RESTORE
HEALTH OF MIGRANTS

Implementing migrant care initiatives, beyond language and cultural barriers

Newsletter

Issue 01 | October 2011

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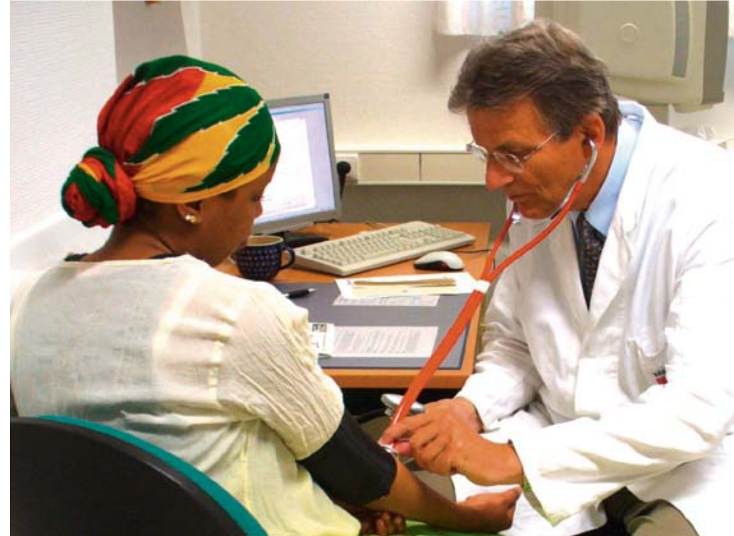
This newsletter was produced and published within the workpackage 8 ("dissemination"). The aim of the RESTORE newsletter is to inform various target groups and players involved in the primary health care of migrants. In the course of the 48-month project we are planning a total of three newsletters.



With new approaches the RESTORE project is hoped to help doctors and migrants to overcome language and cultural barriers.

General practice/family medicine in the area of conflict of migration

Under the name "RESTORE" a new EU research project is intended to optimise Europe-wide the performance of primary health care of migrants confronted with language and cultural barriers in the host country.

The fundamental requirement for successful medical treatment is a well-functioning communication between doctors and patients. Migrants and people with a migratory background – in Austria alone 1.27 million people – do not receive optimum medical care under the European health care systems. Language and cultural barriers often lead to inefficient medical consultation, inadequate care and additional costs for the health care system.

The RESTORE project enhances cross-cultural competency

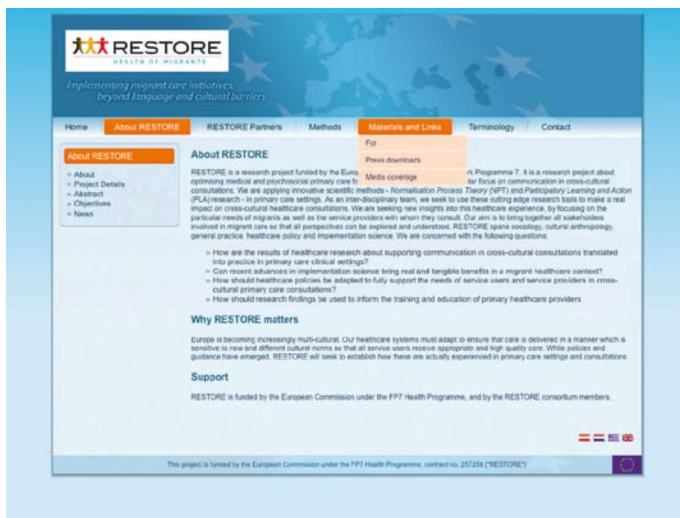
The research project RESTORE, initiated in April 2011 and financed by the EU, is intended to help improve medical and psychosocial primary care for migrants in Europe. The project focuses on optimising medical and psychosocial primary care for migrants in Europe. By using innovative scientific methods such as "Participatory Learning and Action" (PLA) and the" Normalisation Process Theory" (NPT) RESTORE will explore how cultural barriers and language barriers can be overcome by general practitioners and primary care staff in cross-cultural consultations and, concurrently, how available resources can be used efficiently in health systems across Europe.

