

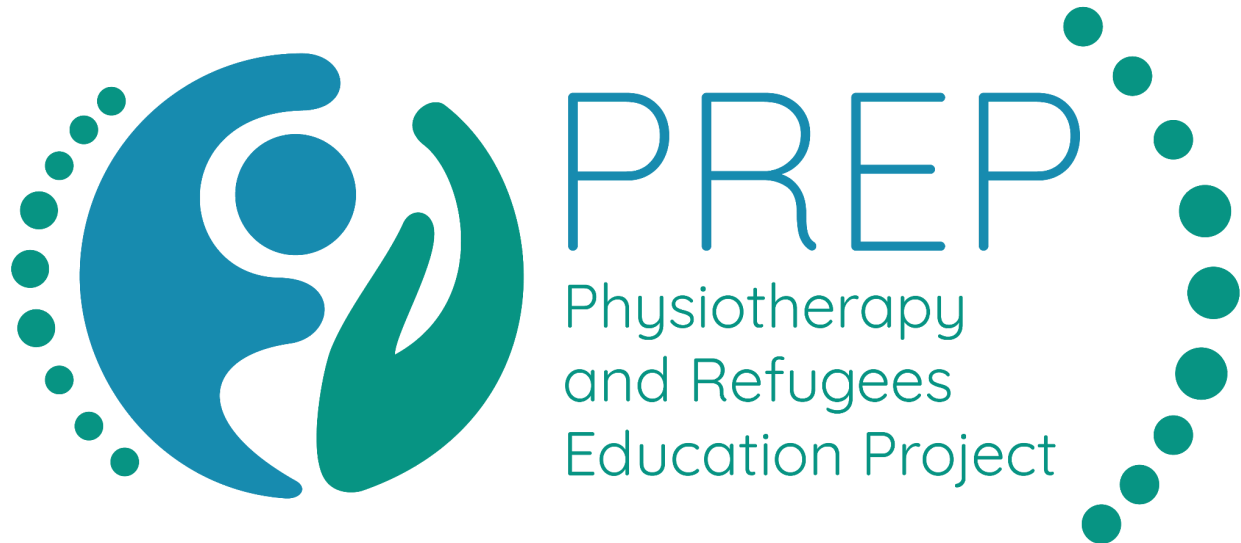
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PREP

# Physiotherapy and Refugees Education Project

## E-book based on the digital PREP course

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**In 2018, the Physiotherapy and Refugees Education Project started. The project was based on a need for increased competence for physiotherapists in working with refugees and got support from the KA2 strategic partnerships program within Erasmus+ to define competence needs, build a curriculum and design and pilot a digital course. This is an E-book version of the course.**



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This E-book consists of 9 chapters, corresponding to the 9 modules in the course. The course consists of several videos, podcasts, presentations and external articles. You can access it all by following the links. Podcasts also have a QR-code. Some chapters are more clinically focused, and some more academically focused. Most of the chapters have reflective and practical questions for you to work on. In some chapters these are given at the end of the chapter, in others they are given throughout the chapter.

*This book is made in close collaboration with several institutions, organisations and individuals outside the PREP project team. In the beginning of each chapter you can read who contributed to the chapter in addition to the project team.*

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## Learning outcomes of the PREP course

The PREP course is based on 10 learning outcomes. Through engagement with the PREP course, participants will:

1. Seek country specific knowledge about policy and legislation in the migration field to enhance their understanding of the life situation of people with refugee experience.
2. Recognize when past and/or present violation of human rights has occurred and take action as required.
3. Cultivate cultural sensitivity in order to create a trusting therapeutic space and facilitate communication with patients and significant others.
4. Identify barriers to accessing healthcare and increase knowledge of health systems and support networks to enable them to guide people with refugee experience towards empowerment and optimal service.
5. Strive to reduce barriers to interprofessional communication and facilitate effective interprofessional teamwork.
6. Detect and document health, functioning and disability stemming from the migration process.
7. Use holistic approaches to reduce the impact of trauma and address patient difficulties related to trauma and psychosocial issues.
8. Explore what the physiotherapy role can be in response to challenges and to patients' changing needs.
9. Recognize the importance of self care, peer guidance and multiprofessional teamwork to safeguard and sustain their own health.
10. Take a critical role towards current practice and act as a change agent.

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## Chapter 1: “In the paper”



### Topics in this chapter:

- 1.1 What is a refugee?
- 1.2 Legislations
- 1.3 Refugee health
- 1.4 Salutogenic approach to health and wellbeing
- 1.5 The role of physiotherapists in refugee health
- 1.6 Reflective and practical questions
- 1.7 Digging deeper

**Learning outcomes:** 1, 4, 8, 10

**Contributors:** This chapter is developed in collaboration with Naomi O'Reilly, Aicha Benyaich, Hala Al Sultan, Thalia Zamora Gomez, Haroon Symonds, Kehinda Fatola, Ochia Lilian Chidera.

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*"This morning I read an article in the paper about refugees and started to think about their lives and stories. What is a refugee? Who are refugees and what have they experienced? How will this affect my work as a physiotherapist and can I help?"*

Have you read any articles lately about the situation for refugees globally or locally in your area?

## **1.1 What is a refugee?**

"It is important to understand the background of the refugees, because each one has been through different circumstances, have different backgrounds and different beliefs. The therapist need to know how to communicate with the refugee and what they have been through, to overcome this" - Anonymous Refugee

[Read about Refugees \(external link\)](#)

The terminology on refugees, asylum seekers, migrants, forced migration, etc. can be difficult and terms are often mixed together. Read about these terms and the difference between them including definitions of refugees, asylum seekers, migrants and migration.

[Read the definitions \(external link\)](#)

In May 2018, the 1st World congress on Migration, Ethnicity, Race and Health was held in Edinburgh where over 50 countries participated. The congress resulted in The Edinburgh Declaration. Researchers and health care personnel made a declaration to integrate dialogue on issues related to migration, ethnicity, race, indigenous and Roma people.

[Read what the Edinburgh Declaration \(external link\)](#)

Where do refugees come from and where do they go? Many forcibly displaced persons stay in their own country. As you have read, these persons do not have the status as refugees. Most refugees stay in neighbouring countries.

[Read about the situation in the Middle East from Aicha Benyaich from ICRC in Lebanon \(external link\)](#)

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The Migration Data Portal provides a unique access point to timely, comprehensive migration statistics and reliable information about migration data globally. The site is designed to help policy makers, national statistics officers, journalists and the general public interested in the field of migration to navigate the increasingly complex landscape of international migration data, currently scattered across different organisations and agencies.

[Explore data for your country \(external link\)](#)

## 1.2 Legislations

Legislations can have several purposes, they can regulate, they can sanction, restrict or authorise. In the field of refugee politics, legislations are made to clarify the responsibilities for each of the countries and to ensure legal rights. Protection of the rights of citizens are each individual state's responsibility. Where this does not happen, and rule of law in a state breaks down, either because a government is unable or unwilling to provide protection of the rights of its citizens, then another country has a responsibility to step in to ensure these rights are respected, which is termed 'International Protection'. The international legal framework on which this protection is built, was developed in the aftermath of the Second World War in response to mass population movements, and the potential for destabilisation as a result.

The 1951 Convention relating to the Status of Refugees, known as the Refugee Convention, is the main international instrument of refugee law. The Convention clearly spells out who a refugee is and the kind of legal protection, other assistance and social rights he or she should receive from the countries who have signed the document. The Convention also defines a refugee's obligations to host governments and certain categories or people, such as war criminals, who do not qualify for refugee status.

[Read more about the Refugee Convention \(external link\)](#)

The Dublin regulation is an agreement between EU, Iceland, Norway and Liechtenstein and says that each asylum seeker shall only have his or her application considered in one of the

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countries in the collaboration. The main rule is that the application will be processed in the first country the asylum seeker comes to. In recent years this arrangement has given some European countries a far larger responsibility for handling migrants and refugees than other countries, the result being that a large number of migrants and refugees are not getting the support and help that they are entitled to.

Watch this video to get a better understanding of the Dublin Regulation (link or QR code)  
[YouTube: Dublin Regulation](#)

[Read more about the Dublin Regulation \(external link\)](#)

In September 2020, the European Union, suggested a new European migration governance system to replace the Dublin regulation, that will have common structures on asylum and return and it will have a new strong solidarity mechanism.

[Read about the proposal here \(external link\)](#)

On September 19 2016, the United Nations General Assembly unanimously adopted the New York Declaration for Refugees and Migrants which reaffirms the importance of the international refugee regime and contains a wide range of commitments by Member States to strengthen and enhance mechanisms to protect people on the move.

[Read about the New York Declaration \(external link\)](#)

There are legislative differences between countries, and as a health care professional you should be aware of legislations in the country where you work. The Asylum Information Database (AIDA) is updated on legislations and situations in different countries. You can use this page to keep updated and to learn about legislations in various countries.

[Explore the Asylum Information Database \(external link\)](#)

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## 1.3 Refugee Health

Immigrant populations are large and heterogeneous which results in a wide variety of different health situations. Migration itself is not considered a risk factor for health, and migrants have in general less health problems than the population both in their home country and in their new country. However, forced migration is a completely different situation, and it is very important to acknowledge this difference. People with refugee experience are at risk of complex physical, mental and social problems, which can contribute to poor health outcomes and impede successful social integration. Forced migration has a massive impact on the lives of refugees and asylum seekers including depression, anxiety, post-traumatic stress disorder, sleeping problems, respiratory and digestive infections, among others. Furthermore, individuals have struggled with finding a sense of belonging or social recognition, with developing trust and confidence, with maintaining motivation to try to adapt to their new circumstances, with financial and social disadvantages, communication difficulties due to cultural and language differences, instability and a constant fear of being deported, all of which can have an impact on health. The literature also indicates that a significant proportion of refugees will have been subject to severe physical and/or psychological torture and that this exposure may have long-term physical and psychological consequences.

[Read about refugee health \(external link\)](#)

We will explore different health conditions more later in this book.

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## 1.4 Salutogenic approach to health and wellbeing

When we talk about health and disease, we use concepts and models to help us make sense of all the information. At the same time we give value to this information. This not only happens to health care professionals, it happens to everybody. Therefore, it is of great importance that we have an understanding of how we and the client perceive health and illness.

[Read more about salutogenesis](#)

In this TED Talk, Sir Harry Burns discusses what causes wellbeing.

[Ted talk: Sir Harry Burns](#)

The salutogenic approach offers ways to give refugees the tools and opportunities to overcome a difficult past and have a better present and future. In fact, the strategies may take advantage of the point that “under certain circumstances, adversity may have the potential for positive outcomes, such as increased resilience and thriving”. It is a task that requires commitment on two sides: the refugees and asylum seekers on one; and the governments and the population of the territories that offer asylum on the other one.

[Read about the salutogenic approach for people with refugee experience \(external link\)](#)

## 1.5 The role of the physiotherapist in refugee health

It is estimated by the World Health Organization and by UNHCR that ten percent of refugees have some sort of disability, and these individuals can benefit greatly from receiving physiotherapy. As discussed above, refugees also have higher rates of many non-communicable diseases than non-refugees plus a higher incidence of mental health disorders. In addition, research studies show that between 15 and 44 percent of refugees have undergone some form of torture and survivors of torture. It is important that the physiotherapist understands their role when working with people with refugee experience so that they can optimise health outcomes in all of these situations.

