Integration of asylum seekers with traumatic experience in Germany

Johanna Eheim
Abstract

My study examines the legal structures, which determine the access to mental health care for traumatized asylum seekers. Additionally it analyses a volunteer run, non-governmental integration project in Germany. The two approaches are put into context and are analysed through different integration theories from psychology and social sciences. New German laws incorporate mental health care for asylum seekers but struggle to implement these. At this time, their focus lies on labor market integration and deportability of asylum seekers. Whereby, they ignore certain human rights. The integration project, Somenti as no political or economic aims but follows a need-oriented approach to integration and offers support to volunteers who work with asylum seekers. The methods applied in this study are a case study on the integration project and content text analysis on the government.

Key Words: asylum seeker, trauma, integration, Germany, PTSD
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Introduction

Background of the study

In Germany, there were approximately 450,000 asylum seekers from war regions in 2015. The political and public debate often focuses on labour-market integration, deportation and border control while the probability that many refugees might stay in the country and their needs discussed less. It is therefore relevant to see whether the German state has ways to integrate the high number of asylum seekers residing in the country at this time. In this study, I focus on the integration possibilities for asylum seekers who due to traumatic experience have already or may develop PTSD (Oltermann, 2016; Bundesregierung, 2016, BAMF, 2016a).

The Federal Psychotherapist chamber of Germany (Bundes Psychotherapeuten Kammer, in the following as BPtK) released a study on refugees’ mental health in September 2015. They found that in Germany between 50-56% of all refugees have post-traumatic stress disorder (PTSD) or depression but that only 4% of all the refugees receive psychological treatment. According to their study, asylum seekers are treated almost exclusively medically instead of psychologically, which the BPtK sees as insufficient (BPtK, 2015, 11). They highlight that the German state is not living up to its self-defined standards of healthcare for refugees. Moreover, they offer possible solutions, which I will present later on (BPtK, 2015).

The definition of the symptoms of Post-traumatic stress disorder (PTSD) have been officially recognized by research as a disease since 1980 and was found since then in many refugees. However, political actors question the validity of PTSD and the need of treating it with psychotherapy. They moreover devalued it as deportation obstacle (Leys, 2000; BPtK, 2015; Bundesregierung, 2016, Feldmann & Seidler, 2013, 146).

The symptoms connected to PTSD can have a crucial impact on the individual's ability to be proactive in their integration process (Beiser, 2006, Jorden et al, 2009, Laban et al, 2004, Phillimore, 2011 in Bakker et al., 2014; Feldmann & Seidler, 2013, 147). Shortly summed up PTSD implicates a liability to experience flashbacks at certain stimuli, which can lead to emotional numbing and avoidance of places and events that can expose the individual to unexpected impressions. In addition, the learning ability of the individual can severely diminish.
Since learning, openness and experimentation are important factors for integration, the effects of this behaviour are fatal if overlooked in the integration debate (Kristal-Andersson, 2000, 166-168; Angel & Hjern, 2004; Kirmayer et al., 2007, 14-16; Hobfoll, 2001, 355-356, Feldmann & Seidler, 2013, 147).

Regarding the possible connection of PTSD and Integration the topic becomes relevant to IMER studies (international migration and ethnic relations). The topic seems especially urgent at this time because, as I will explain later, PTSD can even evolve or significantly worsen during the asylum process (BPtK, 2015, 9; Feldmann & Seidler, 2013, 143; Hobfoll, 2001).

**Aim and Research Questions**

My Aim is to examine the German approach of integration in view of PTSD by putting its approach in perspective to a non-profit, unpolitical integration project for refugees with PTSD. This will help to see whether economic and political aspects influence the government’s approach to asylum seekers who by their juridical nature are supposed to be dealt with in a pure humanitarian way.

My first research question is: *What does the German state do in order to integrate asylum seekers into society in regard of PTSD?*

To give a perspective of alternative ways of dealing with the problem I want to examine an NGO and their integration work. My second question is therefore: *how does the NGO Somenti work with integration in view of PTSD?*

The last question is: *How do their approaches on integration affect the way they deal with PTSD?*

I will analyse my findings with theories on integration coming from social science and psychology. I will explain what the definition of integration is for different actors.
I will now start explaining my method. After that outline of integration theory will follow. The next part will be the previous research in the field of integration of traumatized people and secondary sources about the German system. In the empirical part I will describe as well as analyse first the German integration measures and concepts and then the investigated Project. The final step is a conclusion about my findings.

**Method**

In this part I will outline the data collection process for the two empirical parts of my study. The German system is thereby followed by the Somenti project. Moreover, I will consider limitations, ethical aspects and my role as a researcher.

**Germany’s integration system for asylum seekers**

**Literature content analysis**

To gather information on the German integration concept for asylum seekers, I chose to use different text sources. The method for this part of the paper is therefore a literature content analysis (May, 2011, 194). Most documents were secondary sources including newspaper articles, expert interviews and reports from governmental as well as non-governmental organizations. Then, I will present certain judicial acts, which were primary sources. Moreover, I look into politicians’ own statements on their respective website. Thereby I follow the definition of texts drawn by Creswell (2014, 190) and May (2011, 194-5).

