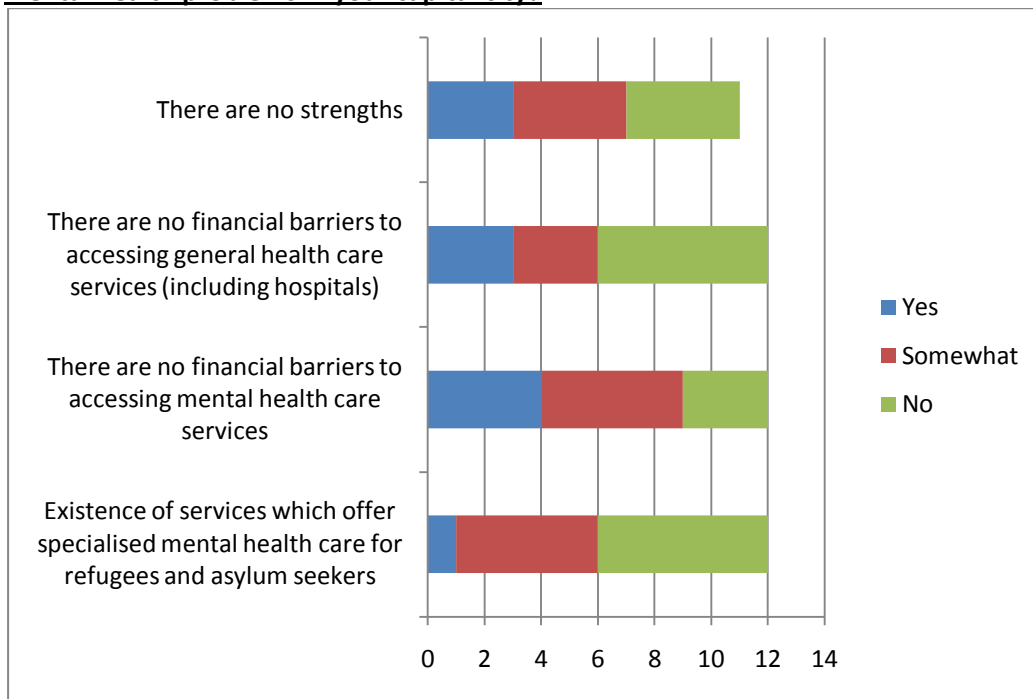
We can see from the graph that in 8 out of 12 capital cities there is some degree of co-ordination while in five capital cities there is no co-ordination.

**Table 4.1 If co-ordination exists please describe**

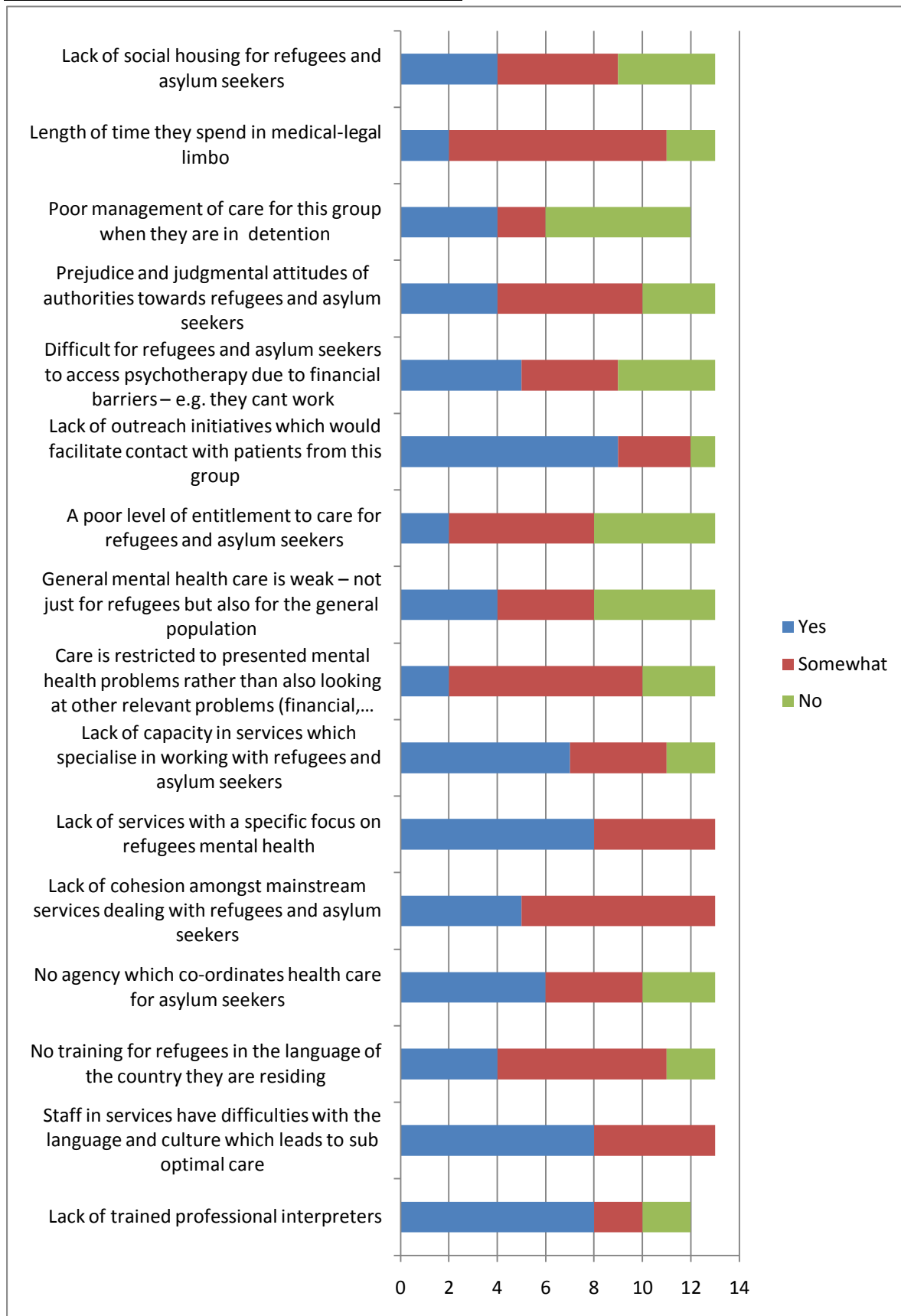
<b>Bulgaria</b>	The coordination within the general mental health care is missing – not just for refugees but also for the general population.
<b>Romania</b>	For asylum seekers there are special NGOs that offer free of charge mental health services and work in collaboration with the Romanian Office of Immigration (ex. ICAR - ICAR Foundation is a non-governmental organization set up in 1991 and legally registered in 1992, having as main purpose of activity the provision of medical, psychological, social and legal assistance to those persons who, for political reasons, experienced the communist detention regime after 1946.
<b>Slovenia</b>	The Ministry of interior leads all the administrative processes and finances the activities of asylum home and integrative house. They also established an office for counselling - but strictly on administrative level. A counsellor also has the role of coordinating among other existing activities, services. But the problem is those mainly work from the administrative perspective (dealing with formal statuses).
<b>Malta</b>	Co-ordination exists between the social workers at Mount Carmel and AWAS. This permits both services to comment on the refugee's health status.
<b>Lithuania</b>	Red Cross provides case management services, coordinating mental health care for each individual case. However systemic coordination is lacking.
<b>Finland</b>	Exchange of health information. Common meetings if it's necessary.
<b>Slovakia</b>	Cooperation between the Migration Office of the Ministry of Interior of the SR with contract health care facilities (currently the Faculty Hospital in

	Bratislava and Psychiatric Hospital in Pezinok)
<b>Luxembourg</b>	The project entitled "eng Brëck no baussen" started in 2009. It targets vulnerable international protection seekers who suffer from serious psychic disorders. It stems from the Canadian model of 'occupational therapy' (Townsend et al, 1997). It is based upon a holistic approach and is centred on the individual. It consists in transcultural psychological accompaniment. This project is funded the European Fund for Refugees in Luxembourg.

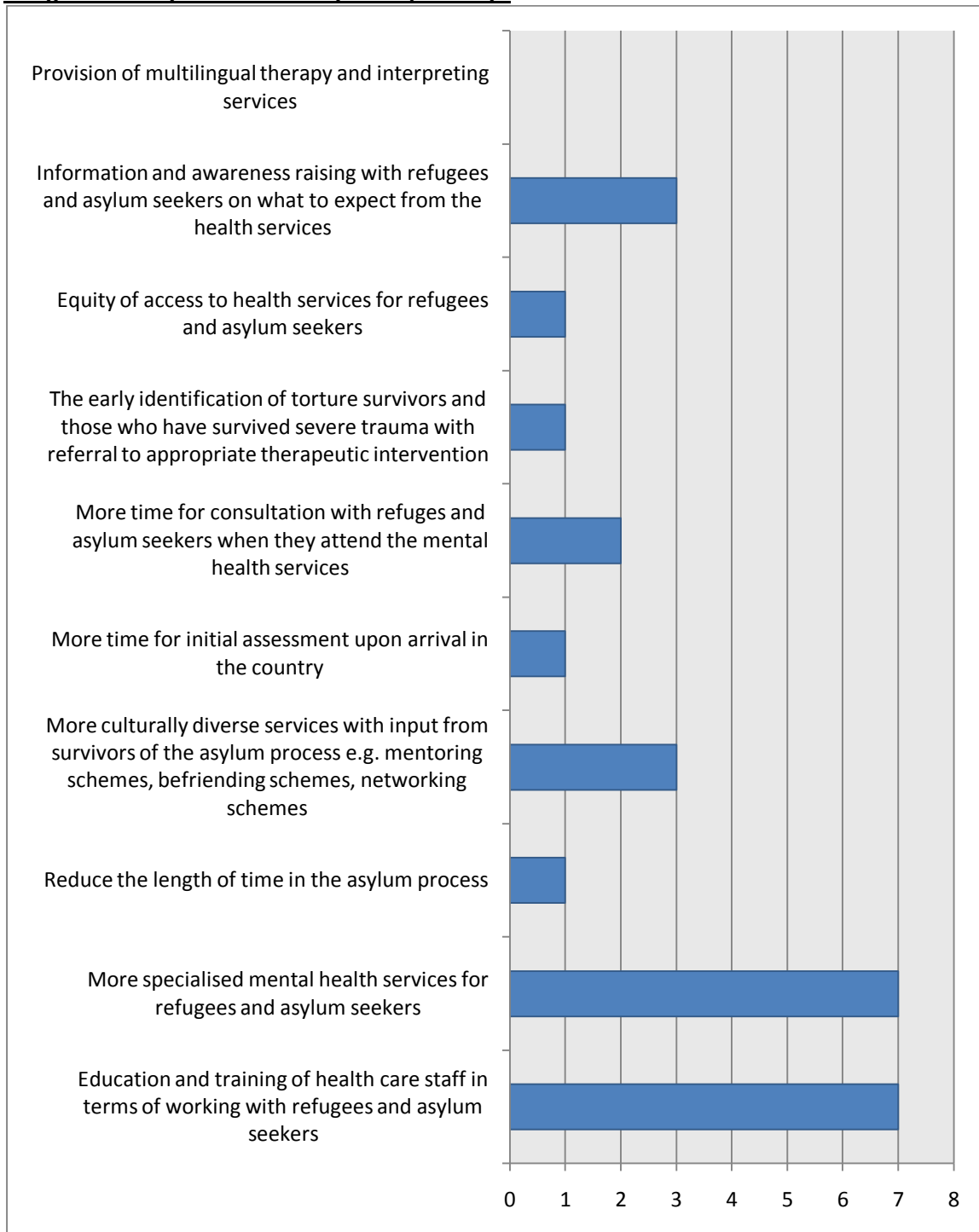
**Figure 4.2 What are the main strengths of service provision for refugees and asylum seekers with mental health problems in your capital city?**



