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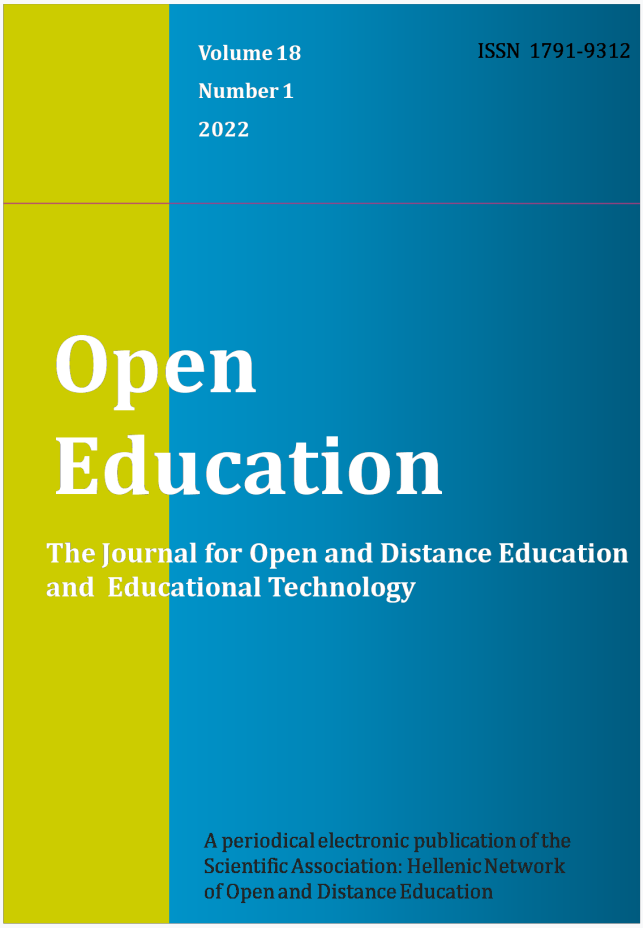

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Support and distance training of health professionals on mental health and psychosocial support for migrants and refugees

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Abstract

This study focuses on the education of health professionals involved with psychosocial support for refugees. In order for the support of vulnerable groups to be effective, it is important first of all to become conscious and process their personal assumptions in relation to their profession and in relation to others and their needs. Cultivating reflective skills for health professionals could positively enhance both the provision of their services and their personal and professional development. Using the example of an e-learning training program, an attempt is made to investigate how health professionals think according to their education, stereotypical perceptions and their relationship with the refugee patient. The participants in the program were 135 health professionals of various specialties (doctors, nurses and social workers) serving in the Prefecture of Achaia, with relevant experience in migrant structures. Out of these, 89 people completed the Learning Activities Survey (LAS) questionnaire with adjustments, after the end of the programme in the period between February-July 2020. The findings of the research show that a distance learning programme has the potential to provide reflective opportunities and awareness of migrant issues, as long as it is properly organised in this direction.

Keywords
distance learning, e-learning, mental health, psychosocial support for migrants and refugees

Introduction

The state of emergency which health professionals providing services to refugees are called to work in is well known, we all know how overwhelming it can be, but we are also aware of their participation, commitment, generosity, and their required professionalism. Let's suppose that someone is required as a member of staff or as a volunteer to help in a major disaster or that s/he is in a place where an accident has occurred and there are injuries. This study was done to examine how the support and education of mental health professionals on mental health issues for migrants and refugees can have the best possible results. Moreover, in what ways information could be provided on how to approach a new situation safely, for themselves and others, and how not to cause any harm with their actions.

