Co-funded by the
Erasmus+ Programme
of the European Union

HealthMi

HealthMi

Co-funded by the Erasmus+ Programme of the European Union


*Health care professional guidance for Migrants*

---

# A3: Evaluation and analysis of the collected answers

## Result R1. Code of Conduct for Health Literacy

**Dr. Christina Kontogoulidou[1], Omoye Akhagba [2]**

[1] *University of Piraeus, 80 Karaoli & Dimitriou Str., 18534, Piraeus, Greece*
[2] *Fundacja dla Migrantow, ul. Bracka 18/63, 2nd floor, 00-028 Warsaw*

## Document Information

| | |
|---|---|
| Grant Agreement #: | **2021-1-EL01-KA220-ADU-000033795** |
| Project Acronym: | **HealthMi** |
| Project Title: | **Health care professional guidance for Migrants** |
| Project Start Date: | **28/02/2022** |
| Project Result: | **R1. Code of Conduct for Health Literacy** |
| Related task(s): | **A.1. Elaboration of specialized Questionnaires**<br>**A2: Organization of Interviews & Collection of best Practices**<br>**A3: Evaluation and analysis of the collected answers**<br>**A4: Draft a sample template of the Code of Conduct and its finalisation** |
| Lead Organisation: | **University of Piraeus Research Centre** |
| Submission date: | **31/08/2023** |
| Dissemination Level: | **Local/national/international** |

## Document History

| Date | Submitted by | Reviewed by | Version (Notes) |
|---|---|---|---|
| 28/02/2023 | UPRC | internally | |
| 31/08/2023 | UPRC | Enoros | |
| 30/09/2023 | UPRC | All partners | All partners agreed |
| | | | |
| | | | |

# Table of contents

# 1. About the HealthMi Project

| ***About HealthMi*** | |
|---|---|
| *Action type* | KA220-ADU - Cooperation partnerships in adult education |
| *Priority* | HORIZONTAL: Inclusion and diversity in all fields of education, training, youth and sport<br>● Creating upskilling pathways, improving accessibility and increasing take-up of adult education<br>● Improving the availability of high-quality learning opportunities for adults |

*HealthMi aims to foster respect and understanding for diversity in Health, intercultural and civic competences, but also it will enable health values and citizenship within the EU in order also to understand the educational needs of migrants regarding the healthcare system better. HealthMi Project includes the development of innovative tools and models locally and transnationally for in order to facilitate migrants access to healthcare services and systems by reducing and facing any obstacles and problems occurred during their arrival but also the current pandemic of Covid-19.*

*Objectives:*

- *To foster the integration of newly arrived migrants, while supporting the access to quality local health services information*
- *To enable migrants in effectively coming to contact with healthcare specialists including: experts, counsellors, psychologists, social workers*
- *To provide the host countries with accessibility guidelines linked to health care services, housing, education, financial services, social welfare rights*

## 2. Executive Summary

Under R1, the partnership underlines the idea that a certain set of minimum standards, should always be maintained, regardless of the differences among work placements. The Code of Conduct is addressed to healthcare professionals who are dealing with migrants or people involved in mental health, wellbeing and psychology of migrants. The Code of Conduct satisfies the need for policies geared towards the assimilation of migrants in order to assist their easy access to healthcare services and systems in their host countries and local communities. Its specific aim is to provide the basis for the development of a common document that can be used by healthcare professionals, doctors, nurses, psychologists, people involved with migrants, social workers, educators, migrants organizations and other professionals or interested stakeholders in order to enhance their role on assistant provision for migrants. More specifically, the Code of Conduct, will be a product of joint efforts of the interviews with 10 healthcare professionals per each country and best practices in each national level. The information contained in the present Code of Conduct serves as a valuable resource in order to: -Support the development of a systemic approach for ensuring that foreign trained individuals receive fair and consistent access to healthcare services; -Identify and disseminate effective practices and policies; -Convene local and state policymakers and stakeholders and encourage greater congruity in local and state policies and practices; -Meet the health needs of migrants. The innovative character of this proposed Result lays in the fact that effective access of migrants to healthcare systems and services requires professionals to facilitate their access in a local level so a Code of Conduct is needed to be also disseminated. Healthcare professionals, social workers, nurses, doctors or people involved with migrants must develop a series of thoughtful, explicit policies and practices by each of the key stakeholders in order to create an innovative methodological tool. This Result will be beneficial to many professionals that enter this field without the proper preparation to work with such complex cases, also the technicians and politicians working at decision level that frequently are not aware of the hardship and the challenges of the intervention with this population. Access to health enforce also their integration and safety as it concerns also the recent pandemic. hereafter, the Code of Conduct aims to boost and provide basic rules for the access of migrants to healthcare services and systems in their host countries following also the guidelines of W.H.O. The Code of Conduct is expected to : help migrants socialise and express themselves without necessarily speaking the host country Result Description (including: needs analysis, target groups, elements of innovation, expected impact and transferability potential) language; allow them to learn platforms that foster respect and understanding for diversity, intercultural and civic competencies, inform refugees about democratic values and citizenship; give EU citizens the opportunity to discover, learn from and understand the values and cultures of migrants and rediscover and enrich their own; offer the possibility of collaboration with organisations in other sectors in order to stimulate a more comprehensive, rapid, effective and long-term response to this global challenge.

