

EVS/ASE Position Paper Occupational Therapy for displaced people

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1. Introduction

According to the United Nations High Commissioner for Refugees (UNHCR), over 71.4 million people worldwide were suffering the consequences of displacement by the end of 2017 (UNHCR, 2018). For displaced people¹ fleeing their homes is the only means of escaping violence caused by national and international conflict, and/or persecution due to their religious or ethnic identification; gender, sexual orientation, illness or disability. Factors driving forced migration include the need to escape said violence and persecution, but also include food insecurity, environmental degradation and economic insecurity in home countries (European Parliament, 2017; UNHCR, 2018). World conflicts (man-made and natural) combined with current international policy and trends in the global economic system, force groups of people to migrate within their current country, where they become internally displaced persons (IDPs), or across international boundaries, where they become asylum seekers or illegal immigrants (UNHCR, 2018). This period of displacement puts individuals at risk in regard to their mental, physical and social well-being.

In 2017, 18 088 people applied for asylum in Switzerland. The main country of origin of asylum seekers in 2017 was Eritrea. A total of 3375 asylum applications from Eritreans were registered in Switzerland in 2017. Other significant countries of origin were Syria (1951 applications), Afghanistan (1217 applications), Turkey (852 applications), Somalia (843 applications) and Sri Lanka (840 requests). 6360 people received asylum; the recognition rate (granting of asylum) was 25.8 percent. The protection rate (share of asylum grants plus temporary admissions due to first-instance decisions) was 57.5 percent. The number of pending cases in the first instance is 20 503 asylum applications (Secretary of state for migration, 2018)

Recognizing this risk, the World Federation of Occupational Therapists (WFOT) released a position paper in 2012, which was further revised in 2014, where it was highlighted: **“Occupational therapists are positioned to play a significant role in enabling displaced people to bridge former and current contexts and meet human needs, human rights and health through participation in valued and meaningful occupations” (WFOT, 2012).**

Occupational therapists and Occupational Therapy (OT) are experts in the everyday doing, or as referred to in the profession, *occupations*.

“In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do” (WFOT, 2012).

Occupational therapists recognize the importance of meaningful occupations in promoting mental and physical well-being, and in minimizing the negative health impacts associated with occupational deprivation and injustice. Occupational therapists work in a manner that evaluates the person or the group and the capabilities and challenges that they have. Utilizing this information, OTs evaluate the occupations these individuals or groups aim to engage in but are no longer able to. Lastly, OT considers the environmental impacts: social, cultural, physical, institutional, political, historical (amongst others), which influence the person’s ability to perform these occupations. This unique threefold focus in OT on

- 1) a person or group
- 2) occupations and
- 3) environment,

allow for an integrated understanding of the issues and their root causes. From there, occupational therapists adopt a collaborative, person- or community-centred approach to

¹ The authors recognize the diversity in terminology used in this area including refugees, asylum seekers, migrants, forced migrants, economic migrants, among others. This paper uses the term *displaced persons* as a term which recognizes the important differences and differing experiences between these groups, but uses one term for the purpose of discussion.

developing intervention and advocacy strategies to minimize situations of occupational injustice, working towards fulfilling the basic right of occupational engagement, which OT's believe all humans possess.

2. Occupational Therapy with Displaced Persons

Throughout the history of Occupational Therapy (OT), there has been a recognition of the value that the profession's occupation-focused approach brings to the context of displacement, acknowledging that the initial conflict and escape, together with the subsequent process of seeking asylum and pursuing resettlement introduce significant disruptions to daily routines and roles (Huot, Kelly, & Park, 2016; Trimboli & Taylor, 2016). These disruptions in occupations occur across life areas including work, education, life skills, social roles, identity, community engagement and well-being (Bennett, Scornaiencki, Brzozowski, Denis, & Magalhaes, 2012; Berr, Marotzki, & Schiller, 2018; Huot et al., 2016; Trimboli & Taylor, 2016). The ability to engage in meaningful occupation is restricted or supported by social resources, government policies, social stigma and the established humanitarian response, as well as internal factors such as mental health issues, trauma and cultural navigation (Crawford, Turpin, Nayar, Steel, & Durand, 2016; Morville & Erlandsson, 2017; Steindl, Winding, & Runge, 2008). Barriers have the potential to persist as long-term obstacles to re-establishing occupation are sanctioned or ignored by governments and social systems. Research shows that a long-term imbalance of occupational behaviour can trigger serious health and social problems (Steindl et al., 2008; Suto, 2009).

