

Children for Tomorrow and the refugee outpatient clinic

**History of the foundation,
framework and networking,
therapy of trauma – approach,
challenges and hurdles**

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New

Children for Tomorrow – refugee outpatient clinic

- `Children for Tomorrow` is a non-profit organisation
- Founded in 1998 by Stefanie Graf in cooperation with Prof. Dr. Riedesser, former director of the department of child and youth psychiatry at the University Clinic Eppendorf (UKE)
- Main project was supporting children, youth and their families, who suffered from war, persecution and organized violence in their home countries



Children for Tomorrow – refugee outpatient clinic

- The refugee outpatient clinic was the first project of CFT
- One doctor treated patients in the rooms of the department of child and youth psychiatry
- Several projects followed in Uganda (outpatient treatment), Eritrea (kindergarten / children's playground) and Kosovo (outpatient treatment and social work)



Children for Tomorrow – refugee outpatient clinic

- Since 2011: CFT has its own headquarters – the refugees outpatient clinic (ROC) becomes part of the `ambulance center of UKE` - new facilities and hurdles
- Therapy is now mainly financed by health insurance or social welfare
- CFT supports the ROC by compensating costs for translators and proportionally for staff



Children for Tomorrow – refugee outpatient clinic

- `Hamburger Model`: Refugees without residential status also have a health insurance card
- Several health insurance companies (AOK Rheinland / Hamburg, AOK Bremen / Bremerhaven) manage funds of the social offices
- Lower costs and low-threshold access to German Health Care System

