IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

AMAC PROJECT

"Assisting Migrants and Communities: Analysis of Social Determinants of Health and Health Inequalities"

Co-funded under the DG Health and Consumers Public Health Programme 2006

1st Thematic Workshop

Catalan Institute for Health Studies
Catalan Department of Health

Roc Boronat 95, Barcelona

Report

The 'Assisting Migrants and Communities' (AMAC) project, under the EC Public Health Programme and managed by IOM, aims to provide a platform for review of the migration health priorities in Europe in the context of health inequities and to promote dialogue on these issues among the main stakeholders and experts in the field.

The workshop on "Training of Health Professionals (inc. focus on training on mental health care) and Research on Migration Health", the first of three multi-stakeholder workshops in the project, took place on 9-10 October in Barcelona. The workshop was a preparatory meeting in view of the project's final EU-wide consultation in Lisbon in July 2009.

Hosting and Partnership

The workshop was cordially hosted by the Catalan Institute for Health Studies and the Department of Health. Additionally, the Catalan Secretariat for Immigration was also represented at the opening table. The meeting was attended by a large multi-stakeholder audience including delegates of the health departments of four partner governments –namely Portugal, Malta, Spain and Italy– the health and education departments of the Catalan government, academia and experts in the field from WHO and ECDC, selected practitioners as well as immigrant and professional associations, at local and European level.[1]

The workshop had two of the project partners - the European Research Centre on Migration and Ethnic Relations (ERCOMER) at the University of Utrecht and the Centre Françoise Minkowska in Paris – as its main collaborators and authors of the background papers which were presented for discussion at the workshop. The

[1] For the full list of participants, please see Annex I.

Atlantida Association, Professionals for Multiculturalism, also supported the organization of the workshop and participated via a number of its members.

Goals

The workshop had the three following goals: first, to provide feedback for the finalisation of the background papers e.g. gaps, examples of best practices; second, to discuss the key issues raised in the background papers from a multi-stakeholder perspective, mainly during the roundtable sessions; and third to generate inputs for the final project consultation at EU-level in July 2009 on: key questions to propose for policy debate and recommendations and action points for member states (additionally to the original goals, input was gathered as an eventual contribution to the consultation on the EU Executive Agency for Health and Consumers' (EAHC) programme for 2009). A major achievement of the workshop was also creating a network of practitioners and stakeholders in the issues covered.

Programme

The workshop had two introductory sessions to the main topics of the workshop -research on migration health and training of health professionals with a focus on mental health- where the background papers on each topic were presented. The workshop was then articulated in three plenary session roundtables, following the respective background paper introductory session, where various speakers representing each a different perspective addressed the key questions in the specific topics.[2] The roundtables had a question-answer format -rather than presentation style- to enable quick and dynamic exchanges. A team of rapporteurs was tasked with compiling the key points of each session.

Background papers and Questions for Discussion

The background papers, respectively on migration health research and training of health professionals with the case study of training on mental health care, were the basis for the workshop discussions and received feedback and comments from the diverse perspectives represented. Following further review and an online public consultation, the two background papers will be edited and presented, together with the remaining background papers of the project, at the project final event in a series of IOM publications.

Additionally to the background papers, a list of questions was shared with the participants in advance as a complement and guide to the background papers to spur reflection and debate during each of the specific workshop roundtables.[3] These were issues on which discussion is necessary either because there exist different perspectives on them or because they are problematic, controversial or else missing or at default in policy or implementation. The issues suggested also pointed at the areas where recommendations could eventually be made. A list of selected questions emerging from the workshop will now be retained for discussion during the project final consultation.

Perspectives on Migration and Health Research

This session, co-chaired by Abdellatif Riffi and Roumyana Benedict, reviewed the state of the art, challenges and prospects in the field of migration health, particularly through the presentation by Prof. David **Ingleby** (ERCOMER, Utrecht University) of the background paper on the matter. The paper "European research on migration and health" reviewed why research in this area is important, what type and on which subjects research is most needed; and explored the most frequent actors and methods for research in each of the defined six areas .[4]

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[2] Please see the meeting's agenda in Annex II.
[3] Please see the list of questions in Annex III.
[4] a) Background information (population and demographic, migration, socio-economic research; integration and citizenship, public and media representations immigration policies; the social, historical and political context.); b) Migrants' state of health and its determinants; c) Health system and the entitlement to health care

Prof. Ingleby also discussed concrete examples of collaborative research in migration health, including the Mighealthnet "Information network on good practice in health care for migrants and minorities in Europe" which will provide at the end of the year detailed information of the studies available in 17 European countries. A parallel and complementary compilation effort is being carried out by IOM in collaboration with EAHC for the mapping of the recent or ongoing DG Sanco and DG Research co-funded initiatives on migration health. Some of the conclusions reached by Prof. Ingleby in his paper were echoed across the workshop audience and are included below.