**Figure 4.3 What are the main weaknesses of service provision for refugees and asylum seekers with mental health problems in your capital city?**



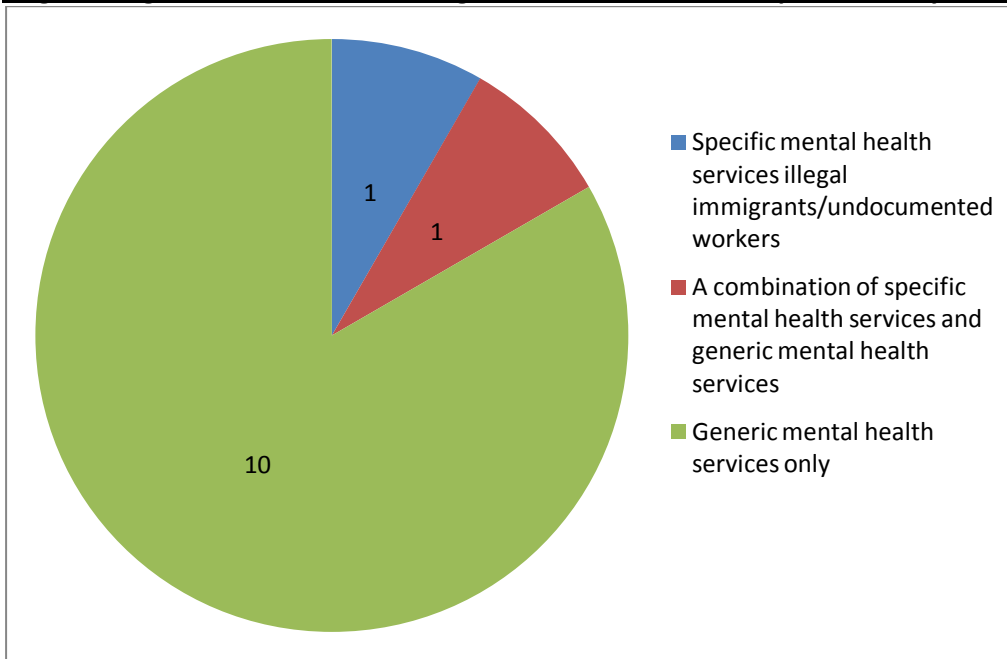
**Figure 4.4 What 2 things would you change in order to improve mental health care provision for refugees and asylum seekers in your capital city?**



## Target group 5: Illegal Immigrants

### Section 2: Structure of Services

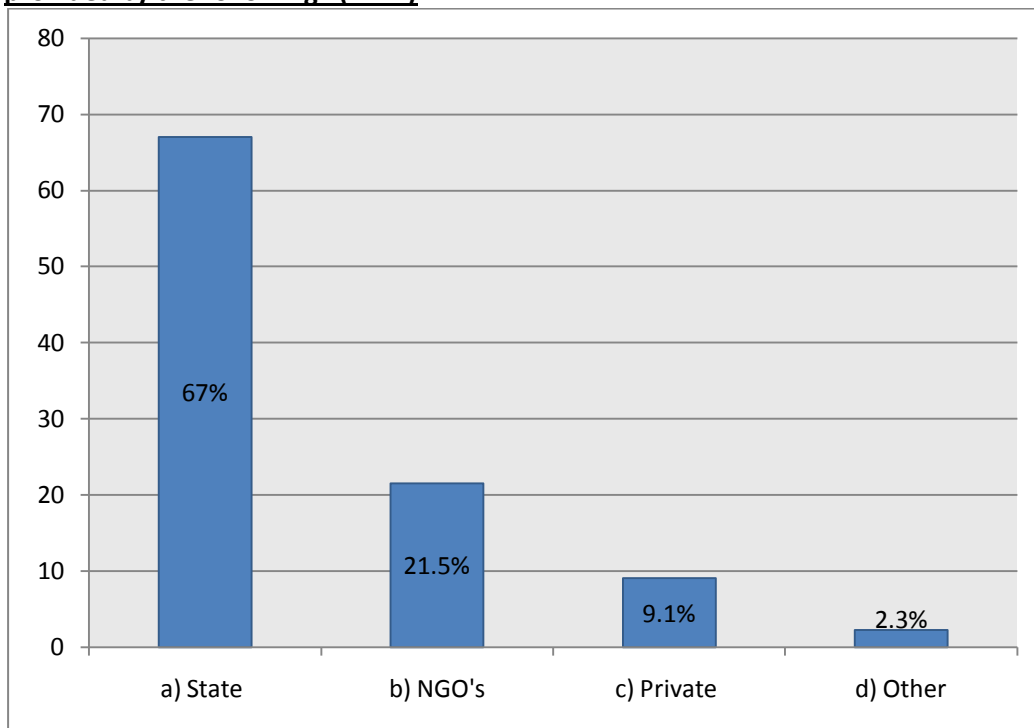
**Figure 2.1 Which of the following most accurately describes the structure of services accessible to illegal immigrants/undocumented migrants with mental health problems in your capital city?**



We can see from the graph that the majority of respondents (10) indicated that the structure of services accessible to long-term unemployed people with mental health problems in their capital city are generic mental health services only. One responded indicated that the structure in their capital city was related to specific mental health services.

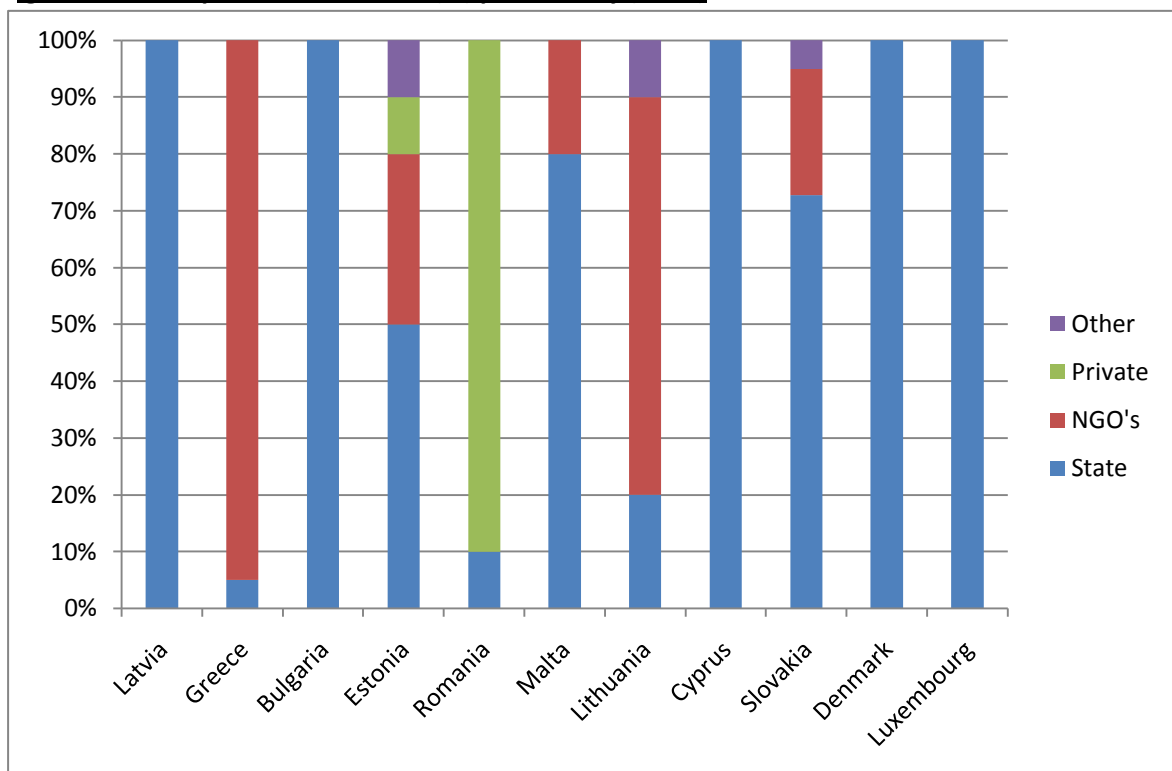
**\* For a description of structure of services per country see 'Appendix 5 – Illegal Immigrants'**

**Figure 2.2 Please estimate what proportion of services (%) accessible to illegal immigrants/undocumented migrants with mental health problems in your capital city are provided by the following: (n=11)**



We can see from the graph that the largest proportion of services are provided by the state sector (67%) followed by NGO's (21.5%).