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[Read about the role of physiotherapists in refugee health \(external link\)](#)

In chapter 8 you find a podcast where Line Giusti and Edvin Schei discuss several interesting topics around Emotions. They start by discussing the topic "Working in the migration field". If you want, you can listen to the first 20 minutes now.

[Podcast: Emotions, Line Giusti and Edvin Schei \(external link to soundcloud\)](#)



## 1.6 Reflective and practical questions

1. Reflecting on your learning so far about refugees, what is your key take away point? What have you learned that is new? What surprises you?
2. Explore the legislation that is specific to your country and/or community. Make notes. For example, you could, on one side of A4, write a concise legislative guide that you could hand out to refugees in your country or community.
3. Reflect on your clinical role, what is your experience of working with people with refugee or migration experience?

## 1.7 Digging deeper

Here is a selection of resources if you want to study this topic in more depth.

### Stories

Giorgio Ghiglione. [Healing hands: the Italian surgeon treating Libya torture camp survivors](#).

Guardian, 13 Feb 2020

Harriet Grant. [UN calls for urgent evacuation of Lesbos refugee camp](#). Guardian, 11 Feb 2020

Harriet Grant. [Rescued at sea: how did refugees' lives in Europe turn out?](#) Guardian, 27 Oct 2019

### What is a Refugee?

[Myths & Facts: Where Do Refugees Live?](#) United Nations



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Stone, Dan. "Refugees then and now: memory, history and politics in the long twentieth century: an introduction." (2018): 101-106.

Peter Gatrell. [The Question of Refugees: Past and Present](#). Current Events in Historical Perspective

### **Global context**

<https://www.unhcr.org/figures-at-a-glance.html>

<https://www.unrefugees.org/refugee-facts/statistics/>

<https://www.unrefugees.org/news/forced-displacement-worldwide-at-its-highest-in-decades/>

<https://www.unrefugees.org/news/protracted-refugee-situations-explained/>

<https://www.unrefugees.org/news/iraq-refugee-crisis-explained/>

<https://www.unrefugees.org/news/rohingya-refugee-crisis-explained/>

<https://www.unrefugees.org/news/syrian-refugee-influx-to-iraq-passes-10-000/>

### **Legislations**

<https://rm.coe.int/tool-2-the-rights-and-legal-status-of-refugees-some-basic-facts-and-te/1680716c0e>

<http://www.europarl.europa.eu/factsheets/en/sheet/151/asylum-policy>

<https://www.rte.ie/news/2019/0620/1056382-world-refugee-day>

<https://www.irishtimes.com/news/lives-in-limbo>

<https://www.unhcr.org/en-ie/4a9d13d59.pdf#zoom=95>

[https://ec.europa.eu/home-affairs/what-we-do/policies/asylum/examination-of-applicants\\_en](https://ec.europa.eu/home-affairs/what-we-do/policies/asylum/examination-of-applicants_en)

<https://www.migrationpolicy.org/research/not-adding-fading-promise-europes-dublin-system>

<https://journal.fi/helsinkilawreview/article/download/HelLRev-2016-2-60-79-Schmidt/36102/>

<https://drc.ngo/media/4530554/drc-policy-brief-when-the-dublin-system-keeps-families-apart-may-2018-final.pdf>

### **Salutogenic Approach to Wellness**

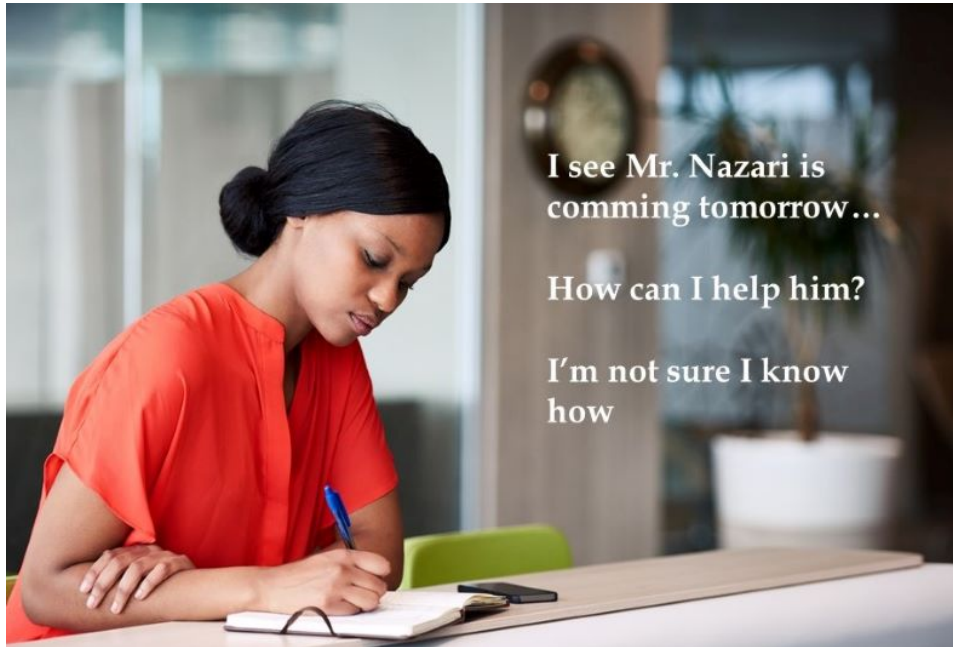
Pathogenesis & Salutogenesis: [Pathogenesis & Salutogenesis](#)

[Salutogenesis - The new understanding of health and what everyone can do](#)

Harrop E, Addis S, Elliott E, Williams G. [Resilience, coping and salutogenic approaches to maintaining and generating health: a review](#). Cardiff Institute of Society. Health and Ethics, Cardiff. 2006.

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## Chapter 2 : “In my schedule”



### Topics in this chapter:

- 2.1 Portraying people with refugee experiences
- 2.2 Human rights
- 2.3 Barriers accessing health care
- 2.4 The AAAQ framework
- 2.5 Reflective and practical questions
- 2.6 Digging deeper

**Learning outcomes:** 2, 4, 8

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*"I see Mr Nazari is coming to see me tomorrow. He has recently arrived from Syria, I'm not sure how I can help him, I am not sure that I know what he needs."*

Why do you think this physiotherapist thinks this way? Do you recognize these feelings?

## **2.1 Portraying people with refugee experiences**

### **Stereotyping**

It is not uncommon, and not so strange that we end up describing stereotypes. We can all think of stereotypic descriptions of people from the country where we live. This can be funny, and we can laugh from it, but in very many cases it can be a burden and it can do damage. If the media pushes a stereotypic view of populations, groups or individuals it can have a significant impact. Here are two interesting articles about stereotyping that we advise you to read.

[Impact of stereotyping in young people \(external link\)](#)

[Stereotyping of refugees \(external link\)](#)

### **Impact of the media**

The mass media is central for setting the political agenda, for framing debates and for turning the public's focus on specific happenings or tasks. Mass media provide the information we use to make sense of the world and our place within it. During 2014 and 2015, more than 200,000 refugees and migrants fled for safety across the Mediterranean Sea. Throughout this period, UNHCR and other humanitarian organisations, tried to convince European countries to do more to help. During this time, they experienced that the media was far from united in its response. Some joined the call for more assistance, others were unsympathetic, arguing against increasing rescue operations. To understand why this happened, UNHCR commissioned a report by the Cardiff School of Journalism to explore what was driving media coverage in five different European countries: Spain, Italy, Germany, the UK and Sweden. They found that there are several reasons why EU leaders did not take the responsibility that UNHCR was seeking, one key reason was a high level of public anxiety about immigration and asylum seekers. It became clear from their work that

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the role of the mass media in influencing public and political attitudes can not be ignored. You can find the report under the section "Digging deeper".

[Read this article about the power of photography \(external link\)](#)

## 2.2 Human rights

"Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality."

World Health Organisation

What is your role as a physiotherapist for protecting human rights? Think about this when you explore these articles.

[WHO: Health and human rights \(external link\)](#)

[Read about human rights in patient care \(external link\)](#)

Asylum seekers and refugees are entitled to all the rights and fundamental freedoms that are spelled out in international human rights instruments. The protection of the refugee must therefore be seen in the broader context of the protection of human rights. The human rights programme of the United Nations deals with the rights of individuals in the territory of States. The Refugee organisation was established in order to restore minimum rights to persons after they leave their countries of origin.

[What are human rights? \(external link\)](#)

The covid-19 pandemic has so far led to additional challenges in ensuring human rights for refugees and migrants that are on their journey. We are seeing examples of how short-term camps become long-term camps and that there are several breaches of human rights every day. Charles Amponsah and Ambassador Drahoslav Stefànek at the Council of Europe discuss what has been done and what can be done to protect human rights during

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this situation. European countries have a common responsibility for protecting people that arrive here, also in times of pandemic.

[Listen to the discussion here \(external link\)](#)

According to Article 1 of the Universal Declaration of Human Rights all human beings are born free and equal in dignity and rights. Many would argue however, that this is still not the case for refugees. This special edition of the Journal of Refugee studies explores the relationship between refugees and human rights.

[Explore this special issue \(external link\)](#)

## **2.3 Barriers accessing health care**

The right to health is embodied in numerous human rights instruments. Despite this, migrants are often met with restrictive access to health services. This is especially a problem for migrants without resident permits, but there is also a challenge getting access to health services which one is entitled to. There are possible barriers all the way from identifying a health problem to get proper service. Such barriers could be information and health understanding, economic challenges, communication and biases from health care professionals. It is important to be aware that these barriers do not occur in isolation, but that they often are multifactorial and clustered. This makes it even harder because there are so many new barriers and challenges when one is solved.

[Read about challenges in the provision of health care services](#)

## **2.4 The AAAQ framework**

What is the AAAQ framework and why is it important? Here are three resources that can help you understand more about the AAAQ framework.

[WHO workforce alliance \(external link\)](#)

[WHO AAAQ \(external link\)](#)

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[Read this paper which, using the AAAQ framework, explores effective care for people with refugee experience \(external link\).](#)

## 2.5 Reflective and practical questions

1. Search for media (art, videos, newspaper, etc.) that aims to tell a story about refugees. Reflect on your findings of how refugees are portrayed in the media. What can the effect be of this? Do you find media that are more conscious about this than others?
2. After studying the material given here, do you have a role for protecting human rights and for documenting human rights violations? Do you see any challenges?
3. Can you think of any barriers for accessing health care in your health service? Do you think there are people that would benefit from your support but never reach you? Write down key points and discuss with your colleagues. What can you do to reduce such barriers?
4. Is the AAAQ framework met where you work as a physiotherapist? Is there any discrepancy in what should be available and what is available in practise? These are difficult questions you can discuss with your colleagues.

## 2.6 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### Portraying people with refugee experiences

Berry, Mike, Inaki Garcia-Blanco, and Kerry Moore. "[Press coverage of the refugee and migrant crisis in the EU: A content analysis of five European countries.](#)" (2016).

Greussing, Esther, and Hajo G. Boomgaarden. "[Shifting the refugee narrative? An automated frame analysis of Europe's 2015 refugee crisis.](#)" *Journal of Ethnic and Migration Studies* 43.11 (2017): 1749-1774.

van Houtum, Henk, and Rodrigo Bueno Lacy. "[The migration map trap. On the invasion arrows in the cartography of migration.](#)" *Mobilities* 15.2 (2020): 196-219.

