

TOGETHER interdisciplinary taskforce

Professionals uniting to integrate refugee children into
the Dutch healthcare system

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TOGETHER Dutch national interdisciplinary taskforce for (health-)care of refugee children

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“Children on the move: rights, health and well-being”



Entangled sentiments:

Government policies

Xenophobic protests

Welcoming initiatives

Refugees speaking out



2015-2016: 90.000 asylum applications in NL,
45% children/youth (rijksoverheid.nl, IND.nl)



And we all worry most about...

'onze kinderen'
our children

Entangled perspectives:

Refugee families arriving in NL

- Lack of trust in health care providers
- Long waiting, continuing (forced) mobility in NL
- Higher need for healthcare
- Refugee medical professionals on site: No permission to help

International literature:

Fazel (2012, 2016), Tol e.a. (2013), De Jong e.a. (2015)

- Mental health: high risk & prevalence
- Resilience: stability = important condition



Almad Mohammed,
Charlotte Claus en
Geert Tom Heikens

Dutch (public) health professionals

(First to regularly see, treat and refer all children in NL, on site in RC)

- Lack of means and time (focus on 'quick fix'/somatic complaints)
- Lack of funding for interpreters
- Lack of overview who's doing what
- Lack of cooperation/adequate transferal in 'chain' of health care
- Lack of knowledge and experience to adress specific health determinants



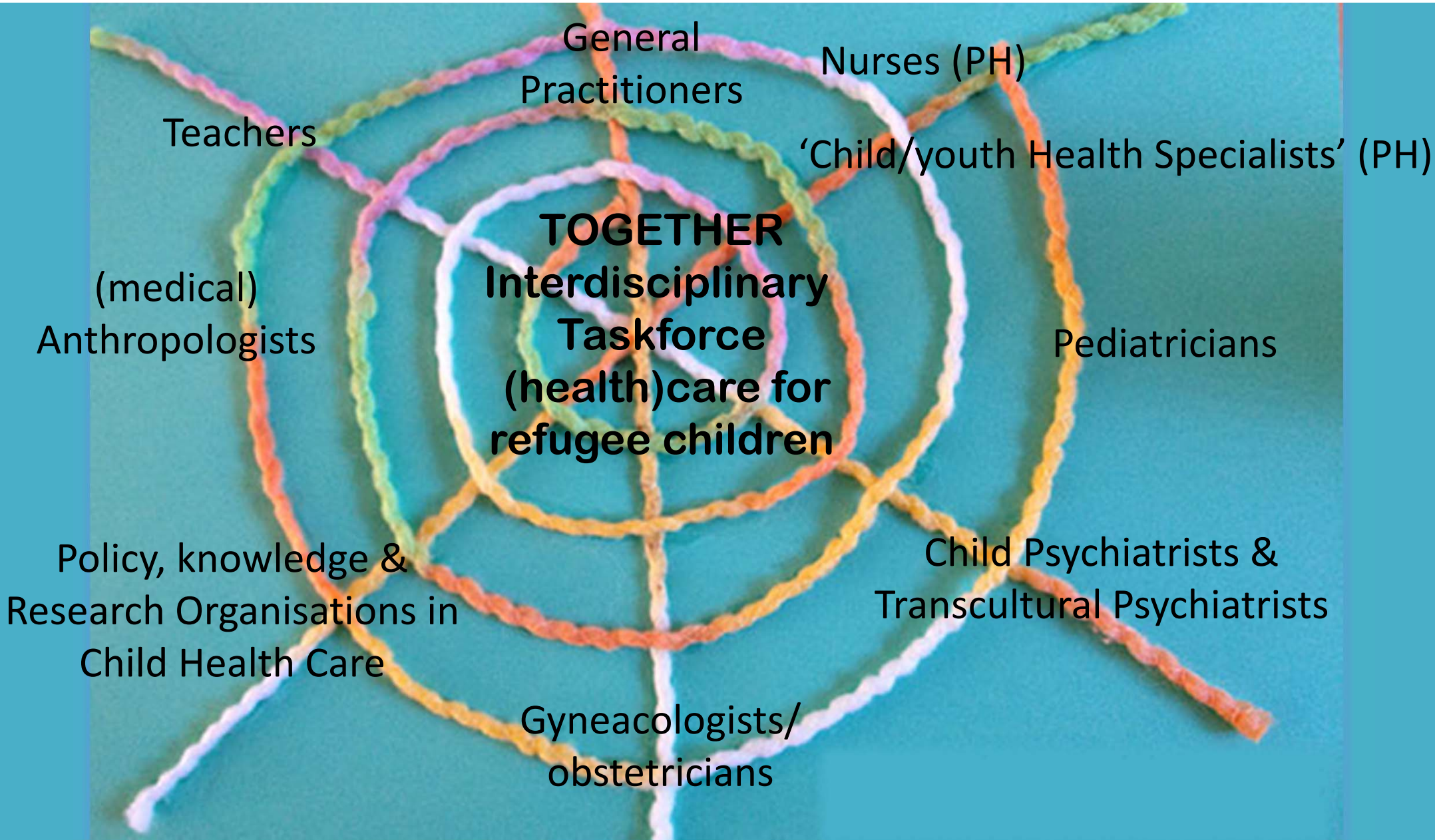
Professionals should work TOGETHER to:

- Assess problems and needs of professionals
- Share experiences, knowledge, information
- Involve refugee professionals
- Create overview of initiatives

To:

- Understand & meet needs of children and families
- Ensure continuum & quality of (health-) care

‘as usual, but unusual’



TOGETHER
Interdisciplinary
Taskforce
(health)care for
refugee children

General Practitioners

Nurses (PH)

'Child/youth Health Specialists' (PH)

Teachers

(medical)
Anthropologists

Pediatricians

Policy, knowledge &
Research Organisations in
Child Health Care

Child Psychiatrists &
Transcultural Psychiatrists

Gyneacologists/
obstetricians

TOGETHER's accomplishments in 2017

Awareness:

- *Interview* in national pediatric magazine 'kinderarts en Samenleving' (nov. 2016)
- *Education sessions* of pediatricians, child health specialists (the refugee context, cultural competence)
- More workshop requests in december 2017
- Presence & participation on national (and international!) *conferences*

Advocacy:

- *Interdisciplinary statement* adressed to leaders of political parties in government formation negotiations (Published online by several professional associations and sent directly *to the Cabinet*)

Policy & practice in health care:

- *Regular meetings & updates* with members to prevent 'overlap' and improve collaboration
- Several members Involved in development of *national interdisciplinary guideline* for refugee children
- Involved in development of '*working instructions*' for public health nurses

Research:

- Pinpointing problems in delivery of care 'as usual' (to be published)
- Mapping needs/dilemma's of professionals (surveys, presentations, discussions, national conferences)

"How to deliver the regular quality & continuum of care in complex situations?"

"how do we pick up on mental health issues?"

Entangled emotions:

TOGETHER witnessing cases of

- Anxiety and behavioral problems in young children
- Depression and automutilation or behavioral problems in youth
- Related physical and social problems, family tensions

- MH problems entangled with all aspects of refugee life & health
- Risks impeding healthy development and functioning
- Cumulative adversities worsen outcomes