**Figure 2.2a : Proportion of services (%) per country (n=11)**



### ***Vignette 1***

A 30-year old male, an undocumented worker from Uganda, has been in the country for an unknown period of time. He hears voices and appears disturbed. He is socially isolated, talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

### **3.1 Which services would notice his problems and initiate help? Please describe each service? (n=12)**

#### **Police x 4**

1. If he is noticed by the police he will be referred to public mental health service on humanistic grounds
2. None, unless he is picked up by police or voluntary workers and brought to a psychiatric ER
3. Might first be noticed by police or social service officials
4. Police (if they make an offence)

#### **None x 2**

1. If he lives in the community most likely no service would notice unless he finds help himself
2. There is no specific service to notice his problem

#### **In detention centres x 2**

1. If he is living in an asylum centre a social worker or psychologist would notice
2. Depends where he is living – in detention (colleagues, soldiers, staff) or in an open centres (residents, staff)

#### **Centres for undocumented migrants x 1**

1. Medical staff at centre for undocumented migrants might notice (depending on if he goes there in first place)

#### **Friend / Relatives x 1**

1. None, the only way is to approach a service himself or with friend/relative

**Social service officials x 1**

1. Might first be noticed by police or social service officials

**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

### **3.2 Which service would, once informed, go out and contact him? (n=12)**

#### **Police x 3**

1. Social service officials should contact him, but more likely this person would be brought for questioning by police. In the case where he has no legal grounds for staying in the country, he would probably be sent to a detention centre
2. Police or social welfare services if informed might try to contact him
3. Most likely the immigration office in the police force

#### **Emergency psychiatric services x 1**

- There is a special emergency medicine vehicle with psychiatrists and/or doctors assistants with extra skills in psychiatry

#### **Generic emergency services x 1**

- Acute ambulance service

#### **None x 1**

#### **Social worker x 1**

- A social worker from the outpatient clinic and counselling centre for people without health insurance who visits communities once or twice a week and can invite a male illegal immigrant to the clinic where once a month a psychiatrist provides counselling to illegal immigrants

#### **Social welfare services**

- Police or social welfare services if informed might try to contact him

#### **NGO's x 1**

- NGO's and UNHCR – social, legal, psychological counselling

**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

### **3.3 What further services are available to this person? (n=12)**

#### **Psychiatric hospital x 7**

1. Public psychiatric hospital where he can get hospital emergency treatment only
2. If there is a need for hospitalisation they will call the emergency ambulance. They could eventually hospitalise the patient at the psychiatric hospital, which is state financed Large scale deficits in relation to services for migrants.
3. If he is in need of emergency medical services, it would be provided (According to the law). Possible psychiatric evaluation could be provided and if necessary emergency psychiatric care
4. They can (in severe conditions) refer a male to a psychiatric hospital. If the health insurance agency allows the treatment, the illegal immigrant can be place in the hospital. This is how it works in theory.
5. Both detention and open centres for illegal immigrants would refer him to health centres Referral to the psychiatric outpatients at Mater Dei Hospital, a psychiatric hospital, NGO's or to a GP
6. Public mental health services
7. In psychiatric hospital

#### **Social Services (assistance with immigration status, residency) x 3**

1. Social services – assistance in order to register as asylum seeker
2. Office of citizenship and migration affairs for future work for legal status of person
3. Greek council for Refugees will help him with his residency status

#### **NGO's x 3**

1. Day centre Babel (good service)
2. There is the possibility of NGO's in the field of mental health who do not require health insurance.
3. The international organisation for migration (IOM) – provided humanitarian support to refugees, League of human rights – legal help, social services etc

#### **Private psychiatric services x 2**

1. He could go to private practice owing to the fear of getting caught
2. The help of a private psychiatrist who is willing to accept non-official payment of no payment at all

### **Emergency psychiatric services x 2**

1. Psychiatric emergency centre or an informal network of doctors
2. Emergency psychiatric services

### **Service providing free medication x 2**

1. General medical services where it is possible to get free medication
2. World doctors who can provide medication

### **Social Workers x 2**

1. In this case it is crucial social services make contact with him where he should be assisted in finding the proper care he needs. Cases of illegal immigrants are not very usual. A lot depends on the competence of the social workers
2. Possibilities to contact with social workers who contact the police

### **Outpatient psychiatric services x 1**

- Primary mental health care centre is providing assessment and treatment free of charge for urgent cases

**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

## **Vignette 2**

A 40-year female, undocumented worker from Uganda, has been in the country for unknown period of time. She is living alone, and is depressed with suicidal ideation. She wants help.

### **3.4 Where can she get information regarding the services which can help her? (n=12)**

#### **NGO's x 3**

1. NGO's
2. If she lives in community there is Red Cross social care co-ordinators
3. Organisation for the integration and welfare of asylum seekers (OIWAS)

#### **Mental health centres x 2**

1. Mental Health Centre
2. Local mental health centre

#### **Emergency phone services x 2**

1. In practice through emergency 112 – they can give advice
2. Crisis centres can give advice by phone

#### **Informal networks x 2**

1. There are only informal networks – especially through homeless and church voluntary agencies
2. Community network

#### **Registration / detention centres x 2**

1. If she lives in registration centres the medical services can inform her
2. While in detention and open centres they will pick up information

#### **Internet x 2**

1. Internet

2. The internet and using yellow pages

**Mental health specific NGO's x 1**

- Pro Bono – an outpatient clinic and counselling centre for people without health insurance

**Emergency psychiatric services x 1**

**Embassy x 1**

- The embassy of her own country

**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

**Table 3.5 Which services can she approach and what services will they provide? (n=12)**

**Emergency psychiatric services x 3**

1. Emergency medicine services (special psychiatric team is she calls 112)
2. Emergency psychiatric services – no health insurance needed
3. She has to be brought by friends etc to psychiatric emergency room

**General psychiatric services x 3**

1. Mental health centres
2. Public mental health services
3. Generic mental health services – health care workers in primary contact

**A variety of relevant NGO's x 3**

1. NGO's - Day centre Babel (good service), Greek council for Refugees will help him with his residency status, World doctors who can provide medication
2. The Jesuit Refugee Service (JRS), Organisation for the Integration and Welfare of Asylum Seekers (OIWAS), Médecins Sans Frontières (MSF), Immigrants Commission
3. Outpatient clinic and counselling centre for people without health insurance

**Informal networks/Private practice x 3**

1. An informal network of doctors
2. Private practice owing to the fear of getting caught
3. Doctor with the financial support of friends

**Psychiatric hospital x 2**

- If there is a risk of auto-aggression she could be hospitalised at the psychiatric dispensary of the psychiatric hospital in Kurilo
- Psychiatric hospital services for acute disorders – no health insurance needed

**Specialized mental health services x 1**

- Psychotherapy, psychological counselling

- General health care services x 1
- Telephone guidance lines although language could be a barrier x 1
- Social Services – assistance in order to register as asylum seeker x 1

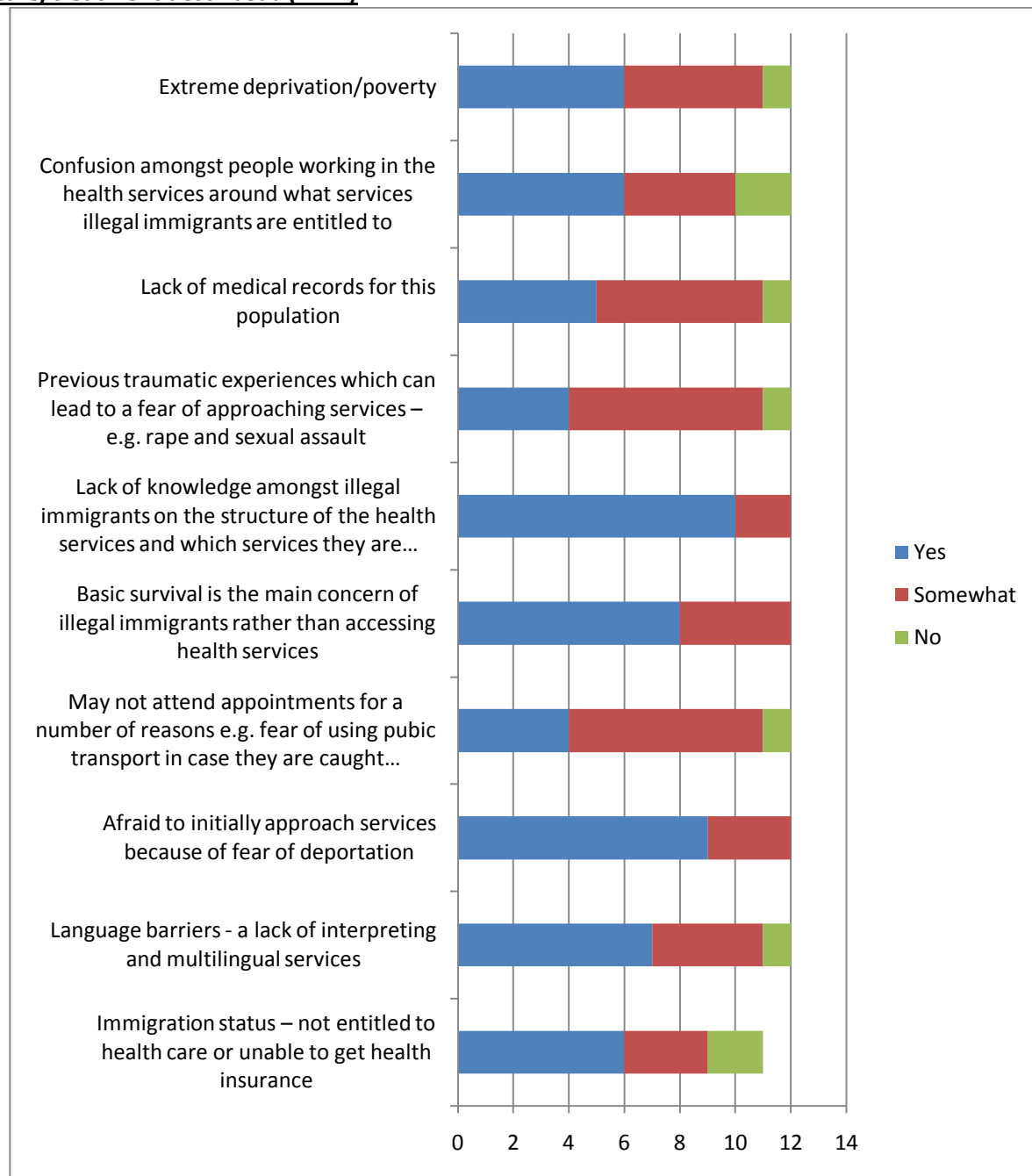
**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

### **3.6 What further services are available to this person? (n=12)**

- **None x 3**
- **Very little x 2**
- **Psychiatric hospital x 2**
- **NGO's which offer psychological services x 2**
- **Social Services – assistance in order to register as asylum seeker x 2**
  
- **Voluntary organisations which offer social-legal counselling x 1**
- **More likely to rely on private practices and anonymous services. Information on these services is difficult to find however x 1**
- **Forensic psychiatric services – no health insurance needed x 1**
- **Red Cross of Caritas might co-ordinate care x 1**
- **Office of the Ombudsman in case her rights for medical provision are not implemented x 1**