## 3. Evaluation and Assessment of the answers from the Questionnaires

### *a. Are there any organizations or people that inform migrants about their access to health? If yes, in which way?*

- **Variety of Information Sources:**

The responses indicate that there is a variety of organizations and individuals involved in informing migrants about their access to health services. These include government services, non-governmental organizations (NGOs), medical staff, and various associations.

- **Key Organizations Mentioned:**

Specific organizations that play a crucial role in informing migrants are mentioned in the responses. These organizations include the Red Cross, UNHCR, Cyprus Refugee Council, Centro Astalli, and more.

- **Methods of Information Dissemination:**

The methods of informing migrants vary and include personal interviews, leaflets, public desks, and the issuance of specific codes (e.g., "STP code"). Some responses mention the importance of cultural mediators and direct relationships between organizations and migrants.

- **Regional Differences:**

The responses highlight regional differences in the availability and accessibility of health information for migrants. Some regions have more access points and facilitators, while others face challenges in accessing basic territorial services.

- **Promotion and Awareness:**

There are concerns raised in some responses about the lack of promotion and publicizing of services. It is mentioned that information often spreads through word of mouth, indicating a potential gap in awareness among migrants.

- **Role of Third Sector:**

The third sector, including NGOs, plays a significant role in filling gaps in the provision of health information, particularly in areas with limited access to government services.

- **Importance of Medical Staff:**

Medical staff are noted as a valuable source of information due to their everyday interactions with migrants.

- **Challenges in Governance:**

Some responses touch on the challenges related to national governance on immigration and the regional responsibility for healthcare, leading to disparities in access to services.

- **Summary:**

the evaluation reveals a complex landscape of organizations and individuals involved in informing migrants about healthcare access. There is a mix of formal channels, such as government services and NGOs, as well as informal methods of information dissemination. Regional disparities and a lack of comprehensive promotion of services are highlighted as areas for improvement.

### *b. Have you noticed any education programs and/or information material about health for migrants? What is your opinion about the quality of interpreting services?"*

- **Limited Awareness of Education Programs:**

Many respondents indicate limited awareness of education programs or information materials about health for migrants. Some mention the absence of such programs.

- **Information Material in Multiple Languages:**

While limited, some information materials about health for migrants are mentioned. Efforts have been made to translate these materials into multiple languages.

- **Positive Opinions on Interpreting Services:**

Several respondents express positive opinions about the quality of interpreting services. These services are considered good or excellent in facilitating communication with migrants who speak different languages.

- **Challenges with Interpreting Services:**

Some respondents note challenges with interpreting services, including a shortage of translators, difficulty finding interpreters for rare languages, and varying quality depending on the availability of language skills among the migrant population.

- **Efforts to Create Educational Materials:**

Some respondents mention efforts to create educational materials, such as brochures or guides, to inform migrants about health-related topics.

- **Lack of Systematic Education Programs:**

There is a perception that education programs may lack a systematic approach, and there is a need for better coordination and management of interventions in this regard.

- **Training for Interpreters:**

Some respondents suggest the need for improved training for interpreters, especially in medical terminology.

- **Role of Organizations:**

Organizations like the International Committee of the Red Cross (ICRC) are mentioned as organizers of informational material, conferences, and information workshops, although these programs are primarily aimed at health professionals rather than migrants.

### *c. "Is there any certified specific training for interpreters? If yes, please indicate the organization and the procedure."*

- **Limited Awareness:**

Many respondents express limited awareness of certified specific training for interpreters. Some indicate that they are not aware of such training programs.

- **EUAA Training Mentioned:**

A few respondents mention EUAA (European Asylum and Migration Academy) as an organization that offers specific training for interpreters at reception centres. They also note that these trainings are free.

- **PIO Registry of Sworn Interpreters:**

In Cyprus, there is a registry of sworn interpreters by PIO (Press and Information Office), but there is a noted shortage of interpreters for some languages commonly spoken among refugee populations.

- **Variable Use of Cultural Mediators:**

Several responses mention the use of cultural mediators or interpreters on an as-needed basis, but there is no clear indication of formal certification or training for these individuals.

- **Inadequate Training Mentioned:**

Some respondents' express concerns about the adequacy of training for cultural mediators, suggesting that they may not be sufficiently informed about legislation or health care.

- **Volunteer and Informal Interpreters:**

In some cases, interpreters are volunteers or individuals who speak both the migrant's language and Italian, serving as intermediaries.

- **Lack of Official Affiliation:**

Some facilities do not have official interpreters affiliated with them and rely on other methods, such as civil service workers who speak multiple languages or migrant accompaniment by Italian speakers.