Prof. Mark **Johnson**, from the UK Centre for Evidence in Ethnicity Health & Diversity, De Montfort University, and member of Mary Seacole Research Centre, a NHS Specialist Library for Ethnicity & Health, commented on Prof. Ingleby's paper and expressed his views on how to approach migration health research, emphasizing the need of research also on (and evaluation of) training. Different and contradictory theories of cultural competence and often non-favouring structural or institutional factors stand in the way of achieving real change.

Dr. Ghazala **Mir**, Head of the Centre for Health and Social Care, Ethnicity Training Network (ETN), University of Leeds, provided the definition of cultural competence (see below).The ETN Model of Cultural Competence measures service user satisfaction and intervention impact by an array of methods, monitors competence throughout service, plans action with concerned partners on how to make services appropriate and accessible, and engages and empowers local communities and partnerships. Several points made by Prof. Johnson and Dr. Mir regarding the goals of training and type of evidence needed were shared by the workshop participants and are listed below.

Roundtable on research and programmatic priorities

Co-chaired by Mark Johnsons and Roumyana Benedict, a roundtable on research perspectives and priorities continued the discussion and extended it to how this could be translated to the policy and programmatic agenda. As introduction to this roundtable, Tona **Lizana**, from the Catalan Health Department, presented the Catalan health care policy for foreign born population including the *Health Plan for Immigration* as an example of recognized good practices in this area from a south European country with a recent, but significant, afflux of migrants. The choice of Catalonia as host of the project first workshop was indeed not accidental. Foreign population on 1st January 2008 showed staggering figures of 9.1% in Spain, 15.4% in Catalonia, 17.3% in Barcelona (from a mere *2%* in 2000) which has constituted and constitutes a major sociological change and challenge to which the Catalan government is promptly responding.

The Catalan government has delegated competencies in health (since 2006 also on migration) and has approached this matter strategically as one of its health priorities since 2001; with the key goal to improve access of migrants to health care by adapting services to the new needs and demands, and building an humanised health system without inequalities between population groups or territories. To prepare the *Health Plan for Immigration*, studies were done on the health needs and health service utilization by the immigrant population in Catalonia, perceptions and needs of health professionals in relation with care to foreign population, and experience in other European countries. As part of the Health Plan three sub plans were designed: for reception, mediation and training. (More on training is added below). Additionally, special protocols (e.g. maternity and child health, infectious diseases, mental health) and support materials were elaborated.

Below are some of the points discussed and conclusions reached during the roundtable on research and programmatic priorities. Key conclusions will be brought to the discussions during the final project consultation.

(some authors using the '(legal) access' terminology instead); d) Accessibility of health care (obstacles to obtaining care other than problems of entitlement) ; e) Quality of Care or matching of service provisions to the needs of migrants; f) Achieving change (all the activities that are undertaken to encourage the development of adequate health care for migrants).

- More collaborative research in Europe is needed and greater institutional coordination and strategy both within funding agencies, including EC Directorates General, and governments and between them

- To ensure the mapping and coordination of migration health research, policy and projects, a Migration Health Observatory or a similar structure to be set up by the EC and its member states was recommended

- Preconditions for cross-comparability between EU member states:

    - Standard categorization of migrant groups that is consistent and justified (and European wide compatible labels, that cut across different cultural contexts of European countries)
    - Standard collection of data (challenge is cross national and sometimes cross regional e.g. in Spain regions have health delegated competencies; national and local authorities are normally the collectors and holders of these data at least in its raw format)
    - Erasing legal restriction to data collection on migrant status or ethnicity across the EU member states

