

Mind-Spring

Abstracts from the application form EU cooperation between 7 countries.

Mind-Spring intervention is a “best practice”¹ project from the Netherlands, in this project special needs of vulnerable people among refugees and asylum seekers are addressed. The intervention is unique in its methodology, which has been developed over the past 7 years and implemented country wide in the Netherlands. However, Mind-Spring is built on the Dutch situation and demand to bridge the gap between vulnerable groups among refugees and asylum seekers and mental healthcare and to match with local needs it will need adjustment to the other European settings. Therefore it will include an important transnational dimension. The overall aim is to improve mental health and social, economical and cultural integration of asylum seekers and refugees, and by disseminating the Mind-Spring methodology to 7 different countries among the Member States this project intends to positively contribute to the CEAS process.

Methodology The Mind-Spring methodology has been developed in partnership with the target group - asylum seekers and refugees. The purpose of active participation of the target group is twofold:

- 1) highly educated asylum seekers and refugees are given the opportunity to undertake a professional course to become a trainer in psycho-education, to gain valuable work experience and to distinguish themselves within the local health care sector in the host country;
- 2) the programme aims to offer a better service for difficult-to-reach asylum seekers and refugees with psychosocial problems, who are recruited by trainers together with participants, and in partnership with community centres, refugee centres, migrant organizations, and medical staff working in asylum centres.

For each psycho-education course, the mental health care service provides a co-trainer to assist the Mind-Spring trainer. Together they deliver psycho-education courses to asylum seekers and refugees. The Mind-Spring manual, used in the psycho-education courses, adopts a cognitive approach aimed at empowerment, recognizing and acknowledging the need to adjust to the new situation, and (re) assuming a positive (‘new’) identity of asylum seekers and refugees. The co-trainer is also tasked with monitoring quality, adding additional expertise to the programme as a whole and, where required, referring to seek professional help.

This combination proves to work well. The Mind-Spring trainer brings in relevant personal experience, own cultural insights and access to a difficult to reach group of asylum seekers and refugees. The mental health professional brings in western knowledge on mental health and coaches the Mind-Spring trainer.

Through Mind-Spring, the special needs of vulnerable people among refugees and asylum seekers are identified and addressed at the same time: the existing barrier for asylum seekers and refugees to talk about and seek help for mental health problems is partially overcome and western mental health service providers are better equipped to respond to mental healthcare needs of the asylum seekers and refugees. Furthermore, emphasis is put on improvement of the mental health needs of refugees and asylum seekers and improvement of national capacities by reaching out to all actors involved, corresponding to the Green paper.

EU partners

The methodology will be shared with partners in Ireland, Austria, Belgium, Romania, Cyprus and Denmark, who are all working with refugees and asylum seekers.

After an introduction and adaptation to local context, 3 members of each partner will be trained as head-trainers who can disseminate knowledge and methodology through training of trainers (ToT). Estimations are that per country within the 18 months duration of the project 33 trainers will be trained and able to forward the methodology.

¹ In 2010 the program was rewarded with the “Best Practice” label by the RIVM the “Dutch national institute for the public health and the environment.”

Credentials

Mind-Spring is developed by drs. P. Sterk; an ortho-pedagogist and mental Health psychologist. He's a senior product developer and manager of the prevention department of a mental health organisation in Holland and has been working on the Mental Health prevention programs for 25 years. In between he was a consultant for War-Child, HealthnetTPO and Medicine Sans Frontiers and developed programs for those organisations in Kosovo, Albania, and Romania, working with internal displaced and refugees and in Sierra-Leone with ex-child combatants. In Romania he developed a 3 year Matra program to renew the psychiatric (ambulant) cure and care.

The Mind-Spring methodology was developed in association with a group of 6 highly educated refugees in 2002 and the Vluchtelingenwerk (refugee counsel) in Netherlands. In seven years Mind-Spring has succeeded to become a good practice in the Netherlands². The Central Agency for the Reception of Asylum Seekers in the Netherlands (COA) and Menzis/VGZ insurance companies have acknowledged the Mind-Spring project as an important project in the asylum seeker centre in the Netherlands. The Mind-Spring program was developed with sponsor support of the EVF (Dutch ERF) and the ZRA and Menzis (associations for health insurance). In 2005 drs. Sterk developed a Mind-Spring manual for parenting support a program, which is now implemented in the Netherlands. Currently, Mind-Spring module is working on a pilot for Unaccompanied Minor Asylum seekers, to start in January 2010.