When approaching texts, it is important to consider which aim the author pursues and which audience they are directed to (May, 2011, 200). Texts written on the government’s website have to be seen as self-image creation. Therefore I include the actual law because it reflects which rights and obligations are really given to the laws’ subjects (May, 2011, 199). For public media sources one must consider that journalists pick more extreme cases than the average in order to sell the article (May, 2011, 204). Still,, the content of newspaper articles remains useful because it contains certain information or links to relevant other sources (Scott 1990, 34 in May 2011,
I backed up media sources through more scientific secondary material, which I found in Feldmann and Seidler (2013).

Moreover, the documents reveal the absence of representation of asylum seekers, whose words are barely written anywhere (May, 2011, 200). Classen (2009, 2013) and the study of the BPtK (2015). However, there was not a lot of secondary material concerning exactly my topic regarding Germany, showing that the topic has more potential for further investigation.

This is a qualitative literature content analysis because it looks only into certain documents to find very specific information.

The Somenti Project

Case study
To examine the project Somenti, I chose to do a case study. Additionally, I did a content text analysis of their report, concept and training outline (Appendix A-C). Also, the website (somenti.org) provided me with information. There has so far not been any secondary material about the organization since it is a rather new project and operates on a small scale.

Case studies can be used to look at circumstances, which exist parallel in several places. Thereby it is used to look closely into one place to then carefully transfer the findings to other places (May, 2011, 221). This will be only partly possible with my findings since some regulations, the number and facilitation of asylum seekers and projects can vary in different places in Germany. In my study, no transfer to other places will be included. Still the Asylum Seekers Benefits act and the Residency act apply in whole Germany, which makes my findings applicable to some extent for others. However, a case study can be used to generally contribute to knowledge about a certain topic by in-depth exploration, which I will focus on my study (May, 2011, 222-3). In this sense, the Somenti project's structure can give insight into possible ways of managing mental health support for asylum seekers.

Data collection
To collect my data on the project I did semi-structured interviews with the two organizers and one volunteer of the project. I will anonymize them in my study and call them organizer 1 and 2
and volunteer. This might seem relatively little but for my purpose it was sufficient. Also time constraints were making it difficult to do more interviews. Since I did not want to push my assumptions onto them but still needed certain information the semi-structured interview was suitable for me (May, 2011, 135).

The interviews
The interviews with organizer 1 and 2 I did via Skype. Both were quite used to Skype and therefore talked relaxed and natural. They were in their home environment and took a long time to talk to me even though their lives seemed rather full of other duties. I appreciated that a lot and think that it shows their dedication to the project and their will for it to be truly explored in order to improve or learn more.

The interviewees at no point seemed uncomfortable about a question and never seemed to try to get around a topic. The skype interviews were about 2 hours each and mostly the interviewees talked without me interrupting with question too much. I prepared several questions before each interview, which were different in the different interviews to gather a variety of information. Since they mostly talked freely, I brought up questions they had not answered in the end of the interview. I took notes for the Interview with organizer 2; the second with organizer 1, I recorded with a camera, which therefore left me with information that is more detailed. The volunteer I interviewed via e-mail (Appendix D). I did this according to my abilities and made sure that all three ways of interviewing and of recording are valid (Creswell, 2014, 194). This I explain to enable the readers to judge themselves how much they can trust my information (May, 2011, 135).

May (2011) states that the background of the interviewees is also important to consider in order to provide the reader with a more objective picture of the research (May, 2011, 21). The Interviews with the two organizers included a lot of expert information around the topic. Both have worked and studied within the development and coaching and had with the start of their volunteer work researched about the German system too. That made the interviews very rich in information, which I then tried to channel into the relevant aspects to my study. Thereby I put my focus on the structure and work of Somenti. I did not use what they told me about the German
system or psychotherapy if I was unable to back it up by other sources. However, the interviewees gave me ideas where I can find certain information and material.

**Choice of interviewees**

According to Creswell (2014) the interviewer chooses purposefully the participants in order to maximize information (Creswell, 2014, 189). I chose therefore to interview the two organizers who are the main people working in the project. The volunteers receive the services from Somenti and therefore can give an important perspective on the project’s work. However, I could only manage to get one interview with a volunteer, which cannot be said to be representative for the whole group of 15 participants. Since my purpose was mainly to show the approach of Somenti to integration, hence explaining their structure the information I gathered was sufficient anyway. However, for further research, more information can be gathered about the volunteers' viewpoints and experience.