**\* To see the responses per country see 'Appendix 5 – Illegal Immigrants'**

**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described? (n=12)**

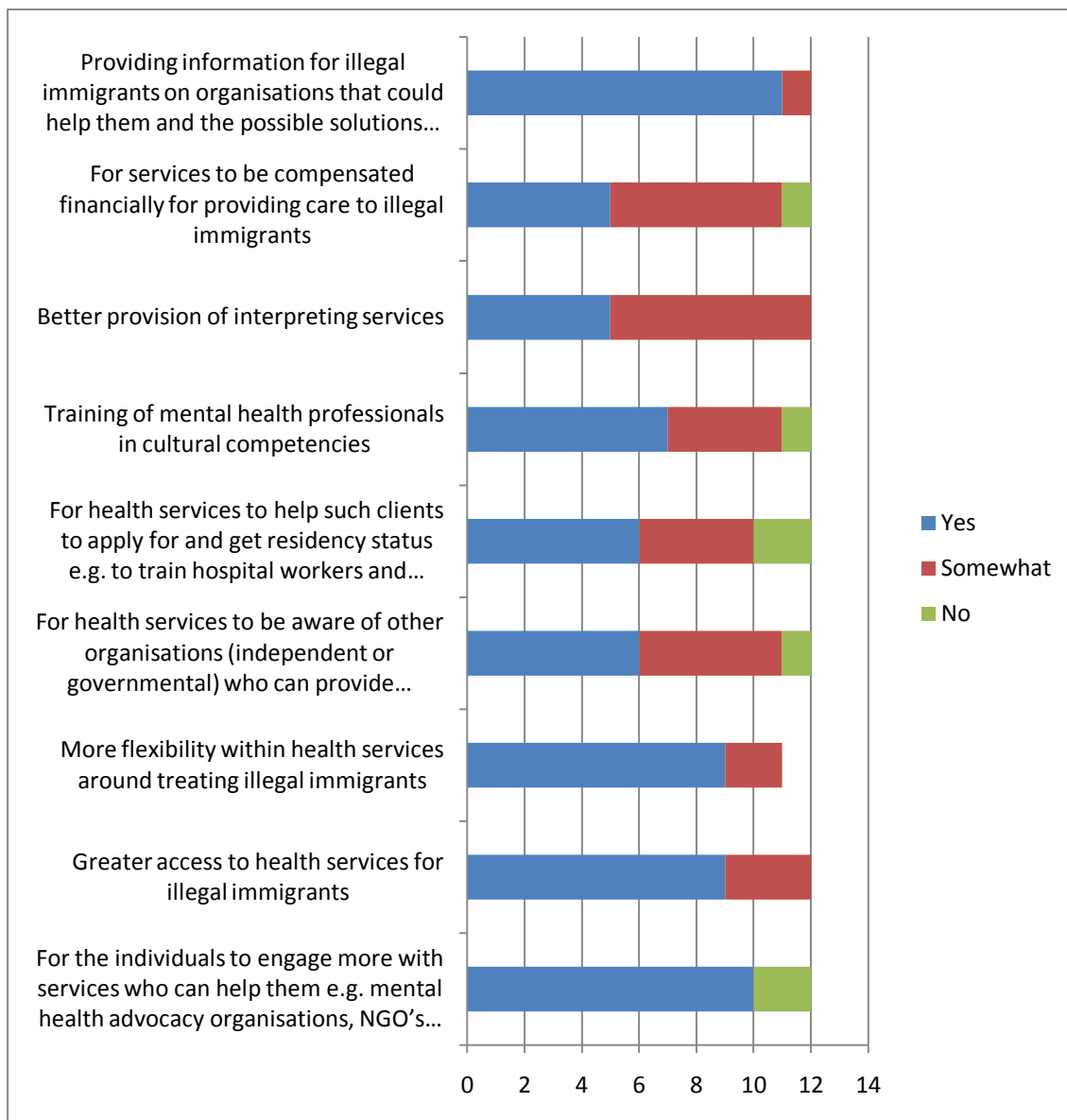


### Summary

The main barriers indicated are:

- Lack of knowledge amongst illegal immigrants on the structure of the health services and which services they are entitled to access (10)
- Afraid to initially approach services because of fear of deportation (9)
- Basic survival is the main concern of illegal immigrants rather than accessing health services (8)

**Figure 3.2. What are the best ways to overcome these barriers? (n=12)**

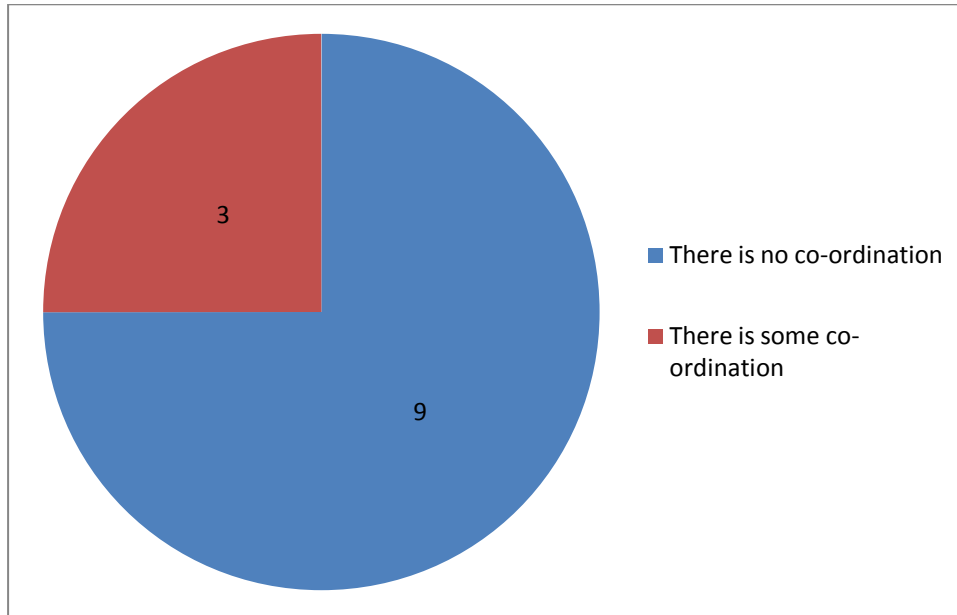


*The main ways to overcome barriers indicated are:*

- 'Providing information for illegal immigrants on organisations that could help them and the possible solutions to their problems' (11)
- 'For the individuals to engage more with services who can help them e.g. mental health advocacy organisations, NGO's who deal with migrant issues' (10)
- 'More flexibility / greater access within health services around treating illegal immigrants' (9)

## Section 4: General Questions

**Figure 4.1 How is mental health care for illegal immigrants/undocumented migrants co-ordinated in your capital city at both the level of individual patient and at an administrative level? (n=12)**

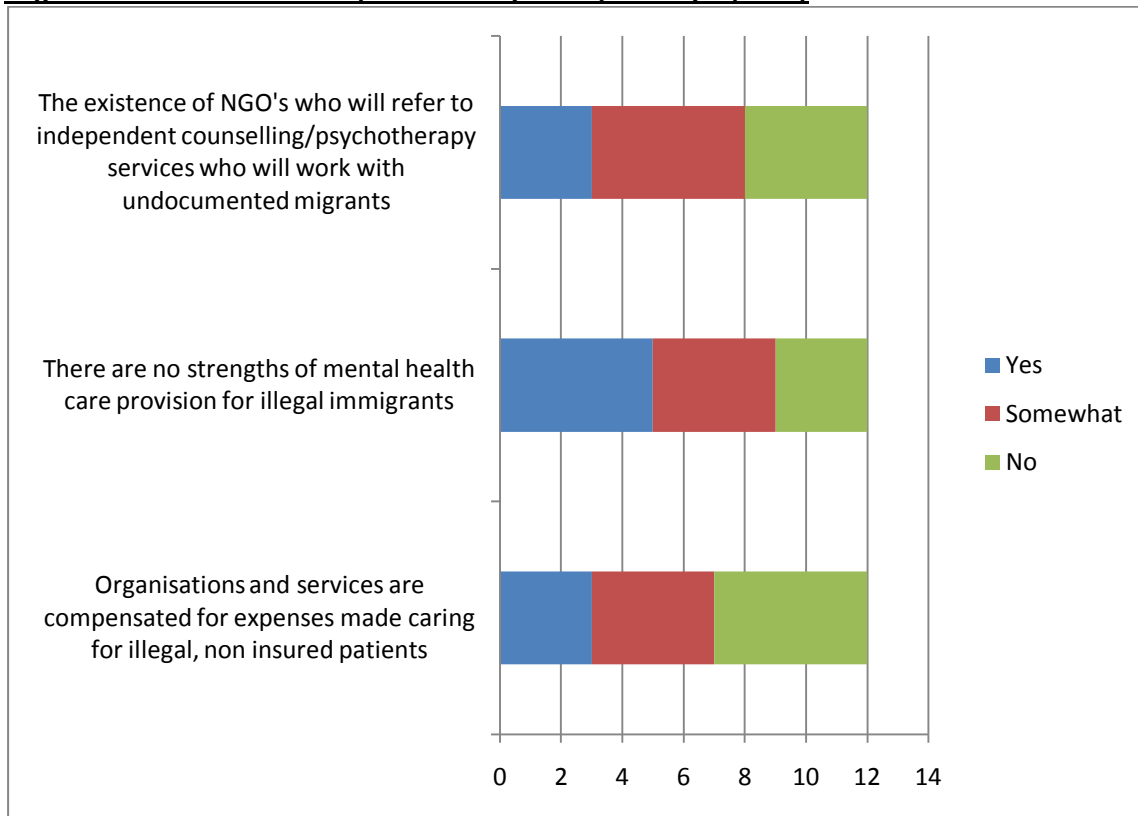


We can see from the graph that in 9 out of 12 capital cities there is no co-ordination while in three capital cities there is some co-ordination.

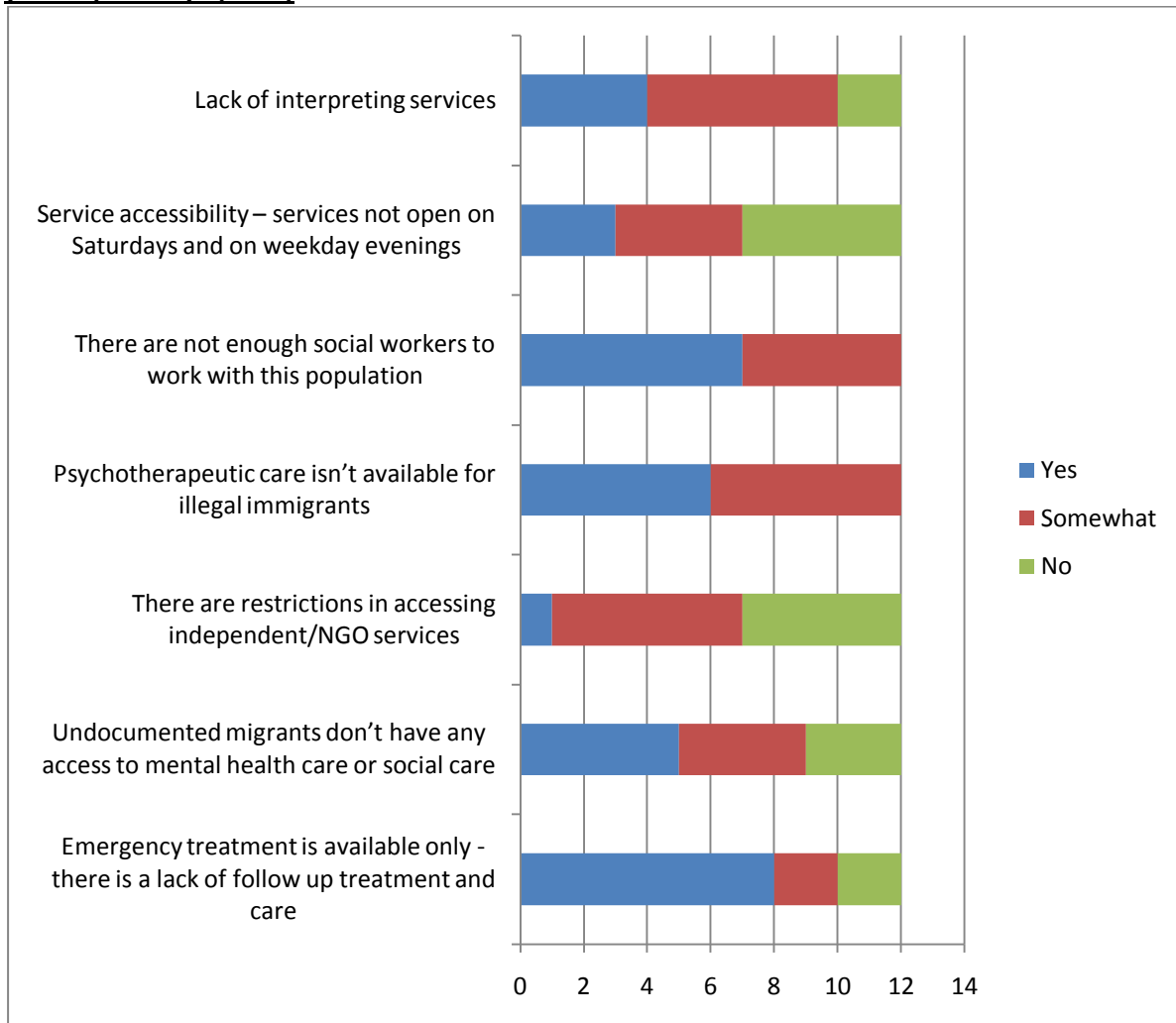
**Table 4.1 If co-ordination exists, please describe (n=3)**

