

## The PACCT® method

Psychiatry Assisting the Cultural diverse Community in creating healing Ties: an out-reaching, close-contact based and empowering methodology which respects cultural differences.

Author: Solentra

### Case

A. is a young ten-year-old Syrian who fled to Belgium with his parents and two younger sisters. They have already been in Belgium for a year but things are not going well at school for A.: he has a conflictive relationship with his classmates and the teacher. A. is exhibiting attention-seeking behaviour, a lack of concentration and disrupts class at every opportunity. His mother puts this down to the so-called concentration school (a school with many children from migrant backgrounds) and the neighbourhood where the family is living (the most impoverished part of the city), but does not recognise any connection to psychological problems, such as trauma or a development disorder such as ADHD. The school suspects that this may well be the case, but it cannot communicate this to the mother. His father never attends school meetings.

### General

The accessibility and effectiveness of mental health care is problematic for refugees, especially regarding child and youth psychiatry (Bevaert F, 2013). The path is full of obstacles, both on the part of the support service and the refugee.

Obstacles on the part of the refugee:

- stigmatisation
- cultural illiteracy: refugees sometimes do not know the right specialist terminology to communicate their need for assistance to Western support services. This is a result of a holistic approach to health and a tendency to solve problems within the family circle. This results in a vague request for assistance.
- no or (still) insufficient sense of solidarity with the new society and often also the lack of psychological security.
- cultural obstacles
- the language barrier
- the asylum narrative
- education

Obstacles on the part of the support service:

- the language barrier
- extra costs and administration
- the vague request for assistance: refugee families risk being passed from pillar to post as a result.
- culture: Western-oriented values, such as autonomy, empowerment, malleability of the individual,...

- the lack of culturally sensitive skills: universalism, lack of knowledge of the other's frame of reference
- the asylum narrative
- fear

Result: the request for assistance often comes from the individual support worker and not from the system itself.

The refugee system often drops out in the middle or at the end of the support process.

**Possible solution: PACCT®**

Vzw Solentra has developed the PACCT method.

**Starting points:**

- Link between participation in society and mental health: full social participation in society and good (mental) health have a mutual influence on one another.
- The migration process and post-migration factors have a considerable impact. The loss of family, environment, customs and subsequent adaptation to the new cultural surroundings influences mental health and is felt across generations. Trauma and other mental issues may impede the integration process.
- An ecological vision of development using the ecological model from Bronfenbrenner (1979). We have to take into account the broad societal context when looking into the stress factors and dynamics which cause symptoms and which will determine the type of possible intervention. Think about the family and the school, but also about the community in which the refugee is living. The broader societal context (religion, racism, asylum and welcome policy) also plays a role, along with the quality of the relationship between the different systems. All of these factors contribute to define the development and well-being of the child.

**Goals:**

- equal access to mental health care
- effective care

**Characteristics:**

- contextualised perspective
- cultural pluralism
- cultural congruence: alternative consultation location, informal sources of support

**Two pillars**

1. Community-oriented approach

How? Mobilise and connect

- If the child is proving difficult, map the different contexts and their mutual relations.

- Empowerment: involve the parents immediately if the school or social assistant begins to express concerns about a child.
- Motivate parents, the school or social assistant to work together for the child's well-being from active and equal position.
- Be aware of the multi-cultural situation the child is in and the child's task to learn how to be flexible in this situation.

## 2. Ethno-psychological perspective

How? Create a potential meeting space

- Approach the dialogue from a place of mutual respect.
- Invite all participants to once again to articulate their vision so differences and similarities can be clearly identified.

What is the aim?

- Reach a common definition of the issue.
- Reach a common solution.

Here, the focus is predominantly on

- addressing resilience (see also the fact sheet on trauma).
- mobilising (in)formal sources of support in the surrounding environment.
  - if appropriate: commence transcultural diagnostic and therapeutic consultation sessions.

It is often a long process which takes a close-contact approach. This goes against the usual principles that are predominant in the Western care and support model, such as motivation and acting on a voluntary basis.

### **In practice**

#### 1. Community-based consultation sessions

When? The support worker suspects a mental health issue but is unable to communicate this to the parents or the refugee.

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

Step-by-step plan featuring different phases:

#### 1. Invitation and getting acquainted

- Aim?
  - Create a sense of community
  - Build up a working relationship
  - Build up a relationship of trust
  - The child's well-being is the binding factor
- Specifically?

- Starting point: concern from the school about one of its pupils.
- Who has a seat at the table?
  - Family is invited by the school with the explicit information that it may be important to bring other figures in the child's life (grandparents, uncles, aunts, neighbours,...) to the meeting.
  - Different key figures from the school: teacher, care coordinator, CLB (centre for pupil support) employee, ...
  - From Solentra: psychologist and ethno-therapist or intercultural mediator.

## 2. Joint description of the problem: in an open dialogue and mutual understanding

- Invite everyone to express their own vision of the child's behaviour.
- Place the underlying (cultural) frameworks next to one another on an equal basis.
- Work towards a common definition of the problem from a starting point of common ground and agreement.

## 3. Common goals: joint forces

- Work towards a common goal:
  - what interventions are relevant and achievable for each participant?
  - Who will assume which role?
- Mobilise formal and informal resources where necessary.

## 4. Follow-up

- In the first instance by the school, then Solentra on the second front.
- Closing meeting: identify positive development and acknowledge the efforts.

This is a dynamic process: sometimes you may have to return to an earlier phase.

## 2. Transcultural consultation sessions

When? The request for assistance is driven by the client system.

Where? At Solentra's offices.

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

Find out more at [www.solentra.be](http://www.solentra.be)

Vanfraussen, K., Serneels, G. & Lampo, A., 2011, Care colours ... outside the lines. Clinical psychologists, pupil support workers and parents working together to promote the well-being of immigrant children. *Clinical Psychology Magazine*, 41(2), 106-116 Serneels, G., Villanueva O'Discroll, J., Imeraj, L., Vanfraussen, K. and Lampo, A., 2017, An intervention Supporting the mental health of Children with a Refugee Background. *Issues in Mental health Nursing*, 38:4, 327-336 Villanueva O'Discroll, J., Serneels, G. and Imeraj, L *European Child and Adolescent Psychiatry*, 2017, A file Study of Refugee Children referred to specialized mental health care: from an individual diagnostic to ecological perspective.