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[Media Representation of Refugees and Migrants in Europe](#)

[Read the key conclusions from the UNHCR report on mass media \(on page 10\)](#)

## **Human rights**

[Fact Sheet No.20. Human Rights and Refugees](#)

Aydin S, Younis MZ, Kocak O. [Public Health and Human Right Challenges of Syrian Refugees and Immigrants with Precarious Status](#). European Journal of Environment and Public Health. 2019 Jul 11;3(1):em0022.

[Helping people seeking asylum access health care](#)

[Virtual Issue: Refugees and Human Rights](#). Journal of Refugee

[Syrian Refugees in Europe - Neglected Human Rights](#)

[Implementing the Public Sector Equality and Human Rights Duty](#)

## **Barriers accessing health care**

Mangrio E, Forss KS. [Refugees' experiences of healthcare in the host country: a scoping review](#). BMC health services research. 2017 Dec;17(1):814.

Kang C, Tomkow L, Farrington R. [Access to primary health care for asylum seekers and refugees: a qualitative study of service user experiences in the UK](#). British Journal of General Practice. 2019 Aug 1;69(685):e537-45.

Ahmad F. [Providing Care for Refugee Patients: Challenges and Barriers](#): A literature review.

van der Boor CF, White R. [Barriers to Accessing and Negotiating Mental Health Services in Asylum Seeking and Refugee Populations: The Application of the Candidacy Framework](#). Journal of immigrant and minority health. 2019 Aug 23:1-9.

[Turkey: Overcoming language barriers in health care for Syrian refugees](#)

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## Chapter 3: The worst journey I have ever had



### Topics in this chapter:

- 3.1 Understanding the migration experience
- 3.2 Impact of forced migration on health
- 3.3 Determinants of health
- 3.4 Mental health
- 3.5 Physical health
- 3.6 Covid-19
- 3.7 Reflective and practical questions
- 3.8 Digging deeper

### Learning outcomes: 6, 7

**Contributors:** The chapter is developed in collaboration with Jenny Malmsten, Mia Sandor, Angela Ott, Nimisha Gorasia, Ayman Baroudi, Laura Gueron, Marleen Moll, Anviti Nandgave.



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*"I was very stressed both before and during the journey. It is the worst journey I ever had in my life. We didn't know how we would be treated or what to expect. Stories were told that we would be stripped naked and searched, we'll be put in isolation and we'll be treated bad, not like humans"* - Anonymous Refugee interviewed by the PREP team

Before you start this chapter, we will encourage you to play a short game called "On Flight".

[Play the game in Swedish \(external link\)](#)

[Play the game in English using Google Translate](#)  
(click on the link in the English language box)

In this chapter our co-workers at the Center of Excellence Migration and Health from the Regional Council of Skåne give you three lectures: "Skåne is a region in southern Sweden and the Regional Council is responsible for public health care. The Center of Excellence Migration and Health is a unit within the health care department. Our main task is to support health care professionals in matters concerning health care and migration. We will share some of our teaching material with you as we continue with the lectures in this block". In this chapter you will also gain knowledge by doing some practical tasks.

### **3.1 Understanding the migration experience**

*"By moving from one country to another, the change in environment, another type of weather and climate will cause a change and impact health. Change requires time, some learn fast, some learn slow..."* - Anonymous Refugee interviewed by the PREP team

[Read about the different stages in the migration process \(external link\)](#)

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### 3.2 Impact of forced migration on health

*" When we were on our way, and also before we left, we were in a very stressful situation. For us adults, there was no time to think about our own health, we had our two children to take care of. The only focus was to look for practical solutions so that the children could be safe". - Anonymous Refugee interviewed by the PREP team*

Migrants are in general healthy, and they are more healthy than the population in the new country and in the country they left. The situation for people who experience forced migration (war, prosecution) is very different. These groups have poorer health than other population groups.

In this presentation, Jenny Malmsten, talks about migration and where migrants come from. This is also discussed in Block 1, so if you have worked with this before, this might be a repetition.

[Migration and health, lecture by Jenny Malmsten, 16 minutes \( external link, YouTube\)](#)

You have now gotten a brief introduction to migration. Now, you yourself are responsible for learning more about migration in the country where you practice as a physiotherapist. The purpose of this assignment is for you to understand more about the migrant groups living in your country and by doing so, hopefully understand more about patients with migrant backgrounds. However – remember that no patient is ever a representative of his or her ethnic group, every patient is an individual with specific issues that may or may not be related to his or her migrant background.

Answer the questions below by using the *Migration Data Portal* introduced in 2017 by the International Organization for Migration. On this website you will find statistics about your own country and find out more about the migration flows where you live. Start by watching the short film introducing the Migration Data Portal, you get to the film when you enter the page. Then continue to the Data and focus on your country. Try to find answers to the following questions (note that access to data might differ from one country to another, so if you cannot find the information on the Migration

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Data Portal, try to find national sources to answer the questions). Write down the answers because you will use them in the next part of the exercise.

Enter the [Migration Data Portal \(external link\)](#).

1. Without looking at any statistics – how would you describe the country you live in, is it an immigration country, or an emigration country? What do you know about the history of migration in your country?
2. Without looking at any statistics – why do you think people migrate to the country you live in, try to think of different reasons.
3. Looking at the statistics – given the total population in your country, how many are international migrants?
4. Which are the three largest international migrant groups?
5. How many are refugees?
6. What is the unemployment gap between foreign-born and native population?

For the following questions you might need to use other sources, such as national statistics or information from civil society. Try to learn more about the three largest international migrant groups in your country:

1. Why did they migrate to your home country? Are they refugees, migrant workers, unaccompanied minors or are there other reasons for migrating?
2. During which period of time did the majority come? Have they been in your country for a long period or are they newly arrived?

Write down the information you have gathered and save it. You will continue gathering more information after the next lecture.

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### 3.3 Determinants of health

An individual's health is determined by the social and economic environment, the physical environment, and a person's characteristics and behaviours. There are many determinants of health that affect refugees in the separate phases of the migratory process. Examples of health determinants that should be considered when working with refugees include: insecurity in life; uncertainty about civil status; unstable accommodation or homelessness; loss of social networks and isolation; anxiety about family and friends; poverty; racism; and hostility in the host society; lower average socioeconomic status and work in occupations with high mental and physical stress. Refugees' health may also be affected by the physical and psychological implications of injuries sustained from both torture and war. The effects of multiple trauma experiences before, during and after migration are well documented. Knowledge about general health, torture, depression, stress, post traumatic stress disorder, anxiety, migration history, social support, and socioeconomic status must be taken into consideration when developing treatment plans for refugees.

In this presentation, Mia Sandor talks about determinants for health

[Determinants of Migrant Health, lecture by Mia Sandor, 31 minutes \(external link\)](#)

Now that you have looked at the presentation on determinants of migrant health you shall continue to gather more information. For the following questions, look at national statistics, national health department or similar or information from civil society.

1. What living conditions exist among different migrant groups (i.e. employment rate, educational level, quality of housing etc)?
2. Use the [GapMinder \(external link\)](#) resource to explore different living conditions
3. Can you find any data regarding health status for these groups?

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### 3.4 Mental health

It is evident in the literature that refugees have complex and unique mental health needs. These needs are a result of traumatic experiences, sociocultural variables and economic conditions that can negatively affect one's health. Refugees may present with post-traumatic stress disorder (PTSD), anxiety, and depression. It has been estimated that refugees that resettle in western countries are ten times more likely to have post-traumatic stress disorder when compared to the general population. Refugees often have endured trauma before and during their escapes; they may have had cultural conflict and adjustment problems in their resettlement country; and most have had many losses, such as family, community, country, and their way of life.

See this presentation about mental health and migration-related stress from Angela Ott.

[Mental Health among refugees and Migrants, lecture by Angela Ott, 14 minutes \(external link, YouTube\)](#)

As a health care professional in a country receiving refugees and migrants you can not do anything about what has happened on the journey or before the journey for the person in front of you, but there are many factors in the new country that can either improve or impair health. And you can have an impact on many of those. Recognising and appropriately treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement. This article aims to identify risk factors and strategies in the approach to mental health assessment and to prevention and treatment of common mental health problems for immigrants in primary care. [Read the article \(external link\)](#)

Finally, watch this video where Antti Klemettilä discusses refugees, mental health and integration.

[YouTube: Antti Klemettilä: refugees, mental health and integration](#)

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### 3.5 Physical health

There is a notable burden of communicable and non-communicable diseases among newly arrived migrants and refugees.

[Read about health problems of newly arrived migrants and refugees in Europe \(external link\).](#)

Technical guidance from the World Health Organisation outlines current best practice, evidence and knowledge in order to inform policy and programme development in the area of non-communicable disease management and control for refugees and migrants. It highlights key principles, summarises priority actions and challenges, maps available resources and tools and provides policy options and practical recommendations to improve noncommunicable disease-related interventions for refugees and migrants in the WHO European Region.

[Read the WHO guidelines \(external link\)](#)

### 3.6 COVID-19

Covid-19 has challenged fundamental aspects of our lives. The strength of our health systems, the resilience of our economies, our social and professional relationships, our ability to move around, our access to basic needs including food and shelter.

[Explore the current global COVID-19 situation \(external link\)](#)

The global physiotherapy profession was quick to produce resources to support physiotherapists working with people with COVID-19 and also physiotherapy practice affected by the pandemic.

[Extra resource: Check out the physiotherapy COVID-19 resources \(external link\)](#)

The impact of COVID-19 on refugees and migrants is huge. These vulnerable groups have in general a low risk of transmitting communicable diseases to host societies,

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though at the same time they can be more prone to contract COVID-19 cause if living in overcrowded camps with less or none existing basic sanitation and little medical aid. The following articles inform us of the effect of COVID-19 on refugees

[Refugee and migrant health in the COVID-19 response \(external link\)](#)

[UNHCR online story map concerning COVID-19 and refugees \(external link\)](#)

For migrants who have left African countries for Libya, life was already a struggle before the coronavirus pandemic. This video describes how lockdown measures are leaving many without work and at with significant health risks.

One of the consequences of COVID-19 is the adaptation of telehealth and online support to all patients and clients around the world. \_Providing extra opportunities for health services without the constraints of place and time, well off course having different challenges. In general a welcome addition to physiotherapy service.

[Here you can read about telehealth \(external link\)](#)

Has the Covid-19 pandemic changed your view and experience with telehealth?