**Content text analysis**

I did a qualitative content text analysis of three documents written by the organizers themselves. These were written by the organizers to communicate their concept to users and to develop it further (Appendix A-C). Therefore, the documents, attached in the appendix, are not published anywhere but got sent to me by the leaders. According to Scott, four criteria have to be applied in the analysis of texts sources: Authenticy, credibility, representativeness and meaning (Scott, 1990 in May, 2011, 206-7). These I considered in my study. That led me to the result which is, that the documents include a lot of information about the self-image and the processes planned and implemented (May, 2011, 191). However, they partly lack references to literature, which is why I used my own sources for scientific content. It is important to point out that they were partly written to promote the project, which is why I use the documents carefully and backed them up with interviews and the information from the homepage. These are the only documents that exist about the projects work in that great detail. Secondary material does not exist about the project so far since it is small and rather new. I therefore had to depend on these sources. The documents are in German and will be attached in the Appendix.
Limitations

My study is providing very little information of the actual results for the asylum seekers of Somenti's work. It can therefore not be used to falsify or prove the applied theory. Instead, the theory serves to put the findings into context (Creswell, 2014, 51, 65). Since I did not make interviews with asylum-seekers from the project, I am not claiming anything about changes of their situation since the project has started. This needs to be done through further research.

A constraint in time was another limitation; I did not visit the project myself and therefore lack concrete impressions of the atmosphere in there. My external constraints therefore determine the content of this paper to some extent. I had to collect as much as I managed and could fit into this paper (Charmaz, 2006 in Creswell, 2014, 189). This wants to say that there is much more to be explored about this project.

Analysis

After the data collection in accordance to Creswells book, Research Design (2014, 185-190) the analysis will follow. That will be done with the help of the theory that is outlined below. I will set my findings on German politics and on Somenti into context with the scientific positions. The theory will therefore serve as a lens onto my findings. By outlining the German integration concept I will analyse whether the government is contradicting itself regarding its own presentation, law and action (May, 2011). Moreover, I will put the findings about the government in context to the work of Somenti.

Ethical considerations

It is important to reflect my topic thoroughly because I want to avoid victimization asylum seekers neither do I want to reduce them to a symptom (PTSD). I do not want to generalize how asylum seekers deal with their situation and with PTSD in case they have it. I herefore want to stress that every person deals with it individually and there is not such thing as the common reaction to the situation faced by asylum seekers. According to Angel and Hjern (2004) most people manage to live a regulated life anyway. Moreover, they write that a person is always much more than their symptoms, which I want the reader to bear in mind (Angel & Hjern, 2004, 217).

Kirmayer and his colleagues (2007) point out an interesting viewpoint, which I want to include here. They write that the concept of PTSD only tackles a very small part of the complex
response to trauma. Moreover, too much focus on PTSD medicalizes global social and political problems (Kirmayer et al., 2007, 15). Therapy cannot solve the misery and dilemmas that refugees find themselves in and have experienced (Feldmann & Seidler, 2013, 155). However, I see my study as justified and necessary because the people, who at this moment have mental problems because of past events, have a need to find constructive coping mechanisms (Hobfoll, 2001, Baker, 2015).

**Researchers Role**

May (2011) explains that the researcher’s personal experience always affects data creation. Since it is me who selects and interprets the data, it is important for the reader to know my personal experience, position and feelings regarding the research field (May, 2011, 21, Creswell, 2014, 183)

During past years, I have met different actors within refugee aid. Many demanded more therapy opportunities for refugees, describing circumstances of regular suicides. Other integration programmes that I encountered partly had problems of slow learning processes of refugees and infrequent participation in integration courses. Moreover, I met refugees who depicted their experience of stress and depression during the asylum process and realized their lack of security in our society. Moreover, I was myself feeling uncomfortable walking up a stairs in an abandoned area of the city I lived in where a refugee centre is located. I encountered a group of drunk or otherwise substance influenced male migrants on a stairs who were all staring at me and talking to me. Walking around with open eyes in a city like Malmö and being friends with people who are active in helping asylum seekers problems about this topic have been visible for me and my will to support society in dealing with this in a productive way has strengthened over the time. Besides that, I myself am a migrant from Germany living in Sweden but in a much easier position due to my white skin colour, EU citizenship and language familiarity. I found out about PTSD later, when I started researching into the topic. Personally, I am holding the position that same rights for everyone contribute to a safe and positive atmosphere in society for everyone. I am therefore likely to see many flaws in the government’s work because I have felt left alone in all these matters not having felt any action from them that would solve the situation. However, in
this research I try to focus on merely presenting my findings however, the reader should know what position I am coming from.
Theory

Since many researchers state that mental health is connected to the ability of the individual to integrate, it is of interest to look into the theory of integration (Beiser, 2006, Jorden et al, 2009, Laban et al, 2004, Phillimore 2011 in Bakker et al., 2014). In the theoretical part, I will outline different interpretations of integration and the ways different scientists explain to achieve integration. It is necessary to include this because the concept of integration has not yet reached a clear definition or coherent meaning but is rather used in variety of ways. Scientific arbitrariness has thereby led to confusion in the political and public debate (Schunk, 2014, 10). Therefore, I need to define the concepts which this study applies and why.

In my theoretical framework, I will line out a set of theories by Schunk and the definition of integration by Castels and Miller. After that, I will explain Essers model of social integration. Then I will outline parts of “conservation of resource theory” (COR) by Hobfoll (2001), which is not directly talking about integration but rather about how it can be achieved. A view on immigrant integration from the individual’s perspective will be given by Kristal-Andersson (2000).