- Areas specially requiring attention and/or research:
    - lack or deficit of sociological databases / census on migrants and increased challenge with irregular migrant; intra EU migration also not controlled
    - Mechanisms of collection of data
    - Social and economic determinants of health
    - Legal requirements to access health care (entitlement) across EU countries
    - Utilization of services and accessibility

- Need for research is irrefutable as policy-makers increasingly demand facts to guide and sustain their policy efforts. However, there is not always the question of shortage of research but also how to plan and disseminate research effectively so that access by the relevant instances/recipients is guaranteed

- Databases (Chron type) are needed and these should be designed so as to include less well disseminated studies such as community based research and studies, case studies

- Validity and transferability of research. Agreement is needed about the facts and the priorities (policy makers need clear indications: what are the problems, where is the disparity if any, what's useful and what has the major impact?) but hard evidence is elusive (contradictory findings; e.g. there is no consensual narrative in mental health), and if so, not applicable to different areas, countries, contexts

- How to influence the policy level? Critical mass of research (accumulation) is needed but depends on the political context too (sympathetic political context does not need evidence but evidence is not enough for unfriendly context)

- We need research to influence policy design and not the other way around when politics or funding decides area and type of research. Strategic planning, implementation and evaluation is needed

- We have to design and implement a more rigorous system of evaluation and indicators of the value and impact of different interventions and programmes, and also of the so declared 'good or best practices'.

- Alternative measures of evaluation are needed (e.g. beyond satisfaction on quality of care, actual improvement of data/migrants´ state health); an extra element of consideration: compliance of patients: how person understands the risk or level of illness and what s/he accepts to do to treat it

- We need "health of migrants in all measures" e.g. barometer to track progress of migrant 'friendly' health policies; open methods of coordination; MIPEX index (or measures of the kind) would be helpful to compare EU member states

- We need specific research and institutes of expertise to study and challenge issues of health exclusion

- We face a renewed paradigm of health services and health services planning: from a fixed and stable population and cultural homogeneity to changing population and cultural heterogeneity; proportionate and adequate resources are needed otherwise we just have virtual policy/services

- There is a need for research on and evaluation of training on cultural competence as well. There is limited evidence on the effectiveness of cultural competence training and service delivery. We need evidence including clinical outcomes and quality research which prove harm of not implementing measures rather than only risk. At the moment, there is evidence that we need to provide responsive care but we do not have conclusive evidence to choose among models.

- Different and contradictory theories of cultural competence stand in the way of achieving real change. We need synthesis of different types of evidence, bringing together qualitative/quantitative studies, to understand contradictions. Eventually this will lead to improved explanations and shared understandings of cultural competence.

- Trying process: study, plan, implement and assess, and this circle should be run on a regular basis

- We need validated model and practical tools (guidelines, check lists) which break down the complexity for everyday practice

Specific comments and suggestions were made to Prof. Ingleby's background paper. The following areas where identified as needing broader analysis or proper acknowledgement:

- Economic aspect of (not) providing health to migrants as field of research; e.g. preventive medicine and primary care as an investment has been proven to have long-term economic impact (measures: quality of life years (QALY) as basis for economic calculations)
- Ethical dimension of use of information: political approach to compilation and use of statistics
- Social economic determinants of health (SDH)

Training of Health Professionals

Co-chaired by Prof. Ingleby and Roumyana Benedict, this session offered an introduction to the topic of training of health professionals with the presentation of the background paper on the topic by the Minkowska Centre. Dr Rachid **Bennegadi,** Member of the Transcultural Psychiatry Section at this Centre, recalled that the underlying philosophy of the French public health system, as well as that of many other European countries, is based on equity ("Droit Commun") putting both regular and irregular migrant populations on an equal footing. He reviewed the process of 'acculturation' through which a migrant goes and which may have an impact on migrants' utilization of health care services. Training is a matter of empowering social workers and healthcare professionals with multi-cultural and other skills to effectively consult with and treat migrant patients. In this context, Dr Bennegadi also presented the cross-cultural multimedia tool that the Minkowska Centre has developed for mental health practitioners' self-training.