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## 3.7 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### Communicable and non-communicable disease

[Pavli A, Maltezou H. Health problems of newly arrived migrants and refugees in Europe. Journal of travel medicine. 2017 Jul 1;24\(4\)](#)

[Naja F, Shatila H, El Koussa M, Meho L, Ghandour L, Saleh S. Burden of non-communicable diseases among Syrian refugees: a scoping review. BMC public health. 2019 Dec;19\(1\):637](#)

[Jervelund SS, Nordheim O, Stathopoulou T, Eikemo TA. Non-communicable diseases among refugees claimants in Greek refugee camps - are their care needs met? Signe Smith Jervelund. European Journal of Public Health. 2019 Nov 1;29\(Supplement 4\):ckz186-025.](#)

[Migrant Health for the Benefit of All, MC/INF/275, IOM, Geneva, 2004](#)

[Forced migration, Sexual and Gender-based Violence and COVID-19](#)

### Mental health

[Frontiers Refugee Mental Health](#)

[Silove D, Ventevogel P, Rees S. The contemporary refugee crisis: an overview of mental health challenges. World Psychiatry. 2017 Jun;16\(2\):130-9](#)

[Georgiadou E, Zbidat A, Schmitt GM, Erim Y. Prevalence of mental distress among Syrian refugees with residence permission in Germany: a registry-based study. Frontiers in psychiatry. 2018 Aug 28;9:393](#)

[Blackmore R, Gray KM, Boyle JA, Fazel M, Ranasinha S, Fitzgerald G, Misso M, Gibson-Helm M. Systematic Review and Meta-Analysis: The Prevalence of Mental Illness in Child and Adolescent Refugees and Asylum Seekers. Journal of the American Academy of Child & Adolescent Psychiatry. 2019 Nov 26.](#)

[Morina N, Akhtar A, Barth J, Schnyder U. Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review. Frontiers in psychiatry. 2018 Sep 21;9:433.](#)

[Rousseau C, Frounfelker RL. Mental health needs and services for migrants: an overview for primary care providers. Journal of travel medicine. 2019;26\(2\):tay150](#)

[Satinsky E, Fuhr DC, Woodward A, Sondorp E, Roberts B. Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. Health Policy. 2019 Sep 1;123\(9\):851-63.](#)

[Lives in Limbo Series](#)

[Morina, Naser, et al. "Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review." Frontiers in psychiatry 9 \(2018\): 433.](#)

Foreign Bodies [We got issues. Read 'em.](#)

<https://foreignbodies.substack.com/p/we-got-issues-read-em>



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## Chapter 4: My patient doesn't trust the interpreter



### Topics in this chapter:

- 4.1 Creating therapeutic space and alliances
- 4.2 facilitating optimal communication
- 4.3 using interpreters
- 4.4 The interprofessional team
- 4.5 Reflective and practical questions
- 4.6 Digging deeper

### Learning outcomes: 3,5

**Contributors:** The chapter is developed in collaboration with Donald John Auson, Jordan Awale, Aiditya Vats, Philip Rynning Coker.

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*"Naima came to this country about a year ago. She has three children who are doing well in their new country. Naima came to me with back pain and the first two times I met her, we worked on posture and some exercises. Language is a challenge and I would like to be able to understand her experiences and who she is. At our last meeting I introduced an interpreter, but this changed everything."*

Take some time to reflect around this situation. Have you experienced something similar? What do you think happened here? Think about this story when you work on this chapter.

## **4.1 Creating therapeutic space and alliances**

*"I started to trust the physiotherapist when he asked me where I was born. It turned out that he had knowledge of the place – I think he had visited the country where I was born. So when he asked me about my childhood, about the life I had, about my work and how I felt about the difficulties I went through. That gave me a feeling that he was interested in helping me. I felt that he was the right person, I am in the right place",* Anonymous refugee interviewed by the PREP team.

Trust is a key factor when it comes to communicating in all patient settings, but it might need some extra focus when you work with refugees. Trust can be a catalyst, and lack of trust can be a barrier for good communication. Trust is defined by the Merriam-Webster Dictionary as “assured reliance on the character, ability, strength, or truth of someone or something”. Having trust in healthcare workers involves reliance on the capabilities and competence of the staff, even with the existence of uncertainties and without assurance.

[Read about connecting with clients \(external link\)](#)

Here, Philip Rynning Coker, a Norwegian social anthropologist and member of Norwegian People Aid Youth talks about the importance of using time and being patient.

[YouTube: Philip Rynning Coker](#)

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## 4.2 Facilitating optimal communication

*"The physiotherapist explained in a language that I could understand, - a general language and easy to understand. He also showed it – I learned something about my body. It was really nice to understand."* Anonymous refugee interviewed by the PREP team.

Communication is the process of exchanging information, ideas and thoughts between two or more individuals and can include verbal and non-verbal forms. Effective communication builds the ground for good interpersonal relationships. In the healthcare setting, effective communication creates a more effective therapeutic setting which increases the chances for improved outcomes and attainment of goals.

Communication and the difficulties that arise due to language barriers is a prominent and recurring theme in the clinic. Language barriers can lead to negative health outcomes, decreased adherence to treatment plans or a patient's unwillingness to participate in rehabilitation treatment. Physiotherapists and allied health care providers need strong, culturally competent communication skills to ensure that appropriate care is provided to their patients.

Read about effective communication for people with refugee experience ([external link](#))

In chapter 8 you find a podcast where Line Giusti and Edvin Schei discuss several interesting topics around Emotions. Included are discussions about "Communication and attachment" and "The physiotherapy role". These topics are from 20 min - 44 min in the podcast. If you want, you can listen to it now.

[Podcast: Emotions, Line Giusti and Edvin Schei \(external link to soundcloud\)](#)



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## 4.3 Using interpreters

*"Usually, we develop individual pacing strategies for different situations to communicate well with patients and their caregivers (when the patient is a child). The way we speak and the way we formulate is different depending on the patient's level of information, education, social situation and so on. We need to build a relationship with the persons involved. When using an interpreter we build this relationship through the interpreter, and we also need to build up a relationship with the interpreter"* - Anonymous Physiotherapist interviewed by the PREP team

Some countries have clear guidelines for the use of interpreters and use it frequently within health care. Other countries do not have a system for using interpreters. How is the situation in the country where you work? Have you thought of when you should use an interpreter and who you can use for this task?

It is your responsibility as a healthcare professional to ensure that communication between you and the patient is good. Therefore it is also your responsibility to get an interpreter when needed. Remember that the interpreter is used so that both you and the patient can understand. An interpreter works under full confidentiality, similar to you as a physiotherapist. It is important to inform the patients about this.

It is not so uncommon to experience that patients say no to use interpreters. There could be several reasons for this, and it could help you to use some time to discuss and explain the role of the interpreter. Even though the patient says no to an interpreter, you can say that you need an interpreter to ensure good communication. Many experiences that can ease the situation and remove the pressure of decision making from the patient to you.

[Read more about using interpreters \(external link\)](#)

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## 4.4 The interprofessional team

In this block, you have reflected about the use of interpreters and the obvious benefits, but also the challenges of using interpreters. By introducing another professional, you also have to build a connection to him or her. But there are several other professions you also need in your team. Refugee health management requires a holistic approach including physical, psychological, social and cultural dimensions. People with refugee experience are a particularly vulnerable patient group and often require an interprofessional team approach. Effective interprofessional collaboration is essential to provide culturally competent care.

In this video, Lorelei Lingard is discussing interprofessional teamwork. The entire video is interesting, but the section 21min 44sec – 45min 45 sec is the most relevant.

In most situations, a physiotherapist works as part of an interprofessional team. This could be a close collaboration, or a more distant collaboration where the various professions are aware of each other and how they work. Such collaborations are necessary to manage to see the complexity of the health situation, health problems and rehabilitation. Here are three resources about interprofessional teams for you to explore:

1. [Physiopedia: Interprofessional teams \(external link\)](#)
2. [Using an interprofessional team to provide refugee healthcare in an academic medical centre \(external link\)](#)
3. [Intersectoral and integrated approaches in achieving the right to health for refugees on resettlement: a scoping review \(external link\)](#)

What can you learn from others? In this short video, Philip Rynning Coker shares his ideas and experiences

[YouTube: Philip Rynning Coker](#)

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## 4.5 Reflective and practical questions

1. How can you build trust and facilitate good communication in your work as a physiotherapist? Do you experience that something works better than others?
2. Using an interpreter changes the situation, and as a therapist it could be useful to reflect about how this affects communication and the therapeutic relation. Share your thoughts and/or experiences in benefits and challenges using an interpreter.
3. Reflect on the service or health system within which you work. How could interprofessional collaboration be improved to facilitate access to services for refugees? If you see that there could be improved collaboration, write a proposal for your service manager, for example, this could be in the form of a guideline or a letter.

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## 4.6 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### Facilitating optimal communication

King G, Desmarais C, Lindsay S, Pierart G, Tetreault S. [The roles of effective communication and client engagement in delivering culturally sensitive care to immigrant parents of children with disabilities](#). Disabil Rehabil. 2015;37(15):1372-81.

Dressler D, Pils P. [A qualitative study on cross-cultural communication in post-accident in-patient rehabilitation of migrant and ethnic minority patients in Austria](#). Disabil Rehabil. 2009;31(14):1181-90.

Dogan H, Tschudin V, Hot I, Ozkan I. [Patients' transcultural needs and carers' ethical responses](#). Nurs Ethics. 2009;16(6):683-96.

### Interprofessional team

Chiarenza A, Dauvrin M, Chiesa V, Baatout S, Verrept H. [Supporting access to healthcare for refugees and migrants in European countries under particular migratory pressure](#). BMC health services research. 2019 Dec;19(1):513.

Suphanchaimat R, Kantamaturapoj K, Putthasri W, Prakongsai P. [Challenges in the provision of healthcare services for migrants: a systematic review through providers' lens](#). BMC health services research. 2015 Jun 1;15(1):390.

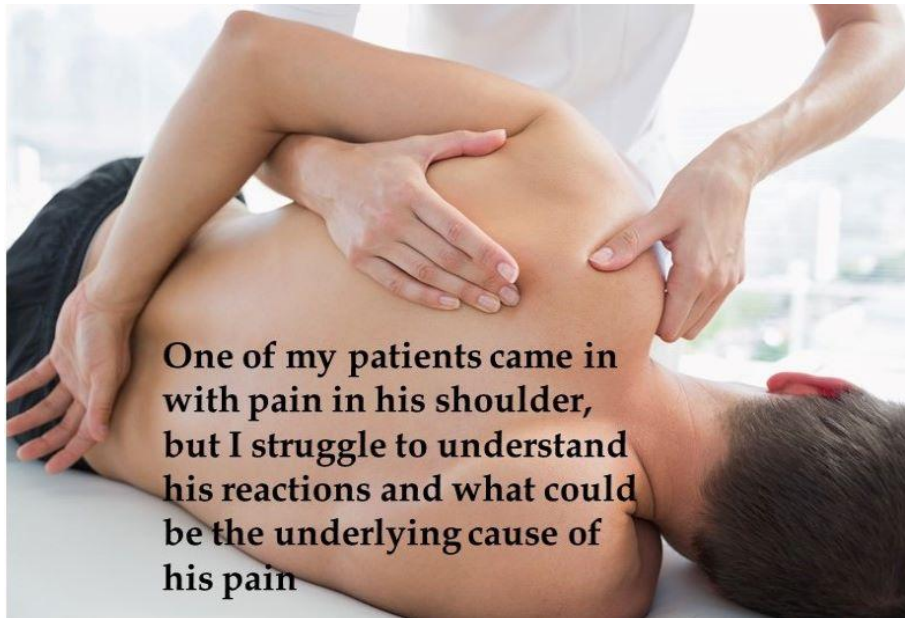
Elmore CE, Tingen JM, Fredgren K, Dalrymple SN, Compton RM, Carpenter EL, Allen CW, Hauck FR. [Using an interprofessional team to provide refugee healthcare in an academic medical centre](#). Family Medicine and Community Health. 2019 Jul 1;7(3):e000091.

Javadi D, Langlois EV, Ho S, Friberg P, Tomson G. [Intersectoral approaches and integrated services in achieving the right to health for refugees upon resettlement: a scoping review protocol](#). BMJ open. 2017 Aug 1;7(8):e016638.