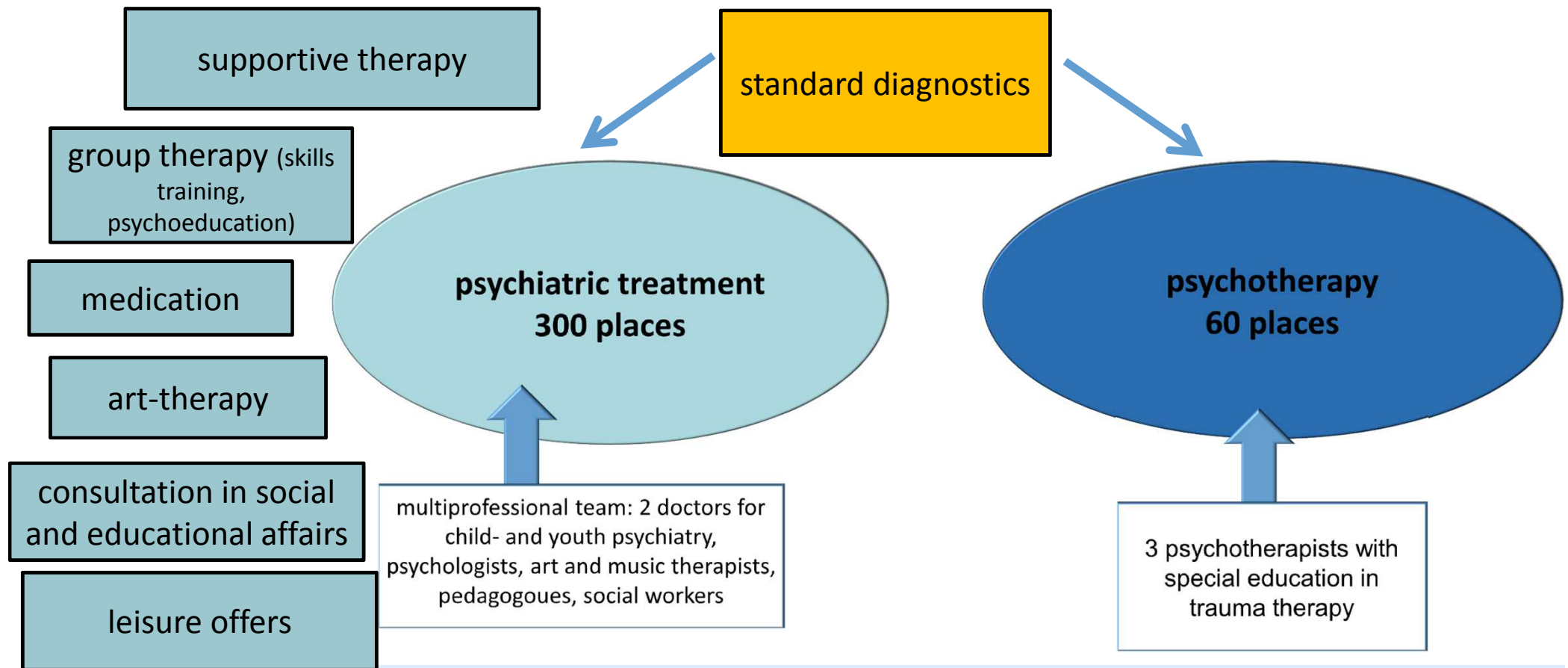


Children for Tomorrow – refugee outpatient clinic

- Multiprofessional team of 14 employees
- Diagnostics and psychotherapy in nearly every language
- Pool of professional translators (`international office`)
- Native speaker´s therapies in Arabic, English, French, Turkish and Kurdish
- In emergency stationary treatment UKE



Refugee outpatient clinic – structure and therapeutic offers



Refugee outpatient clinic – refugees` home countries



Sonstige:

Gambia (4)

Benin (2)

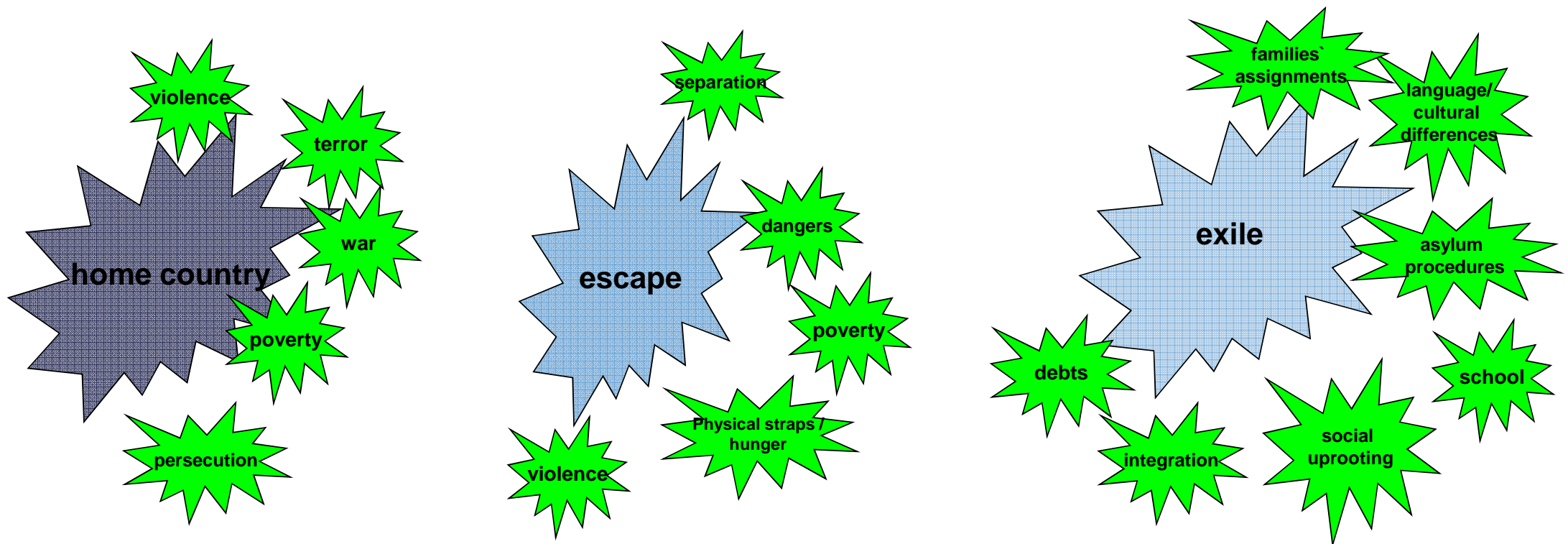
Iran (2)