- **Certification in Spanish Mentioned:**

In one response, the Ministry of Foreign Affairs is mentioned as offering certification for interpreters in Spanish.

- **Summary**

Specific training opportunities for interpreters, there is a general lack of awareness among respondents. The use of cultural mediators and interpreters varies, with informal arrangements and volunteerism playing a role in facilitating communication with migrants who speak different languages.

### *d. Do the migrants have access to their medical history? If yes, please explain how they apply for it.*

- **Access to Medical History:**

Many respondents indicate that migrants do have access to their medical history upon request. This access is considered similar to that of other patients.

- **Procedures for Access:**

The procedures for accessing medical history vary by location and healthcare system. In some cases, migrants can apply for their medical history by making a request to the immigration office or the relevant healthcare institution.

- **Electronic Platforms:**

In certain regions, electronic platforms (e.g., Cat-Salut platform) are mentioned as tools that migrants can use to access their medical information. Registration in the health system may be required for this access.

- **Language Considerations:**

It's noted that medical records may be kept in the language of the healthcare system, which could pose challenges for migrants who don't speak that language.

- **Request and Authorization:**

In some instances, migrants may need to request access to their medical history and may require authorization from a lawyer or other authorized representative.

- **Variation in Practices:**

Practices may vary depending on the healthcare facility or healthcare system. Some respondents mention that migrants typically access their medical history when needed for medical appointments or healthcare services.

- **Translating Medical Records:**

It's mentioned that medical records may not always be translated, which can create a language barrier for migrants who require translation assistance.

- **Summary:**

the evaluation suggests that migrants generally have access to their medical history, but the specific procedures for access vary by location and healthcare system. Electronic platforms and requests to the immigration office or healthcare institutions are common methods for accessing medical records. However, language considerations and the need for translation may present challenges for some migrants.

### *e. In your opinion, is there equal access to care for all, regardless of immigration or insurance status?*

- **Mixed Responses:**

Responses are mixed, with some indicating that there is equal access to care for all, while others suggest that disparities exist.

- **Financial Status Impact:**

Several respondents highlight that financial status can impact access to care. Migrants who are better off financially may have easier access to health services.

- **Healthcare System Variation:**

Access to care seems to vary by country and healthcare system. In some places, universal and free public health systems are mentioned as providing equal access, while in others, access may be restricted or expensive for certain groups, including migrants.

- **Inequality Not Limited to Migrants:**

Some respondents mention that access inequalities are not limited to migrants but also affect the general population. Factors like waiting lists, socio-economic class, and skin colour may play a role.

- **Language and Cultural Sensitivity:**

Language barriers and cultural sensitivity are identified as challenges, with some migrants facing discrimination or difficulties due to language differences.

- **Universal Right:**

It is noted that the right to health is enshrined in constitutions and laws, but in practice, disparities may still exist.

- **Emergency Care Access:**

In some cases, it's mentioned that migrants can access emergency care regardless of immigration or insurance status.

- **Impact of Local Services:**

The quality and availability of healthcare services may vary by region, contributing to disparities in access.

### *f. Are there clear guidelines for healthcare of different groups of migrants?*

- **Lack of Clear Guidelines:**

The majority of respondents indicate that there are no clear guidelines for healthcare specific to different groups of migrants.

- **Inconsistencies in Availability:**

Some respondents mention the presence of regional or national guidelines, while others state that guidelines do not exist or are not clear.

- **Independently Interpreting Needs:**

Several respondents note that they have to independently identify and address the healthcare needs of migrants, including vaccinations and infectious disease screening.

- **Regulatory Acts and Policies:**

In a few cases, respondents mention the existence of regulatory acts and policies, but it's unclear if these are specific to different groups of migrants.

- **Language and Bureaucracy Challenges:**

Language barriers and bureaucratic challenges are cited as obstacles to implementing guidelines, especially for mental health services.

- **Vulnerability-Based Guidelines:**

Some respondents mention that guidelines exist, particularly for vulnerable groups, but do not specify if they are tailored to migrants.

- **Diversity in Perspectives:**

There is a range of perspectives, with some respondents suggesting clear guidelines exist, while others emphasize their absence or lack of clarity.

- **Importance of Clear Guidelines:**

Respondents express the importance of having clear guidelines, especially in diverse and vulnerable populations.

- **Summary:**

the majority of responses indicate that clear guidelines for healthcare of different groups of migrants are lacking. There may be regional or national guidelines in some cases, but overall, a lack of clarity and consistency is noted. Healthcare professionals often rely on their own judgment and awareness of migrant healthcare needs. The challenge of language barriers is highlighted as an impediment to implementing any existing guidelines.

### *g. "What is your opinion about the training of health staff in cultural awareness, delivering satisfactory and respectful care to migrant patients?"*

- **Training Is Needed:**

The majority of respondents express the need for training in cultural awareness to deliver satisfactory and respectful care to migrant patients.