[Resource Package for Ensuring Access to Health Care of Refugees, Asylum Seekers and Other Migrants in the European Union Countries](#)

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## Chapter 5: Consequences of migration on health



### Topics in this chapter:

- 5.1 Cultural beliefs about pain
- 5.2 Trauma informed care
- 5.3 PTSD
- 5.4 Life in refugee camps
- 5.5 reflective and practical questions
- 5.6 Digging deeper

### Learning outcomes: 3,7,8

**Contributors:** The chapter is developed in collaboration with Redisha Jakinbanjar, Zafer Altunebezel, Jepkemoi Kibet, Eric Weerts, Graziella Lippolis, Claire O'Reilly, Ilona Fricker, Laura Geron, Stanley Malonza, Patrick Lefolcalvez, Pasala Maneewong, Martine I.T Kvale, Maria Kolaas, Randi Sviland, Viktoria Zander, Mari Lundberg.



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*"One of my patients has shoulder pain but following a thorough assessment I am struggling to understand his reactions and what could be the underlying cause of his pain."*

[Read this topic summary about evidence based pain management of people with refugee experience \(external link\)](#)

## **5.1 Cultural beliefs about pain**

*"I had a severe pain in my shoulder and in my back as well. I liked the way the physiotherapist treated me. First of all, he tried to understand the problem, where it was, and give some comfort before examining. I was not used to it, but this was very important for me. He was asking questions, and that was important for me. I felt he was paying attention to what I said and what I explained.", Anonymous Refugee interviewed by the PREP team*

Pain is a symptom, indicating perceptible change in the body or its function. It is interpreted and expressed by the person experiencing it. Pain is commonly described using words, but this is not always straightforward since wording and phrases may vary across cultures. Expression of pain may take other forms. For some, pain can only be expressed through behaviour, and consequently "behaviour" is the key to identify pain. It is important to remember that inability to communicate does not negate the possibility that pain is experienced.

The expression of pain by the patient - whether verbally or through behaviour - and the therapist's interpretation of the phenomena, are influenced by the respective individuals' former experiences and cultural upbringing. This may lead to a different understanding as to what the expression of pain represents. The differences can represent barriers for mutual understanding, but the barriers are not necessarily insurmountable. Existing differences can also be considered a learning opportunity where all stakeholders are influenced in a joint learning process. By being curious, by listening, and observing each other in the setting, new insights and understanding can be gained and a more culturally sensitive care can evolve, also when it comes to pain.

[Read the abstract of this paper about words to describe pain \(external link\).](#)

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But what has culture to do with pain? *"Health professionals who learn the nuances of culture rewarded with the knowledge they have are more effective in managing the pain of their patients. Also, they are better able to help the family and friends of their patients adjust to the dying process. Keeping in mind the beliefs, experiences, and values of the patients and their families improves the quality of patient care"*. This quote is taken from a recent paper by Givler, Bhatt and Maani-Fogelman

[The importance of Cultural Competence in Pain and palliative Care \(external link\).](#)

Pain is universal but your patient is unique. Listen to the interview about pain and culture with Professor Mari Lundberg, PT, PhD, Gothenburg University (7.38 minutes).

[Podcast Mari Lundberg and Anna Pettersson \(external link\)](#)

Now, watch two presentations by Victoria Zander, PT, PHD about impact of migration and pain. Reflect on the following questions and discuss them with a colleague.

[Presentation 1: Migration and Pain, 8 minutes \(external link\)](#)

[Presentation 2: Migration and health, 7 minutes \(external link\)](#)

## 5.2 Trauma informed care

*"It took a long time before we knew what would happen to us. It was still a possibility that we might be returned to a place where we would definitely be imprisoned and harmed in any other way. It was like a nightmare"*

*"By moving from one country to another, the change in environment, another type of weather and climate will cause a change and impact your health. Change requires time, some learn fast, some learn slow, changing is not for all".*

*"Stress continues even when you are in a safe place. It might be a different type of stress associated with daily chores, such as language difficulties, work barriers, and not understanding the culture".*

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*"Even if we are in a safe environment a lot of refugees will tell you they are not safe. The many changes in the regulations leaves everyone feeling unsafe and if you are not included - you are vulnerable and fear might still prevail".*

All quotes are from anonymous Refugees interviewed by the PREP team

Reflect on these quotes for a minute or two

Trauma- informed care in physiotherapy for refugees can involve seeing beyond specific treatment methods, and rather striving to develop a safe relation, including a focus on affect regulation. This also seems to be dependent on an openness and flexibility in the encounter between different cultures. Here are two videos on trauma informed care for you to watch.

The first video is a discussion between Martine I.T Kvale, Maria Kolaas and Randi Sviland. Sviland is a specialist in psychomotoric physiotherapy from Western Norway University of Applied Sciences.

[Trauma Informed Care, discussion, Randi Sviland, 14 minutes \(external link, YouTube\)](#)

As the number of forcibly displaced persons continues to increase, and the practice of torture persists, issues related to torture are no longer isolated to specific nations and professionals. Physiotherapists are recognised as having an important role in providing rehabilitation for refugees and survivors of torture. In the PREP project, we have seen that health effects of torture and rehabilitation strategies for survivors of torture are topics that are not sufficiently addressed in physiotherapy curricula. This is despite the World Physiotherapy's Torture Policy statement (WP, 2019) stating that; *"The curriculum for professional physical therapist entry level and continuing professional development programmes should include principles for the treatment of vulnerable populations including those with physical and psychological effects of torture."*

[Read about physiotherapy for survivors of torture \(external link\)](#)

The trauma-informed care model is the framework that involves the understanding of the impact of trauma, ways to respond to the trauma and it also enhances the physical,

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psychological and emotional safety for both service providers and patients. It also provides opportunities for the patients to rebuild the self-control and empowerment

[Read about physiotherapy assessment of pain within a trauma informed care model \(external link\)](#)

Here, you can read two stories from physiotherapists experienced in working with survivors of torture.

1. [A physiotherapists' experience treating torture survivors \(external link\)](#)
2. [A physiotherapist working in Jordan \(external link\)](#)

### **5.3 PTSD**

Here you can learn more about PTSD following torture and about the interplay between pain and PTSD from this presentation (45 min) by Patricia Rocca, who works as a physiotherapist for the Swedish Red Cross.

[PTSD, lecture by Patricia Rocca, 48 minutes \(external link, YouTube\)](#)

In her presentation she gives some suggestions of additional videos from her colleagues. You can find these in the Dig deeper section of this block.

### **5.4 Life in refugee camps**

Life is never easy in a refugee camp. It is a life of poverty, limited access to education, lack of access to sporting or recreational facilities and few opportunities. People are vulnerable to exploitation and violence. Hopelessness and despair abound.

Some of you will experience working in a refugee camp, some you have experience living in a refugee camp, many of you have seen pictures and heard stories of how life can be in these camps. Many refugees have experience of such camps, for shorter or longer durations. Some camps are designed for a very short time or just for transit and others are for long term use.

Here you can read about health care and rehabilitation different kinds of refugee camp:

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[Long-term refugee camps \(external link\)](#)

[Short-term refugee camps \(external link\)](#)

In chapter 3 we discussed how the focus on telehealth has increased due to the Covid-19 pandemic. In the world of migration and refugees, digital health was already used and proved helpful

[Read about telehealth in refugee camps \(external link\)](#)

## **5.5 Reflective and practical questions**

1. How would you as a physiotherapist help and support a patient who suffers from pain associated with forced migration? What is your role as a physiotherapist?
2. What may person centred care mean in your clinical practice as a physiotherapist?
3. How would you as a physiotherapist deal with different perceptions of pain held by patients and health professions?
4. Why do you think there is a lack of focus on torture in physiotherapy education? Can you do anything to improve this?
5. In chapter 3, we looked at how the situation with Covid-19 affects people differently, and that there is a huge fear for what can happen in refugee camps. Do a literature search for updated information on this. Critically examine the findings, what are the challenges today?

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## 5.6 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### **Trauma Informed Care**

<https://youtu.be/DefMkv6vdEI>

### **Telehealth in refugee camps**

[Explore the digital tools](#)

### **Resources from Swedish Red Cross (from Patricia Rocca's presentation) on PTSD**

Henrik Nilsom on PTSD and physical activity: <https://youtu.be/pvmMjfbkrVI>

Anette Carnemalm on PTSD, clinical knowledge and networking: <https://youtu.be/pS8pZzW4mqM>

### **Trauma informed care:**

Paper on trauma informed care for refugees: [Paper](#)

### **Evidence based practices in physiotherapy**

[https://www.physio-pedia.com/Evidence\\_Based\\_Practice\(EBP\)\\_in\\_Physiotherapy](https://www.physio-pedia.com/Evidence_Based_Practice(EBP)_in_Physiotherapy)

### **Pain and cultural differences in understanding pain**

In the 1970-ties the Association for the Study of Pain (IASP) established the definition of pain as “an unpleasant sensory and emotional experience that is associated with actual or potential tissue damage or described in such terms”. The definition has been widely accepted since, but at the same time debated over the years. Recently (July 2020) a revised definition was presented which has expanded the understanding of pain beyond that related to tissue damage. The added key notes widen the definition and understanding of pain. Personal and individual experience that is influenced by biological, psychological, and social factors is now included in the understanding of the concept. Further, that it is a learned phenomenon related to the person's cultural environment. There is also an acceptance that pain and nociception are different phenomena,, and the person's report of an experience as pain should be respected. Understanding that pain may have adverse effects on function and social and psychological well-being as indicated in the key notes, is also important.

[Developing self-care in an interdependent therapeutic relationship \(the paper focus on pain and self care for the patient\)](#)

[https://journals.lww.com/painrpts/FullText/2018/04000/Reconsidering\\_the\\_International\\_Association\\_for.3.aspx](https://journals.lww.com/painrpts/FullText/2018/04000/Reconsidering_the_International_Association_for.3.aspx)

<https://www.iasp-pain.org/Mission?navItemNumber=586>

<https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=10475>

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5118033/pdf/jpr-9-1057.pdf>)

Dignity - Danish Institute Against Torture. [Beyond pain: An evidence-based and multilingual biopsychosocial pain science training and treatment manual](#)

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International Association for Study of Pain. (2020). [Dr. April Gamble and a Team of Passionate Clinicians Complete the Pain Education Grant in Kurdistan, Iraq.](#)

Gamble, A. et al. (2020). [The effects of a combined psychotherapy and physiotherapy group treatment program for survivors of torture incarcerated in an adult prison in Kurdistan, Iraq: A pilot study.](#)

World Physiotherapy. (2017). [How important is the biopsychosocial approach when treating pain?](#) [video]

### **Cultural difference in understanding of pain**

The ability to understand and interpret pain is therefore essential. *Culture* relates directly to the expression of *pain* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4589930/>). Our upbringing and social values influence how we express *pain* and its nature, intensity and duration. The expression of pain by the patient - whether verbally or through behaviour - and the therapist's interpretation of the phenomena, are influenced by the respective individuals' former experiences and cultural upbringing. This may lead to a different understanding as to what the expression of pain represents. The differences can represent barriers for mutual understanding, but the barriers are not necessarily insurmountable. Existing differences can also be considered a learning opportunity where all stakeholders are influenced in a joint learning process. By being curious, by listening, and observing each other in the setting, new insights and understanding can be gained and a more cultural sensitive care can evolve, also when it comes to pain.

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## Chapter 6: Cultural competence



I am part of a team planning the discharge of a patient from rehabilitation.