Dr Abdellatif **Riffi**, from the Free University of Brussels (VUB), gave some background on immigration figures and its distribution in Belgium and Brussels showing that specially the latter is an extraordinary multi-cultural, multi-linguistic and multi-religions hub (now also capital of Europe with many non-Belgians residing permanently). He also provided a quick overview of epidemiology and health vulnerabilities for the foreign

population in comparison to the Belgian one. A programme started in the Flanders region to train doctors, among other, in multi-cultural communication and competence, health care for migrants (pathologies and prevalences, socioeconomic determinants), language and cultural and religious aspects. Belgium, especially Flanders, has a long-standing tradition and publicly funded practice of cultural competence.

Roundtable on training challenges, prospects and best practices

A roundtable on the state of affairs, challenges, prospects and particular country cases, co-chaired by Dr Bennegadi, followed the presentations. The example of Catalonia was also presented here by Dolors **Muñoz**, from the Catalan Institute of Health Studies (the institute responsible for the training programme), and Tona **Lizana**. 113 courses have been conducted from the beginning of the Training Plan in 2001 offering training to 2,532 professionals. Core training is offered on cultural competence and health inequalities, and additional training is available per specialties (e.g. international health, mental health, pediatrics, sexual and reproductive health).

Training is adapted to the context in which practice will take place and not only concerns the care giving situation but the doctor-patient relationship and the wellbeing of the two parties. It also aims at facilitating and strengthening collaboration and coordination among the policy, social and professional parties involved. Evaluation of the training programme is done yearly and so far results have been rather positive. However some challenges remain such as the motivation of doctors to attend multi-professional/sector activities or training without biomedical contents

Luis **Die Olmos**, from the Valencian Observatory of Migration, in the Ceimigra Foundation, presented the activities of the Foundation including training for migrants' labour and cultural integration, and training on migration, human rights and intercultural competence for professionals of various sectors and members of the administration with specific modules on health services. He also made a few recommendations from the perspective of the Observatory, many of which have been retained in this report.

Anna **Méndez**, from the Catalan Department of Education, offered the perspective of efforts for integration and multi-culturalism in other domains such as education and presented the Strategic Plan for Languages, Interculturality and Social Cohesion implemented in Catalan schools. This Plan has set up a coordinating team in every school which works in cooperation with and complements other support such as psychopedagogical services. The Plan specifically aims at fostering children's participation at school activities and co-responsibility.

A few points and recommendations emerged from the discussion in the roundtable:

- Definition of cultural competence (Ghazala Mir): "how well an organisation provides care to people with diverse values, beliefs and behaviours". Competence is then turned into specific standards, policies, practices and attitudes which can be measured

- Equal treatment paradigm: migrants should receive equal treatment to that of EU citizens, for that we need multicultural services which can cater for all (no special treatment except for special cases: e.g. VoTs or unaccompanied minors). From the need (assistance) to the right (responsiveness) approach.

- For equal treatment to migrants more efforts might be needed but there should be no stigmatisation, no victimisation made. Migration health should be considered a public health matter.

- Training should awake interest, create the foundation of knowledge and skills, as well as cultural awareness, and encourage respect and equality. Competence (confidence) should come after experience from initial awareness. Competence is:

    - Skills (how to handle consultation in practice)

  - Knowledge (medical -epidemiology, tropical medicine-, cultural, and background –migration history, sociology, cultural theories, human rights- and framework data -health system, legal system, citizenship)
  - Attitude (non-discrimination and respect principles)

- Training needs to be tailored according to pre-researched needs and the migration/ethnic context of population served. Assessment of needs should be based on research-based or top down assessment but also on bottom up and perceptions-based assessment

- Training target group: all medical and non medical personnel involved in care delivery including 1st line of attention, reception (all combined –doctors, nurses etc- enhances learning and openness to others' views), social workers, mediators, interpreters

- Method: training may include discussion groups, problem solving role play

- Training should be as practical and effective as possible (guidelines for everyday practice in the specific centre) but most of the time theory, as detailed above, is no harm and most trainees appreciate it

- There should be an (online) repository or library on training including available tools and multimedia courses for self-training

- Cultural practice should be included across all sections of graduate and post-graduate medical curricula and continuous professional education. Cultural awareness needs to become part of the professional competence of health staff, not just be an optional skill. Specialised courses only on cultural practice are also advisable for specific contexts and audiences

- Basic programme or training package should be standardized at EU level and endorsed by European professional associations

- Three main training providers; university, medical associations, health care providers (administration)

- The following would help the motivation challenge: attractive training; reward system, accreditation of cultural competence (label both for professionals and services); also persuasion about the need of training for good praxis and encouragement by professional associations. Making it compulsory for being part of professional colleges or insurance not advisable

- Need for a multi-disciplinary and multi-agency team of professionals to carry out the training

- Multidisciplinary paradigm implies that different professionals need to cooperate for holistic treatment: social worker, doctor (psychologist, psychiatrist), trainer and educator, cultural broker and interpreter

- Training is not a substitute for mediation but a complement; training is also useful on how to use mediation.