<b><i>Slovakia</i></b>	There is coordination of work between Migration Office of the Ministry of Interior of the SR, Office of the Border and Foreigner Force under the Police Force of the SR and NGOs through contracts with the Office of Police Interlock for Foreigners of the Ministry of Interior of the SR (currently in Medveďov and Sečovce)
<b><i>Romania</i></b>	there is a number of social workers in acute hospitals that can coordinate with police and with the national office for immigrants and refugees.
<b><i>Malta</i></b>	Mainly it takes the form of initiatives by NGO's, MSF, JRS in liaison with mental health professionals, as in follow up, medication etc.

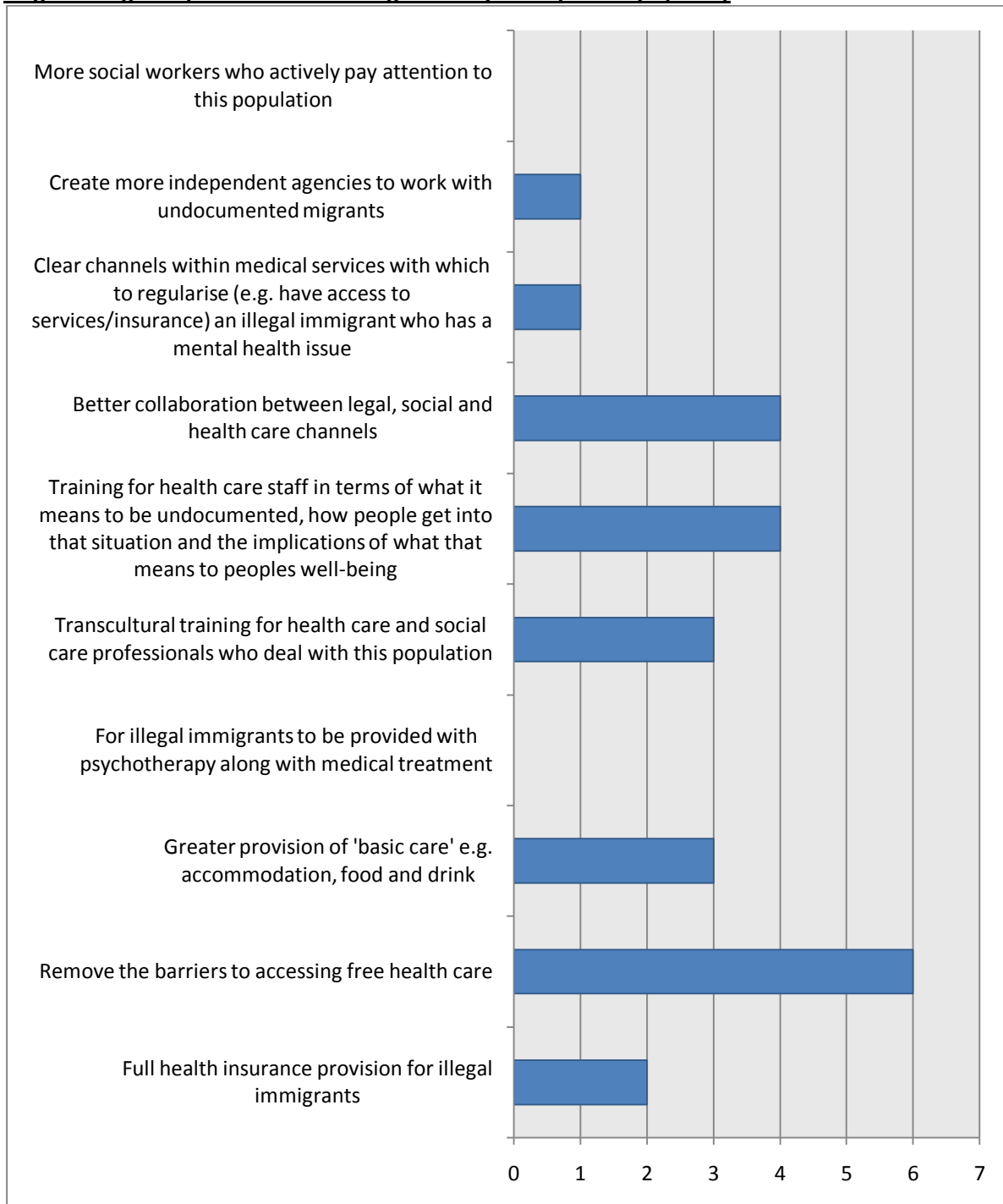
**Figure 4.2: What are the main strengths of service provision for illegal immigrants/undocumented migrants with mental health problems in your capital city? (n=12)**



**Figure 4.3: What are the main weaknesses of service provision for illegal immigrants/undocumented migrants with mental health problems in the most deprived areas of your capital city? (n=12)**



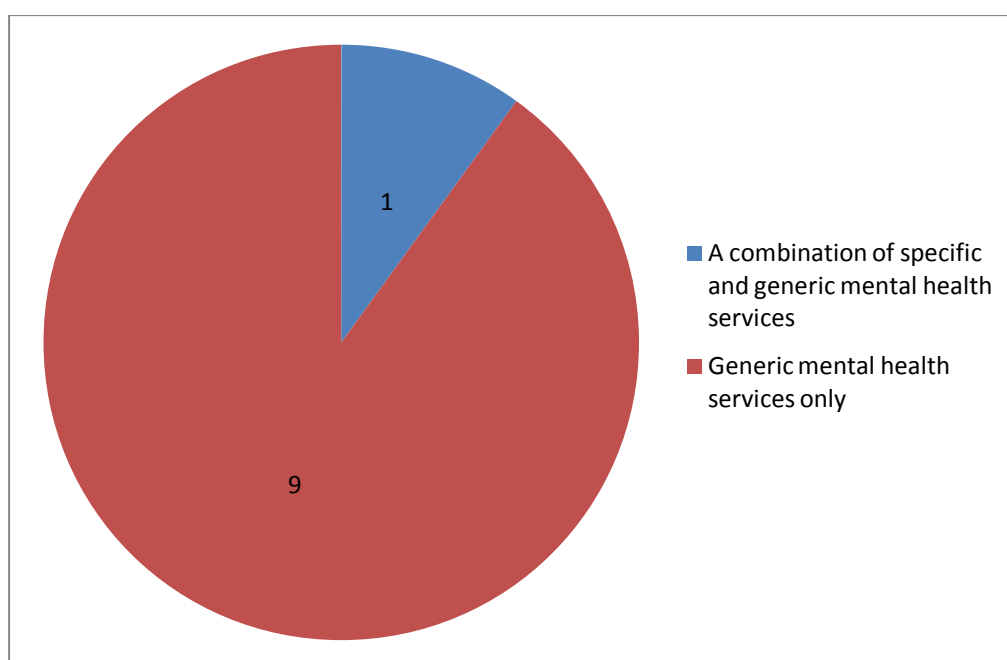
**Figure 3.4: What 2 things would you change in order to improve mental health care provision for illegal immigrants/undocumented migrants in your capital city? (n=12)**



## Target group 6: Travellers

### Section 2: Structure of Services

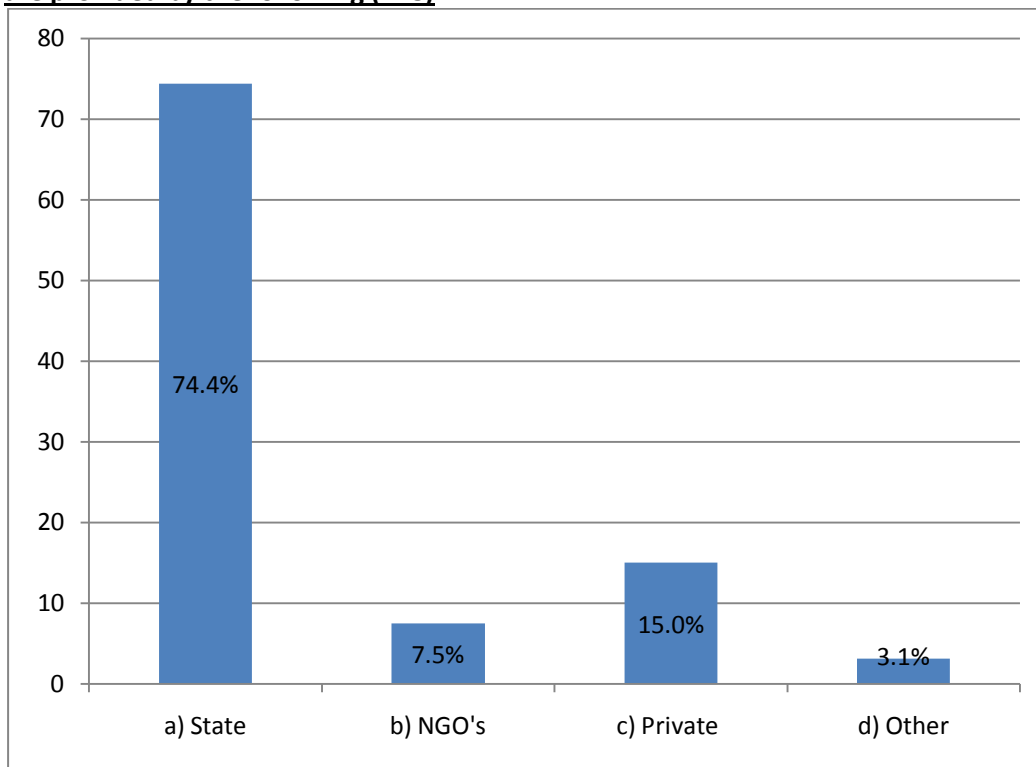
**Figure 2.1 Which of the following most accurately describes the structure of services accessible to travellers with mental health problems? (n=10)**



We can see from the graph that the majority of respondents (9 out of 10) indicated that the structure of services accessible to Travellers with mental health problems in their capital city are generic mental health services only.