I struggle with the communication with the family, even though I have tried my best to be open to their situation

### Topics in this chapter:

- 6.1 Cultural competence
- 6.2 Access to the healthcare system, barriers and expectations
- 6.3 Digging deeper

**Learning outcomes:** 3, 4, 5, 8, 10.

**Contributors:** The chapter is developed in collaboration with Oyemi Sillo and Edwin Schei.



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*"I am part of a team planning the discharge of a patient from rehabilitation. I struggle with communication with the family, even though I have tried my best to be open to their situation."*  
Joost van Wijchen, physiotherapist SENECA health centre in the Netherlands.

## 6.1 Cultural competence

*"As healthcare professionals, we have expectations about our daily work, but sometimes we encounter unexpected situations that make us both surprised and wondering. I have encountered several such situations, but one stays close to me. The situation had a huge influence on me as a healthcare professional and physiotherapist. In this situation I called my colleague, Rolf Vaardal in Norway for advice. He works as a physiotherapist at the Centre for Migration Health in Bergen, Norway".* You can listen to the conversation and hear the story in the following podcast:

[Listen the phone conversation between two physiotherapists, Joost and Rolf \(15.55 minutes, external link\).](#)



After some days, Joost called Rolf again, how do you think it went? You can hear two versions of this phone call. In the first, Joost managed to get an interpreter. In the second version he did not have an interpreter.

1. [Rolf and Joost; with interpreter \(18.51 minutes, external link\)](#)



2. [Rolf and Joost without interpreter \(23.20 minutes, external link\)](#)



Joost reflected on this experience: "Within clinical encounters, situations may arise in which we bump into unknown aspects or unfamiliar situations. To me those are learning-experiences, in which sharing the dilemma's and ask for advice are paramount for development."

To learn more, you can read this article by M. Norris and P. Allotey:

[Culture and physiotherapy \(external link\)](#)

You can now use some time to explore posts you find relevant and useful about Cultural Competence in Physiotherapy from the following site [American Physiotherapy Association website \(external link\)](#).

## **6.2 Access to the health care system, barriers and expectations**

Access to health care services for refugees and migrants is also covered in [Block 2](#), using the human rights lens. In this block we look at the access in the context of cultural competence. Every country has laws regulating the health care system. In order for refugees to be able to fully understand the given information, information has to be clear, understandable and country specific. It must be given in a way that makes sense to the person in need of information. It is important to remember that it takes time to build cultural competence about a complicated system, and necessary support must be given. This is required to reduce existing barriers for accessing necessary health care.

A refugee or migrants' knowledge of the health care system in a host-country is limited at arrival. When individuals do not obtain needed information about the system, it may become a barrier to their accessing necessary health care. Refugees and migrants also face other barriers and difficulties, some of which are

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- language barriers
  - limited cultural understanding
  - extensive paperwork: filling in forms that is linguistically and culturally hard to understand
  - not being socially integrated
  - lacking former social status
  - fear of persecution
  - systemic issues associated with being 'status less' (i.e., the transitioning process from an asylum seeker to a refugee)
  - financial barriers, unemployment, etc.

Expectations from the refugee regarding physiotherapy is possibly shaped by earlier experiences in their country of birth. Different perceptions on what the “best treatment” is, misunderstandings because of limited language proficiency and limited cultural awareness, could lead to under-utilization of rehabilitation services. There are reports that refugees and migrants quit their rehabilitation program. This could influence their function and activity level and hamper their opportunity to participate in society according to expectations. Check out the list of [expectations from physiotherapy](#) that has emerged from our interviews with refugees.

A rehabilitation process is a “joint venture” between the patient and the therapist, and the importance of establishing a sound environment cannot be underestimated. It requires cooperation between the patient and physiotherapist. Culturally competent physiotherapists are interested in the person, not just in the symptom. They have the ability to ask questions and listen to the answers. In this way they can create a common understanding and meet the needs of the patient.

Now, you can listen to an interesting discussion between Rolf Vaardal and Edvin Schei. Rolf is a physiotherapist working at Center for Migration Health in Bergen, Norway. Edvin is a medical doctor and professor working at the Department of Global Public Health and Primary Care at the University of Bergen, Norway. The podcast lasts for 55 minutes, it offers reflections on some of the many aspects of working with forcibly displaced persons. Take your time, and reflect on your own experiences.

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[Podcast Rolf and Edwin \(55.05 minutes, external link\)](#)



## 6.3 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### **Cultural competency and health care**

<https://unesdoc.unesco.org/ark:/48223/pf0000219768.locale=en>

<https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety>

<https://www.aha.org/ahahret-guides/2013-06-18-becoming-culturally-competent-health-care-organization>

[https://medcitynews.com/?sponsored\\_content=the-need-for-cultural-competence-in-healthcare](https://medcitynews.com/?sponsored_content=the-need-for-cultural-competence-in-healthcare)

<https://themedowglade.com/what-is-culturally-competent-health-care/>

Betancourt et al: [Cultural competence and health care disparities](#)

UNESCO [Intercultural competences: conceptual and operational framework](#)

### **Access to health care**

[https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1)

<https://www.who.int/reproductivehealth/self-care-interventions/access-health-services/en/>

<https://www.worldbank.org/en/news/immersive-story/2018/12/07/lack-of-health-care-is-a-waste-of-human-capital-5-ways-to-achieve-universal-health-coverage-by-2030>

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## Chapter 7: A life in exile



### Topics in this chapter:

- 7.1 Children
- 7.2 Youth
- 7.3 Older people
- 7.4 Digging deeper

**Learning outcomes:** 2, 4, 6, 7, 8

**Contributors:** The chapter is developed in collaboration with Wala'a Awwad, Kamal Khalifa, Franzisca Grünberg-Lemli.

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In this chapter we are bringing attention to needs, experiences and life stories of persons who are forced to flee their homes. We will look into stories from [children \(external link\)](#), [youth \(external link\)](#) and [older persons \(external link\)](#).

In the following link, you can read stories provided by the UNHCR about refugees leaving South Sudan and entering Ethiopia:

[The things they left behind \(external link\)](#)

Learning about the lives of refugees of all ages can be of help to physiotherapists to establish a sense of context or at least contextual factors that shape lives and experiences of refugees. Understanding the contexts, background and life history can assist physiotherapists in building a trusting therapeutic relationship with patients.

## 7.1 Children

A group deserving special attention are children. According to UNICEF nearly one in 200 children in the world are refugees. One third of all refugees and migrants who arrived in Europe are children. According to UNHCR over half of the world's refugees are children. To get you started, here is Ali's story, an example of a child seeking physiotherapy services.

Ali, 8 years of age, with mild cerebral palsy (CP), has been resettled with family members in your region. Ali has been referred to physiotherapy because of walking difficulties. After the first consultation, where the child is accompanied by all the family members, you have agreed to see the child for regular training sessions where the focus is on movement, strength, balance, etc.

### A practical challenge

Reflect and make a plan for how you could treat Ali to improve his walking and balance.

At every session one family member is accompanying and providing relevant information on request. An interpreter with no relation to the family is available for you. You discover as you get to know Ali, there are additional challenges apart from the CP. He seems to

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enjoy the training but is very tired and cannot tolerate very hard or long sessions. Asking about what he enjoys doing to develop the relationship, a dramatic story appears. The family suffered bombing of their house in their homeland, the big brother; Hussain, 16 years old was out of the house and was killed during the bombardment. Ali looked up to Hussain as the big brother and grieved the loss. The family never had the chance so far to grieve together, their flight was dramatic, they had to buy their escape from human traffickers, and crossed the big ocean in a ramshackle boat that was about to sink before they arrived at a safe shore. After having lived for some months in a very basic camp, the family was transferred to a better camp before arriving in your town. Ali speaks about friends that were made during these stays, that he cannot get in touch with now. He does not sleep well, has nightmares, does not eat much, and finds it hard to connect to other children at this stage, he tells you that he might not be able to keep friends anymore.

#### A practical challenge

Reflect on how the migration process has had an impact on Ali's health and life situation. Further, reflect on how his story affects you personally and the way you apply physiotherapy for Ali. Also, consider where you could seek assistance in the treatment of Ali.

Although children share similarities, there is also huge variety between them. This is true for refugee children in several ways and can for example be seen when it comes to support during migration. Some arrive with their family, some come alone. The latter group is particularly vulnerable when they arrive in a new country. But the journey can in itself be a traumatic experience. Many of the children do not see it as an option going back to their home countries, at the same time they are unable to move forward, and very many do not fit into their host country.

[Factsheet concerning refugee and migrant children in Europe in 2019 \(external link\).](#)

More and more children are showing signs of deep psychological trauma as a result of previous experiences. To find out more about the challenges the children are facing and suggestions of some solutions, explore the following sites:

[UNICEF - refugee and migrant children in Europe \(external link\).](#)

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[The most frequent health problems and health challenges for children within refugee camps \(external link\).](#)

For health professionals this means engaging with children with whom it might be hard to imagine their experiences as told in their stories. Afshan Khan in UNICEF says this: "There are far more reasons that push children to leave their homes and fewer pull factors that lure them to Europe. But for those who aim to come to Europe, the allure is the chance to further their education, find respect for their rights and get ahead in life. Once they reach Europe, their expectations are sadly shattered"

For health professionals encountering patients having another cultural background than their own, may be a challenge. When a situation is less familiar, it can be helpful to discuss with colleagues having experience in the field. Here you will find a conversation between two pediatric physiotherapists, Lieke and Kine. They discuss an upcoming consultation with a child from a refugee family diagnosed with cerebral palsy.

[Kine and Lieke discussion \(18.33 min, external link\)](#)



## **7.2 Youth**

Many children and youth who have been forced to flee their homes may have witnessed or experienced violent acts, and in addition to abuse, neglect and violence, they are at increased risk of exploitation, trafficking and military recruitment. Girls including girls with disabilities are at a high risk of sexual and gender based violence. Here is David's story:

David, 18 years old, is referred to you because of pains in different parts of the body, both upper body and extremities. He has been examined by his GP, x-rays and MR images show no pathology, but blood samples reveal some vitamins and minerals are in short supply, and he is put on medication for this. His pain is now making it very difficult for him to



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continue playing football, and his dream of making it as a footballer is in jeopardy. He tells you in your own language during the first session, that you have to fix him.

A practical challenge

Reflect on how you would handle this situation. How will you address his wish to be fixed by you? How do you plan your therapy and what will you focus on?

During the first few sessions, you understand that there are other issues bothering David. After a thorough examination, you see he has a lot of muscular tension, he has a shallow and fast breath and appears to be skeptical to things you want to examine during this session. Closing, you ask him to come back for further examination, stating that healing of those problems is not a quick fix. He agrees and you give him a new appointment. Reflecting on your own, you wonder how he speaks the language so well, being so young, and you realize that you did not get much info about his social life apart from football. You decide to go further with this next time.

The next time he arrives a bit late but excuses himself for that when you mention it, saying he overslept. Asking him further he gets a little impatient since he wants to be fixed, but reluctantly informs you that he has no family here, that he came here 4 years ago, alone, after a long journey. He seems reluctant to go further into this journey, but you sense some difficult things happened along the way. He also tells you that he is now waiting for his mother and 2 younger sisters to arrive on family reunification – his father has disappeared and no one in the family knows what has happened to him. His dream is to be able to help his family if he succeeds in football. He is now going to school and hopes he can finish primary and get on with his life.

A practical challenge

How do you react to learning about his way here, and do you think this can affect the symptoms he shows? Can you affect or influence his plans for a future career?