- There is a constant need for training since there is a constant entry of staff and turnover, also 2nd and 3rd generation of migrants, new waves of migrants and new origins change the picture.

- Migrant communities empowerment and engagement in medical settings is advisable including at the highest ranks of medical staff and administration

- Recognition of diplomas and hiring of professionals coming from sending countries is also recommended: these professionals can easily be living bridges between the migrant community and the native community and they contribute to challenge and improve medical paradigm

- All stakeholders (prof. associations, diaspora associations, civil society) should be involved in the design of multi-cultural training and practices for a ground-based approach and to ensure quality control

- Migrant education for health promotion and knowledge on health system is also advisable as a complement

- Training is only one element of change. Professionals alone cannot assume the leadership of these processes of social and institutional changes. Institutional and organizational change and support to individual change is essential too.

- Migration is an opportunity to review our healthcare paradigm and regenerate our services, considering all patients. Acquiring a different perspective; acknowledging the value of non-western medical system and health paradigm ('when to go to the doctor'; 'what is an illness'); being aware of and acknowledge the political and cultural assumption behind our policies -and even the goal and frame of our research- is also essential

- Multicultural competence is also not just about the health sector; there is a context, a society and it cannot happen in isolation. In the same way, migrants need global attention, at the school, at the social services, they do not just need medicines and health care

- Coherent action at all levels, national and European, with emphasis on local level

Roundtable on training and the case of mental health

Co-chaired by Dr Rachid Bennegadi and Roumyana Benedict, this roundtable session presented the case of mental health care which is idiosyncratic and at the same time paradigmatic and key in the area of professional training. Indeed, mental health is a classic case for the need to build culturally sensitive health services since culture plays a major role in the expression and experience of mental health and ill-health.

Dr Natale **Losi**, from the Psychosocial and Cultural Integration (PCI) Unit in IOM Rome, reviewed *the* psychosocial approaches to the wellbeing of migrants and revisited trauma describing it as a three step process from negative to positive: from injury and pathology, through resilience to what he has come to denominate 'adversity-activated growth'. Trauma affects not just the individual but the family, the community and the society, in the case of migration at both ends, albeit in a more subtile way. The way we conceptualise trauma in our societies is significant and thus we observe that the focus is always on the individual and pathological level, avoiding a larger analysis of social injury and healing needed.

Other points and reflections made by Dr Losi and other participants in the discussion that followed are included below:

- (Intercultural) training for mental care involves acknowledgement of three dimensions: illness (personal), disease (clinical) and sickness (social)

- We need tools and explanatory models to de-cript cultural expression and experience of symptoms (has to be validated across cultures)

- Multimedia tools are very useful although no substitute for traditional instruments or mechanisms of training

- Migration is a 'total' (non-linear) event which creates upheaval and stress factors which can lead to vulnerability; in turn this may affect mental health including or not trauma.

- Acculturation of the patient is an unavoidable process but never a pathology. Mgrant goes through phases of closeness and distance from own culture.

- Stress (even extreme chronic stress –Ulysses syndrome-) and emotional suffering are not pathological

- Mental practice should go beyond own culture, own values, own parameters (from EMIC to ETIC approaches): practitioners should position themselves with the patient as long as it helps

- Need to conduct specialised trans-cultural and psychosocial training for professionals working with migrants

- Need to fight stigmatisation of mental health patients but also of mental health professionals and centres

- Need to carry out more research and better information dissemination to advance the psychosocial field

- Need to exchange findings on psychosocial wellbeing of migrant communities and coordinate between countries and across disciplines

Workshop conclusions

A team of rapporteurs (Mir, Welch, Qureshi, Lizana and Peiro) which had been entrusted with the task of gathering the most important points and reflections made during the workshop presented in the last session of the workshop the main conclusions and unresolved questions to bring to the larger audience expected for the project final consultation in Lisbon, notably including high level representatives from health and other ministries as social affairs, immigration/interior and education in the EU, accession and EEA area.