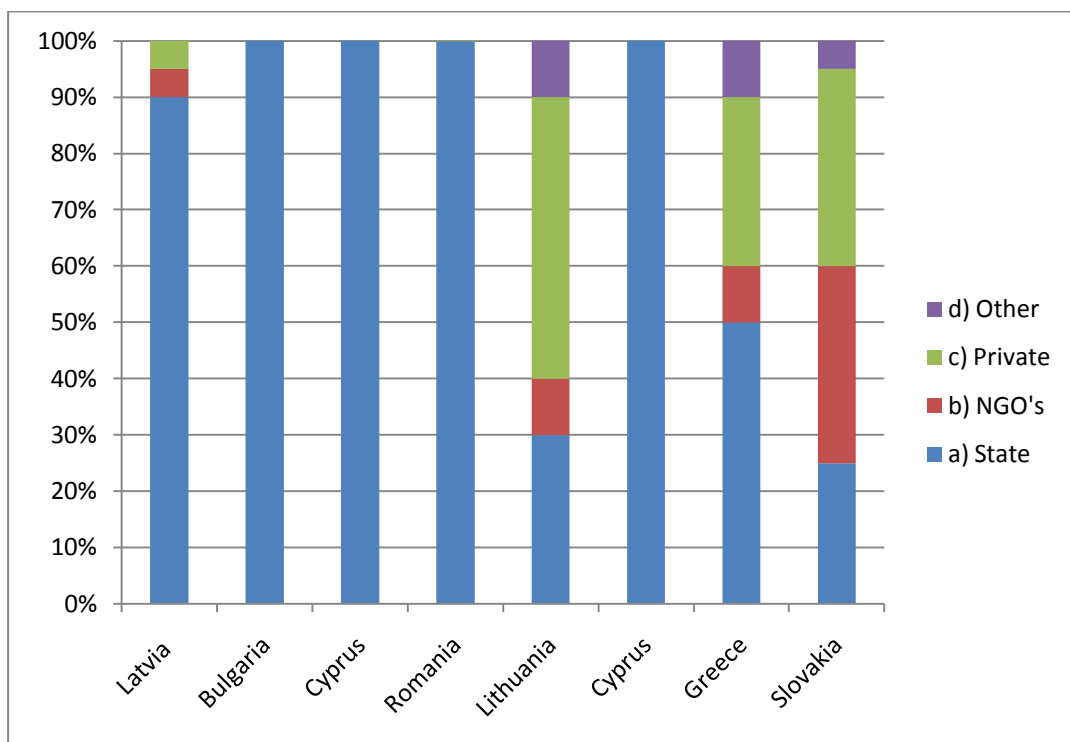
**\* For a description of structure of services per country see 'Appendix 6 - Travellers'**

**Figure 2.2 What proportion of services (%) accessible to travellers with mental health problems are provided by the following (n=8)**



We can see from the graph that the largest proportion of services are provided by the state sector (74.4%) followed by private sector (15%).

**Figure 2.2a Proportion per country (n=8)**



### Section 3: Case Vignettes

#### **Vignette 1**

A 30-year old Irish Traveller is living with his family. He hears voices and appears disturbed. He talks using incoherent sentences, has poor personal hygiene, and has *not* tried to get in contact with services.

#### **Which services would notice his problems and initiate help? (n=10)**

##### **Social welfare services x 4**

- The only most likely service that can notice his problem is a state social welfare institution (centre for social work) (there are 5 of them in the capital city), each locally responsible for certain area. However, there is not much outreach work so most likely he will be left without support
- Social welfare services as most of them are in benefit's schemes and community support centres provided by local authorities within Roma's community
- There are not any other services outside health services to notice the problems. It might be that social workers in social services might notice the situation
- Social workers in field

##### **No services x 3**

- There is no service at all
- In both cases (if a Roma is without citizenship or he has a citizenship) he most probably won't be noticed and won't get any help at all if he does not find it himself
- There is no specific service to notice his problem

##### **Family members/neighbours x 3**

- Usually it is the family members who try to seek help from the health stations. The person concerned is invited to come to the health station, but is quite often that he/she will not accept the invitation or the dates
- Relatives
- Police or municipal social welfare services could be informed by this gentleman neighbours

**Police x 2**

1. Police (if this person make some legal offence or try to do it)
2. Police force

**NGO's x 1**

- In the capital city there is also one NGO (called Mozaik), who coordinates volunteers (mostly social work students) who organize different workshops for Roma children in their communities. Therefore one of the students might also notice his problem. Otherwise all Roma villages are mostly segregated, and people have few experiences other people visiting them
- Emergency psychiatric service

**\* To see the responses per country see 'Appendix 6 – Travellers'**

### **3.2 Which services would, once informed, go out and help him? (n=10)**

#### **Social services x 4**

1. The already mentioned welfare institution (Centre for Social Work) who is entitled to take care of the social wellbeing of individuals and if nothing else give the information of the Roma male to other more specialized institutions (e.g. NGOs on the field of mental health)
2. Social services would make a home visit and gather information about their mental health status. Following that they would inform them what the next step might be
3. The social services of the hospital in co-operation with a health visitor as well as a doctor
4. There are no special services who go out and contact the persons who have mental problems. There are some social workers and some projects who work in that manner. In Helsinki there are only two social workers who are Roma. They are working mainly with the families and with the issues of child protection

#### **Police x 2**

#### **Ambulance x 2**

1. If the person becomes aggressive and provocative and there is a need for hospitalization his relatives would call and inform the emergency ambulance. The problem is that the ambulance often reject to come because of the avoidance of responsibility who should react in cases of emergency between the ambulance, the mobile psychiatric team at the dispensary, which is not functioning because of shortage of financing and the police
2. Bucharest Ambulance Service

#### **Primary care psychiatric services x 2**

1. Primary mental health care centre will be informed by police or social welfare municipal services. Usually social worker together with psychiatrist will go for visit
  2. Psychiatry polyclinic's general doctor or the GP. If needed, also the ambulance crew
- GP based on suggestion from community or social worker
  - Special psychiatric team in emergency medicine services
  - The embassy of his country

**\* To see the responses per country see 'Appendix 6 – Travellers'**

### **3.3 What further services are available to this person? (n=10)**

#### **Psychiatric services x 9**

1. Psychiatric hospital Psychiatric hospital services for acute disorders – no health insurance needed
2. Emergency psychiatric services – no health insurance needed
3. After several attempts and a vastly loss of time the patient could be hospitalized at the municipal psychiatric dispensary or at the psychiatric hospital in Kurilo as the only facilities in the region of Sofia, which are financed through the state budget and are working for free. He can stay at the institution for at least 24 hours for treatment without a permission by a court
4. Alternatively, this man could be referred to mental hospital for treatment with no delay
5. Apart from public mental health services nothing else
6. The health stations are primary institutions which offers help
7. Outpatient psychiatric clinics or day centre
8. Treatment could be initiated either as out-patient in the same Primary mental health care centre.
9. Specialized health care – psychiatrist

#### **Social services x 3**

1. Possibilities to contact with social workers
  2. Social Services – assistance in order to validate a medical insurance and state financial help.
  3. After psychosis will be reduced, he will be referred to social welfare services and specific NGO that provides care for Roma people in Vilnius
- All other existing services: NGOs in the field of mental health, psychiatric hospital (if he has health insurance)
  - Usually GP advises the client, and the need for additional services will depend on a plan of treatment, which is drawn up in collaboration with different clinicians
  - Medical care, psychological support, the appropriate medicine, food and accommodation if need it
  - Some NGOs have "low threshold" services. The Roma do not have enough knowledge about the services available and they are not familiarised to use the services that NGOs offer
  - Many Roma are members of different religious (Christian) parishes. Parishes offer spiritual support, praying and religious counselling

**\* To see the responses per country see 'Appendix 6 – Travellers'**

#### **Vignette 2**

A 40-year female Traveller is living in Dublin with her family. She is depressed, with suicidal ideation. She wants help.

### **3.4 Where can she get information regarding the services which can help her? (n=10)**

#### **Internet x 3**

1. It's possible also to find information via internet. On internet also some information about crisis centres (e.g. Skalbes [www.skalbes.lv](http://www.skalbes.lv)). Crisis centre can give support by phone, or give advance to visit crisis centre or psychiatric outpatient clinic or mental hospital. There are Mental hospital website with information about hospital, outpatient clinics (address, map, public transport)
2. Another way of getting information is also internet. But in order to do that one has to have the availability of internet (which is not often the case for Roma, who mostly live in poor living environment without electricity), one has to have at least some basic computer skills in order to use internet (many Roma, mostly women, are functionally illiterate) and also - one has to have some basic idea of what to look on internet
3. Internet - the web-site of the City of Helsinki offers information as well as the web site of The Finnish Association for Mental Health (for example)

#### **Social Welfare Services x 3**

1. She can get information on local social welfare institution. One of the roles is also the coordination of all available local programmes and providing information to potential service users. Therefore , the coordinator in the centre for social work should have all available information for Roma female seeking help
2. Many Roma (especially women whose life is more or less concentrated on the sphere of home - cooking , cleaning, raising children) lack the information of existing social services
3. In the local WELFARE SERVICES

#### **Ambulance Services x 2**

1. Bucharest Ambulance Service (S.A.M.B.)
  2. Emergency psychiatric service/ Emergency Room for Psychiatric Disorders
- In praxis only through emergency call 112. Emergency service can give advice - where it is possible to receive psychiatric help
  - In the health stations and from the counselling telephone numbers concerning mental health services

- Most likely in the local support centre which provides social work or psychological provision. They are not that well equipped as to offer more in depth service.
- Roma community centre in Vilnius could provide her with information
- NGO working with Roma communities and focused also on health care
  
- The embassy of their country
  
- Community health workers from the regional public health institutes or social worker in field
  
- GP for adults
- In all probability she is not health insured and from this reason she can't contact a General practitioner, who would guide her to a psychiatrist.