Occupational therapists, as described above, adopt a broad perspective of the environment and the impact it has on the everyday functioning of individuals. By viewing the impact of not only the physical environment but also the political, social, cultural, historical and policy environment that is shaping the occupations or occupational deprivation of displaced persons, they are better able to critically and appropriately respond in their interventions. This broad perspective also allows for a broader view of integration. OT's value the often-promoted marker of integration of paid employment, but also value integration in the other contexts in which displaced persons exist, including social and cultural integration as measures of success (Blankvoort, Arslan, Tonoyan, Damour, & Mpabanzi, 2018).

3. Occupational Therapy with Displaced Persons in Switzerland

Displaced persons rarely come with a prescription for occupational therapy. So far, this has been done in the context of health care. In addition to the usual prescriptions, occupational therapy is sometimes also offered in trauma centres. The problem is that mentally ill people in the asylum process are underdiagnosed and often inadequately treated (Maier, Schmidt, Mueller, 2010).

For people from other cultures, it is often a taboo to speak about their mental health. Therefore, they also go to the doctor less often than the Swiss rural population (Heiniger & Kaiser, 2020) (Oetterli, Niederhauser & Pluess, 2013)

Problems that can be treated in occupational therapy are not perceived as an illness in other cultures, but as a personal problem (e.g., lack of social integration as a social symptom of trauma). Therefore, potential patients do not go to the doctor and have occupational therapy prescribed. In some countries, occupational therapy is also unknown. Displaced persons from these countries cannot ask about occupational therapy on their own.

Community-centred occupational therapy is not embedded in a specific diagnosis but on the social difficulties of a group of people. Occupational therapy with asylum seekers can help to support the people in their ability to act and be involved in meaningful activities. As well as to promote the integration process and general health and well-being (Siddiqui, Said, Hanna, Patel, Gonzalez, Garrett, & Aranha, 2019).

The pragmatic attitude focused on issues of daily life in occupational therapy enables resources to be activated and, if there is an openness to therapy, difficulties can be treated or referred to other health carers. Previous projects in community-based occupational therapy have so far been successful and have created networking between society and the healthcare system (Kraxner, Außermaier, Costa, Jäger, & Kälber, 2019)

In Switzerland, occupational therapy is usually a medically prescribed service. Therefore, other financing options have only been used in exceptional cases. Occupational therapy with displaced persons can be financed through public funds, e.g. (Embellimur). Project applications can also be submitted by occupational therapists (projects linked to schools, language courses, work integration or health prevention). The boundaries to the medical offer are fluid and can be prescribed additionally.

4. Position Statements

Occupational therapists are experts in the enablement of participation, despite barriers present in the contexts in which once exists. This unique perspective, with an aim of meaningful engagement, can be critical throughout the refugee process: from the first arrival to the period of waiting for a decision, through to the process of integration, which follows thereafter.

EVS/ASE recognizes the detrimental impact on health which can be seen due to past traumatic experiences, institutionalized refugee accommodation, restriction of movement, lack of perspective for future and challenges in building a new life in a new setting. The occupational therapist, when utilizing an enabling, participatory and person- and community-centred approach, in work with marginalized populations is beneficial to refugees, their health, well-being and potential integration (if admission is given). EVS/ASE adopts the position that occupational engagement is a basic human right, which all humans, despite their legal status have a right to.

EVS/ASE recognizes that Switzerland currently is dealing with a reality of Occupational therapy is integrated, but unknown, in health care for asylum seekers, but seldom in a community-based approach. Occupational therapy EVS/ASE adopts the following positions and is prepared to respond, through meaningful partnerships, to maintain them

- *Support the integration of occupational therapy in a community-based approach to provide prevention in occupational health at asylum homes, schools or job placement
→ the goal is, that occupations for asylum seekers are provided in all stages of the asylum process including rejected persons*
- *Support of asylum seekers with admission in Switzerland during the process of integration in the neighbourhood, job or school or private participation.
→ this includes support of all involved stakeholders, i.e., in school all necessary students, teachers, the child and it's parents who need to be integrated.*
- *Preserve the opportunity to provide occupational therapy in healthcare frame of reference*

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