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When working with children, the caregiver plays an important role, and when working with refugee families, interpreters might also be involved. Franzisca Grünberg-Lemli is a children's physiotherapist with long-term experience working with refugee families. In this podcast, she shares her experience and discusses aspects she finds important in the meeting between physiotherapists and refugee families.

[Podcast Franzisca Grünberg-Lemli \(47.05, external link\)](#)



### 7.3 Older people

The global population is ageing, both in the size and the proportion of older persons in the population. According to the UN Department of Economic and Social Affairs report ["World Population Ageing 2019" \(external link\)](#), it is estimated that in the world there were 703 million persons 65 years of age or over. By 2050 the estimates are that this number will double to 1.5 billion, and for the first time in history there will be more older people than children under 5. It is expected that these global trends may impact the demographic composition of the refugee population.

While old age is often associated with functional decline that leads to dependence and a change in their social roles and responsibilities, older people play an important role and make significant contributions to their families, communities and societies. Older people may be less mobile, have lower vision and hearing, their mental and physical capacity may be declining, and they may have chronic diseases and require specific diets. They also may be at higher risk of violence, abuse, exploitation and discrimination. Among refugees, older refugees are often invisible and are overlooked and neglected both by families and humanitarian organizations. Many do not even register with humanitarian organizations. Both assets and needs of older people should be taken into consideration. For more information about how to work with older people, explore the [UNHCR document Working with Older Persons in Forced Displacement \(external link\)](#).

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It is also important to keep in mind that experiences of flight and displacement and other traumas related to forced migration leaves a profound impact on individuals and makes them age faster. For more information about older people with refugee experience explore [UNCHR website and resources they curated about older people \(external link\)](#).

**Here is Maria's story** of her interaction with physiotherapists and physiotherapy services: Maria, 69 years old, is referred to you at the orthopaedic department in the local hospital for physiotherapy after a fracture of her collum femoris resulting from falling on a slippery surface outside the grocery store. You meet her in her room, which she shares with one other lady. You are presented to her by the nurse that is the main contact in the department. She tells you during this meeting that she would prefer a female therapist, but since this is not possible due to a very heavy workload for other patients, she accepts, somewhat sceptical as you see it.

A practical challenge:

Reflect on gender aspects in relation to physiotherapy, both for refugees and non-refugees. Write down your thoughts and discuss them with a colleague.

Next meeting is in the group therapy room with other patients and therapists present. She tells you that she has pains in the fractured hip, but you know from her file that the operation went fine, so you inform her that this is normal at this stage. She is not well dressed for training, but on asking her, she tells you that this is the way she dresses. Gradually you feel that she warms to you and starts telling bits of her story. She tells you she came here with her husband, 11 years her senior, some 17 years ago. Her language level is not very high, but you feel that the two of you communicate well enough and decide not to ask for an interpreter. After some sessions she tells you she has to get well soon, her husband is in an institution with terminal cancer, and she must take care of him, as she is obliged to as his wife. Accepting that his life is coming to an end, she tells you that she feels a big dilemma about what to do when he passes away. Should she accept his wish to be buried in their home city, together with his parents and his two brothers that have passed away, leaving her and their two children and the grandchildren with no grave to visit here, or should she break her promise to him? She asks for your view.....

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A practical challenge:

How do you react to her asking you about her husband? Do her private matters affect the way you plan your therapy? Do you regard anyone else to be of relevance in the contact with her?

When working with refugees particularly those who are older people, children and youth, it is important to develop a safe relationship of trust. It takes time to build these relationships and see what is not always visible at first sight, discover the whole story while being prepared to be exposed for the unexpected. Reflecting on your role and the role of physiotherapists in the place where you work and what you should do and if you do not do it, who else would.

## 7.4 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### Children and youths

<https://www.savethechildren.org/us/what-we-do/emergency-response/refugee-children-crisis>

<https://migrationdataportal.org/themes/child-and-young-migrants>

We won't stop | UNICEF

Orlando Bloom talks childhood | UNICEF

<https://www.unicef.org/emergencies/yemen-crisis>

<https://www.unicef.org/emergencies/syrian-crisis>

### Unaccompanied minors:

<https://www.ssb.no/en/befolkning/artikler-og-publikasjoner/unaccompanied-minor-refugees-1996-2018>

[https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/asylum/uam/uam\\_infographic\\_a4\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/asylum/uam/uam_infographic_a4_en.pdf)

<https://www.unhcr.org/children-on-the-run.html>

### Aging in exile

<https://grantome.com/grant/NIH/R03-AG016279-02>

Refuge HelpAge video

Pottie K, Gruner D, Ferreyra M, Ratnayake A, Ezzat O, Ponka D, Rashid M, Kellam H, Sun R., Miller K., & Merritt K. [Refugees and Elderly Global Health: A Global Health E-Learning Program](#), Canadian

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Collaboration for Immigrant and Refugee Health (CCIRH) and the University of Ottawa, Canada.

Available at [www.ccirhken.ca](http://www.ccirhken.ca)

World Health Organization. (2018). [Health of older refugees and migrants \(Technical guidance on refugee and migrant health\)](#). Copenhagen: WHO Regional Office for Europe.

[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/386562/elderly-eng.pdf?ua=1](https://www.euro.who.int/__data/assets/pdf_file/0003/386562/elderly-eng.pdf?ua=1)

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## Chapter 8: When work gets to me



### Topics in this chapter:

- 8.1 Self-care for health care professionals working with refugees
- 8.2 Cultural self-awareness and biases
- 8.3 Addressing racism in the workplace
- 8.4 Advocacy strategies.
- 8.5 Reflective and practical questions
- 8.6 Digging deeper

**Learning outcomes:** 5, 8, 9 and 10

**Contributors:** The chapter is developed in collaboration with Giuseppe Daverio, Kamal Khalifa, Wala'a Awwad, Ilona Fricker and Claire O'Reilly.

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*"I had a hard day today, luckily my colleague had time for a chat, he made me smile."*

[Read about Burnout: Addressing the elephant in the room \(external link\)](#)

## **8.1 Self care for healthcare professionals working with refugees**

*"Many days I have felt alone and when I'm sitting talking about something, stroking someone on their shoulder, and that is what we ended up doing that day, I ask my self "is this physiotherapy?" When I'm braiding someone's hair. is that physiotherapy? Then I need to get confirmation, preferably from a colleague. ", Anonymous Physiotherapist interviewed by the PREP team*

*"When you need to understand you often have to ask the difficult questions. And then you also have to be prepared for the answers you might get. That can be hard, especially if you don't have anyone to debrief you afterwards. That can be hard working as a private practitioner, you might be very alone, you don't have a team around you. There are a lot of heavy stories in the treatment room...", Anonymous Physiotherapist interviewed by the PREP team*

Are you familiar with the expression 'compassion fatigue'? Have you ever felt this in your work situation?

[Read about compassion fatigue \(external link\)](#)

*"And then you get experience with the easier cases, but then after some time you get more experience and when people start understanding this you get referred the heavier cases. And finally you sit there with only the heavy cases that no-one else knows how to deal with... it can be too much.", Anonymous Physiotherapist interviewed by the PREP team*

Maxi Miciak provides us with an inspiring and helpful podcast at ignite physiotherapy. Listen to the podcast (32 min)

[Podcast by Maxi Miciak \(external link\)](#)



[Here is a TED talk \(9 min\) where Susannah Joy Winters talks about self-care.](#)

## 8.2 Cultural self-awareness and biases

In Block 2, we discussed biases and stereotypes. In this section we want to add to this topic. What are your implicit biases? Everyone has subconscious prejudices that can unknowingly influence our attitudes and beliefs, and ultimately, the way that we behave. The best way to address implicit biases is to become aware of what they are. Once you have good self-awareness of the attitudes or stereotypes you may have of certain people, you will be better able to intentionally target and address them.

What are your implicit biases?

[Take a look at Project Implicit \(external link\)](#)

In this TED Talk, Jerry Kang addresses the issue of implicit bias and how our subconscious attitudes and stereotypes influence our behaviours (13 min)

[TED Talk Jerry Kang](#)

## 8.3 Racism in the workplace

Discrimination has been identified as a major stressor and influence on immigrant health. This study examined the role of perceived discrimination in relation to other factors, in particular, acculturation, in physical and mental health of immigrants and refugees.

[Read the study \(external link\)](#)

Migrant healthcare cannot be isolated from historical, sociopolitical, economic, and legal contexts, and racism and othering that frame how individuals and organisations respond to diverse groups of migrants. Inclusive migrant healthcare requires building on individual



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and community strengths, and promoting community oriented and participatory practices. It also includes increasing the diversity of the health workforce, carrying out structural analysis, and ensuring competency in planning, policy, and practice

[Towards inclusive migrant health care \(external link\)](#)

## 8.4 Advocacy strategies

[Claire O'Reilly \(external link\)](#) is a physiotherapist working with refugee health. She has experience from various conflict zones and is particularly interested in how humanitarian health responses can be sustainable. Here, she is discussing advocacy strategies with physiotherapist and assistant professor at Trinity college in Dublin, Emer McGowan.

[Listen to the interview](#)



[Transcript of the discussion](#)

What does advocacy mean in practice and what can you do as a healthcare professional? Advocacy is often written into the scope of practice of a physiotherapist. It is not something reserved for managers, professional advisers, physiotherapy associations etc. Every one of us, as a physiotherapist, has a responsibility to advocate for physiotherapy.

[Read one person's experience \(external link\)](#)

Here is a story from Carol, an occupational therapist at a large hospital in UK, and how she could support Syed to find suitable housing.

[Read the story](#)

Before we end this chapter we want to give you the opportunity to listen to this podcast, which is a discussion about Emotions in health care. The podcast is linked to in Block 1 and Block 4 as well, so maybe you have already heard it, or parts of it. Line Giusti works as a

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physiotherapist and Edvin Schei works as a GP and professor, both in Bergen, Norway. The podcast ends with the topics "Burnout and working in a tough field" and "When the physiotherapist must deal with shame".

[Podcast: Emotions, Line Giusti and Edvin Schei \(external link\)](#)



## 8.5 Reflective and practical questions

1. Do you recognise the experiences from the physiotherapists in chapter 8.1? Have you experienced situations or days where your work has felt heavy on you and that you have reacted strongly to something, with anger, or maybe sadness? What can you do in those situations, do you have colleagues that can support you in these situations? Write some sentences about one such situation, what you felt and how you dealt with it. Share your thoughts with your colleagues.
2. How do you take care of yourself in a professional setting? Do you have specific strategies? Create guidelines for self-care and care of each other at work and share with your colleagues.
3. Discuss racism with your colleagues, what are the challenges you face?
4. What are you passionate about? Is there something within the health care system in relation to refugee health that needs to be changed? Make a plan for an advocacy strategy for working towards this.

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## 8.6 Digging deeper

Here is a selection of resources if you want study this topic in more depth

### **Racism in the workplace**

Dorothy Roberts. [The problem with race based medicine](#). TED 2015

Bradby, Hannah, et al. "[Undoing the unspeakable: researching racism in Swedish healthcare using a participatory process to build dialogue](#)." *Health research policy and systems* 17.1 (2019): 1-6.

[Read about therapeutic alliance](#)

MTV has developed a website with a range of videos, activities and stories that will enable people to identify their implicit biases and ways that they can address them. This website aims to stop discrimination by making people aware of their biases and privilege and by providing strategies to tackle these.

