



The Health Systems Podcast

From the USAID Local Health System Sustainability Project (LHSS)

English Transcript

Episode 5 – Mental Health Matters: Serving Migrant Women and LGBTQ People

[00:00:00] - Paulina Giusti - Welcome to the Health Systems podcast. A podcast series bringing you conversations on the issues shaping health systems in low- and middle-income countries around the world, brought to you by the USAID Local Health System Sustainability Project - LHSS. We'll be sharing learning from the project's work toward a future in which all people have access to affordable, high-quality, essential health services.

[00:00:29] - Testimonies - Being able to access mental health services as a migrant helped me a lot throughout my entire process. ... I have always had depression, my head hurts a lot and my whole-body hurts, I know that something good will come from being in a support group. ... I am in my fourth year of anxiety treatment, I have gone through stressful situations, I have been well because of the interventions and being in a group, it makes a difference...

[00:01:03] - Paulina Giusti - Stress, depression, anxiety, joy, self-esteem, identification with oneself are different ways in which a person's mental state manifests itself. What affects people's mental well-being? In this podcast we are going to talk about migrant women from the LGBT community, vulnerable groups that also face additional barriers to accessing health and social protection services. We want to show the work of leaders in the Latin American region who are implementing innovative strategies to improve access to mental health for these populations. I am Paulina Giusti, a doctor and public health manager with more than 30 years of experience in the health sector in Peru, during which

I have assumed various responsibilities from direct patient care to political decision-making positions that have allowed me to get up close and personal to the problems of health care and propose and analyze various strategies to improve it.

Now, from the Local Health System Sustainability Project of USAID we will talk about challenges and promising practices that facilitate access to mental health care for these people, often forgotten minorities, and mainly about an issue that has been neglected for many years, mental health. Let us begin.

[00:02:25] - Paulina Giusti - This is a space where we will begin by delving into the barriers to accessing health care and mental health services. It is key to understand that social and political conflicts, food insecurity, natural disasters, climate change, economic problems, violence and other adverse factors prevent people from building healthy and sustainable livelihoods and have forced them to seek better living conditions in other places for them and their families.

Migrants face barriers to access health, discrimination, social, cultural, linguistic, administrative and economic barriers, lack of information about their rights, care and fear of detention and deportation. In migrant women, gender violence is also added, which makes them more vulnerable. In the LGBT population, discrimination and violence due to their gender identity is added, which limits their access to social protection services, even in temporary shelters. for migrants.

There is a widespread stigma regarding mental health problems that makes it difficult to recognize one's problem and decide to seek help. The person who helps us understand the situation of these people is Rossina Guerrero, she is a feminist psychologist and program director at Promsex, where she leads citizen advocacy strategies to advance public policies with human rights and gender equality standards. Welcome Rossina, it's a pleasure to have you here.

[00:04:00] - Rossina Guerrero - Migration in Peru is a topic that is not being observed with sufficient seriousness, and rather there is an absence of a coordinated response and a response based on rights from the State. A great concern of migrants in the country is related to health coverage, how they can access health services. Recently, the National Institute of Statistics has conducted a survey of the migrant population, particularly Venezuelans in the country and found that 55.8% of people consider access to health as a first need. Much is said about the importance of mental health; however, strong enough policies are not generated.

So, if we imagine a migrant and LGBT person in a country where there is high discrimination against migrants and high discrimination against LGBT people, we can imagine how mental health is affected because they face many situations that they can overcome their coping levels and may exceed their ability to find well-being. So, the approach is often done not by reinforcing the gender identity, the sexual orientation of the person, but by pathologizing it. So, it is an approach that we must change, in making

services and people, have less stigma in recognizing that they are going through a mental health problem.

[00:06:00] - Paulina Giusti - Now we have Jesús D' Gregorio, who is a social activist from CAMPV, an organization in Peru that we are going to get to know later, but before that, he is going to tell us about the problems that the population he serves has, which is the migrant LGTB population, to access health services and especially mental health services. Welcome Jesus.

[00:06:06] - Jesus D'Gregorio – Hi Paulina, thank you very much for my invitation. As a migrant at some point, let's say, I have had the opportunity to work in different activities, always in benefit of my community, LGBT community, vulnerable populations, populations also of women in situations of extreme poverty, extreme vulnerability.