With the realization that greater shares of the population nowadays in Europe are from migrant or different ethnic origin has come the need for healthcare service and service providers to be more responsive to diversity in society. A conclusion emerging from the discussion is the necessity for further research on migrant health and for specialised institutes to study and challenge issues of health exclusion. The case was made also for greater collaboration between research, policy initiatives and projects, including at European level, and a joined up strategy to avoid duplication of efforts and support access to existing knowledge. Structures like a migration health observatory and more comprehensive and well disseminated databases were recommended. Likewise, we need to consider health of migrants in all measures and a barometer of migrant 'friendly' health policies would be advisable. Migration is an opportunity to review our healthcare paradigm and make it more responsive and more cooperative between the different professions and sectors.

On the other hand, the need to build and support responsive and cultural competent health care service and service providers is currently widely accepted as well as the need to counter-act the impact of inter-cultural, often unequal, interactions between migrants and the health care professions by empowering and cooperating with the migrant communities themselves. While training of health professionals is only one of a set of necessary answers (together with institutional and social change), it is also in need of further definition, clarification and categorization. All in all, more support for infrastructure in relation to training and education of health professionals and leadership in this area is needed. There is also a need for further research and better evaluation of training as well as for synthesis of different types of evidence and models to reach a shared understanding of cultural competence and the development of a common basis for curricula across Europe.

Finally, the link between research, training, policy and change needs to be fully explored and exploited. The administration, policy and medical structures can and should cooperate with the worlds of research and education and vice versa to identify and bring about what changes in the system are necessary and to assess their effectiveness and adapt over time.

ANNEX I

1st Thematic Workshop

LIST OF PARTICIPANTS

1. **Amina Abdeljawad**, Fedelatina, Barcelona
2. **Xavier Alonso,** Head of Institutional Relations, Catalan Secretariat for Immigration
3. **Fabiola Antonucci,** Medical Director, IV Office, DG Human Resources and Healthcare Professions, Italian Ministry of Health
4. **Roumyana Benedict**, Senior Migration Health Manager for Europe and Liaison to the EU/EC, IOM
5. **Dr. Rachid Bennegadi**, Centre Françoise Minkowska Member of the Transcultural Psychiatry Section, Member of the World Psychiatric Association, and Course Lecturer at the University Paris 5
6. **Luis Die Olmos**, Coordinator, Valencian Observatory of Migration, Ceimigra Foundation, Valencia
7. **Ana Fernandes,** Associate Professor, Department of Public Health, Faculty of Medical Sciences, New University of Lisbon
8. **Alberto Fernández Liria,** Director, Psychiatric Service of the Príncipe de Asturias Hospital; President, AEN (Spanish Association for Neuropsychiatry)
9. **Javier García Bonomi,** President, Fedelatina, Barcelona
10. **Chris Heginbotham**, Professor, Centre for Ethnicity & Health; Deputy Head, ISCRI - International School for Communities, Rights and Inclusion, University of Central Lancashire (UK) *(sent apologies, could finally not attend)*
11. **Mateu Huguet,** Institute for Health Studies, Catalan Dept. of Health (Spain)
12. **David Ingleby**, Professor of Intercultural Psychology, European Research Centre on Migration and Ethnic Relations (ERCOMER), Utrecht University
13. **Mark Johnson,** Professor of Diversity in Health and Social Care, De Montfort University, Leicester
14. **Luigi Leonori,** President, SMES-Europa, Brussels
15. **Tona Lizana,** Director, Master Plan for Immigration, Catalan Dept. of Health
16. **Natale Losi,** Head, Psychosocial and Cultural Integration Unit, IOM Rome
17. **Anna Méndez,** LIC Plan Territorial Coordinator, Catalan Dept of Education