Health professionals are important adults who can be key support persons and role models for refugee children in their new social reality, by contributing effectively to their psychosocial integration. They need to prepare properly, explore their own attitudes and prejudices about refugees, understand their specificities and needs, and acquire the appropriate knowledge, skills and tools to be able to adequately respond to this new challenge. The study seeks to be a functional tool for health professionals involved in the psychosocial support of refugees. It focuses on raising awareness and educating health professionals on the psychosocial development of refugees and provides an example of an e-learning educational program. How health professionals think according to their education, their perceptions and their relationship with the refugee patient. Health professionals are not some "other" people, "insensitive" or "hard", but sensitive people who are anxious, feeling sad, troubled and struggling in the workplace or elsewhere, to be able to deal with their dilemmas in order to serve their patients in the best possible way. This study aims to offer guidance and to propose ideas and ways for activities that can be implemented in psychosocial development programmes for migrants and refugees.

Medical education is a lifelong process, which includes undergraduate education, general clinical training, special or vocational training, specialised training, medical experience and continuing medical education. Although medical education was carried out in Medical Schools and University hospitals, increasing numbers of health professionals are helping to promote teaching and learning outside this traditional environment (Spencer & Jordan, 1999).

Refugees and migrants undergo their traumatic experiences, aggravate their emotional state and put themselves at risk for mental health problems, including depression, anxiety disorders and especially post-traumatic stress disorders. The stressors that affect the mental health of refugees are intense changes (e.g. in the social environment, in the place of residence), feelings of loss and insecurity, feelings of anxiety, cultural shock – due to cultural changes and assimilation – and pressure a) as they acquaint themselves with new cultural expectations and customs (often a new

language), to become citizens of the host country e.g. "Greeks" without understanding what this means, b) as they feel they have to choose between their own culture of origin and the new culture. Moreover, they have to deal with separation of family and extended family, loss of supportive social networks, poverty, lack of reception from the dominant society, language difficulties, new education system, degraded living conditions (housing instability, food insecurity, interruption of school education), unemployment, social isolation and cultural alienation, adverse behavioural/emotional reactions, such as discrimination and/or persecution, xenophobia (Berry & Vedder, 2016).

All these traumatic events also contribute aggravatingly to the ability of refugees to function. They can influence their ways of adapting to their new cultural context, and especially for children, they result in making them even more emotionally vulnerable, which also affects social relations with their peers (Motti-Stefanidi et al., 2005; Bilanakis, 2005). Psychological concerns arise for those trying to adapt to the new culture (APA, 2008). So, their needs have a wide range, but the dominant ones are the suitable means for survival, a protected environment, access to essential services (health, education) and dignity of choice. Refugees and migrants are usually people in severe distress who have recently experienced serious traumatic events, while not everyone who has experienced a crisis needs or wants to receive help, some do not want help, some are people with serious injuries that endanger their lives, others are people with such a degree of distress that they are unable to take care of themselves or their children, or they are people who may harm themselves or endanger others. Scholars point out that although involuntary migration causes a feeling of loss and mourning inextricably linked to it, it also contains an optimistic dimension since it is the first step towards a better life in a new environment with more opportunities and new life prospects (Martzava, 2018). At least three major categories of expected benefits have emerged: changes in self-perception, changes in interpersonal relationships and a change in life philosophy (Janoff-Bulman, 1992; Taylor & Brown, 1988). They see themselves and the world in a different way, they appreciate life and friendship more, while they reassess their priorities and some of their values. Experiencing positive emotions and attributing meaning to traumatic experiences by the whole population is not something familiar and widespread by Greek standards. Research on refugees living in Greece is also in its initial stages. According to literature, despite their negative nature, devastating experiences can help the refugees who survived, reshape their lives and give it new meaning (Martzava, 2018). The factors contributing to the positive mental management of traumatic events are the refugee's personality, i.e., his/her psychological characteristics, the coping mechanisms s/he has, his/her strengths, education, social status, social capital (support systems such as family, community), gender and position of power (degree of incompetence and humiliation), the meaning attributed to the event (political, religious, ideological) and hope (Martzava, 2018)..