When an immigrant arrives in this country, he always arrives with many needs, facing different difficulties because most of us come by land, crossing different countries to reach, in this case, Peru. We always come with limited economic resources to be able to establish ourselves, so that also allows the situation of stress and anxiety to often be something that always torments any migrant. Many times, we notice some physical symptoms and some facial evidence where people would like to try to speak, but there is something that prevents us. So, I think that body language, non-verbal language, always tells you a lot about a mental situation that many people may have.

The first characteristic that predominates for a stressful situation as an immigrant, beyond the issue of being able to leave your family behind, being able to leave everything you knew and your roots, is the employment situation. I think it is the first one that allows you to take yourself from a situation from extreme calm to extreme anxiety or stress, because it is like a storm of emotions that we feel at that moment when we cannot talk to a person, when we feel that what we have only happens to us and that also leads us to a situation of doubt, of guilt, of being able to say "I may or may not have made a correct decision." So that leads us to generate a lot of irritation, a lot of apathy towards some things, isolation. These are quite evident characteristics that normally occur within these symptoms of depression and the immigrant will always prefer their economic situation over anything.

So, if I, for a day of work, that I am going to lose and they are going to deduct that pay money, and I do not receive attention to the need that I may have, then I do not return, I prefer to continue working because it is my priority beyond sexual health, mental health, my immigration status.

[00:09:05] - Paulina Giusti - Social health protection is a rights-based approach to achieving the goal of universal health coverage that guarantees financial protection and effective access. The goal is to alleviate the burden of illness and reduce the direct and indirect costs of illness and disability. These costs include years of lost income due to disability, caring for family members, lower productivity, and children's social

development. In recent years, the number of migrants in Latin America has increased exponentially. It is estimated that 7,000,000 have left Venezuela in recent years and Colombia and Peru have been their main destination. This places an additional demand on health systems that are not always able to care for their own population.

María Alejandra López Ríos from the Manizales University in Colombia, a clinical psychologist with experience in psychotherapy and an expert in community-based rehabilitation strategy, explains to us how they have faced this problem in Colombia.

[00:10:00] - María Alejandra - Hi Paulina, how are you? I can tell you that the situation of the Venezuelan migrant population in the departments of Colombia is extensive, especially because we are talking about, in this case, La Guajira, where the population in migratory transit has been expanding over the years due to the same crises that Venezuela has been facing.

We could be talking about 1,400,000 Venezuelan people who have been in transit in terms of transit between Venezuela and Colombia. Well, it is still an estimated figure. We know that Colombia has also allowed people who are in transit to have a special permit or special permanence permit, which many calls SPPs, allowing them to have a different position regarding health services.

We delimit our community-based mental health rehabilitation strategy into two components or two important factors that have become evident since the pandemic and have to do with anxiety and depression. When we understand these two components, it allows us to give an even greater understanding of who those people may be, what their main characteristics or underlying symptoms may be or if there is any type of comorbidity. And from there we started not only to characterize, but additionally to be able to provide different services, as is the case in the community-based rehabilitation strategy in mental health, which was the support and mutual aid group, both in reference to psychoeducation and empowerment but also that they could arrange different types of help to benefit their mental health.

[00:11:49]- Paulina Giusti - The Local Health System Sustainability Project funded by USAID is a global project that works in more than 20 countries, including Latin America and the Caribbean, whose purpose is to strengthen the health systems of these countries with a view to achieving universal health coverage. In this case, we are going to talk about the initiatives that have been supported by the project, which have generated innovative approaches to improve access to mental health services, promote inclusion and cultural adaptation of services.

To tell us about this we have Rossina Guerrero, from Promsex, a non-governmental organization from Peru, that has been working on human rights and gender equality gaps for more than 20 years. Rossina, please.

[00:13:00]- Rossina Guerrero - This intervention that we designed, consisted of us using the services that LGBT people provide to other LGBT people in health services, a support and a psychosocial support network, and that at the same time this network and these psychosocial support services would allow us to link these people with mental health needs to health services. When people come to health services on their own, to seek care, they find services that are not very respectful, which re-victimize LGBT people in many ways, pathologizing their life experience, pathologizing their gender identity or their sexual orientation or their gender expression.

What we proposed was that, to improve the capabilities and needs of those services that included psychosocial risk factors, to understand what constitutes intervention in psychological first aid, but also to carry out a self-care process since they were going to begin to face mental health care for people who have been violated, victimized, discriminated against. So we developed this strategy called "*Vincularte*", that is, linking migrant and non-migrant LGTBQI people through the services of grassroots organizations to health services specialized in mental health, in the comprehensive care of people who have suffered structural violence or family violence or any type of violence in the country.