The concepts of Castles and Miller (2009) and Schunk (2014) are coming from social sciences. The theories by Kristal-Andersson (2000) and Hobfoll (2001) have their roots in psychology but are deeply connected to social sciences as well. With the help of the concepts and theories, I will analyse the German policies and the project Somenti, which I will present in the empirical part.

Integration

Castles and Miller define integration as the process of an immigrant becoming part of the receiving society and nation (Castles & Miller, 2009, 245). Moreover, they point out that the society’s support depends on the desired integration result. It is therefore highly important which concepts of integration politicians and society hold and what they regard as successful integration (Castles & Miller, 2009, 246).
Different actors have different ways of measuring integration. The German government has a fixed set of indicators, which they use to monitor integration. Those often focus on the “hard” indicators such as the labour market integration. However, Germany also monitors aspects of social integration such as the immigrants’ active participation in different institutions or in politics (Bijl & Verweij, 2012, 37, 154). In contrast, some scientists in contrast say that integration is mainly a question of the individual’s subjective feeling of belonging (Wu, 2012). Zimmermann and Constant (2009) in their study found that economic and mental factors are intertwined, whereby the mental aspects often underlie the performance in the economic integration (Hobfoll, 2001; Kristal-Andersson, 2000, 166; Schunk, 2014, 11; Wu, 2012).

Schunk (2014) says that integration generally starts after the immigrant arrives in the host country (affecting the country, the natives and the immigrants). He suggests using the term integration as a general concept that refers “to the (interdependent) relations between persons (or groups)” (Esser, 2000, 261; Lockwood, 1964, 247 in Schunk 2014, 11). It therefore concerns immigrants as well as natives. According to Schunk, the outcome of integration can vary between assimilation and different forms of containing the original culture. The main point is whether an individual accepts and is in turn accepted, and whether it has equal chances (Schunk, 2014).

**Economic integration**

Economic integration is often a visible and prioritized outcome. It is reached when the immigrant performs similarly well to natives of the host country, which is measurable as well. The equal performance is usually not given in Europe according to the study of Zimmermann and Constant (2009) and Verdier (et al., 2012). They found that the labour market performance of an immigrant is most influenced by the attitudes between host society and immigrants (Zimmermann & Constant, 2009). Moreover, the relation of the immigrant to his or her home country and culture is important. The importance of the mental state as outlined above prompted me to take more account of the mental states of the individual during integration. Moreover, I will outline what theory suggests for supporting integration in all areas.

**Social Integration**

Sociologist Hartmut Esser (2001) developed a multidimensional integration model, to which I will refer. His model has four dimensions and each dimension influences the other ones both, in
positive and negative ways. The first dimension is called culturation, meaning the acquisition of knowledge and skills needed to orient oneself in society. The next dimension he calls placement, which is referring to the place in society of the individual regarding their job, education, accommodation and similar things. Thirdly, interaction, which stands for the contacts and friendships, immigrants have with the host society. This aspect has influence on the individual’s emotional relation to the host countries culture, which as above mentioned is crucial to economic integration (Zimmermann & Constant, 2009). This dimension often requires the ability and willingness of the immigrant to embrace individualism, which requires dissociation from previous cultural traditional values. This dissociation costs many resources as described below by Hobfoll (2001) and Kristall-Andersson (2000). The last dimension, Identification means the involvement and belonging of the immigrant to an organizational structure or institution in the host country, which, according to Esser (2001), is an importnat mental resource for coping with stress and challenges (Esser in Feldmann & Seidler, 2013).

In figure 1 the model is illustrated

Fig.1 Social-Integration (Esser, 2001)

The question, what the immigrant pursues for him or herself is crucial to answer my thesis question because the motivation of the individual is what causes their action regarding integration
If the government or a project tries to foster integration, we have to put their measures into context to the motivations of individuals. In the following, I will outline theories concerning this question in context to integration.

Esser (2006, 2008 in Schunk, 2014, 31) says about this that the individual strives for physical wellbeing and social approval by pursuing socially defined goals and investing time and resources in order to achieve these. A similar, more expansive explanation by Hobfoll (2001) is that an individual pursues the conservation of their personal resources in his conservation of resources theory (COR) (Hobfoll, 2001). His theory goes deeper into the interplay of resources and individual behaviour. Therefore, I want to look closer into it to explain the connection of resources and integration. It relates well to my study because mental health is also a resource (Hobfoll, 2001, 338, 341).

**Conservation of Resources**

Hobfoll's theory explains the processes of coping mechanisms individuals apply in stress situations, which I relate to the asylum seeker’s situation. The theory has the purpose of predicting the stress of individuals and societies. Therefore, it delivers valuable aspects for my study, which concerns appropriate measures to support people in distress. I will include only certain aspects of the theory, which are relevant to my study. These he backs up with research in his article, from 2001.

According to his theory, the loss of resources generates stress. Resources can be various things from material to psychological things. Stress he defines as the inability of the individual to diminish undesirable situations or states (Hobfoll, 2001, 339).