Health professionals are called to offer psychosocial support to refugees, to recognise their multifaceted needs and rights for a smooth development and psychosomatic well-being, to protect them from high-risk factors of mental disorders and to enhance their mental resilience and ability to cope with difficult situations. The main objectives of psychological and social support programmes are the reduction and/or

elimination of high-risk abhorrent factors for the development or maintenance of mental health-related problems, such as the effect of stress/anxiety and psychological distress experienced by refugees, the activation of refugees' post-traumatic symptoms, their loneliness and social isolation, the strengthening of individual and community mechanisms, the rehabilitation process and the ability to react under conditions of great insecurity, constant mobility, separations and losses. This can be achieved by creating a stable and secure environment and relationship of trust. All refugees face significant physical and emotional pressures but not all of them will face psychological problems.

The main issue, therefore, is how health professionals manage and deal with the psychosocial support of migrants. In other words, in order for them to have effective support for vulnerable groups, it is important first of all to become aware of but also to process their personal assumptions in relation to their profession and in relation to each other and his/her needs. Cultivating reflective skills for health professionals could positively enhance both the provision of their services and their personal and professional development (Carter et al., 2019). Dewey typically states that any theory and practice that are not based on the critical examination of their very deepest principles become dogmatic (1938). Within the same reasoning, Mezirow has underlined the catalytic effect of reflection on how experience is understood, and thus on transformative learning, pointing out that it is a conscious reassessment of previous learning, which concerns the correction of distorted assumptions (Mezirow, 1991). Therefore, a significant experience for the individual can therefore act transformatively, as a disorienting dilemma that will trigger critical reflection and review of assumptions (Raikou, 2018).

Research objective

The aim of this research is to investigate whether in a distance learning programme for health professionals we could cultivate and strengthen the critical processing of the participants' assumptions, so that they can themselves effectively cope with their efforts of psychosocial support for vulnerable groups, such as migrants. The designing of an e-learning program for health professionals of various specialties is considered as more demanding compared to the traditional teaching of a seminar (Armakolas; Panagiotakopoulos & Karatrantou, 2018). The teaching methodology is necessary to create the conditions for the active participation of the learner in a process where s/he can process the information critically and make it knowledgeable, while at the same time reflect and feel satisfaction. Health professionals who are called upon to offer services to refugees face a significant mental burden, and thus it is important that their educational needs are met in a multifaceted way, as these are adults critically involved in the educational process (Kounatidou & Mavroidis, 2020). For this reason, a wide variety of indicators of pedagogical and technological nature are used to investigate effectiveness, as several factors are involved in the learning process, such as the nature of the teaching subject, the teaching objectives, the skills of the instructor, the teaching methodology, the participatory techniques, the characteristics of the participants, the technological equipment of the classrooms, the reliability of the communication network (Armakolas; Panagiotakopoulos & Magkaki, 2018).

Methodology

The e-learning program was a 3-hour seminar on a zoom platform and was divided into 4 modules: information and understanding of the situation, assistance with responsibility, provision of assistance, self-care. At the end of the modules participants were asked to complete a questionnaire, in order to study whether the experienced health professional realizes any changes in his/her beliefs and values while working or learning and whether s/he is able to analyze the experiences of his/her participation in the practice community by using reflective processes.

Participants

The participants in the program were health professionals of various specialties (doctors, nurses and social workers) serving in the Prefecture of Achaia. All had relevant experience in migrant structures and in particular in mental health and psychosocial support for migrants and refugees. The programme involved 135 people and 89 of them completed the survey questionnaire during the period between February-July 2020. The limited participation is mainly due to the difficulty of attendance, because the investigation period coincides with the occurrence of the pandemic due to COVID-19 and the implementation of the first quarantine in Greece.

Research instruments

The questionnaire provided on the e-learning platform was based on the evaluation tool proposed by Kathleen P. King (1998) in "A Guide to Perspective Transformation and Learning Activities: The Learning Activities Survey"[1]. The LAS examined the types of learning identify as contributing to their transformative experiences. The questionnaire was designed to determine whether health professionals had a perspective transformation in relation to their educational experience and working life, whether learning activities are a determining factor, which could contribute to the said transformation, and how they continue to learn, i.e., whether health professionals are aware of the processes of gradual integration into a community of practice.

