

The PACCT® methodology

Psychiatry Assisting the Culturally Diverse Community in Creating Healing Ties: an outreaching, accosting, empowering methodology that respects cultural differences

Author: Solentra

Case study

A. is a 10-year-old Syrian boy who fled to Belgium with his parents and two sisters. They have been in Belgium for a year, but things are not going well for A. at school: a conflictual relationship with peers and the teacher. A. exhibits attention-grabbing behaviour, lack of concentration and interferes with class all the time. Mum blames this on the concentration school and the neighbourhood the family ended up in (the most impoverished district in the city), but sees no relation to psychological problems such as trauma or a developmental disorder like ADHD. These are the school's suspicions, but she does not get them communicated to the mum. Dad never attends a meeting with the school.

General

The accessibility and effectiveness of mental health care is problematic for refugees, especially child and adolescent psychiatry (Bevaert F, 2013). There are all kinds of obstacles, both on the side of the counsellor and the refugee.

Obstacles on the refugee's side:

- stigmatisation
- Cultural illiteracy: refugees sometimes lack the right jargon to translate their request for help into Western care. This is due to a holistic view of health and because they are often more inclined to solve problems in the family context. The result is a diffuse demand for help.
- no or (still) insufficient connection to the new society and often the lack of psychological security.
- cultural barriers
- the language barrier
- the asylum story
- training

Obstacles on the aid side:

- the language barrier
- additional costs and administration
- the vague request for help: this risks sending refugee families from pillar to post.
- culture: western value orientation, e.g. autonomy, self-actualisation, social engineering of the individual, ...

- the lack of culture-sensitive skills: universalism, lack of knowledge of the other person's frame of reference
 - the asylum story
 - fear
- Consequence: the demand for assistance often comes from the individual caregiver and not from the system itself.
- The refugee system drops out in the middle or at the end of the assistance process.

Possible solution: PACCT®

Asbl Solentra developed the PACCT methodology.

Starting points:

- **Link between social participation and mental health:** full social participation and good (mental) health influence each other mutually.
- **The migration process and post-migration factors have a lot of impact.** The loss of family, environment, habits and then adaptation to the new cultural environment affects mental health and works over generations. Trauma and other mental problems can hinder the integration process.
- **An ecological view of development** through Bronfenbrenner's (1979) ecological model. We must take into account the broad social context to identify stressors and dynamics that help cause symptoms and that will determine the type of interventions. Consider the family and school, but equally the community in which the refugee system lives. The broad social context (religion, racism, asylum and reception politics) also plays a role, along with the quality of relationships between the different systems. All this helps determine the child's development and well-being.

Goals:

- equal access to mental health care
- effective care

Features:

- contextualised perspective
- cultural pluralism
- culturally congruent: alternative consultation venue, informal resources

Two pillars

1. Community-oriented approach

How? Mobilise and connect

- Map the different contexts and their interrelationships if the child's functioning is difficult.
- Empowerment: immediately involve parents when the school or social worker starts to worry about a child.
- Encourage parents, school or social assistant to work together around the child's well-being, from an active and equal position.
- Be aware of the multi-cultural situation the child is in and the child's task to learn to deal with this flexibly.

2. Ethnopsychiatric view

How? Creating a potential meeting space

- Engage in dialogue on the basis of mutual respect.
- Invite each attendee again and again to express his/her views so that differences and similarities can be clearly named.

What is the goal?

- Arrive at a common problem definition.
- Coming to a common solution.

Here, priority attention will be given to

- addressing resilience (see also fact sheet trauma).
- mobilising (in)formal resources in the environment.
 - possibly: initiate transcultural diagnostic and therapeutic consultations.

➔ It is often a lengthy process with a accosting attitude. This goes against common principles that are paramount in Western counselling, such as motivation and voluntariness.

In practice

Community-based consultations

When. The counsellor suspects a mental health problem but does not get it communicated to the parents or the refugee.

Where. On site, e.g. at school.

Roadmap with different phases:

1. Invitation and introduction

- Purpose?
 - Creating a sense of community
 - Building working relationships
 - Building trust
 - Child welfare is the connecting factor

- Specifically?
 - Starting point: concerns of the school about one of its pupils.
 - Who sits around the table?
 - Family is invited to school with the explicit mention that it may be important to also bring other figures from the child's life (grandparents, uncles, aunts, neighbours, etc.) to the discussion.
 - Several key people from within the school: teacher, care coordinator, CLB officer, ...
 - From Solentra: psychologist and ethnotherapist or intercultural mediator.

2. Shared problem definition: in open dialogue and mutual understanding

- Invite everyone to share their own views on the child's functioning.
- Place the underlying (cultural) frameworks side by side on the basis of equality.
- Work towards a common problem definition from common ground and similarities.

3. Common goals: joined forces

- Work towards a common goal:
 - Which interventions are meaningful and feasible for everyone?
 - Who takes on which role?
- Mobilise formal and informal resources where appropriate.

4. Follow-up

- Initially by school, Solentra from the second line.
- Concluding discussion: name the positive evolution and acknowledge the efforts.

➔ This is a dynamic process: sometimes you have to go back to an earlier stage.

Transcultural consultations

When. The request for help is supported by the client system.

Where. At Solentra.

- Transcultural
- In the client's language: with interpreter

Want to know more?

www.solentra.be

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