- **Importance of Training:**

Respondents emphasize the importance of such training and suggest that it should be mandatory for health staff.

- **Lack of Training:**

Several respondents mention that, as of now, there is a lack of training in cultural awareness for health staff.

- **Challenges in Cultural Competency**

Some respondents point out that health staff often lack cultural competency, which hinders their ability to provide effective care to migrants.

- **Sensitivity and Empathy**

While training is seen as essential, some respondents highlight the importance of having an individual sensitivity and empathy toward migrant patients.

- **Diverse Perspectives:**

There is a range of opinions, with some respondents suggesting that training is sufficient and others believing there should be more diverse and comprehensive programs.

- **Need for Regular Training:**

A few respondents recommend that training should be repeated regularly and may involve workshops or information sessions.

- **Variability in Training:**

A few respondents mention that while there is some training, its availability and quality may vary among health professionals.

- **Summary:**

the majority of respondents highlight the need for training in cultural awareness for health staff to provide satisfactory and respectful care to migrant patients. They view such training as essential and suggest that it should be mandatory. While some believe that training is currently lacking, others emphasize the importance of having an individual sensitivity and empathy in addition to formal training. The need for regular and diverse training programs is also mentioned.

### *h. "What is your opinion about the training of health staff in cultural awareness, delivering satisfactory and respectful care to migrant patients?"*

- **Training Is Needed:**

The majority of respondents express the need for training in cultural awareness to deliver satisfactory and respectful care to migrant patients.

- **Importance of Training:**

Respondents emphasize the importance of such training and suggest that it should be mandatory for health staff.

- **Lack of Training:**

Several respondents mention that, as of now, there is a lack of training in cultural awareness for health staff.

- **Challenges in Cultural Competency:**

Some respondents point out that health staff often lack cultural competency, which hinders their ability to provide effective care to migrants.

- **Sensitivity and Empathy:**

While training is seen as essential, some respondents highlight the importance of having an individual sensitivity and empathy toward migrant patients.

- **Diverse Perspectives:**

There is a range of opinions, with some respondents suggesting that training is sufficient and others believing there should be more diverse and comprehensive programs.

- **Need for Regular Training:**

A few respondents recommend that training should be repeated regularly and may involve workshops or information sessions.

- **Variability in Training:**

A few respondents mention that while there is some training, its availability and quality may vary among health professionals.

- **Summary:**

The majority of respondents highlight the need for training in cultural awareness for health staff to provide satisfactory and respectful care to migrant patients. They view such training as essential and suggest that it should be mandatory. While some believe that training is currently lacking, others emphasize the importance of having an individual sensitivity and empathy in addition to formal training. The need for regular and diverse training programs is also mentioned.

### *i. "In your health unit, is there a health information system for migrants? If yes, does it work locally or is also connected with other organizations, for example, governmental?"*

1. Health Information Systems Exist:

Many respondents indicate that there is a health information system for migrants in their health units.

2. Local and Governmental Connections:

Some of these systems are connected both locally and with governmental organizations, such as social welfare departments and government health departments.

3. NGOs Support:

In some cases, NGOs play a role in supporting or providing information for migrants' health services.

4. No Systems:

A few respondents mention that there is no such health information system in their health unit.

5. Limited Knowledge:

Some respondents admit they are not aware of the specifics of how the system operates in their unit.

**Variability:**

The availability and connectivity of health information systems appear to vary among different health units and regions.

- **Summary**

Although many health units have health information systems for migrants, there is variability in their operation and connectivity. Some are linked both locally and with governmental organizations, while others may rely on NGO support or have limited systems in place. Some respondents also lack detailed knowledge about how these systems function in their specific units.

### *j. Specialties*

- General Practitioners (Family Doctors):

General practitioners or family doctors are frequently involved in the initial medical evaluation and history taking of migrant patients.

- **Nurses:**

Nurses play a crucial role in the initial evaluation process, often collecting medical history and vital information from patients.

- **Psychologists:**

Psychologists may be involved, especially when there are mental health concerns or issues related to trauma.

- **Social Workers:**

Social workers are mentioned as part of the healthcare team, particularly when addressing broader social and welfare aspects of migrants' health.

- **Specialists:**

In some cases, specialists like gynaecologists, dentists, paediatricians, and eye specialists may be involved, depending on the specific needs of the migrants.

- **Emergency Room Staff:**

Emergency room doctors and nurses are mentioned when migrants seek immediate medical attention.

- **Other Specialists:**

infectious disease specialists, tropical medicine specialists, neurologists, and anaesthesiologists may be involved, especially when dealing with specific health issues.

### *k. Vaccination in migrant populations appears to vary depending on the specific healthcare system and region.*

- **Governmental Register:**

In some regions, there is information about vaccination in migrant populations, and it is managed through a governmental immunization register. This register may track vaccinations for both children and adults.

- **No Governmental Register:**

In other cases, there is information about vaccination among migrants, but there is no mention of a specific governmental immunization register. The vaccination records may be managed at a local or healthcare facility level.