Integration can be said to be part of the resources as seen in his definition, which includes for example feeling valuable to others, being understood by others, having a stable employment and the feeling of independence and self-determination (Hobfoll, 2001, 342). This relates strongly to the situation of asylum seekers who also experience significant loss of resources via migration (Angel & Hjern, 2004).

Next, he explains that a person who has experienced a loss of resources is more likely to experience further loss. He says that certain resources can, through different strategies, restore or
regain other lost resources. A person with a large lack of resources might go into a state of denial, which is significantly related to their mental health. It is deemed counterproductive to the integration process because it can lead to the withdrawal into isolation (Hobfoll, 2001; Feldmann & Seidler, 2013, 66; Noor, 2015, Bakker, 2013, 432).

He explicitly mentions PTSD as result of overwhelming stress respectively of a loss of resources, which was not coped with in an effective way. The occurrence of PTSD might give strong momentum to the downwards spiral via counterproductive behaviour such as denial (Hobfoll, 2001, 356-7). If the individual has the chance to narrate the traumatic experience to other people it has a proven healing effect on the individual and his social environment. Therefore, that is a valuable way of dealing with trauma on a low-key level, but can only work in intimate, hence long-term relations (BPtK, 2015, Meichenbaum, 1994 in Hobfoll, 2001, 344).

He states that refugees are proactive in regaining their resources but can only do so within their limits of environmental and social situation (Hobfoll, 2001, 353). This is supported by structuralism, an integration theory which says that access constraints to institutions and services hinder social-integration and lead thereby to a low economic integration (Blau and Duncan, 1967, Portes and Borocz, 1989 in Verdier et al., 2012). Hobfoll hereby puts the cause of stress on the external factors instead of saying that a person’s internal abilities are responsible for stressful feelings (Hobfoll, 2001, 362).

Because of the downward spiral effect that he found he suggests to counteract loss of resources as early as possible so that the damage remains small (Hobfoll, 2001, 362).

Three stages of adaptation

The Psychologist Kristal-Andersson in his book defines adaptation of the individual as becoming part of the new country as mentioned also by Castles and Miller (2009, 245). Adaptation in this case can thus be seen as relevant to integration. With his approach, he supports the thesis that an individual needs resources and social support to master the process of integration. He states that even if a person has integrated formally and knows the language, norms and rules of the country, these things might still not belong to the individual inside. He defines internal integration as not feeling different and incorporating the new values and lifestyle.
The feeling of not belonging and a rejection of values and norms might lead to isolation and depression hence unsuccessful integration. To feel part and accept, requires mental work that the individual has to carry out. His theory describes three stages the individual has to go through, in which it has to overcome certain boundaries within and outside itself, requiring resources as defined be Hobfoll (Kristal-Andersson, 2000, 166-168, Hobfoll 2001, Feldmann & Seidler, 2013, 66).
Previous research

Since my study is referring to two scientific areas, in my previous research part I will have to take account of both of them to a certain extent. One part will therefore concern research on the relevance of PTSD for integration coming from social science while the other part will inform about previous research and the debate on the German system of integration, which is a social-political subject.

Self-perceived health

Solveig Ekblad (2009) in her Study on asylum seekers in Sweden and their self-perception of health finds a number of factors, which she defines as most crucial for the health of the refugee. Her results point out that the self-perceived feeling of illness is mostly of psychological nature as also found by the BPtk (2015). In accordance to other studies, she points out that preventive measures can help to avoid later occurrence of more severe mental problems such as post-traumatic stress disorder (Weisaeth, 1989 in Ekblad, 2009, 180-1, Hobfoll, 2001)

For her study, she interviewed 108 adult asylum seekers from different countries over the time of 8 months in 2007 and 2008. The participants answered questions on their habits, about current visits at the asylum office and health circumstance, about their age, civil status, education and occupation, and about their social network and social services they are using. Moreover, they were asked about symptoms of depression, traumatic events before during and after the flight, post-migration stress and experience of illness (Ekblad, 2009, 173-4).

In her analysis she defines 14 categories of traumatic experience before the flight (torture, war, witnessing of murderer etc.) of which 8 categories have been experienced by between 60% and 90% of the interviewees the remaining categories got results of between 10% and 33%. After arrival, the factors, which were most worrying and exhausting for asylum seekers, were the worries about their family (86 people) and isolation/loneliness (62 people). 52 people withstand that the feeling of wasting time is highly stressful for them. Sixty percent of participants felt unhealthy which was identified as psychological problem (Ekblad, 2009, 175-9).
In regard of her results, Ekblad provides six strategies to improve the health situation. She suggests a shorter asylum process, an improvement of opportunities for social connections, training and supervision for reception staff of asylum seekers, to supply the asylum seekers with information about health and the health system and a continuing health examination of asylum seekers, which should be free of charge. As a last point, she claims a free access of health services as needed irrespectively of a person's legal status (Ekblad, 2009, 182-5).