HealthNet TPO is a knowledge-driven organization that works in areas disrupted by war, disasters and poverty. In collaboration with local populations HealthNet TPO develops or upgrades emergency aid into sustainable health care systems. We train and encourage the local population to carry out initiatives that combat disease, provide psychosocial care, restore infrastructure and strengthen organizational systems. HealthNet TPO tries to offer innovative and unconventional solutions that foster self-reliance and promote sustainable health care. HealthNet TPO conducts worldwide more than 30 programmes in over 15 countries. Many of these countries are listed as home countries of returnees.

In regard to refugees and asylum seekers in the Netherlands, two pilot projects were carried out: "Asylum seekers as psychosocial counsellors" and "Mental health care for asylum seekers and refugees in the Netherlands" by TPO in 2005, funded by EVF³. A continuation was proposed for returnees to Afghanistan. At the moment, HealthNet TPO is partner in an EVF project in the Netherlands and developing methodology/guidelines to improve Mental health care for asylum seekers in the centres.

Mind-Spring is innovative.

Besides the innovative elements within the Mind-Spring methodology described below, this project addresses a crosscutting issue, special needs of vulnerable people among refugees and asylum seekers, at European level by involving different partners in different Member States. It reaches out to many actors: mental health workers, intermediaries, and beneficiaries and requires their active participation in adaptation, development and implementation. The project aims to produce a European method to identify, address and/or improve the mental health needs of refugees and asylum seekers.

The Mind-Spring methodology is innovative in his kind for different reasons:

- 1) The psycho-education courses consist of a cognitive approach which sets goals to re-empower people and learn them to help themselves and each other.

² **1) Access and entitlement** beneficiary must have access to the groups and training, this is what mind-spring proved in the Netherlands (over 800 beneficiary up to now, and more than 150 trainers trained); **2) Participation of beneficiary** the concept of mind-spring is cooperation between beneficiary and professionals; **3) Holistic prevention project** the Mind-spring makes use of cognitive and educational theories as well as the cultural specific approach from every culture; **4) Interagency collaboration** Mind-Spring is only possible if there is an interagency collaboration and is part of the concept of working together; **5) Cultural sensitivity** The use of trainers from the own culture guarantees the cultural aspects of the content and approach; **6) Evaluation** There is a monitor and evaluation system. The concept is adjusted to needs during the 7 years of working together in the project.

³ Kieft et al. (2008) 'Paraprofessional Counselling within asylum seekers' groups in the Netherlands: transferring an approach for a non-western context to a European setting'

- 2) In the psycho-education courses, Mind-Spring trainers work together with mental health professionals to combine knowledge
 - a. Mind-Spring trainers share the same background as the beneficiary of the groups and can bring in relevant personal experience, own cultural insights and access to a difficult to reach group of asylum seekers and refugees
 - b. Through the mental health professionals the trainings link to the existing mental health care services, attempting to overcome existing barrier for asylum seekers and refugees to talk about and seek help for mental health problems and make western mental health service providers better equipped to respond to mental healthcare needs of the asylum seekers and refugees
- 3) Mind-Spring trainers are increasingly asked to give workshops, seminars and training for other organisations working with refugees or migrants, which contributes to the social, economical and cultural integration of these groups.

Mind-Spring has developed a good reputation and wide interest at European level through participation in several European conferences such as Opatia 2006, at the international trauma congress. The European Red-Cross in Brussels invited Mind-Spring to present its methodology and activities through a lecture and workshop for different interested organisations. As a result, 12 organisations showed interest in implementing Mind-Spring and were invited to meet and discuss the realisation. The current application includes 7 of these partners. 5 other partners are still very interested to implement Mind-Spring, but cannot (for different reasons) join in 2010 and will follow in 2011.