[00:14:44]]- Paulina Giusti - I would also like to introduce the Multidisciplinary Care Center for Vulnerable People known as CAMPV, which is a community-based organization formed by Venezuelan migrants from the LGBT community.

Jesús D´ Gregorio will tells us a little more about the work they do there and have done recently on mental health care. Jesus, your turn.

[00:15:00] - Jesus D´Gregorio - CAMPV is a response to a need of the migrant community. Mainly, by its name it means Multidisciplinary Care Center for Vulnerable People and well, many members or participants of this organization always had the concern of being able to also create a movement and that is how CAMPV was born, out of a proposal by migrant activists. And well, most people come there for information that we share through social networks. It is not an organization that works on visibility from the point of view that many people know that we work with sexual and reproductive health and HIV issues. Many people have some fear of getting closer, of being able to make that connection, right? So, generally, most of our participants or users who come to our organization are users who have already been recommended by other colleagues or by word of mouth.

It has always been associated mental health being for a person who may be weak, unbalanced or, as they would call it in some cases, crazy. So, when approaching, it always must be very careful, and it has to be very step by step to be able to reach a migrant who can talk to you and who can open up.

Since this is more about the approach that we take, from the perspective where the person feels confident in being able to speak, the most ideal thing in these cases, when we have a situation where a person who is going through a fairly complex situation, with

difficulty in their mental health, the very direct approach creates an emotional and direct block towards the help that I am seeking. The approach is often awareness campaigns or, failing that, support groups campaigns, conversations, where we can identify, as organizations, some aspects of the mental health of the participants, some characteristics, and many times these support groups, which are generally called "MSG"; what we call mutual support groups, these conversations emerge where these people, when they feel at ease with their peers, whether they are migrants or some people who find themselves in the same situation, can express what they feel, and that is where we can address a lot more and be able to carry out this small test where we can apply certain formulas and be able to detect if there is something much more evident than what we can hear, and well, obviously make the link directly to the mechanisms so that this person can have attention in a timely manner.

One of the characteristics, let's say the most priority that we, for example, detect, is often the body expression, when we are in some spaces where there is that safe space, that space of support where there are certain characteristics, where, what is discussed there, what is presented there, is something that remains in those four walls. So, many times we make small approaches to be able to identify if what the person needs to say or what they may have in there is a synonym for something more serious. Normally there are many people who also break down when having a conversation with us about their daily lives and at that moment we can understand the situation of stress and anxiety that these people may have, which is mostly what is presented, let's say in a first alert on mental health issues.

So, I think that body language, non-verbal language, always tells you a lot about the mental situation that many people may have, that is when you detect that there is something in the person that makes them feel uncomfortable even when they are in a safe space, where there is a space where your rights are respected, where your privacy is respected.

We have two types of attention care. Some are individual and we also have group ones. What do we mean by that? We as an organization previously had a psychologist who accompanied us in these sessions, and we have a volunteer psychologist who, in some cases, is also present. Mostly when we do group activities, there are some allied organizations in mental health that are always giving talks, workshops, and we always try to get involved and involve our team in that type of, let's say, constant training, because that allows us to always have an effective and necessary response for any situation that could arise, first by grouping ourselves as organizations, and the power, let's say, to establish a clear route of where we want to go, of what we want to do.

And after having met in several sessions with LHSS, with USAID, and PROMSEX, let's say that we had a clear goal. All of the organizations that participated in this program were the first organizations, and especially of migrants, that were able to sign an agreement with a community mental center, because we were able, within our capabilities, to break some structures, and let's say some bureaucracies, that were present within of these

processes, and well, to be able to reach the goal which was to have an agreement where we were recognized as a support agent, as a linking agent and above all, as an agent that sought to improve the health of all the migrants who approached these spaces.

[00:21:46]- Paulina Giusti - Leaving Peru we go to La Guajira, a region in Colombia characterized by its cultural and geographical diversity, which faces numerous challenges in the field of mental health, exacerbated by factors such as poverty, unemployment and constant migratory flows from Venezuela. We are going to listen to María Alejandra Lopez Ríos who tells us how the University of Manizales has faced these mentioned problems.