Reception in the host country

The book of Angel and Hjern 2004, *Att möta flykningar* (engl. to meet refugees) gives a complementing perspective onto the connection of mental problems and the reception in the country. The authors wrote the book from personal long year experience of working with refugees as psychologist and doctor and previous research. In their book, they are not explicitly talking about integration but focus mostly on the refugees needs. Filling peoples' needs, hence giving them resources according to Hobfolls Theory is important to enable them to integrate proactively (Hobfoll, 2001).

Their book supports the positon to support mental health of refugees and that it is not enough to offer them therapy but also to minimize insecurities in their current lives as much as possible and to become socially involved with refugees as a host society (Angel & Hjern, 2004, 53, 206-209). Hobfoll’s theory supports that communities, which have low resources, need community external individuals in order to rebuild their resources (Hobfoll, 2001, 355)

Psychology vs. Politics

As also mentioned in the Background when it comes to PTSD it is hard to make a clear statement on what is more important: The direct treatment of the individual or the general work on our society and politics (Kirmayer et al., 2007). As also seen in Ekblads study, both have crucial impacts on the individual. Leys' position is that an intelligent, pragmatic and humane approach is the most valuable (Leys, 2000). That could mean to offer treatment to individuals who already have developed PTSD but also to tackle the greater problem in the long-term view.

Monitoring integration in Germany

A study on the monitoring of integration in Germany gives insight on the German view on integration and the way Germany tries to improve their structural approach to integration (Bijl &
Verweij, 2012). In the introduction of the book, the authors point towards the problem that migrants are often generalized as a group, neglecting their different backgrounds, abilities and starting points. Moreover, they state that in the integration debate the wishes and needs of immigrants are often overlooked which in connection to the previously outlined studies is rather fatal (Bijl & Verweij, 2012, 31; Hobfoll, 2001; Ekblad, 2009).

The authors state that socio economic participation, meaning participation in the work and education sector, is often seen as most important. They argue in contrast that integration should be understood as a segmented process, which requires success in different areas of life to be achieved (Bijl & Verweij, 2012, 37). This is in accordance with Essers Theory from 2001 as outlined above.

For their study, they analysed data from different official statistics such as from employment or integration courses. To include information of social relationships, values and perceptions, they use a row of alternative statistics, such as the socio economic panel, volunteer survey about social engagement of the population and included political institutions' definitions and measures (Bijl & Verweij, 2012, 147-153).

They explain that Germany introduced a plan for the monitoring of integration in 2009 including 12 indicator topics with in total 100 indicators. This plan has been evaluated and developed since then. The indicators include besides others health, social and political participation with equal opportunities and intercultural openness of the public sector. Results from the monitoring show that families with migration history are still in an unfavourable position in society (Bijl & Verweij, 2012, 154).

He argues that since the German concept of integration is a two way process, there are not enough monitoring aspects taking account of the host society but that the plan is focusing too much on the immigrant's obligations. The only thing that is required from the society is openness. Also, they stress that little attention is payed to the socio cultural integration of the immigrant by which they mean the interaction with natives, feeling of home, level of being accepted and mutual trust, which he defines as "decisive factor for social peace in an immigrant society" (Bijl
Apart from that, they state that the integration measures in Germany have improved over the past years (Bijl & Verweij, 2012, 159).

**Summary**

In summary, all studies show that the consideration of the refugee's needs is highly important to facilitate their integration. Moreover, all studies agree on that social support by and direct contact with the host society plays a central role in integration. According to the research, the treatment of PTSD is a strong need of affected individuals but it can also be prevented by suitable reception measures or partly healed by social support (Hobfoll, 2001, Ekblad, 2009).
Empirical Findings and Analysis

In the empirical part I will outline all my findings first taking account of Germany and then of the integration relevant parts of the project Somenti. In order to avoid repetition I will include my analysis in the empirical part. I do that because the findings consist of many different aspects and will therefore be difficult for the reader to remember when commented in an extra analysis part. Besides the previous research and theory, I will in conclusion sum up the most important findings with analytic component.

PTSD treatment and the integration concept for asylum seekers in Germany

Integration of asylum seekers

The German government officially defines the term integration for them and connects to it certain rights and obligations of the immigrant. First, they state that only who is permanently in the country belongs to the target group of German integration policies. This brought up the question whether this applies to asylum seekers as well. Otherwise, my study would miss the point by looking into integration theory. However, I found that asylum seekers are entitled to integration courses if they have a good chance to stay in the country. Therefore, they can be said to be included in the target group. The access for asylum-seekers is only been allowed since November 2015 (Bundesregierung, 2016; Bamf, 2016b).