The first part of the questionnaire seeks demographic information: *gender, age, work experience, specialty and studies*. The second part consists of two units: A. Studies and B. Working life, with seven questions each. In unit A. and in the first question "*did you face a situation that led you to wonder about the way you usually think or act, in theoretical courses, in clinical exercise, in seminars (after studies)*?" and also in the other questions we examine whether they experienced a perspective transformation during the adult educational experience and where this took place (*theoretical courses, in clinical exercise, in seminars*). In unit B. Working life, we examine, asking the same questions, whether the respondents experienced a perspective transformation during their work experience and when *(in the first 0-2 years, 3-5 years, after 5 years*).

The questions in the second part of the questionnaire correspond to the ten stages or phases of Mezirow (1991) following the process of transformative learning and in the third part four questions are mentioned, the first three of which examine the frequency (*0-6 months, 6-12 months, 0-2 years, 3-5 years, after 5 years, even today I do not feel sure*) of the guidance and support by doctors. Support is considered as a

[1] The questionnaire was adapted/developed by T. Karalis, Professor at the University of Patras, in order to be used in the field of health professionals (doctors and nurses).

learning activity because it is a process of emotional, psychological, physical or educational assistance to the beginner, by students or faculty (Bloom, 1995; Daloz, 1987; King, 1998). The fourth question of the questionnaire "*Today, in what ways do you consider that you are still learning in your subject?*" uses the Likert scale (*not at all, a little, quite, very, very much*) (Gialamas, 2005) to explore the ways and forms of continuing education. The theory of transformative learning in medical education is important in this study for the resident who may face dilemmas and for the experienced medical professional, whether and to what extent he is aware of the changes in his beliefs and values, the processes of gradual integration into the community and whether he is able to reflect on issues he faces and may want to approach anew, such as the issues of mental health and psychosocial support of migrants and refugees.

Results

The statistical analysis of the survey findings was carried out with the SPSS 22 programme. 51.46% of the participating health professionals have more than 10 years of work experience. Moreover, 61.9% state that they experienced a condition that led them to wonder about how they think or act during clinical exercise, while 56.2% of the health professionals state that by examining their views during clinical practice they found that they have changed significantly after this experience. In addition, 50.7% of the health professionals state that during the clinical exercise they applied new ways of behaving. As for the effect of the specific e-learning programme, 55.3% of the doctors stated that during e-learning seminars they came up with different ways of acting and behaving that matched the new views and perceptions they had formed.
As far as working life is concerned, we note that 57.7% of the health professionals say that they discussed this situation – experience with other colleagues during their first 2 years of work, 50% of health professionals say that after the 5th year they acquired the necessary knowledge and skills, and 61.3% of the health professionals say that after the 5th year they applied these new ways of behaving (*table 2*).Regarding how the health professionals' current perception of the patient was shaped, it was found that 73.03% of the health professionals report education, work and experiences gained through clinical internships and their work. 14.61% indicate the effect of a particular intense experience such as the death of a patient, a medical error of their own or a disease of their own. In addition, 10.11% indicate the influence of a particular person such as a family member (doctor parents) and teachers.

Discussion

The above data reflect the profile of the trainee group, but they cannot provide us with clear correlations on the issue of migrants, because there not any other studies about it. Due to the limited number of participants and the special circumstances that were shaped during the investigation period, since this coincided with the onset of the COVID-19 pandemic (Karalis & Raikou, 2020), we cannot extract details in relation to our subject, let alone generalize the findings. What we are interested in, however, is that this research may serve as a pilot study in order to raise critical questions for investigation.

It is clear from the findings of the survey that a significant proportion of the sample reported that both during their studies and afterwards, in their workplace, they had significant opportunities to review the way they think and act, and the majority of them were also led to critical changes in their assumptions. This experience was particularly influential in how they perceive the patient, the person they aim to provide their services to and help. As for the effect of the specific e-learning programme, 55.3% of the doctors stated that during e-learning seminars they came up with different ways of acting and behaving that matched the new views and perceptions they had formed. This is even more valuable when it comes to refugees and migrants, who usually undergo traumatic experiences while experiencing an aggravated emotional state and sometimes being at the risk of mental health problems (Berry & Vedder, 2016; Motti-Stefanidi et al., 2005; Bilanakis, 2005).