18. **Juan Mendive**, Family Physician, Vice-President, European Medial Association (EMA)
19. **Ghazala Mir,** Head of the Centre for Health and Social Care, Leeds Institute of Health Sciences/Ethnicity Training Network, University of Leeds
20. **Dolors Muñoz,** Catalan Institute of Health Studies
21. **Teymur Noori**, Scientific Officer, European Centre for Disease Prevention and Control (ECDC)
22. **María José Peiro**, AMAC Focal Point, Migration Health Brussels, IOM
23. **Marika Podda Connor,** Coordinator, Migrant Health Unit, Primary Health Care Directorate, Maltese Ministry of Health
24. **Maria Prat,** Socio-Cultural Association Ibn Batuta, Barcelona
25. **Adil Qureshi,** Psychiatric Unit, Hospital Vall d'Hebron, coordinator of training to mediators
26. **Abdellatif Riffi,** Lecturer on Intercultural Competence on Healthcare, Free University of Brussels
27. **Federica Righi,** Project Officer, WHO Barcelona
28. **Teresa Rossell,** Psychologist and social worker, Barcelona
29. **Quim Savater,** Socio-Cultural Association Ibn Batuta, Barcelona
30. **Ricard Tresserras,** Subdirector, DG Planning and Evaluation, Catalan Dept. of Health
31. **Josep Vallcorba,** DG Inter-culturalism and Social Cohesion, Catalan Dept of Education
32. **Marc Walter,** Medical Doctor, Barcelona
33. **Vivian Welch,** Core Methods Team, Institut de recherché sur la santé des populations et Institut de recherche Elisabeth Bruyère, University of Otawa

ANNEX II

1st Thematic Workshop

Agenda

9 October 2008

11:00-11:30

Welcoming Addresses

Dr. Mateu Huguet, Director, Institute for Health Studies, Catalan Department of Health

Dr. Ricard Tresserras, Subdirector, Direction General for Planning and Evaluation, Catalan Department of Health

Xavier Alonso, Head of Institutional Relations, Catalan Secretariat for Immigration

Roumyana Benedict, Senior Migration Health Manager for Europe and Liaison to the EU/EC, IOM Brussels

11:30 – 13:30

Perspectives on Migration and Health Research
Presentations and Questions

Co-chairs: Abdellatif Riffi and Roumyana Benedict
Rapporteur: Ghazala Mir

Prof. David Ingleby, Professor of Intercultural Psychology, European Research Centre on Migration and Ethnic Relations (ERCOMER), Utrecht University;
Scientific coordinator of the MIGHEALTHNET project and COST-funded HOME project

Background paper: "European research on migration and health"

Prof. Mark Johnson, Professor of Diversity in Health & Social Care, De Montfort University, Leicester

Dr. Ghazala Mir, Senior Research Fellow, Leeds Institute of Health Studies, Ethnicity Training Network, University of Leeds

13.30 – 14.30

Lunch

14:30 – 16:00

Research and programmatic priorities
Roundtable

Co-chairs: Mark Johnsons and Roumyana Benedict
Rapporteur: Tona Lizana

Tona Lizana, Director, Master Plan for Immigration, Catalan Health Department: *the Catalan Health Plan for Immigration*

Teymur Noori, Scientific Officer, European Centre for Disease Prevention and Control (ECDC)

Dr. Fabiola Antonucci, Medical Director, IV Office, Directorate General for Human Resources and Healthcare Professions, Italian Ministry of Health

Prof. Ana Fernades, Faculty of Medical Sciences, New University of Lisbon

Federica Righi, Project Officer in charge of migration health matters, WHO Barcelona

Vivian Welch, Core Methods Team, Institut de recherche sur la santé des populations et Institut de recherche Elisabeth Bruyère, University of Ottawa

Dr Alberto Fernández Liria, Director, Psychiatric Service of the Príncipe de Asturias Hospital; President, AEN (Spanish Association for Neuropsychiatry); and representative of the Spanish Ministry of Health in this workshop as co-author of the Spanish Mental Health Strategy

16.30 – 17.45 Training of Health Professionals: Challenges and Prospects
Presentations and Questions

Co-chairs: David Ingleby and Roumyana Benedict
Rapporteur: Vivian Welch

Rachid Bennegadi
Member of the Transcultural Psychiatry Section, Centre Françoise Minkowska; Member of the World Psychiatric Association; Course Lecturer at the University Paris 5 (France)

Background paper: "Training of Health Professionals on Migrants' Needs in Europe – the case of Mental Health and Innovative Multimedia Training"