[00:22:12] - María Alejandra - Well, I'm going to tell you a little about the whole path that we lived. We got there, we knocked on the doors of the entities and asked, according to those two variables, if they had anxiety or depression, and believe me, it was a little difficult because many people hide out of fear, fear of judgment or for this social component of self-stigma and social stigma that is quite strong, for saying I have depression, I have anxiety. This was one of our components facing this work, so people could say I do have, but I also want to be within this process, we came to La Guajira to ask who had this diagnosis. We knocked on doors, we literally knocked on doors in entities, in government organizations, in hospitals, in clinics, in mental units and even voice to voice telling one of those who was there in the group if they had a friend, if they had a cousin, if they had a brother, who would have known about whether they had anxiety, depression, any type of suicidal behavior that they had known, or if they were particularly going through a crisis situation, that way we knocked on doors.

The premise of the community-based rehabilitation strategy is based in different components, and one has to do with support groups and mutual aid, understanding the support group, let's say, since it has a history in front of us sitting in a circular way, meet as a collective group and talk about a situation or something that concerns us all, from there exists the group support. So, these meetings were always facilitated by our interdisciplinary team, by our psychologists, by our workers. We made some guidelines that would allow us to have a methodological dynamic of the meetings, guided meetings, even by the same guidelines of the Ministry, that would allow us to have a notion and a direction on how to interact or do the activities that would allow us to be therapeutic and psychoeducational resources for these people who were in the process of treatment.

Our project as such comes from an alliance with the LHSS - USAID Healthy Communities program, but in addition to that, as a strategy, it allows us to separate more strategies with a social and community educational component.

One, it has as an impact in the entire mental health rate that we have been going through in Colombia, after the pandemic specifically. The population rate and the circumstances in terms of mental health that Guajira has been facing specifically, have a lot of impact, but in addition to that, upon seeing this complex situation, a call comes to the University of Manizales, a call mediated by USAID, where they want to work with that community-

based rehabilitation in mental health and shows us an opportunity to work against those same gaps in mental health.

The community-based rehabilitation strategy brings even more results such as the implementations or activities that were carried out within this process. One of these was to provide training to health professionals, considering that the Ministry wanted to do a lot of work with the human resources in health in Colombia and we worked with a population of doctors, nurses, social workers and psychologists, training them in the strategy mhGAP 2.0.

That was one of our strategies, additionally understanding that many of the health professionals were asking to be trained in the mhGAP strategy to be able to understand even more what these gaps in mental health are and how to intervene them, but in addition to that, allowed as a result, them having better activities and having better interventions within mental health as an important outcome. In addition to that, those same people were also able to do, or be involved in, a strategy that also had an educational component for us, which was the community-based rehabilitation diploma, with the demystification of mental health in the knowledge component. This allowed the Ministry itself to think about a notion of guidelines and to implement them with a high impact to the entire community in Colombia. We have had a lot of recognition at the municipal level, at the departmental level of La Guajira, and we even had recognition from the Ministry of Health and Social Protection of Colombia, PAHO, as a successful implementation process.

Let's say, what's new about it? One of them is the high impact that can generate in people by changing internal and external dynamics of their notion, of their life, in involving people to be their own agents of change, I would think that it is the most important thing, because that allows that there is not only a sense of autonomy, of individuality, but also from the community itself in a position of help. So, community-based rehabilitation can mobilize and also generate different views and perspectives on what I can become as a person and as society.

For me, mental health in an immigrant is an aspect that brings challenges because they must take care of their well-being, not only physical, but also psychological, and as such mental health must be accompanied, linked, and committed to something that a migrant is not part of from outside, but from inside a system.

[00:28:32]- Paulina Giusti - The results of these experiences are increasingly visible and we are seeing two ways of approaching, on one hand, the experience in Peru with attention to specific mental health problems of people and on the other hand, in Colombia, collective activities of prevention and improvement of mental health at the community level.

It has been a great pleasure to be in this space and share it with the experts who have given us their contribution through knowledge and experiences. Before closure, I thank

you for having accompanied us here and I hope that this discussion we have had leaves us with that little bug about what we can do in addition to our context to improve access for the vulnerable population to these mental health services that have often been forgotten and stigmatized, thank you.

[00:29:44]- Paulina Giusti –Recapitulating, from everything we have heard, we can affirm that migrants face multiple difficulties, due to the migration process itself, which increases when they are also part of a vulnerable population group. This affects the mental well-being of these people, which is not always recognized as such.

The experiences that have been presented to us show different approaches to how to improve access to mental health care in these vulnerable populations. We must highlight the importance of working directly with the population you want to reach through their grassroots organizations.

The technical assistance provided by the projects must always work closely with the health sector and local organizations to be able to continue strategies that have been shown to be successful.

It has been a pleasure to be in this space and share with the experts who have just shared their contribution, through their knowledge and experiences. Thanks to them and thanks to you for accompanying us until this point.