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EU-Level Consultation on Migration Health

“Better Health for All”

AMAC PROJECT

“Assisting Migrants and Communities: Analysis of Social Determinants of Health and Health Inequalities”

24-25th September 2009, Lisbon

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Thematic Session Three:
Capacity Building for Health Professionals

Friday, September 25th 2009

Chair : Manuel Pizarro, Secretary of State for Health, Portugal

Rapporteur: Jacqueline Weekers, Public Health and Senior Migrant Health Officer, World Health Organization (WHO)

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Cultural Training and Migration in Europe: Strategies for Implementing Competence and Empowering Practitioners

Dr Rachid Bennegadi
Françoise Minkowska Centre, Paris, France
Member of the Transcultural Psychiatry Section of the WPA
Co-Organizer of the University Diploma “Health, Disease, Care and Cultures”, Paris V (France)

Research and Project Officers:
Stéphanie Larchanché
Yasmina Mitic-Gutierrez
Ursula Amala Kalil

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Why is acquiring Cultural Competence through Cultural Training important for Mental Health Professionals and Social Workers?

- Because they have linguistic and cultural difficulties to help and support the person in their care, creating frustration for both patients and professionals.

- Because the increase of the number of migrant trials to access care has a psychological effect on the patient and a financial impact on the Health System.

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Why is Cultural Competence necessary for migrant care?

- It prevents ethnocentrism and stigma
- It valorises intercultural management and favors the confrontation of explanatory models

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What are the dynamics of Cultural Competence?

The confrontation of explanatory models enables a better understanding of:

- The patients' idioms of distress
- His cultural representations of mental health, and the kind of treatment he expects (popular, folk, professional)

Consequently, transference and countertransference are empowered, thus preventing stigmatization and prejudice.

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Objectives

It is necessary to establish a transversal European structure to harmonise the content and objectives of a cultural training program, which should consist of:

- Training sessions over a time period that needs to be defined, including trainee supervisions and action evaluations
- University degree concerning Health & Culture, which will consolidate Cultural Competence

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Objectives

Training should be as practical and effective as possible.

Basic training package programs should be standardized at the EU level and endorsed by European Professional Associations.

Three main training providers are:

-Universities

-Medical Associations

-Health Care providers

All stakeholders (professional associations, Diaspora associations, civil societies) should be involved in the design of multi-cultural training programs and practices for a ground based approached and to ensure quality control.

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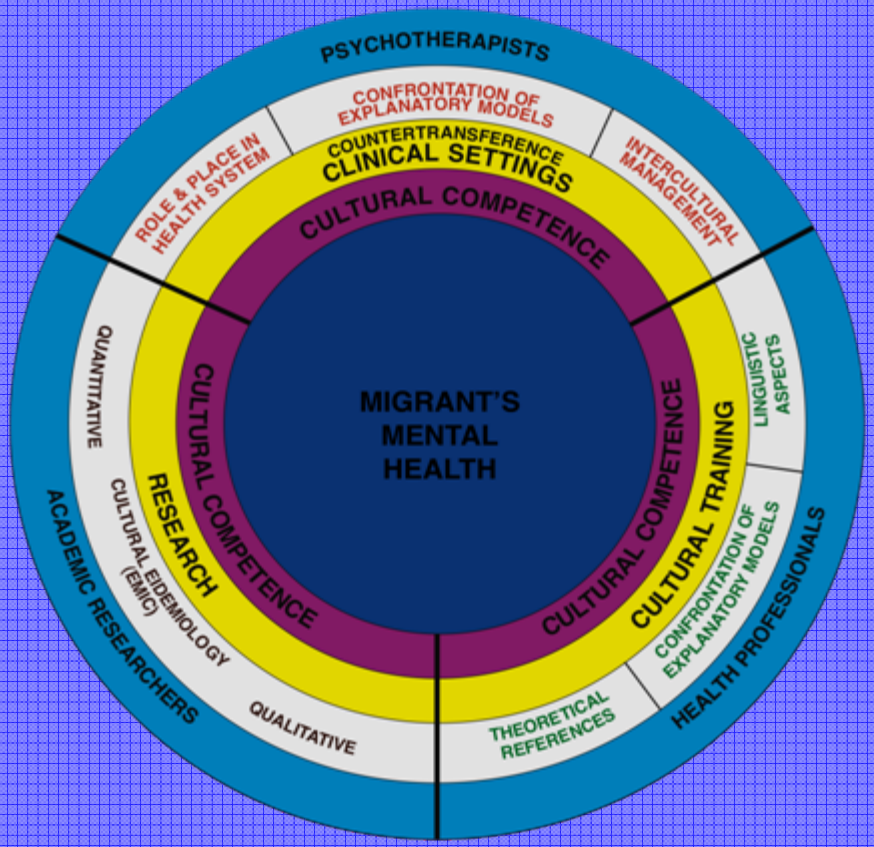
ETHNOCENTRISM