Abdellatif Riffi, Lecturer on Intercultural Competence on Health Care, Free University of Brussels (VUB)

17.45 – 18.00 Conclusions - Day One

20:00- *Dinner at city centre (Restaurant Pitarra, C. d'Avinyó 56)*

10 October 2008

9.00 – 11.00 Training of Health Professionals: Challenges and Prospects
Roundtable

Co-chairs: Rachid Bennegadi and Maria-Jose Peiro
Rapporteur: Vivian Welch

Dolors Muñoz, Catalan Institute of Health Studies (with **Tona Lizana**): *the Catalan Training Programme for Doctors*

Dr Marc Walter, Medical Doctor, member of Atlantida: Professionals for Inter-Culturalism

Josep Vallcorba, Subdirector General for Interculturalism and Social Cohesion, Catalan Department of Education (TBC)

Maria Prat, Socio-cultural Association Ibn Batuta, Barcelona

Luis Die Olmos, Coordinator, Valencian Observatory of Migration, Ceimigra Foundation, Valencia

Marika Podda Connor, Coordinator, Migrant Health Unit, Primary Health Care Directorate, Maltese Ministry of Health

Juan Mendive, Family Physician, Vice-president, European Medical Association (EMA)

12.00 – 13.30 Training of Health Professionals: the case of Mental Health
Roundtable

Chair: Rachid Bennegadi and Roumyana Benedict
Rapporteur: Adil Qureshi

Dr Natale Losi, Head, Psychosocial and Cultural Integration Unit, IOM Rome: *the PCI unit experience*

Dr Adil Qureshi, Psychiatric Unit, Hospital Vall d'Hebron; coordinator of training to mediators in Barcelona network of hospitals.

Dr Teresa Rossell, psychologist, social worker and collaborator in the Master in Intercultural Communication, University of Barcelona.

Luigi Leonori, President, SMES-Europa

Javier García Bonomi, President, Fedelatina: Federation of Latin American Associations of Catalonia

13.30 – 14.30 *Lunch*

14.30 – 16.30 Closing session and conclusions

Chair: Roumyana Benedict

Perspectives on Migration and Health Research
Rapporteur: Ghazala Mir

Research and programmatic priorities
Rapporteur: Tona Lizana

Training of Health Professionals: Challenges and Prospects
Rapporteur: Vivian Welch

Training of Health Professionals: the case of Mental Health
Rapporteur: Adil Qureshi

ANNEX III

1st Thematic Workshop

Roundtable Questions

Roundtable: Research and programmatic prioritie

1) How to conduct research effectively (categories, legal barriers)? What evidence needs to be considered to apply evidence from general populations to migrants?

2) How can we encourage knowledge to be translated into the implementation of policies and practices? How to ensure that effective evaluation and assessment?

3) How can civil society associations and migrant communities be more involved in the design, implementation and evaluation of interventions? Why is this important?

4) How to overcome fragmentation of research across Europe and ensure that research is compatible and comparable with standard or compatible definitions and labels?

Roundtable: Training of Health Professionals: Challenges and Prospects

1) What kind of training do we need for our health professions? Is it only about cultural competence?

2) Should cultural competence training be separated from mainstream forms of training and educational programmes? Or is it an overarching theme across courses and programmes?

3) Is basic conceptual training necessary in addition to a clinical practice focus? Should it be culture specific or on the contrary provide a set of skills relevant for all cultures?

4) How to demonstrate the efficacy and cost-effectiveness of multicultural competence approaches against an environment of scarcity of resources and overstrained health care services?

5) Who should capacity building and/or training efforts address among medical and non medical professions? And what profile should the trainer have? How do we involve migrants and minorities?

5) What is the role of health services managers and institutional decision-makers? What is the weight of institutional culture vs competence of individual practitioners?

Roundtable: Training of Health Professionals: the case of Mental Health

1) What training is advisable for mental health professions? What cross cultural issues are well covered in current models and which still need to be developed?

2) How to effectively deal with the philosophical and political assumptions underneath cross cultural training practices and standards? How to acknowledge and value perspectives beyond the Euro-American centric ones?

3) Is there greater capacity and awareness to be built in the policy-making and administration sectors? What new strategies need to be taken?

4) Which instruments and techniques of training and intervention are necessary? How do interviewing, interpreting affect multicultural assessment and treatment?