**\* To see the responses per country see 'Appendix 6 – Travellers'**

### **3.5 What services can she approach and which services will they provide? (n=10)**

#### **General outpatient services x 3**

1. She can be helped at the health station. Usually the medical aid is offered. The personnel in the health services does not know the Romani culture and their manners or way of thinking and that's why they don't know what is the proper service for the Roma in each situation
2. Family physician – decides on the treatment, or advises to set an appointment with a psychiatrist
3. Generic health care (GPs)

#### **Social Welfare services x 3**

1. She can approach a local social welfare institution. There are usually no special experts for mental health difficulties, therefore at least they can do is to provide her with the information, where is the nearest NGO who deal with mental health difficulties. This information does not depend on her citizenship status
2. Municipal social welfare workers
3. In the town hall of region where a social functional will help him referring him in the proportional medical service

#### **NGO's x 3**

1. She can also turn to the nearest NGO herself where a social worker or psychologist can offer her counselling
2. Specific social service NGO that provides care especially for Roma people in Vilnius
3. Protecting activity (NGOs)

#### **Emergency psychiatric services x 2**

1. Emergency medicine services (special psychiatric team), if she call 112. The role of this team is to quickly contact psychiatric patients on the street, at home, in public places etc. and make provisional assessment, give medicines or/and give advice to visit psychiatric outpatient clinic or providing hospitalisation in mental hospital
2. Emergency psychiatric services – no health insurance needed

#### **Outpatient psychiatric services x 2**

1. It's possible also receive home visit from Riga Centre of Psychiatry and Addiction disorders outpatient clinic, if she call by phone to this centre
2. The general doctor at the psychiatry clinic or the local psychiatrist – they have a conversation and decide on the necessary further treatment, if needed, in-patient medical treatment

#### **Private psychiatrist x 2**

1. In this case she can only contact a private psychiatrist and she has to pay out of pocket. She will receive medical treatment and if there is the need she could be hospitalized at the municipal dispensary or the psychiatric hospital in Kurilo. There is no system for follow up and monitoring of the cases, so it's up to her motivation to continue the treatment
  2. Private practitioner-psychiatrist – priced appointments, all the above-mentioned services
- Psychiatric hospital services for acute disorders – no health insurance needed
  - Public mental health services

**\* To see the responses per country see 'Appendix 6 – Travellers'**

### **3.6 What further services are available to this person? (n=10)**

#### **Community based medical services x 3**

- Outpatient psychiatric clinics or day centre
- Medical care, psychological support, the appropriate medicine, food and accommodation if need it
- Usually GP advises the client, and the need for additional services will depend on a plan of treatment, which is drawn up in collaboration with different clinicians. There are no restrictions in respect to services depending on Roma status

#### **Psychiatric hospitals x 2**

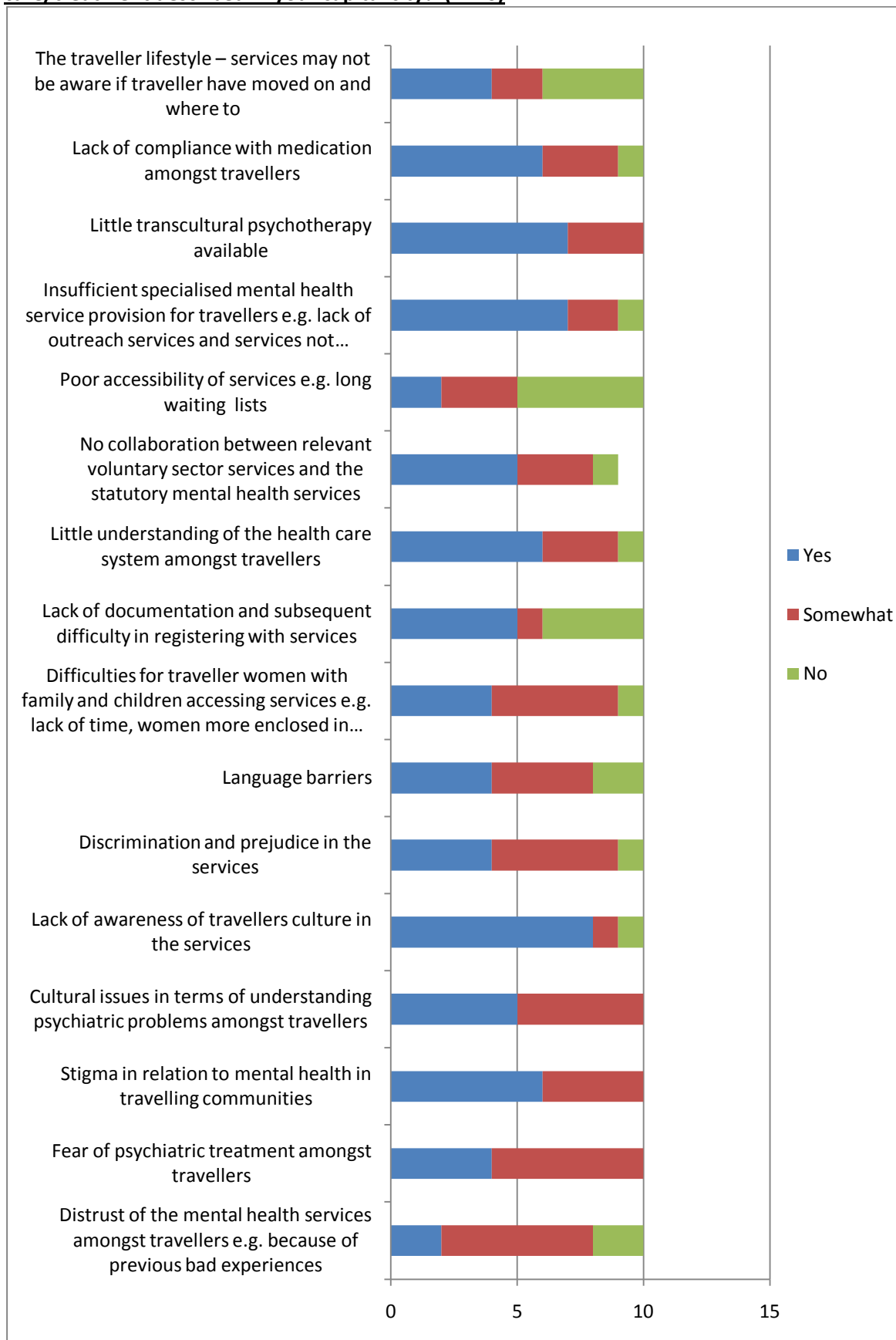
- Psychiatric hospital
- Alternatively she might be treated in mental hospital, referred without delays due to depression with suicidal ideation

#### **Social / Community Care x 2**

- Social Services – assistance in order to validate the medical insurance and state financial help. Chronically psychiatric disorders services– health insurance needed and/or direct payment
- Community care – sheltered accommodation or sheltered workshops, rehabilitation centre, specialized home nursing agency
- None
- Usually the family and the community or the parish will take care of the person
- This person is at high risk of not getting any help timely. Her needs receive insufficient attention not only by the psychiatric institutions but also by the general health system and those needs are difficult to be meet through usual health and welfare channels

**\* To see the responses per country see 'Appendix 6 – Travellers'**

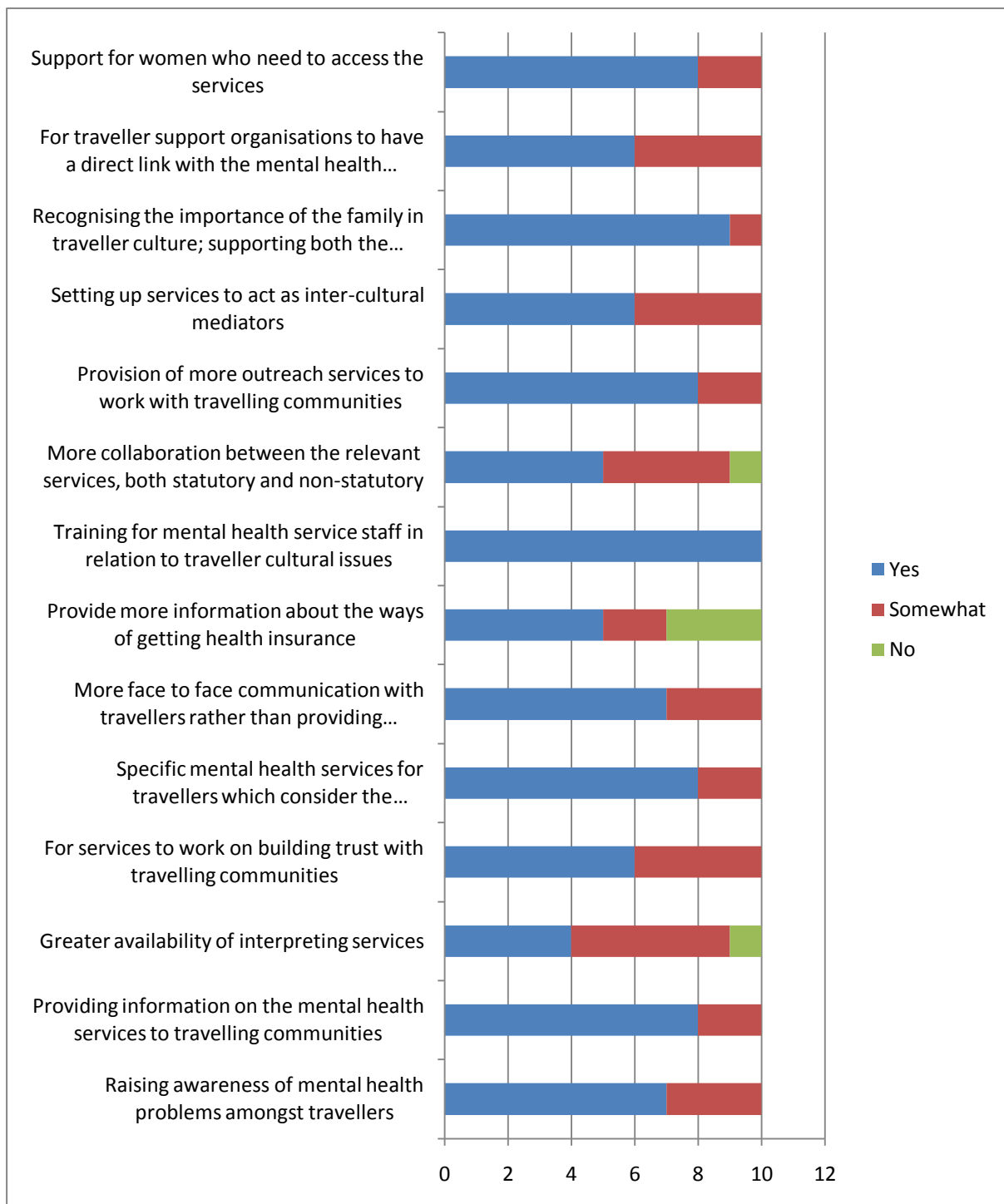
**Figure 3.1 What are the main barriers for the individuals in both vignettes to receive the care/treatment described in your capital city? (n=10)**