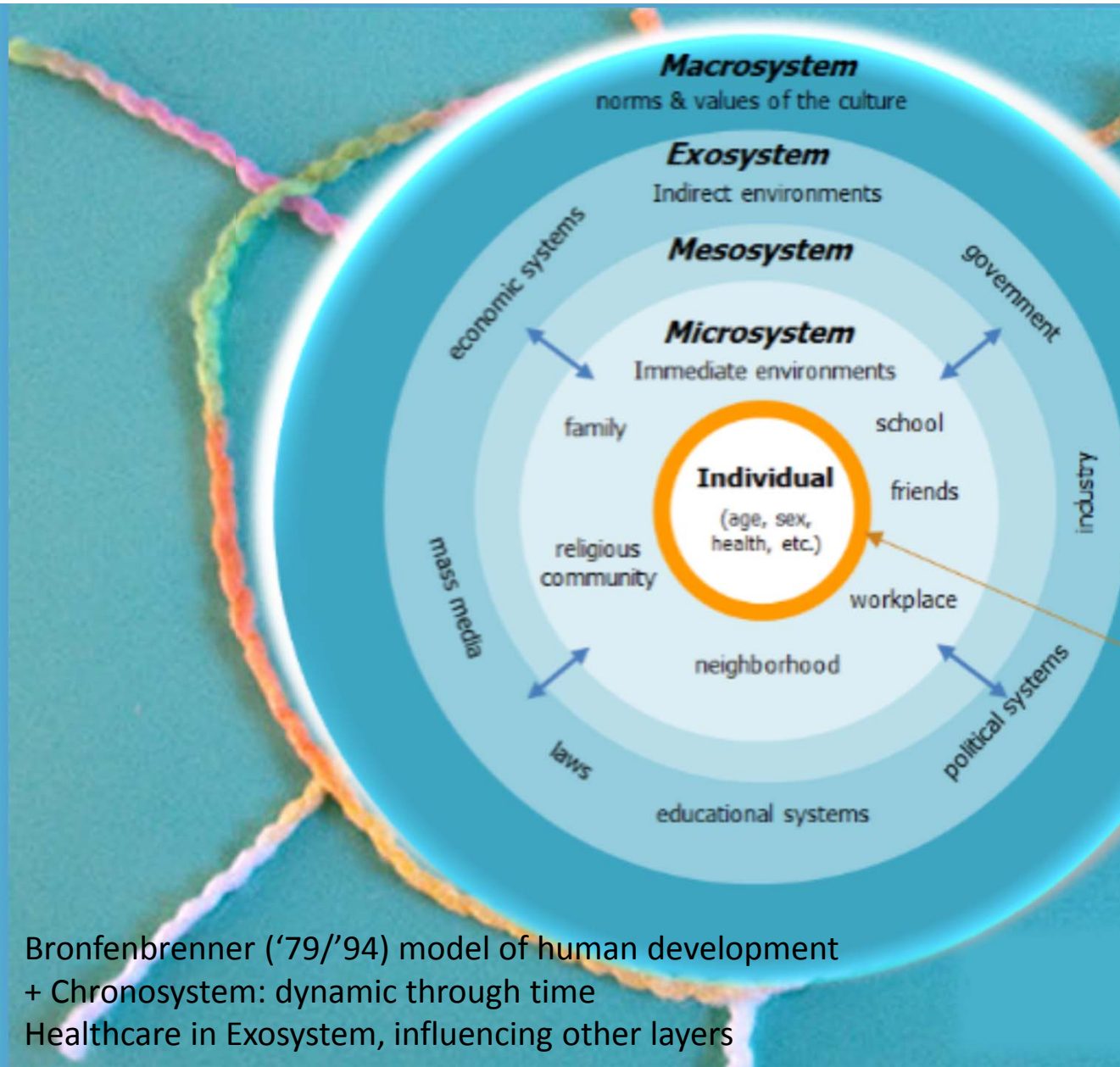
- High prevalence (40% - 65%), low number actually receives help (4%)
- Suboptimal communication
(language, taboo, health literacy, late/different presentation, lack of cultural competence)

Common solutions and their 'pitfalls'

1. Resilience *oversimplified*, 'blinding' to specific needs
2. Cultural 'knowledge': *risk of stereotyping*
3. Professionals see problems *but feel 'powerless'*
4. Availability of appropriate treatment is *limited*

Unique opportunity of TOGETHER...





Bronfenbrenner ('79/'94) model of human development
 + Chronosystem: dynamic through time
 Healthcare in Exosystem, influencing other layers

TOGETHER's unique position:

1. Enabling Resilience through child centered Public Health based 'Ecological approach'
2. Cultural competence: a two way learning process
 - Improving health literacy, actively involving families
 - Raising awareness and knowledge in professionals by developing a continuing education program
3. Strengthening professionals' Position through (also 2, and)
 - Better cooperation 'in the chain'
 - Political dialogue
4. Developing appropriate treatment through
 - Interdisciplinary Research
 - Evidence based guidelines, policy, treatment
 - Bridging gap of trust and language by involving refugee professionals

TOGETHER

Started from friendship,
building on professional involvement

Uniting interdisciplinary strengths for
Delivering health care that fits refugee children

Challenges/ questions for you:

- How to overcome the bureaucratic obstacles in effectively including refugee professionals
- How to induce dialogue at political level
- Lower numbers don't equal lower urgency. How to keep the momentum?
- How to add an International layer to our circle to improve & expand continuum of care



Thank you!

Any questions for us?

Get in touch through:
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All TOGETHER taskforce professionals
All refugee families we met that let us into their lives and shared so much

TOGETHER Links:

A few inspiring examples from our partners:

<https://nl-nl.facebook.com/syriersgezond>

www.tell-me.nl

<https://www.warchild.nl/TeamUp>