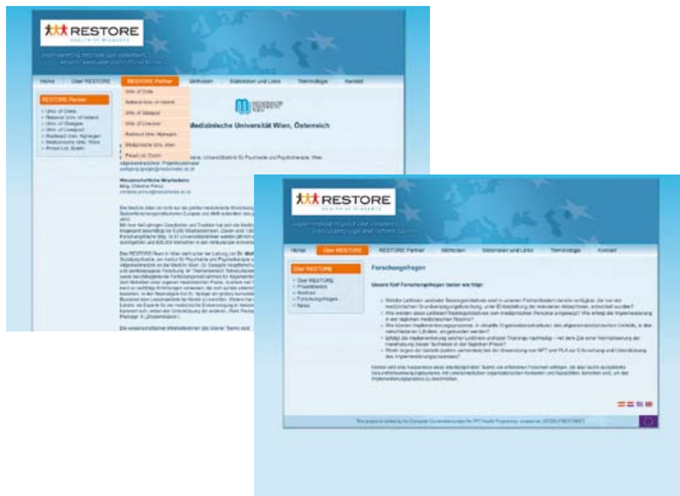
At the same time the project examines ways of integrating efficiently not only available resources but also trainings and experiences in this field of all Europe's health care systems. Since RESTORE is concerned both with psychosocial and culture-anthropological aspects the research team also includes sociologists and culture-anthropologists. The international consortium consists of experienced researchers from Greece, Great Britain, Ireland, The Netherlands, Austria and Scotland. The first results from RESTORE will be available in spring 2012.

This project is funded by the European Commission under the FP7 Health Programme, contract no. 257258 ('RESTORE')

RESTORE Information at a click

On our barrier-free webpage **www.fp7restore.eu** you will find further information, project details, RESTORE partners, scientific methods, research issues and follow-up materials and links to various target groups. Regular updates also offer you a quick survey of the latest results, recent case vignettes and further project activities. All news will be accessible as soon as available. Please visit our webpage on **www.fp7restore.eu**





Until the official end of the project in March 2015 the webpage www.fp7restore.eu will report on the most important „milestones" of RESTORE

RESTORE target groups at a glance

Why RESTORE can be of interest for …

… migrants?

It is important that migrants are able to talk about their personal experiences and problems in connection with primary health care. In this way they help considerable to develop and evaluate new methods aimed at reducing cultural and language barriers. Through a platform of their own migrants are to receive, in future, special information, which they can share with other migrants or stakeholders involved.

… general practitioners and medical staff?

The project will help medics to gain new ways of forming optimum decisions focused on the needs of migrants. The research results of RESTORE will be of importance, in particular of GPs and those involved in primary health care.

… scientists?

In addition to the latest research results in the field of migration and health, scientists will learn how innovative empirical methods – e.g. NPT and PLA – are implemented in interdisciplinary research projects. From the continuous documentation of the research process (in particular on the webpage) scientists will profit in more ways than one: they can follow this development on the internet, contact the project teams at their various universities and, in this way, themselves take part in the project.

… policy makers?

The optimisation of primary health care from migrants forms an important part of integration and can contribute towards better understanding between doctors and patients. The whole health care system will profit therefrom, because in the long term it will lead to a reduction of expenditure on health care.

From the praxis

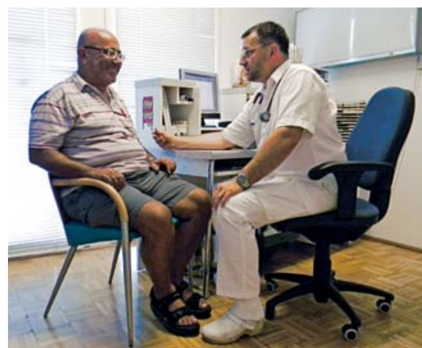
Language and cultural barriers, as well as social conditions, often complicate the medical consultation process.

Somatisation disorder and cultural interpretation of diseases

Mr K. is a Bengali, who has lived more than 15 years in The Netherlands. He does not have a residence permit and works illegally in an Indian restaurant. One day he visited me with a list of complaints: dizziness, pain in the head, tiredness, strange feelings in his left arm and leg.
He seemed very worried and anxious to know the cause of it. After history taking and physical examination I sent him to the lab for some blood tests and asked him to come back the next week. The test results convinced me there was no physical disease. I realised it would be difficult to make him accept this and worried about the next consultation and how to explain that bodily symptoms can result from mental stress. When he came the next time, he told me his complaints had worsened. So I cautiously explained that the results fortunately revealed that his body was strong and not ill, but … Then, before I could start my difficult story about body and mind, he said: "Oh, now I know for sure: My boss has the evil eye on me and is trying to kill me!"