INTERCULTURAL MANAGEMENT



STIGMA

CULTURAL COMPETENCE

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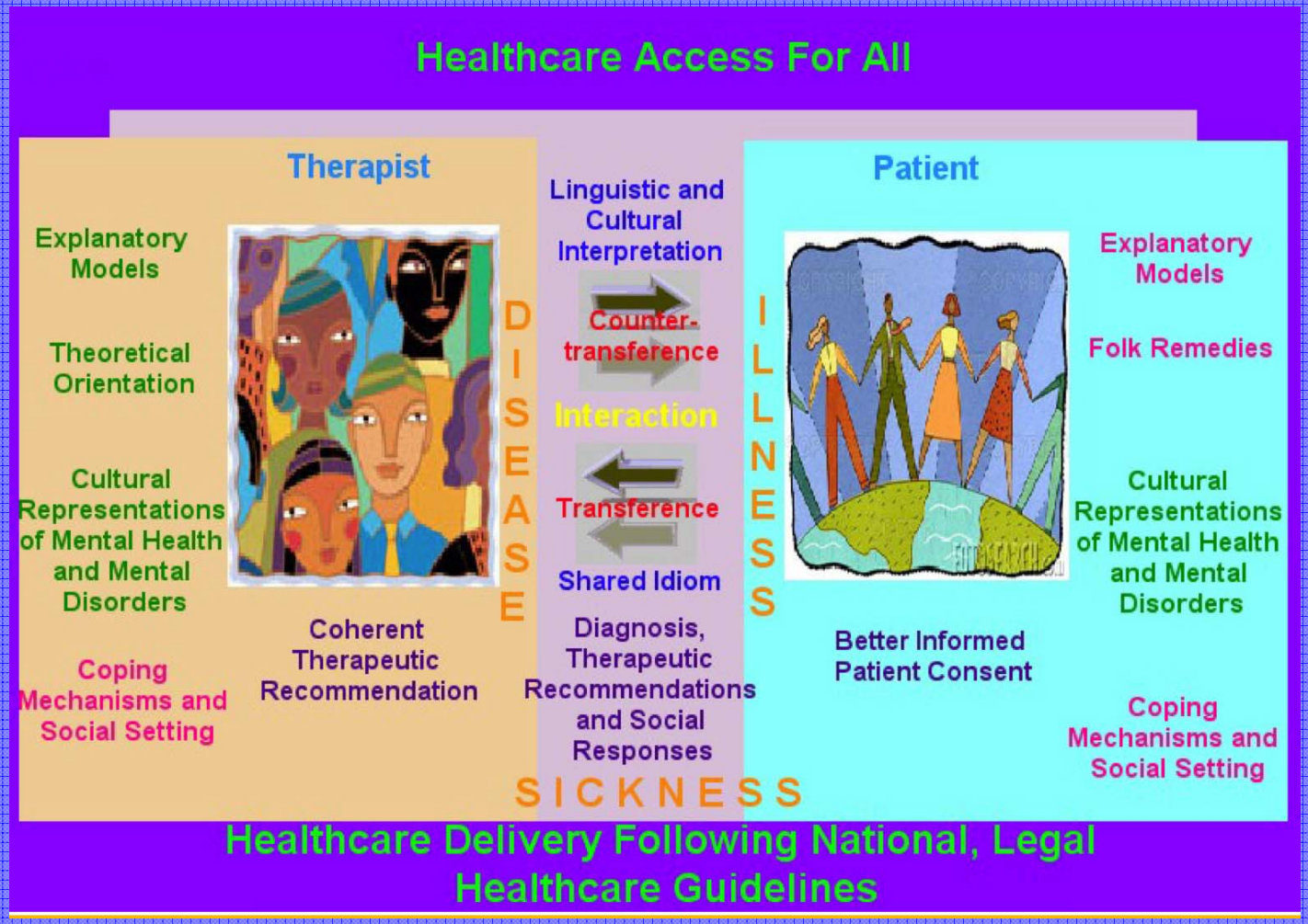

“ We can only avoid stereotypes if we are conscious of them.”

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Best Practice:
The Clinical Medical Anthropology Framework

disease illness

“Optimizing Healthcare provision”

sickness

CONFRONTATION OF EXPLANATORY MODELS

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Minkowska Centre, Paris, France

www.minkowska.com

bennegadi@minkowska.com

Thank you for your attention!