Indeed, it is clear from their responses that contact, exchange of thoughts and support from others in the workplace can further enhance the change and improvement of dysfunctional assumptions and, by extension, practical applications. This confirms the view that important learning is also achieved outside the traditional environment for health professionals (Spencer & Jordan, 1999). Therefore, personal experience, interaction with others and useful knowledge, when combined creatively, can lead to critical reflection and possible transformations.

However, it remains crucial to create and encourage these reflective opportunities through educational programmes, either in person or distance ones. The participants' responses concerning their participation in the distance learning programme they attended on the issues of migrants show that the majority had reflective opportunities during the programme. If we even consider that most assumptions are unconscious and that it is difficult to explicitly report them before they are processed, we understand the value of critical consciousness when it is achieved. And it seems that a distance programme has the potential to carry it out and strengthen it, as long as it is organised in this direction.

Conclusions

This study focuses on the education of health professionals involved with psychosocial support for refugees. Through an example of an e-learning training program, an attempt is made to explore how health professionals shape their thinking about their education, their perceptions and their relationship with the refugee patient. The main issue is the way health professionals manage and deal with the psychosocial support of migrants. These people are called upon to offer psychosocial support to refugees, to recognize their multifaceted needs and rights to smooth development and psychosomatic well-being, to protect them from high-risk factors of mental disorders and to enhance their mental resilience and ability to cope with difficult situations.

Therefore, we understand that this role is particularly crucial for health professionals. In order for the support of vulnerable groups to be effective, it is important first of all that they become aware of and process their own personal assumptions in relation to their profession and to other’s needs. Cultivating reflective skills for health professionals could positively enhance both the provision of their services and their personal and professional development. After all, medical education is a lifelong

process, since teaching and learning take place also (and mainly) outside the traditional environment.

Nevertheless, we should not forget that the designing of an e-learning programme for health professionals is particularly demanding compared to a traditional seminar. Attempting to list the axes that should be taken into account when designing programmes concerning the psychosocial development of migrants and refugees, we could conclude that both the content and the method to be chosen are crucial.

First of all, the content must include the acquaintance and familiarization of health professionals with the psychosocial and cultural profile and the needs of migrants. But not only that: a critical point of education is the critical examination of their own assumptions, with regard to issues related to the purpose of their profession, as well as others, and in particular migrants. This, of course, cannot happen without the use of the personal experiences of every participant.

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Appendix

The Learning Activities Survey (LAS) questionnaire as developed for the needs of the seminar (Greek)

ΕΡΩΤΗΜΑΤΟΛΟΓΙΟ

Ημερομηνία συμπλήρωσης:…….

ΦΥΛΟ

Άνδρας ☐ Γυναίκα ☐

ΗΛΙΚΙΑ

22-35 ☐

36-40 ☐

41-45 ☐

46-50 ☐

50 και άνω ☐

ΕΡΓΑΣΙΑΚΗ ΕΜΠΕΙΡΙΑ

έως 2 έτη ☐

3-5 έτη ☐

6-10 έτη ☐

10 και άνω ☐

ΕΙΔΙΚΟΤΗΤΑ:……

ΣΠΟΥΔΕΣ

Πτυχίο:…….

Μεταπτυχιακό Δίπλωμα :……

Έτος αποφοίτησης (πρώτο πτυχίο):…….