- **Limited Information:**

Some respondents mentioned that they have limited information about vaccination in migrant populations, and migrants themselves may not have clear information or records of their vaccinations.

- **Unsure/Not Applicable:**

A few respondents indicated that they were unsure about the existence of vaccination information or a governmental register, and some noted that this topic is not within their scope of work or knowledge.

- **Summary**

the availability and management of vaccination information for migrant populations vary, and it largely depends on the healthcare system and region in question.

### *l. Information given to Migrants about infectious diseases based on their country of origin appears to vary depending on the region and organization.*

- **Informed:**

In some cases, migrants are informed about infectious diseases, either through governmental or non-governmental services. This information is typically provided during their stay in reception centres or through healthcare professionals.

- **Limited Information:**

Some respondents mentioned that there is limited or no organized procedure by the public health system to inform.

### *m. Information to migrants about infectious diseases based on their country of origin appears to vary depending on the region and organization. Here's a summary of the responses:*

- **Informed:**

In some cases, migrants are informed about infectious diseases, either through governmental or non-governmental services. This information is typically provided during their stay in reception centers or through healthcare professionals.

- **Limited Information:**

Some respondents mentioned that there is limited or no organized procedure by the public health system to inform migrants about infectious diseases. They noted that migrants might not be well-informed about diseases in their countries of origin.

- **Varies by Location:**

The provision of information can vary by location, and it may depend on the specific primary care center or healthcare facility where migrants seek medical attention.

- **Testing During Reception:**

In certain cases, migrants are tested for infectious diseases as part of the "first reception" procedure upon their arrival.

- **Language and Cultural Barriers:**

Language and cultural differences can pose challenges to effective communication and information sharing regarding infectious diseases.

- **Prejudices and Stereotypes:**

Some respondents mentioned that there can be prejudices and stereotypes associated with migrants and infectious diseases.

- **Role of Interpreters:**

The lack of interpreters can hinder the process of providing information to migrants.

- **Awareness Campaigns:**

In some regions, there have been successful awareness campaigns about diseases, such as HIV, targeting migrant populations.

- **Summary:**

the level of information provided to migrants about infectious diseases appears to vary, and challenges related to language, culture, and resources can impact the effectiveness of these efforts. Some areas have established specific protocols for testing and information dissemination, while others may have more limited resources and awareness campaigns.

### *n. Information to migrants about infectious diseases:*

- **Informed:**

A significant portion of respondents (around 50%) reported that migrants are informed about infectious diseases. They mentioned sources like governmental and non-governmental services, healthcare professionals, and reception centers as channels for information.

Approximately 20% of respondents indicated that migrants are generally not informed about infectious diseases. They suggested that there is a lack of organized procedures for providing such information in the public health system.

- **Challenges:**

Several responses highlighted challenges such as language barriers, lack of interpreters, and confusion among migrants about diseases and vaccines from their home countries.

- **Geographic Differences:**

Geographic variations were not explicitly mentioned in the responses.

- **Summary:**

Lack of information consistency and language barriers are usual difficulties

### *o. Access of migrants to mental health services:*

- **Accessibility Challenges:**

The majority of responses indicate that the accessibility of mental health services for migrants is challenging. Common barriers include language barriers, limited availability of services, bureaucratic processes, and a lack of trained professionals.

- **Need for Improvement:**

Many respondents mentioned that there is room for improvement in the access to mental health services for migrants. They emphasized the need for creating more services, especially considering the cultural aspects of mental health.

- **Variability in Access:**

Some responses noted that the level of access may vary depending on the region or the specific migrant group. In some cases, access may be easier, while in others, it can be more challenging.

- **Role of Primary Care:**

Access to mental health services often involves a referral from a family doctor or primary care physician. However, this process can be slow and bureaucratic in some instances.

- **Positive Cases:**

A few responses mentioned positive examples where access to mental health services was considered good, particularly in specific regions or facilities.

- **Private Clinics:**

In some cases, migrants accessed mental health services through private clinics, mainly initiated by the patient's family. However, this may not be accessible to everyone due to cost constraints.

- **Limited Capacity:**

Several responses highlighted the limited capacity of organizations and long waiting lists, leading to insufficient access to mental health support.

- **Language Barrier:**

Language barriers were commonly cited as a major hindrance to accessing mental health services, making communication with professionals difficult.

- **In summary**

while there are variations in the level of access to mental health services for migrants, many challenges persist, including language barriers, limited availability of services, and the need for cultural sensitivity in mental healthcare. Improvements in these areas are recommended to enhance the accessibility and quality of mental health support for migrants.

### *p. Mental health support to migrants*

- **Recognition of Need:**

The first step is recognizing when a migrant is in need of mental health support. This recognition can come from various sources, including the migrant themselves, doctors, specialists, social workers, or other individuals who interact with them.

- **Referral:**

Patients are typically referred to a mental health professional, such as a psychologist or psychiatrist. This referral can be made by a doctor, social worker, or another healthcare provider.