What this means is that asylum-seekers were perhaps not seen within the target group for integration prior to this. Therefore it is likely that regulations as written in the Asylum seekers benefits act (Asylbewerber Leistungs Gesetz, in the following as AsylbLG) may not be in line with the current integration aims. However, my study remains reasonable because now that they belong to the target group the government might have an interest to adapt the law to that purpose as well. Moreover, mental health is a general human right and therefore has to be available for every individual, regardless of one’s nationality or asylum status and regardless of any integration aims (Cchr, 2016).
George Classen (2013) is very clear in his critical paper on the AsylbLG. Referring to the Charta of fundamental rights, he points out that the latter applies to citizens as well as non-nationals who are residing in the German country. Thereby there is no differentiation between different residence statuses. He argues that the constraint of fundamental rights has to be justified based on needs. Hence, a regulation that provides fewer services for a certain group of people is only justified if that group has fewer needs. This does, according to his argumentation, not apply to people who are staying only temporarily in the country. Temporary stay can therefore not be used as an argument to reduce rights to care and services. Therefore, a uniform standard of humane existence minimum must be secured from the beginning of the stay in the host country. He therefore claims that the AsylgLG is unconstitutionally (Classen, 2013, 1).

**Integration concept**

Having clarified that asylum seekers belong to the target group for integration measures, I want to outline what the German government says about their integration concept on their website. They state that integration means to them that there is mutual trust between immigrants and natives and that they share responsibility. They want to promote the feeling of being one society where people not live together and are not in separate worlds. The individual should feel part of a community. They describe integration as a two-way process where a common understanding of living together is developed instead of assimilation where a one sided adaptation takes place. Therefore, the government requires the acceptance by the host society and the willingness of the individual to learn and to respect the rules of the country. Moreover, self-responsibility of the individuals (immigrants) is demanded in order to pursue their own integration (federal ministry of the interior, 2016).

The immigrant should learn the German language, about the system, the welfare system, the federal system, equal rights, tolerance and religious freedom, law, rules and democratic principles. It is required that the immigrant respects these and abides to them. These things are seen necessary for the individual to be able to take advantage of all opportunities and to be able to participate equally to natives in society, which the government sees as an indicator of
integration. The government therefore defines its own responsibility to remove barriers for integration (Federal ministry of the interior, 2016).

Thereby their concept is in line with the integration concept of Esser since it incorporates all aspects of integration. Moreover, they include mutual trust. However, the concept is in itself paradox because it says that integration needs to be a two-way process but on the other hand puts most responsibilities about learning and accepting on the immigrant. They, however, have less resources anyway as Hobfoll explains (2001, 352).

The paradox is also the paragraph that puts the German views as standards. This is in accordance with an outdated assimilation model and not with recent models of integration (Carens, 2005, 42; Esser, 2001, Verdier et al., 2012, 6). The obligation of the individual to learn these things constraints partly the freedom of the individual, which is defined by Hobfoll as a resource (Hobfoll, 2001, 342). It can, though also be said to foster the freedom by creating independence. From the host society, only acceptance is asked. According to previous research and Hobfoll’s theory that is not enough (Ekblad, 2009, Hobfoll, 2001). Still their concept loosely includes that they need to resolve barriers for the immigrant’s integration and find common ways of living together. The question is whether this is actively implement.

The Residency act

The Integration concept is based on the Residency act from 2003 which defines who is entitled to integration services. In the act, there are certain regulations that are relevant about PTSD even though the rules are not directly connected to the treatment of mental problems. In section 43, it says that the host country is supposed to provide economic, cultural and social support and the migrant needs to do integration efforts. The support consists of an integration course, which is supposed to promote independence of the individual.

In section 44, it says that the migrant is obliged to attend the courses without exceptions. In case the person does not attend, the new regulation of the government is to cut the benefits, which the person receives (RT International, 2016). There is a chance to revoke the obligation in case the attendance is impossible or unreasonable. This is not precisely defined, and nothing about
mental problems as possible reasons is mentioned. Section 45 though says that there are "particular social education" measures and migration specific counseling for people who are not able to attend the integration courses (Residency act, 2013, para. 43-45).

The law thereby shelters people without resources as defined by Hobfoll (2001) and gives the opportunity to work according to their means. It is not clearly defined causing a lack of assurance to appropriate and consistent application of this law. It can vary depending on what the counseling and particular education really include. Therefore, further research is needed on that to make a clear statement.

The Asylum seekers benefits act on psychological problems
The Asylum Seekers Benefits act (AsylbLG) gives information about the legal eligibility for asylum seekers to mental health treatment. In section 4, it says that an asylum seeker is eligible to treatment for acute conditions or pain. According to section 6, an asylum entitled to necessary treatment if they have had traumatic experience (AsylbLG, 2016, para. 4.1, para. 6.2). This act is applicable for the first 15 months of the asylum process after that asylum seekers have the right to insurance which entitles them to all treatments that German citizens with insurance enjoy (AsylbLG, 2016, para. 2.1; asylumineurope, 2016).

The law itself therefore incorporates and provides the treatment even if restricted to a person’s residence permit status. If one is not an asylum seeker there is no provision. A problem is that the word “necessary” is problematic as in this context it lacks clear definition. Moreover, the term acute condition is not defined and often interpreted as treatment that is “absolutely unavoidable” (asylumineurope, 2016, Fox, 2015, BPtK, 2015).