Α. ΣΠΟΥΔΕΣ

	Θεωρητικά μαθήματα	Κλινική άσκηση	Σεμινάρια (μετά τις σπουδές)
Αντιμετώπισα μια κατάσταση που με οδήγησε να αναρωτηθώ για τον τρόπο που συνήθως σκέφτομαι ή ενεργώ			
Εξετάζοντας τις απόψεις μου διαπίστωσα ότι μετά από αυτή την εμπειρία έχουν αλλάξει σε μεγάλο βαθμό			
Συζήτησα αυτή τη κατάσταση / εμπειρία και με άλλους συναδέλφους			
Σκέφτηκα διαφορετικούς τρόπους δράσης και συμπεριφοράς που να ταιριάζουν με τις νέες απόψεις και αντιλήψεις που διαμόρφωσα			
Απόκτησα τις απαιτούμενες γνώσεις και δεξιότητες για αυτούς τους νέους τρόπους δράσης και συμπεριφοράς			
Εφάρμοσα αυτούς τους νέους τρόπους συμπεριφοράς			
Τίποτα από τα παραπάνω δεν συνέβη			

Β. ΕΡΓΑΣΙΑΚΗ ΖΩΗ

	0-2 πρώτα έτη	3-5 έτη	Μετά τα 5 έτη
Αντιμετώπισα μια κατάσταση που με οδήγησε να αναρωτηθώ για τον τρόπο που συνήθως σκέφτομαι ή ενεργώ			
Εξετάζοντας τις απόψεις μου διαπίστωσα ότι μετά από αυτή την εμπειρία έχουν αλλάξει σε μεγάλο βαθμό			
Συζήτησα αυτή τη κατάσταση / εμπειρία και με άλλους συναδέλφους			
Σκέφτηκα διαφορετικούς τρόπους δράσης και συμπεριφοράς που να ταιριάζουν με τις νέες απόψεις και αντιλήψεις που διαμόρφωσα			
Απόκτησα τις απαιτούμενες γνώσεις και δεξιότητες για αυτούς τους νέους τρόπους δράσης και συμπεριφοράς			
Εφάρμοσα αυτούς τους νέους τρόπους συμπεριφοράς			
Τίποτα από τα παραπάνω δεν συνέβη			

Μπορείτε να προσδιορίσετε χρονικά από ποιο σημείο και μετά κατά την εργασιακή σας ζωή αισθανόσασταν σίγουρος /η για ότι εφαρμόζετε, χωρίς να χρειάζεστε τη βοήθεια άλλων εμπειρότερων συναδέλφων σας; *(σημειώστε με ✓ την επιλογή σας)*

0-6 μήνες	
6-12 μήνες	
0-2 έτη	
3-5 έτη	
Μετά τα 5 έτη	
Ακόμη και σήμερα δεν αισθάνομαι σίγουρος / η	

Μπορείτε να προσδιορίσετε από ποιο σημείο και μετά ξεκινήσατε να καθοδηγείτε νεότερους συναδέλφους σας; *(σημειώστε με ✓ την επιλογή σας)*

0-6 μήνες	
6-12 μήνες	
0-2 έτη	
3-5 έτη	
Μετά τα 5 έτη	
Ακόμη και σήμερα δεν αισθάνομαι σίγουρος / η	

Παρακαλούμε προσδιορίσετε από ποιο σημείο και μετά απευθύνονταν σε εσάς νέοι συνάδελφοι για καθοδήγηση και βοήθεια. *(σημειώστε με ✓ την επιλογή σας)*

0-6 μήνες	
6-12 μήνες	
0-2 έτη	
3-5 έτη	
Μετά τα 5 έτη	
Ακόμη και σήμερα δεν αισθάνομαι σίγουρος / η	

Σήμερα με ποιους τρόπους θεωρείτε ότι εξακολουθείτε να μαθαίνετε στο αντικείμενό σας; *(σημειώστε με ✓ την επιλογή σας)*

	καθόλου	λίγο	αρκετά	πολύ	πάρα πολύ
Αναλύοντας τη δική μου πρακτική					
Αναλύοντας την πρακτική άλλων συναδέλφων					
Από άλλους εμπειρότερους συναδέλφους					

Από το ιατρικό προσωπικό					
Με παρακολούθηση εκπαιδευτικών προγραμμάτων					
Μελετώντας άρθρα και βιβλία					