Mental Health Services for survivors of torture:
Learnings from CCVT’s specialized programming

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Essential Concepts in Building a Model of Support to Assist Survivors of Torture

• Torture is a wider social issue, not just a medical concern
• Torture is the problem, not the survivors of it
• Survivors should be agents of their own recovery
• Volunteers are catalysts of change
• Universal core values (human rights) are strong pillars
• Team work is fundamental
A CONTINUUM OF EMPOWERING STRATEGIES

<table>
<thead>
<tr>
<th>Personal Empowerment</th>
<th>Small Group Development</th>
<th>Community Organization</th>
<th>Coalition Advocacy</th>
<th>Political Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Case work</td>
<td>- Mutual Support Groups</td>
<td>- Public Education</td>
<td>- International</td>
<td></td>
</tr>
<tr>
<td>- Specialized Settlement Services</td>
<td>- ESL</td>
<td>- Outreach</td>
<td>Coalition and Advocacy</td>
<td></td>
</tr>
<tr>
<td>- Art Therapy</td>
<td>- Befriending</td>
<td></td>
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<td></td>
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<tr>
<td>- Befriending</td>
<td>- Links to Networks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THE SOCIO-ENVIRONMENTAL APPROACH TO TORTURE REHABILITATION

WELL BEING

PHYSICAL EFFECTS OF TORTURE

PSYCHOLOGICAL MANIFESTATIONS
- anxiety
- depression
- irritability
- paranoia
- guilt
- suspiciousness
- sexual dysfunction
- loss of concentration
- confusion - insomnia
- nightmares
- impaired memory
- concentration difficulties

PSYCHOLOGICAL RISK FACTORS
- language barriers
- isolation
- lack of social support
- poor social network
- low self-esteem
- high self-blame
- low perceived power/status
- cultural adjustments
- fear of authority/institutions

RISK CONDITIONS
- poverty
- low occupation status *
- non recognition of education
- dangerous, stressful work
- dangerous, polluted environment
- discrimination (sexism, racism, ageism)
- low political-economic power
- large gaps in income/power within community
- unaffordable housing/ghettoization
- inadequate access to food
WHEN TALKING ABOUT EFFECTS OF TRAUMA:

TRAUMA \sim PTSD

TRAUMA + POLICS =

“PSYCHOSOCIAL TRAUMA AND DESTRUCTION”
This notion of psychosocial trauma and destruction was comprehensively developed by Ignacio Martin-Baro, psychologist who was assassinated by the army in El Salvador in 1989.

Martin-Baro claimed three component parts to psychosocial trauma:

1. individual remains the principal victim of organized violence, the nature of the trauma rests in its social origins
2. the trauma is socially produced, therefore require treatment and remedy
3. the trauma will remain chronic when the factors that brought it about remain intact.
THE DEVASTATING EFFECTS OF WAR ARE WELL KNOWN AND VISIBLE

1. Aboriginal status
2. Disability
3. Early life
4. Education
5. **Employment and working conditions**
6. Food insecurity
7. Health services
8. Gender and gender identity
9. Housing
10. Income and income distribution
11. Race
12. Sexual orientation
13. Social exclusion
14. Social safety net
15. Unemployment and job security

(Mikkonen and Raphael 2010; Ontario Ministry of Health and Long-Term Care 2012, 13).

As it is in the CMHA web resource

UNDERSTANDING THE UNIQUE MENTAL HEALTH NEEDS OF TRAUMATIZED NEWCOMERS”

1. Aboriginal status
2. Gender
3. Disability
4. Housing
5. Early life
6. Income and income distribution
7. Education
8. Race
9. Employment and working conditions
10. Social exclusion. *Sexual orientation?*
11. Food insecurity
12. **Social safety net**
13. Health services
14. Unemployment and job security

*Social Determinants of Health “The Canadian Facts”* (Mikkonen and Raphael )
in the field of psychosocial trauma best practices are not found in a tool box. It involves a mindset of the entire team/system (including the client). Nevertheless spelling out values, principles, method, structure and any other element or component helps to share with others.
SOME ELEMENTS OF BEST PRACTICES

✓ Principles of operations
✓ Guidelines and Policies (which include knowledge and consideration of potential for vicarious trauma)
✓ Formal Training of staff on:
  ➢ Trauma, (including vicarious trauma prevention)
  ➢ Policy affecting survivors, (domestic and International Law)
  ➢ Equity and diversity,
  ➢ Cultural competence
✓ Staff is reflective of the clientele it serves (There are 15 languages available among the staff at CCVT)
Principles For Service To Survivors

- Re-empowerment - survivors are agents of their own recovery
- Awareness of political, religious and cultural dimensions
- Flexibility
- Holistic approach
- Trust
- Confidentiality
- Respect
- Authority remains with survivor
- Care with interview and assessment questions
- Active listening
- Creative silences
- Awareness of re-traumatizing factors
The Debate About Trauma and Psychosocial Treatment for Refugees
Clare Pain, Pushpa Kanagaratnam and Donald Payne

Reflections on Using a Cultural Psychiatry Approach to Assessing and Fortifying Refugee Resilience in Canada
Lisa Andermann

A Social Entrepreneurship Framework for Mental Health Equity: The Program Model of the Canadian Centre for Victims of Torture
Sean A. Kidd, Kwame J. McKenzie and Mulugeta Abai

Post Migration Stress
• unemployment
• underemployment
• discrimination

Mental Health
• depression
• PTSD
• alcohol abuse
• well being
MISSION STATEMENT

DIRECT SERVICE
• for survivors of torture and war as well as their families

PUBLIC EDUCATION
• On the issue of torture and its effects on individuals and their families and on the society as a whole
Building a Web of Community Support for Survivors of Torture

CCVT

- International Projects
- Settlement Services
- ESL/Computer training
- Mental Health
- Public Education
- Volunteer Program
- Policy issues
- Children and Youth Program
THANKS TO:

CCVT CLIENTS,
STAFF,
BOARD OF DIRECTORS,
NETWORK OF PROFESSIONALS,
VOLUNTEERS,
SUPPORTERS,
DONNORS,
FRIENDS

THANK YOU