Iraq (9)

Chechnya (5)

quarter 4/2016 (N = 367)

Refugee outpatient clinic – refugees` subjects

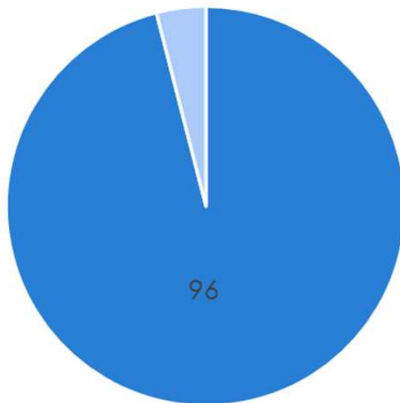


Research – refugees` subjects

- UNHCR (Global Trends 2015): 65,3 millions refugees world wide
 - 51% younger than 18 years
 - 98400 unaccompanied, underaged refugees
- Underaged refugees experience during their escape and also in their home countries especially long lasting or repeating men-made traumatic situations, for example hostile, torture, sexual abuse, neglect, etc. (Bronstein / Montgomery, 2011; Huemer et al. 2009; Lustig et al., 2004)
- Studies say that underaged refugees, especially when they are unaccompanied, have more and a bigger variety of traumatic experiences (e.g. Bean et al., 2007)

Interpersonal traumatizations

Number of patients (%) with one interpersonal traumatization in biography



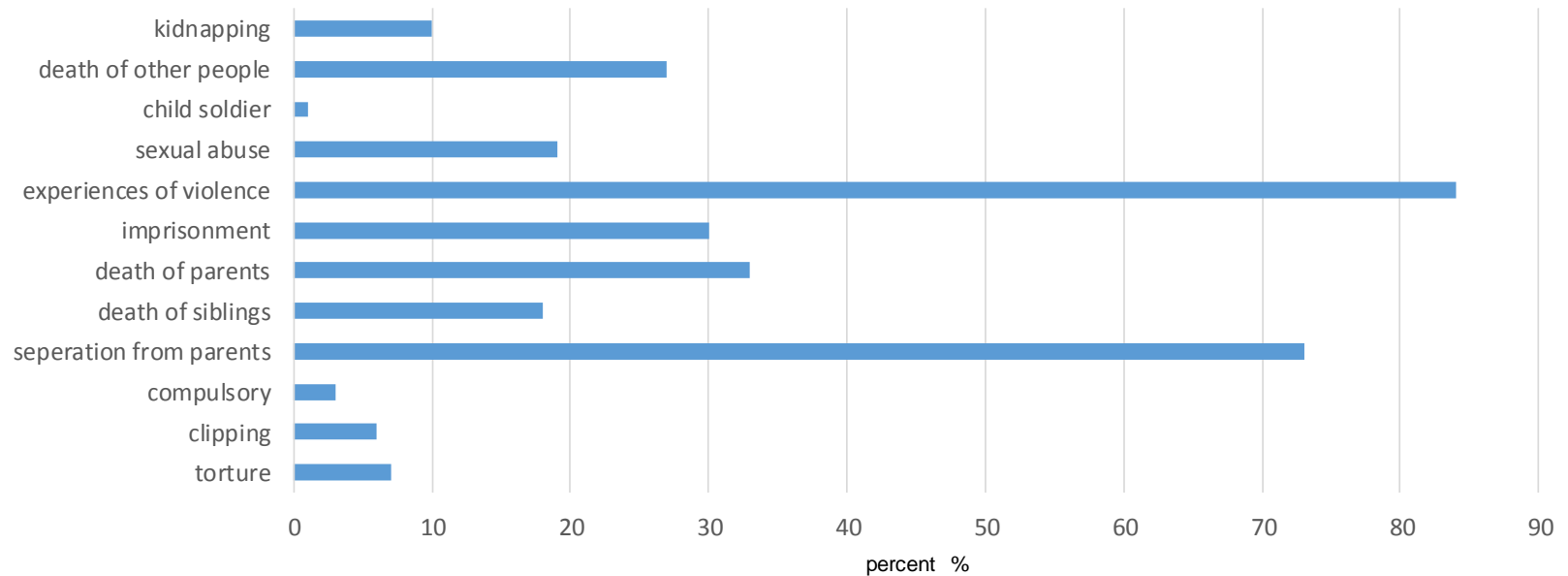
Number of patients (%) with more than one interpersonal traumatization in biography



quarter 3/ 2014 (N = 100)



