ON THE COLLABORATIVE WORK BETWEEN PSYCHIATRY AND SOCIAL WORK IN DEVELOPING TRANSCULTURAL CAPABILITY IN MENTAL HEALTH CARE

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THE CONTEXT

Settled in France since 1999, Alin (1993, Timisoara) and Ghioceł (1987, Timisoara) were born within two Roma families who emigrated from Romania for economic reasons. The former suffers from heavy psychomotor and cognitive disabilities; the latter of a deficiency-psychotherapeutic vulnerability engendered by delayed psychomotor development, signs of hospitalism (psycho-affective abnormalities due to a prolonged hospitalization at very young age) and, isolated behaviour disorders. Their childhood took place in a forced nomadism due to the regular police evictions their families faced in France. They lived in a shantytown of ruined second-hand caravans, with other Roma families originated from the same village.

Ghioceł's life conditions improved when his family was selected to take part in the Social Integration Project of the SAN of Sénart (2002-2007, France) that involved 32 Roma families. This Project allowed him to gain access to permanent medical, vocational training, medical healthcare and social protection facilities, including a social housing. Nowadays, he still benefits of the French government’s economic aid for people with disabilities.

For the Roma families excluded from the Project, in November 2003 a group of volunteers of the catholic parish begins to intervene by bringing them clothes and food, but also an accompaniment, in case of request, to the social and healthcare services of the city that were addressed to deprived ill-persons and/or non-authorised migrants. In 2004, backed up by a volunteer and his mother, Alin started a medical treatment and a psychotherapy to better communicate and gain autonomy. In 2006, his father sent him to Romania with his paternal grandmother.

METHODS: CASE STUDY

Case studies of the psychotherapeutic trajectory of Alin and Ghioceł were reconstructed from the information produced by:

1) a series of conversational interviews with Alin, Ghioceł and their respective parents;
2) focus groups with the therapeutic teams;
3) informal interviews to the director of the Social Integration Project and the volunteer who provided a social accommodation to Alin’s family;
4) documentary analysis of the communication notebooks of the social workers of the Social Integration Project.

Data was triangulated with Atlas software support and analysed by undertaking a socio-genesis of individual and family history and life conditions

MAIN FINDINGS

Socio-cultural representations of mental handicaps, intrafamilial relationships and personal history are interactive determinants of psychological accompaniment and healthcare provision outcomes.

ALIN

Competing socio-cultural representations of his "mental handicap":
Family: A common phenomenon in paternal lineage (a representative family sign). An irreversibly restricting condition from which to free life realization.
Healthcare team & family accompanying volunteers: a reverting difficulty that can be addressed and rendered more autonomous

Ghioceł

Differing socio-cultural representations of his "mental handicap":
Family: As a personal sign of illfortune and enalshfulness due to the affecting conditions of the condition, which is viewed as irreparable with firm hand (including use of violence).
Healthcare team & social workers: a constraining Clinical treatment and social support arrangement to render his existence more autonomous.

Intrafamilial roles:
Mother’s role: Power traditionally subordinated to her husband’s will and to her mother-in-law’s will; a father in law’s role, a brother in law’s role.
Alin’s status: the elder son, embodying the family spell and whose abnormality in the family is a reason to be excluded from the third pregnancy of his mother which anthropologically stuck the birth of the "normal" brother.

Personal history: From an early infancy already kept to a deficiency-requiring special treatment which conveys personal information.
Learning to get more autonomous until new signification in terms of greater personal involvement and responsibilities.

Ghioceł

Companionship-day care (the "day breaking")
Mother’s role: Power traditionally subordinated to her husband’s will and to her mother-in-law’s will.
Ghioceł’s status: the second son, the one who ended up to economically contribute to the parental household (hosting his elder brother, married with a relatively good situation in France,& maintain contact with the parents)

Personal history: From a delayed abnormality to a deficiency conveying a lack of recognition especially in a gender who will permanent residency and live healthcare access, as a psychological support in the development of health professionals and Project social workers.

FOR A TRANSCULTURAL WORKING ALLIANCE**

What recommendations can be drawn from both cases for mental health professionals and social workers who collaboratively work with socio-economically deprived and stigmatized foreign beneficiaries?

- Evidence supports the admonition that most professionals need to be more effective in developing concordant relationships and in their communication with ethnic and racialised minority patients and their family caregivers. This means to build up a mediocentric working alliance** leading beneficiaries and caregivers to be more involved within them and with professionals and to get involved in setting up the treatment plan. This depends on professionals capability to develop socio-culturally sensitive and responsive to beneficiaries’ needs psychotherapeutics, which implies:
  1) To overcome communication barriers
  2) To deepen with a sociocultural diagnosis of the life conditions of the family
  3) To understand those cultural lifestyles considered as problematic and acknowledge the conflicting power relations that may harm the transmediation process.
- Transcultural approach is effective when it is integrated to:
  - conventional psychological practices,
  - collaborative work with the concerned professionals of social work and associative sectors.


** Collaboration between his psychiatrist & the Project social workers provided.
- Medical and social recognitions of his mental handicap, which allowed him to get paid for people with disabilities in France, residence permit and free healthcare.
- Necessary information on the family's life environment and conditions and the ethical and legal issues for family and social economic development.
- Revealing information on his mental handicap to the concerned professional. Ghiocel’s behaviour and adaptations interventions on consequence.
- Social workers tried to mediate between him and his father (who denies the relational problems linked to his son’s pathologies, when violent conflict is embedded in the household), high pressure from his parents on Ghioceł to get a regular income.
- Social workers helped Ghioceł to obtain a specific vocational training, sheltered employment and social housing for him and his wife.