[Take a look at their site "Look different!" here](#)

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## Chapter 9: Future thinking and actions



**I read an article about the climate changes today. I havent really thought of the health effects of this.. What will the role of physiotherapists be in the future?**

### Topics in this chapter:

- 9.1 The future
- 9.2 Climate change in a health perspective
- 9.3 Climate change and refugee situation
- 9.4 Environmental physiotherapy
- 9.5 The future of physiotherapy
- 9.6 Digging deeper

**Learning outcomes:** 6, 7, 8, 10

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"I read an article about climate changes today. I haven't really thought of the health effects of this. What will the role of physiotherapists be in the future?"

This is the article: ["The health benefits of tackling climate change" \(external link\)](#)

## 9.1 The future

Before diving deeper into future challenges, it feels essential to first unpack what "future" is, or can be, what future can mean.

Keynes famously said: "In the long run we are all dead." In this sense the future does not matter. Although, we often try to haunt our children by attempting to impose our idea of what's best into the future. Mostly such efforts to "colonise" the future don't work. Things just turn out differently than expected or hoped for – for both good and bad. What's more, if we're any indication, there is little appetite in the present to abide by the strictures or expectations of past generations. And frankly who can blame us, what did past generations know about our situation now? So if the future doesn't matter for the future, why does it matter at all? One reason, there are certainly others, is that the future matters because the way we imagine it plays a major role in the choices we make today. So, even though the future is unknowable, does not exist yet, and cannot be predicted, the way we imagine it still influences, often profoundly, what we do in the present – the future now"

["The future now: Understanding anticipatory systems" Riel Miller \(external link\)](#)

The above text is an excerpt from an article written by Riel Miller, the founding father and initiator of UNESCO Futures Literacy. Futures Literacy is a capability, a skill that allows people to better understand what role the future plays for the way we act and live. Two aspects within futures literacy are of great importance: 1) The acknowledgment that the future doesn't exist yet, it can only be imagined. 2) Human beings are really good at imagination. So although we can not predict the future, we can imagine futures. We can use these images in our actions.

[Read more about futures literacy \(external link\)](#)

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## Futures Literacy

Futures Literacy: A Skill for the 21st Century



In its role as a Global Laboratory of Ideas, UNESCO is pioneering a powerful change in why and how people 'use-the-future'.

As physiotherapists, we are always concerned with the future, especially within therapeutic work. For example when we think of prognosis and outcomes. We can call this a micro level. At the same time, we can have images about practice, profession, or health systems. We can call this a meso level. On the larger macro level we have ideas and images about society and even the planet. Are we aware of these images and how do we use them? What about our patients' images?

As you probably got from the above text, the future is not here yet. Therefore, we have influence on how the future can emerge. It might be helpful to have an idea about your personal image of the future next to the images and scenarios of others. As physiotherapists, or health care professionals, it is important to envision our role in relation to future health needs. What are these needs, and what is your role in this? Please join this dive into current situations and futures from different perspectives.

## 9.2 Climate change in a health perspective

Climate change is a topic that has high actuality within politics over the globe, and conversations range from complete denial to a total acknowledgment of the severity of what is happening. From a global scientific and political point of view, there is definitely a climate crisis, and as it seems we are just at the beginning of it. The United Nations put the climate crisis high on the agenda, and embedded it in several action plans.

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[Explore the paper: "The climate crisis - a race we can win" by UN \(external link, pdf\)](#)

What has this climate change got to do with health? The [WHO \(external link\)](#) states that climate change has a huge impact on the social and environmental determinants of health, and points to these factors:

- Climate change affects the social and environmental determinants of health: clean air, safe drinking water, sufficient food and secure shelter.
- Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrheas and heat stress.
- The direct damage costs to health is estimated to be between USD 2-4 billion per year by 2030.
- Areas with weak health infrastructure, mostly in developing countries, will be the least able to cope without assistance to prepare and respond.
- Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.

[WHO, climate change \(external link\)](#)

[Climate change and health \(external link\)](#)

Next to looking at the impact of climate change on health, it is also of great interest to look upon progress made in actions connecting health to climate change. The Lancet, as shown in the introductory article, takes this serious and created ongoing monitoring by their countdown initiative.

[Take a look at the countdown initiative \(external link\)](#)

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### 9.3 Climate change and the refugee situation

What effect can climate change have on the refugee situation in the world?

Here is an article illustrating and describing effects of climate change on migration.

[Where will everyone go? \(external link\)](#)



In a paper from 2020, David J Kaczan and Jennifer Orgill Meyer have made a synthesis of papers on migration due to climate change. They conclude that

- 1) Climate-induced migration is not necessarily more prevalent among poorer households
- 2) Climate-migration tends to lead to long-distance domestic moves
- 3) Slow-onset climate changes are more likely to induce increased migration
- 4) The severity of climate shocks impacts migration in a nonlinear fashion

[Paper: The impact of climate change on migration](#)



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## 9.4 Environmental Physiotherapy

Climate change will have a tremendous effect on the global environment. What role does the environment play for us as physiotherapists? Filip Maric, president and founder of [Environmental Physiotherapy association, EPA \(external link\)](#) wrote an inspiring article titled "From the body as physical therapy to environmental physiotherapy" which explores the intersection of physiotherapy and the environment.

[Read Filip's article \(external link\)](#)

For this course, Joost van Wijchen and Filip Maric explored connections between the environment (various forms of), refugees and migrants, preventive health care, physiotherapy, colonialism and much more. If you want, you can listen to their thoughts and questions in this discussion.

[Discussion, Filip Marik and Joost van Wijchen, 49 minutes \(external link, YouTube\)](#)

## 9.5 The future of physiotherapy

All professions develop. They need to develop according to how the world changes, available technology, economy and other resources. In this video, you can join Dave Nicholls and Joost van Wijchen in their discussion about how physiotherapy changes. The talk is based upon the book "The end of Physiotherapy" by Dave Nicholls. The entire discussion is interesting (but a bit long, 2 hours). As a start, we want you to go to the last part (appr. 1:04) and follow the discussion for a while there.

[Dave Nicholls, the end of physiotherapy? \(External link, YouTube\)](#)

Our societies have always been undergoing change. In some periods the change might have been perceived more positively than we feel today. We see that the way we live impacts climate, and some say we need to change our way of living. But, it is not hopeless. We want you to reflect a bit around this quote from Rebecca Solnit:

"Hope locates itself in the premises that we don't know what will happen and that in the spaciousness of uncertainty is room to act. When you recognise uncertainty, you recognise

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that you may be able to influence the outcomes – you alone or you in concert with a few dozen or several million others."

[Here you can read more from Rebecca Solnit \(external link\)](#)

## 9.5 Reflective and practical questions

1. What do you see as the major health challenges for the future?
2. What do these challenges mean for you as a physiotherapist?
3. How can you influence the future?

## 9.6 Digging deeper

Here is a selection of resources if you want study this topic in more depth

[Infographic on internal climate migration](#)

[UNFCC Paris agreement](#)

[Explore the UN environment programme](#)

[Explore the European Green Deal](#)

[Groundwell report: Download the full report](#)

[International displacement monitoring center](#)

[Explore the 2019 Global Report on Internal Displacement \(GRID\)](#)

[https://www.archives-pmr.org/article/S0003-9993\(20\)30081-2/abstract](https://www.archives-pmr.org/article/S0003-9993(20)30081-2/abstract)

<https://pubmed.ncbi.nlm.nih.gov/30893793/>

<https://pubmed.ncbi.nlm.nih.gov/32035140/>

[Explore the sustainable development goals](#)

<http://environmentalphysio.com/2020/10/01/they-are-not-natural-disasters-but-disasters-of-vulnerability/>

<https://sci-hub.se/10.1080/21679169.2020.1826577> /

<https://www.tandfonline.com/doi/abs/10.1080/21679169.2020.1826577>

Environmental Physiotherapy Association: <http://environmentalphysio.com>

[WHO on climate change and health](#)

### Human Cyborgs

[http://cyborganthropology.com/Main\\_Page](http://cyborganthropology.com/Main_Page)

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<https://www.theatlantic.com/technology/archive/2017/10/cyborg-future-artificial-intelligence/543882/>  
<https://journals.sagepub.com/doi/full/10.1177/2056305118764439>  
<https://www.statewatch.org/media/documents/news/2016/may/ou-mapping-refugee-media-journeys.pdf>  
<https://www.tandfonline.com/doi/full/10.1080/1369118X.2017.1340500>  
<https://www.tandfonline.com/doi/abs/10.1080/02681102.2020.1785826>  
[https://www.researchgate.net/publication/277045992\\_Wog\\_Zombie\\_The\\_De-\\_and\\_Re-Humanisation\\_of\\_Migrants\\_from\\_Mad\\_Dogs\\_to\\_Cyborgs](https://www.researchgate.net/publication/277045992_Wog_Zombie_The_De-_and_Re-Humanisation_of_Migrants_from_Mad_Dogs_to_Cyborgs)  
<https://www.caseorganic.com>

### **The end of Physiotherapy**

David Nicholls: <https://academics.aut.ac.nz/david.nicholls>

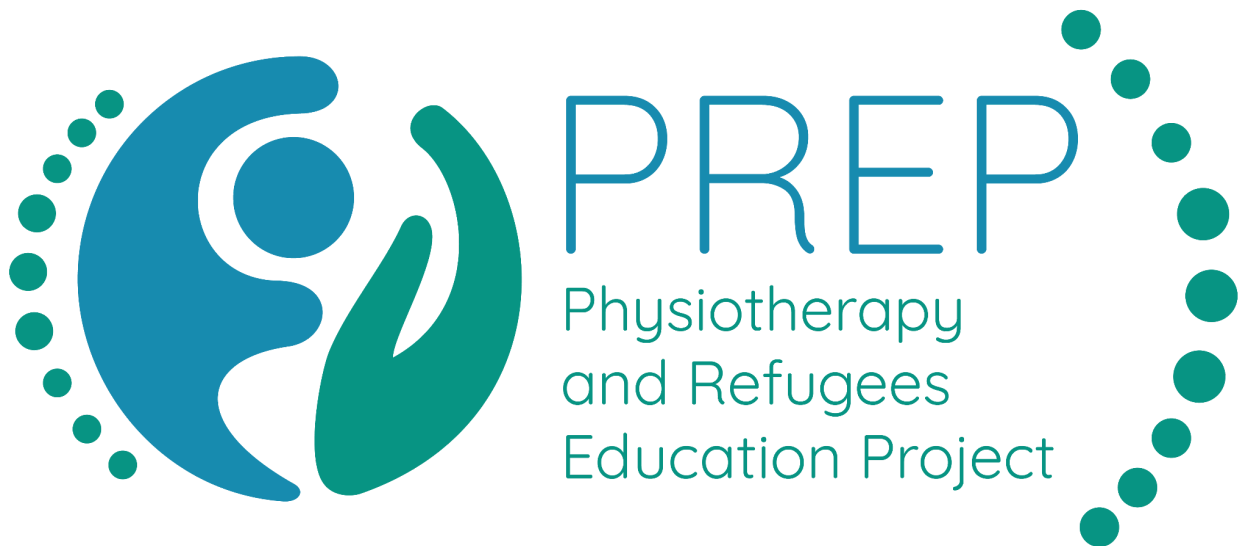
<https://www.routledge.com/The-End-of-Physiotherapy/Nicholls/p/book/9780367224516> Critical

Physiotherapy Network: <https://criticalphysio.net>

History.physio: <http://history.physio>



Erasmus+



**2018 - 2021**

(but still active)