And then we were able to talk about his problems with his boss, his limited possibilities for another job and his bad prospects being in Holland illegally. And finally, we discussed how he could protect himself from the evil eye. Here I could use what I already knew about him. Some time before he had showed me a necklace he was wearing containing an amulet with texts from the Koran. So I asked him whether this amulet could perhaps provide protection against the evil eye. He answered: "Of course, I should have thought of this before! I only have to wear it outside my shirt when my boss is around and nothing will happen!"
Cheerful, he left my practice and I felt satisfied but surprised about this turn of events.

Maria van den Muijsenbergh (photo) and Evelyn van Weel-Baumgarten, Medical Centre of the Radboud University Nijmegen, are the project-leaders of The Netherlands.



Cross-cultural consultation at the GP's office

Using the biopsychosocial model (holistic modelling) in family medicine

A 29-year-old Austrian-born man came into a GP's surgery in Vienna and complained about recurring lower back pains. On examining the patient the GP found tender spots in the lumbar paravertebral muscles and a lumbar restriction of the lateral flexion. After accepting the treatment suggested by his GP – neural therapeutic infiltration for reflective muscle relaxing – which reduced his pains quickly, the patient hinted, with some hesitation, that there was another reason for consultation.

Prompted by the GP the patient admitted to a difficulty in getting to asleep and sleeping through the night, which had been troubling him for months. In the course of the subsequent lengthy consultation it turned out that his partner from Bosnia-Herzegovina had come to Vienna four months before to live with him, bringing with her a 7-year-old boy from a previous relationship. Shortly afterwards his employer had gone bankrupt, why the patient, a plumber, had lost his job. The 7-year-old boy had at least learned some German, but he and also his mother were homesick. There were tensions between the patient and the child, which took effect on the relationship of the two adults (in particular on their sexual live). Things were now quite different from what the patient originally envisaged. Financial problems, the uncertain residence status of his partner and the problems with the child had an enormous impact on the situation of the whole family. The patient complained about his bad mood and that his partner refused his tries to speak about their problems.

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The kick-off meeting in Glasgow

The kick-off-meeting took place in Glasgow in April 2011, where the start of the project took place and where the consortium partners discussed how the different tasks are distributed among partners and workpackages.

The RESTORE consortium consists of research teams at six different universities in Europe with a wide range of interdisciplinary expertise. The project is led by Anne MacFarlane, lecturer in Primary Care at the National University of Ireland, Galway. Besides the National University of Ireland, Galway, there are project teams in England (University of Liverpool), Greece (University of Crete), Scotland (University of Glasgow), the Netherlands (Radboud University Nijmegen Medical Centre) and Austria (Medical University of Vienna). In addition, the consortium is also supported by Pintail Ltd. In the last months new researchers have joined the consortium and the research team is still growing.

Examples of project-relevant questions

- In what ways must conditions be adapted to minimise language barriers between GPs and their patients, to take into account cultural aspects and avoid inadequate medical treatment?

- How do migrants really see primary health care? In what relationship does this stand to the existing national and regional health care structures?

- What recommendations, best practice-models and training initiatives are available in the RESTORE partner countries and how relevant are these as seen by practising GPs or the migrant groups concerned?

- How are recommendations and guidelines implemented in daily primary health care?

RESTORE consortium partners at the kick-off meeting in Glasgow (2011)

What next?

The national RESTORE project leaders and members stay in permanent contact with each other in order to implement, in an optimum way, the "Description of Work" in line with the working contract between the six partner universities and the EU consortium. In order to coordinate the various tasks the RESTORE consortium will hold regular video-conferences. In addition, the RESTORE partners will meet personally at fixed intervals. At the next meeting in Galway consortium members will be given a closer insight into NPT and PLA (for further information, please visit: www.fp7restore.eu).

Places and dates for further meetings:

Galway	31st October – 4th November 2011
Vienna	18th – 20th April 2012
Nijemegen	27th – 29th November 2012
Liverpool	22nd – 24th April 2013
Crete	24th – 25th October 2013

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