Interpersonal traumatizations



quarter 3/ 2014 (N = 100)

Research – refugees` subjects

- Post migration stressors are seen as riskfactors for mental health of refugees, e.g. live in asylum accommodation, unexplained asylum status, hearing, limited access to medical supplies and psychotherapeutic care (e.g. Böttche et al., 2016, Bronstein & Montgomery, 2011; Lustig, 2004; Ehntholt & Yule, 2006)
- Protective factors are high self-esteem, balanced temper, family cohesion, social support (Ehntholt / Yule, 2006, Lustig et al., 2004)

Refugees` mental health

PTSD – Prevalence rates

- Prevalence for PTSD is estimated around 50% in people, who became victim of war, persecution or torture (German guideline for treatment of PTSD, Flatten et. Al., 2011)
- An overview by Bronstein and Montgomery (2011) shows that around 19% - 54% of the underaged refugees worldwide suffer from PTSD

Refugees` mental health

Diagnosis and comorbidities

- Depression: 30,8% (metaanalyses, Steel et al., 2009), 29,5% (Alpak et al., 2015), 3%-30% (Montgomery, 2011); 6%-34% (Adam & Klasen, 2011; Möhlen, 2005, Ruf-Leuscher 2014)
- Chronical pain: 75-88% in refugees with PTSD (Dahl et al., 2006, Teodorescu, 2015)
- Complex trauma developmental disorder: Interview with 330 ex-child soldiers in Uganda: 78% fulfilled the criteria (Klasen et al., 2013)

Refugees` mental health

Diagnosis and comorbidities:

- Anxiety disorders (Nedbal, 2015; Adam & Klasen, 2011, Ruf-Leuscher et al., 2014)
- Substance abuse (Nedbal, 2015)
- Dissociative Disorders (e.g. „convulsions“) (Nedbal, 2015; Adam & Klasen, 2011, Ruf-Leuscher et al., 2014)

Is psychotherapy with refugees relevant?

- Psychotherapeutic treatment with asylum seekers is effective regarding to reduction of PTSD, depression and anxiety symptoms (reviews / metaanalysis by Lambertt et al., 2015, Mc Farlane et al., 2012, Slobodin et al., 2014)
- Trauma focussing psychotherapeutic interventions seem to be more effective in reducing PTSD, depression and anxiety symptoms than supportive therapy alone (Palic et al., 2011, Nickerson et al., 2011), e.g. „narrative exposure therapy (Neuner et al., 2010), `interpersonal therapy` (pilot study by Meffert et al., 2014), EMDR (Acarturk et al., 2015)
- Internet based shortterm program (behavioral therapy) for depression and PTSD in Arabic language `Ilajnafsy` (Knaevelsrud et al., 2015) (see: www.bzfo.de)

Children for tomorrow – outreach project

- Pilot project for 3 years in cooperation of `children for tomorrow` with `authority of school and vocational training` (Behörde für Schule und Berufsbildung) and primary school `Osterbrook`
- **Objectives of the project:**
- Stabilizing young refugees and their families with mental health problems, e.g. PTSD – individual and group therapy (art-, music- and psychotherapy)
- Trauma focussed consultation for teachers, parents in coping with mental problems in children (individual case counselling)
- Training for teachers – strategies for a better understanding and education of traumatized children

Outlook – what can we do for refugees` mental health and integration?

Offering helpful relationship:

- Open minded hosting society
- Helpful binding people

Chances und perspectives:

- Access to educational and cultural offers
- Sufficient and effective treatment of somatic and psychiatric disorders
- Soothing and safe environment (accommodation, asylum procedure etc.)

Thanks for your attention!



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