All partners in the project operate in the field of refugees and asylum seekers. However, as experienced in different workshops at different conferences, addressing the same target group does not automatically conclude in similar ideas and methodologies. Despite the CEAS process, there are still many contextual differences, such as reception conditions, between European Member States. This fact needs to be acknowledged and the project can serve as a network in which knowledge on this topic can be shared, and to gain information on the minimum adjustments that need to be made to a country-specific methodology as Mind-Spring in order to make it applicable transnational.

The transnational character of this application will contribute to lessons learned; information sharing and exchange regarding the methodology and implementation. While the psycho-education programme is well-established, other themes and trainings for parenting support, migrants and unaccompanied minors are still under construction and may be included later on. After implementation of the Mind-Spring project, transnational exchange may therefore continue regarding such new themes.

Good practice

Mind-Spring can be marked as a good practice according to criteria of Charles Watters:

- 1) Access and entitlement beneficiaries must have access to the groups and training, which Mind-Spring succeeded to achieve in the Netherlands by reaching over 800 beneficiaries, and more than 150 trained trainers;
- 2) Participation of beneficiaries the concept of mind-spring is cooperation between beneficiaries and professionals;
- 3) Holistic prevention project Mind-spring makes use of cognitive and educational theories as well as the cultural specific approach from every culture;
- 4) Interagency collaboration is very important within the Mind-Spring methodology which includes beneficiaries, MH professionals and intermediaries and their capacity to work together;
- 5) Cultural sensitivity The use of trainers who share and use the same cultural background and language as the beneficiaries reflects the cultural aspects of the content and approach;
- 6) Evaluation There is a monitor and evaluation system. The concept is adjusted to needs during the 7 years of working together in the project.

Proven effective

Psycho-education has proven to be an effective prevention method. During the past 8 years, Mind-Spring has improved its methodology through project cycle management, evaluation by practitioners and professionals,

evaluation by beneficiaries (asylum seekers and refugees). The enthusiastic responses and positive results have contributed to its national dissemination and advocacy and integration in existing structures such as the Central Agency for the Reception of Asylum Seekers in the Netherlands (COA) and Menzis/VGZ insurance companies, who have acknowledged the importance of Mind-Spring for asylum seeker centre in the Netherlands and finally to its inclusion in the budget for asylum seekers and refugees by national (health) insurance companies and municipalities. Therefore, the Dutch model of Mind-Spring fulfils a need in society and demonstrates that existing structures are willing to adopt the program, which proves its sustainability.

In 2010 the program was rewarded with the "Best Practice" label by the RIVM the "Dutch national institute for the public health and the environment."

For this project to have similar impact and be sustainability in other European countries and Transnationally, contextual factors will need to be taken into account. Ownership by the different partners, but also exchange of knowledge between different project-sites will be important. The expert meetings are an important element of exchange and there is a possibility to establish these meetings in a broader platform with coordination by one of the partners. The Dutch partner Parnassia Bavo group shows interest in including transnational partners into their Platform for Mental Health prevention workers, because little is known about the programs in different countries and the Dutch partners are eager to learn from others. Such a Platform could motivate the transnational exchange of methodology between partners from different countries within the EU and open doors to cooperation on new themes and trainings for parenting support, migrants and unaccompanied minors, etc.

The Mind-Spring methodology is very useful for dissemination to other countries, taking into account that certain country-specific adjustments need to be made. Like in the Netherlands, in many European countries the beneficiaries are composed of some major cultural groups. Where the Dutch Mind-Spring team has started with developing readers for Afghans, Iraqis, Somalis and Iranians, other groups may be included with the involvement of other countries. The Project aims to contribute to the European process of synchronizing structures of reception, integration and care for asylum seekers and refugees will also contribute to its sustainability.

Monitoring and evaluation is an essential part of the projects of HealthNet TPO. Throughout the life of the project, the monitoring and evaluation system provides feedback to implementation. The project will be implemented conform the Prince 2 methodology.

The monitoring and quality checks are done internally and through feedback and review of trainings and performance by fellow trainers, coordination team, head-trainers and co-trainers. Head-trainers and quality and performance in Training of Trainers (ToT) are monitored by the coordination teams through consultations and feedback-sessions; Mind-Spring trainers and quality and performance of psycho-education groups are monitored by co-trainers (mental health professionals) through a questionnaire and effect of groups is measured by self-evaluation which looks at level of wellbeing, empowerment and other indicators.

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