- **Cultural Considerations:**

Cultural sensitivity is often emphasized in the process. Mental health professionals take into consideration the cultural background of the migrant to provide effective support.

- **Assessment:**

A thorough assessment of the migrant's mental health condition is conducted by the mental health professional. This assessment helps in understanding the nature and severity of the mental health issue.

- **Treatment Options:**

Depending on the assessment, various treatment options may be considered. These can include counseling, therapy, medication, or referrals to specialized mental health services.

- **Psychiatrist Involvement:**

In some cases, especially when the mental health issue is severe, the migrant may be referred to a psychiatrist for further evaluation and treatment.

- **Psychological Support:**

Regular psychological support and counseling sessions are often recommended to address mental health issues effectively.

- **Coordination:**

Coordination between different healthcare providers, social workers, and NGOs may be necessary to ensure comprehensive care for the migrant.

- **Interpreters:**

In cases where language is a barrier, interpreters or intercultural mediators may be involved to facilitate communication between the migrant and mental health professionals.

- **Access to Medication:**

When medication is prescribed, arrangements are made for the migrant to access the necessary medication.

- **Emergency Response:**

In urgent cases or emergencies related to mental health, immediate assistance is provided, including hospitalization if required.

- **Support Network:**

Some responses highlighted the importance of having a support network in place to help migrants in distress, which may include NGOs or other organizations.

- **Cultural and Religious Support:**

Access to religious assistance based on the migrant's faith or religion may also be considered as part of their mental health support.

- **Improvements Needed:**

Many responses indicated that improvements are needed in the mental health support system for migrants, including increased availability of services, cultural competence training for healthcare professionals, and more resources dedicated to mental health.

- **Summary**

providing mental health support to migrants involves a multi-step process that focuses on assessment, cultural sensitivity, and access to appropriate treatment options, with the goal of addressing their mental health needs effectively.

### *q. The collaboration between families and social services in the context of migrants*

- **Limited State Support:**

Some responses indicated that there is limited or no support from the state, and the primary assistance comes from non-governmental organizations (NGOs). State social services may not always effectively engage with migrant families.

- **Varied Collaboration:**

There is a range of experiences with collaboration between families and social services. While some respondents mentioned collaboration, others did not provide specific information about the extent or effectiveness of this collaboration.

- **NGOs Playing a Key Role:**

Several responses emphasized the crucial role played by NGOs in supporting migrant families. These organizations often provide significant assistance and support in the absence of adequate state resources.

- **Work Overload:**

Social services may face challenges due to understaffing and heavy workloads, which can impact the effectiveness of their collaboration with migrant families.

- **Local Networks:**

In some areas, there is collaboration between local associations, NGOs, and public services to provide support to migrant families. This local network can help coordinate efforts and resources.

- **Community Centers:**

Some respondents mentioned the presence of social-psychological help desks within facilities or medical centers, which can facilitate collaboration with families.

- **Housing and Benefits:**

Collaboration with social services often involves families seeking assistance with housing and benefits. However, there may be a high demand for these services, leading to challenges in meeting all requests.

- **Cultural Sensitivity:**

The effectiveness of collaboration may depend on the degree of socio-cultural disparity between social services and migrant families. Cultural differences can sometimes pose communication challenges.

1. Case-by-Case Basis:

Collaboration may be handled on a case-by-case basis, particularly when addressing vulnerability or specific needs within migrant families.

2. Effective in Some Cases:

While not universal, some respondents indicated that collaboration between families and social services is generally effective in their contexts.

- **Summary**

The level and effectiveness of collaboration between families and social services in migrant support systems can vary widely, with NGOs often playing a significant role in providing assistance to migrant families when state

resources are limited. Cultural sensitivity and workload issues were highlighted as potential factors influencing the effectiveness of collaboration.

### *r. Everyday life activities in the migrant population involves the participation of various health professionals and social workers.*

- **Health Professionals Involved:**

The evaluation of everyday life activities in the migrant population typically includes the participation of several health professionals, such as doctors, nurses, dentists, social workers, psychologists, and social assistants. These professionals work together to address the diverse health and social needs of migrants.

- **Continuous Monitoring:**

Health professionals and social workers often engage in continuous monitoring of migrants' health and well-being. They track various health indicators, provide medical care, and assess mental health conditions. This monitoring aims to ensure the overall health and integration of migrants into the community.

- **Health Records:**

Health professionals maintain detailed health records and databases for migrants. These records help in tracking the progress of health conditions and provide a basis for evaluating the effectiveness of interventions and treatments.

- **Collaboration with Public Sector:**

Some responses indicate that the third sector (NGOs and non-profit organizations) collaborates with the public sector to provide comprehensive care to migrants. This collaboration helps ensure that migrants receive the necessary support and that their rights are recognized.

- **Mental Health Assessment:**

Psychologists play a crucial role in assessing the mental health of migrants. They evaluate daily activities and mental well-being, providing support and guidance to address mental health issues.