The most common barriers indicated are

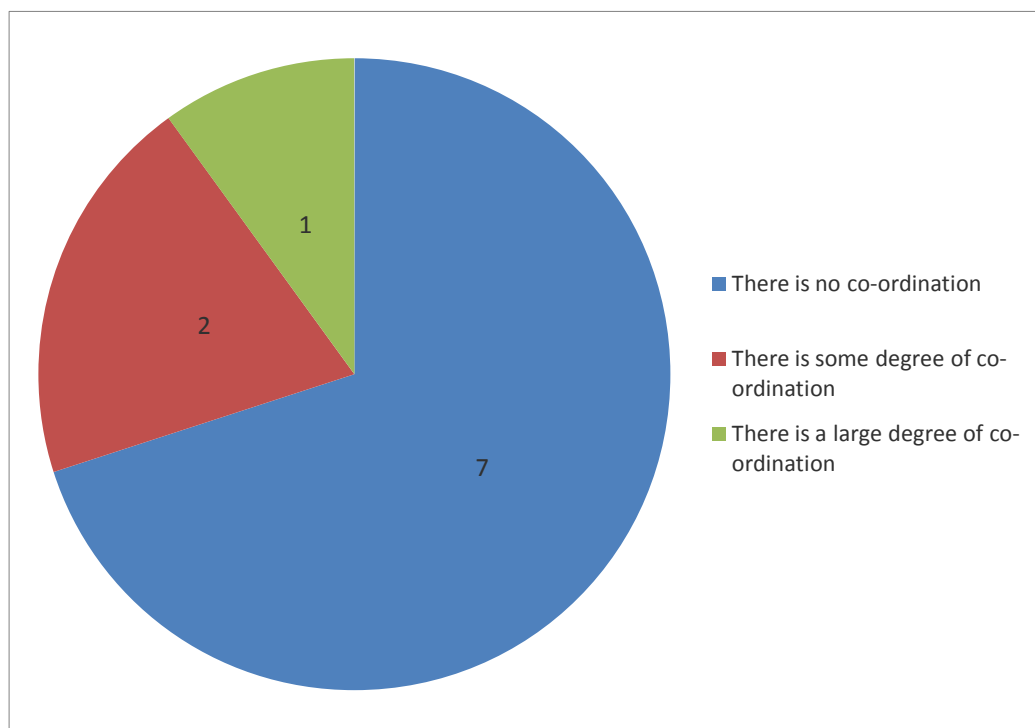
- 'lack of awareness of travellers culture in the services' (8)
- 'insufficient specialised mental health service provision for travellers e.g. lack of outreach services and services not responsive to travellers needs' (7)
- 'little transcultural psychotherapy available' (7)

**Figure 3.2 What are the best ways to overcome these barriers? (n=10)**



#### Section 4: General Questions

**Figure 4.1 How is mental health care for travellers co-ordinated at both the level of individual patient and at an administrative level? (n=10)**

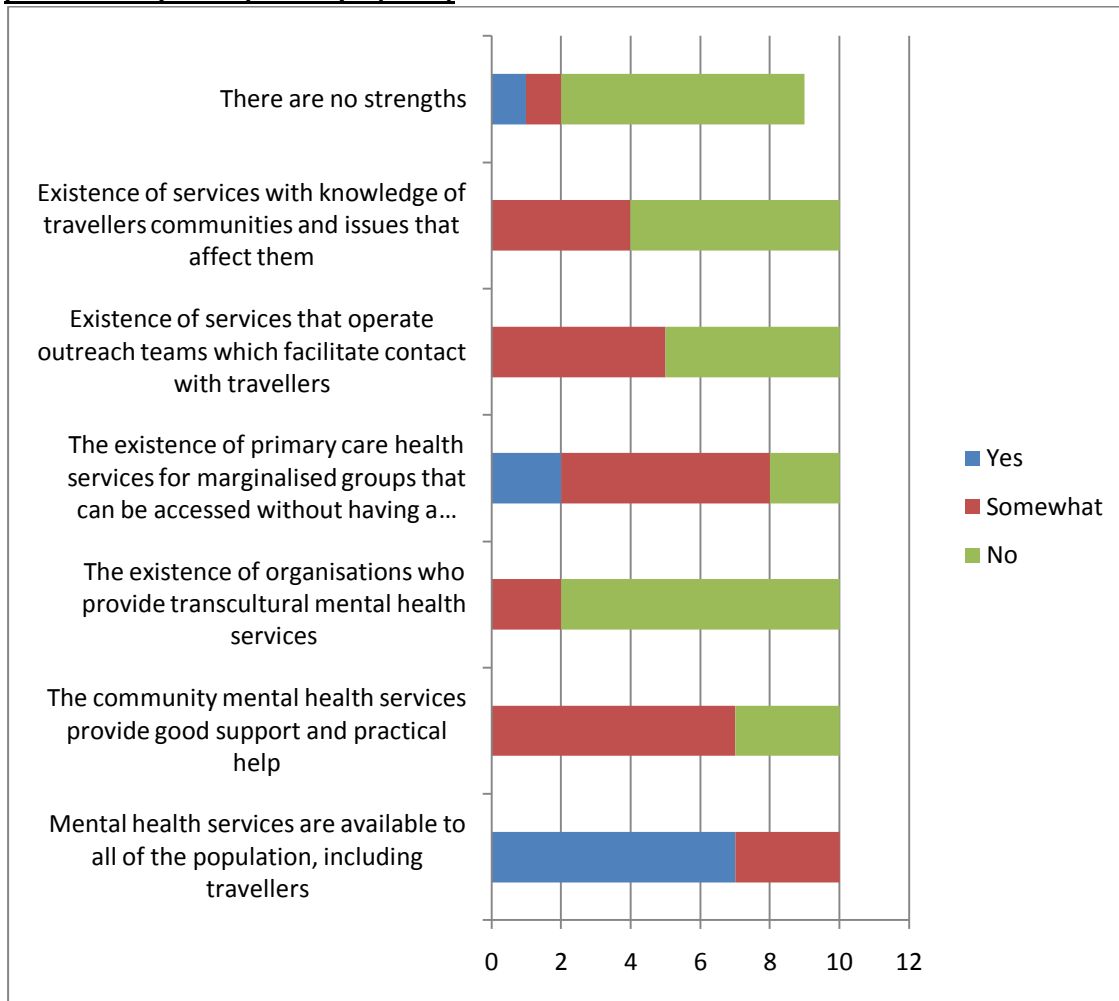


We can see from the graph that in 7 of the 10 capital cities there is no co-ordination, in two there is some degree of co-ordination and in one there is a large degree of co-ordination.

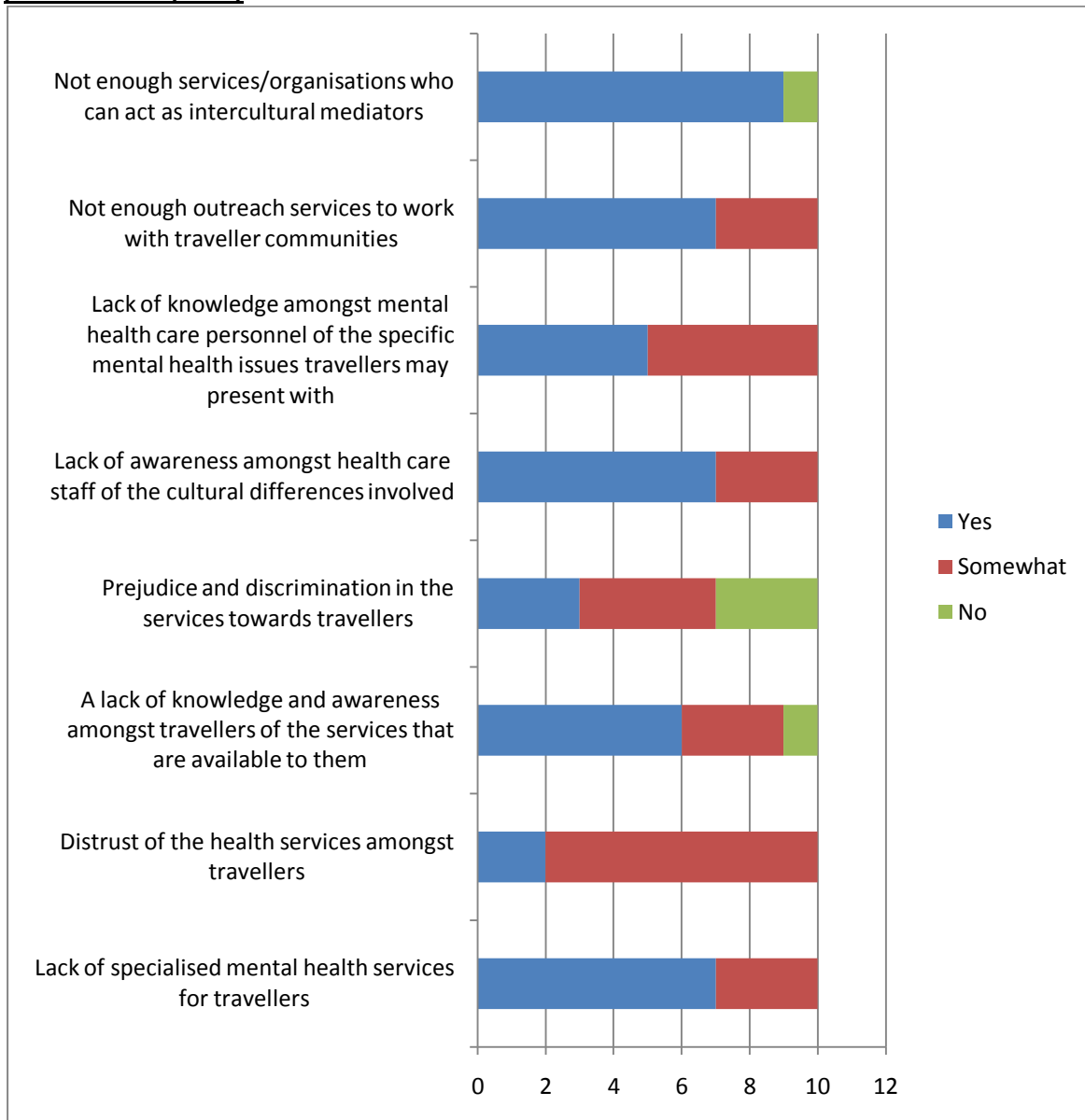
**Table 4.1 If co-ordination exists, please describe**

<b>Slovakia</b>	There is coordination on administrative-organizational level between the Bratislava Self-governing Region and NGOs
<b>Lithuania</b>	Foreign embassies and consulates are involved into coordination, and sometimes direct provision of services for respective country citizens who are travelling.
<b>Estonia</b>	The Roma get health care according to the laws of the Republic of Estonia.

**Figure 4.2 What are the main strengths of service provision for travellers with mental health problems in your capital city? (n=10)**



**Figure 4.3 What are the main weaknesses of service provision for travellers with mental health problems in? (n=10)**



**Figure 4.4 What 2 things would you change in order to improve mental health care provision for travellers? (n=10)**