- **Challenges with Follow-up:**

Respondents noted that migrants often use healthcare services sporadically and may not engage in continuous follow-up. This sporadic use can make it challenging to assess the long-term impact of interventions.

- **Supportive Approach:**

Health professionals and social workers take a supportive approach, offering guidance, health education, and assistance in adopting beneficial health behaviors. They also provide instructions on oral hygiene, chronic disease management, and other health-related aspects.

- **Limited Daily Activities:**

In some contexts, the daily activities of migrants in detention centers are limited. Health staff in these settings monitor health-related practices, hygiene, and infection prevention, aiming to maintain the well-being of detainees.

- **Assessment by Social Workers:**

Social workers often conduct assessments related to the daily activities of migrants, aiming to support them in various social and mental health issues.

- **Collaboration with Police:**

In certain situations, the activities of migrants are evaluated by social workers in cooperation with the police, particularly in detention centers.

- **In summary,**

the evaluation of everyday life activities in the migrant population involves a multidisciplinary approach with the involvement of various health professionals and social workers. Continuous monitoring, health recordkeeping, and collaboration with both the public and third sectors are essential elements of providing comprehensive care to migrants. Additionally, addressing mental health issues is an important aspect of this evaluation. However, challenges related to sporadic healthcare utilization and follow-up may exist in some cases.

### *s. Educational programs aimed at improving the personal skills of migrants are available, often provided by a combination of governmental, non-governmental, and European-funded initiatives*

- **Language Learning Programs:**

Language courses, such as free learning of the local language (e.g., Greek), are common and considered essential for migrants' integration into the host society.

- **Governmental Programs:**

Some respondents mentioned the existence of government-sponsored educational programs designed to enhance the personal skills of migrants. These programs may cover a range of topics, including language, job skills, and social integration.

- **European-Funded Initiatives:**

European-funded projects and programs, often facilitated by NGOs, are available to migrants. These initiatives can include workshops and training sessions aimed at improving various skills, including social, vocational, and language skills.

- **Social Skills Workshops:**

Specific programs, like the Social Skills Workshops for third-country nationals, have been implemented by organizations to enhance migrants' social skills.

- **Educational Workshops:**

Workshops and courses are offered on various topics, such as job orientation (e.g., CV preparation and interview skills), housing search, vocational education (e.g., carpentry and cooking), and caregiver training.

- **Continuity Challenges:**

Some respondents mentioned challenges related to the continuity and fragmentation of educational programs. Ensuring consistent access to such programs may be an ongoing concern.

- **Cultural Competence Training:**

Some mentioned the need for educational programs aimed at medical and administrative workers in reception centers to improve their cultural competence when working with migrants.

- **Limited Access:**

While educational programs do exist, access to these programs may be limited, especially for specific categories of migrants or due to specific eligibility criteria.

- **Lending Libraries:**

In some places, lending libraries with books available in multiple languages have been established to support migrants' learning and skill development.

- **Civil Society Initiatives:**

Many educational programs are offered by civil society organizations, indicating the active role of non-governmental entities in supporting migrants' personal skill development.

- **Online Training:**

Online training programs are also mentioned as part of the educational offerings for migrants.

- **Summary**

Educational programs for improving the personal skills of migrants exist, and they cover a wide range of topics, including language acquisition, job skills, and social integration. These programs are often provided by a combination of governmental, non-governmental, and European-funded initiatives, as well as civil society organizations. However, challenges related to program continuity and limited access may persist in some regions or for specific groups of migrants.

### *t. Tools/strategies that could significantly improve care for immigrants, refugees, and asylum seekers in various centers:*

1) **Training of Socio-Health Personnel on Intercultural Health Skills:**

This training would equip healthcare providers with the knowledge and skills needed to effectively interact with diverse immigrant populations, understand their cultural backgrounds, and provide culturally competent care.

2) **Workshops/Education Activities and Health Promotion for Immigrant Populations in Vulnerable Situations:**

Providing workshops and educational activities aimed at enhancing health literacy and promoting healthy behaviors among immigrant populations, especially those in vulnerable situations, can lead to better health outcomes.

3) **Specific Training for Immigrants, Refugees, and Asylum Seekers on Using the Health System:**

Offering training programs specifically designed for immigrants and refugees can help them navigate the healthcare system, understand their rights, and access healthcare services more effectively.

### *u. Professionals*

A. **Teachers:**

Teachers often have regular contact with migrant children and youth. Training them to recognize signs of mental health issues, provide support, and create inclusive and welcoming classrooms can contribute to early intervention and better mental health outcomes.

B. **Caregivers:**

Caregivers, especially in the case of vulnerable populations like children or the elderly, play a crucial role in providing emotional support. Training caregivers on mental health awareness and coping strategies can enhance their ability to support the mental well-being of migrants under their care.

C. **Lawyers:**

Legal professionals can advocate for the rights of migrants, including their right to access mental health services. They can also help migrants navigate legal processes related to their status, which can be a source of stress and anxiety.

**D. Relatives:**

Family support is often a significant factor in a person's mental health. Providing education and resources to relatives can help create a more supportive environment for migrants.

## 4. Total Evaluation

***i. Are there any specific health programs or services in your center dedicated to migrants, refugees, or asylum seekers?***

There are specific health programs/services for migrants in most centers, including general medical care, vaccinations, and access to doctors. However, there are variations in the scope and availability of these services.

***ii. Are there any mental health programs or services in your center dedicated to migrants, refugees, or asylum seekers?***

Mental health programs and services are available in many centers, including access to psychologists and social workers. Challenges such as limited resources and difficulty accessing services were mentioned.

***iii. Is there a structured and effective collaboration between families and social services?***

Collaboration varies, with some mentioning effective collaboration, while others point out challenges due to cultural differences and workload. NGOs are often seen as more effective partners.

***iv. Is there an evaluation of everyday life activities in the migrant population, and which specialties of health professionals are involved?***

There is variation, with some centers conducting evaluations by doctors, nurses, social workers, psychologists, and social assistants. Collaboration with NGOs and the third sector is common.

***v. Are there any educational programs for improving the personal skills of migrants?***

Many centers offer educational programs, including language courses and vocational training. However, fragmentation and limited continuity were noted in some cases.

***vi. What tools/strategies do you think could improve care for immigrants, refugees, and asylum seekers in your center?***

Strategies suggested include intercultural health training for staff, workshops for immigrants, training for migrants on using the health system, translators, mobile applications, and community health agents. Involvement of teachers, caregivers, lawyers, and relatives was also emphasized.

***vii. Are there any organizations or people that inform migrants about their access to health? If yes, in which way?***

Various organizations and individuals inform migrants about health access, including government services, NGOs, medical staff, and associations. Information is disseminated through personal interviews, leaflets, public desks, and cultural mediators.

***viii. Have you noticed any education programs and/or information material about health for migrants? What is your opinion about the quality of interpreting services?***

Awareness of education programs is limited, and quality of interpreting services varies. EUAA and PIO are mentioned as providing interpreter training in some regions.

***ix. Is there any certified specific training for interpreters? If yes, please indicate the organization and the procedure.***

Awareness of certified specific training for interpreters is limited. EUAA and PIO are mentioned as providers in some regions.

***x. Do the migrants have access to their medical history? If yes, please explain how they apply for it.***

Migrants generally have access to their medical history upon request, with procedures varying by location and healthcare system. Electronic platforms and language considerations were noted.

***xi. In your opinion, is there equal access to care for all, regardless of immigration or insurance status?***

Responses are mixed, with some indicating equal access and others mentioning disparities due to financial status, healthcare system variation, and language/cultural sensitivity issues.

***xii. Are there clear guidelines for healthcare of different groups of migrants?***

Most respondents indicate a lack of clear guidelines for healthcare specific to different migrant groups. Inconsistencies in availability and implementation were noted.

***xiii. What is your opinion about the training of health staff in cultural awareness, delivering satisfactory and respectful care to migrant patients?***

Training in cultural awareness is seen as necessary and important, with some respondents noting a current lack of such training.

***xiv. In your health unit, is there a health information system for migrants? If yes, does it work locally or is also connected with other organizations, for example, governmental?***

Many health units have health information systems for migrants, with varying levels of local and governmental connectivity.

***xv. Is there a register of vaccinations in migrant populations? Who manages it, and how does it work?***

Vaccination registers vary, with some managed by governments and others at the local level. The management depends on the healthcare system and region.

***xvi. What is the provision of information to migrants about infectious diseases?***

Responses indicate mixed provision of information about infectious diseases to migrants, with challenges such as language barriers and variations in information channels.

***xvii. What is the access of migrants to mental health services?***

Access to mental health services for migrants is challenging in many cases, with barriers including language, limited availability, bureaucracy, and a lack of trained professionals.

### *xviii. How does the collaboration between families and social services work in the context of migrants?*

Collaboration between families and social services varies, with NGOs often playing a key role. Challenges like work overload and cultural differences were noted.

### *xix. Is there an evaluation of everyday life activities in the migrant population, and which specialties of health professionals are involved?*

Evaluation of everyday life activities in migrant populations involves various health professionals and social workers, with continuous monitoring and record-keeping.

### *xx. Are there any educational programs for improving the personal skills of migrants?*

Educational programs for migrants exist, covering language, job skills, and social integration. However, issues like continuity and access were mentioned.

### *xxi. What tools/strategies do you think could improve care for immigrants, refugees, and asylum seekers in your center?*

Strategies suggested include intercultural health training, workshops, training for migrants, translators, mobile apps, and involving teachers, caregivers, lawyers, and relatives.

Co-funded by the
Erasmus+ Programme
of the European Union


# THANK YOU

Co-funded by the
Erasmus+ Programme
of the European Union