Insurance during the asylum process
To receive any treatment an asylum seeker needs to apply for an insurance voucher at the social welfare office. This, the information network claims, puts extra strain on the social welfare office. Another point is that a cleric assistant who has no special education or training in medical issues makes the decision. Neither do they have guaranteed full knowledge of the detailed laws.
This in the past has led to delayed decisions and unjustified denials. Therefore, certain federal states have adopted the general insurance right from an earlier stage of the asylum process (asylumineurope, 2016).

**Other obstacles in health care**

Other aspects to consider are the issue of language barriers and the availability of therapists. I will shortly outline the regulations and circumstances regarding these aspects.

According to the information network asylum and migration, interpreters are rare and are not reimbursed by insurance companies, neither during nor after the asylum process (asylumineurope, 2016).

The situation regarding therapists is that in case an asylum seeker managed to get an insurance voucher the network states that there are not enough therapists to guarantee treatment; confirmed by the article of *Spiegel Online* and the study by the BPtK (Neumann et al., 2015, asylumineurope, 2016; BPtK, 2015, 16). There are thirty psychosocial centers in Germany, which cover most of the psychological care for asylum seekers. They are specialized on torture victims and traumatized people from war regions, and have long work experience. However, these are not covered by insurances and therefore cover their costs through donations and other funds. Often the care offered by them is still not accessible by the asylum seeker because of a long travel distance (asylumineurope 2016; Neumann et al., 2015; BPtK, 2015).

The law was changed in March 2015 so that an asylum seeker is entitled to health insurance after 15 months instead of 4 years of the asylum process. This has a disadvantage to it regarding the passage above. Earlier, the psychosocial centers were reimbursed by the social welfare agency for a longer period, during the time when the refugee was not entitled to insurance yet. Because the time without insurance is now shortened to 15 months, the new regulation lead to a restraint in the ability of the centers to offer treatment and could even force them to close (Neumann et al., 2015). Regular psychologists cannot quantitywise make up for this loss of provision (BPtK, 2015, 6).
In this passage, it shows that the german regulations do include mental health issues but that these are in practice problematic to access. In addition, the rules are detailed and complex, and therefore hard to understand for people in the situation of an asylum seeker. Without judicial assistance and interpreters, they cannot make use of their right. However, the law does not provide these two services (BPtK, 2015, 17). According to conservation of resources theory, it is likely that the lack of access strains person with low resources who would be most in need of the treatment, which diminishes their chance to access it even further. This can lead to a downward spiral and even cause PTSD if it is not already developed (Wells et al., 1997, 1999 in Hobfoll, 355, 357; Boos & Mueller, 2006 in BPtK, 2015, 9).

Since psychosocial centers are not entitled to public insurances, the thesis that the government does not take into account psychological problems and PTSD in asylum seekers and refugees is supported. The BPtK claims the inclusion of these centers into insurance contracts in order to facilitate a wider range of people in need with suitable treatment. They point out that EU law is neglected, which should have been implemented since July 2015. In that law, it says that traumatized people count to especially vulnerable people whose needs need considerations. However, newest laws in Germany regarding asylum seekers have not taken account of trauma treatment or general stress relief (BPtK, 2015, 10-13).

**Current trends and new laws**

**Integration law**

According to the german chancellor, Angela Merkel, the aim of Germany’s first integration law is to make it easier for asylum seekers to gain access to the German labour market (Olterman, 2016). Thereby she proves that there is a lot of focus on economic integration, which is what Bijl and Verveij criticized in their study.

This is reflected in the new integration law, which will be enacted on 25 May 2016. Using the wording of the law, asylum seekers’ or refugees’ benefitis will be cut in case of “refusal to
This formulation is problematic because non-participation in an integration course might not have to do with a refusal to integrate but might be due to other reasons. Moreover, the asylum seekers will be assigned their accommodation. Any refusal to accept the assigned accommodation will be followed by "drastic consequences" regarding the benefits. The minister of the interior calls this the concept of “support and challenge” (ger. "fördern und fordern") (süddeutsche GmbH, 2016). The previous law of prioritizing citizens on a workplace will be suspended for the next three years to ease up labour market integration. In addition, to promote labour market integration, the asylum seeker can be hired as a leased labourer, so that shorter contracts are possible. These are the main points of the new integration law (spielgelonline, 2016). Experts and scientist working with human rights criticize the law for deteriorating the relation between immigrants and citizens because it takes advantage of and enforces stigmata towards the immigrants (Zeitonline GmbH, 2016).

This new law focuses exclusively on Essers dimension of placement regarding the occupation (Esser, 2001). However, this law does not take account of the three other dimensions by Esser. Thereby they ignore that integration needs all dimensions in order to be successful in any of them since they influence each other (Esser 2001 in Feldmann & Seidler, 2013, 63). This law causes more stress which the BPtK’s and Hobfoll’s work explain is fatal (Hobfoll, 2001, BPtK, 2015, 8-9)

Asylum package II

Another law that was launched 17 of March 2016 is the asylumpackage II (ger. Asyl Paket II) (Bundesregierung, 2016). The new law lists a new regulation under the title "deportation obstacles". The new regulation is that an asylums seeker who wants to use a certified diagnosis of mental illness as a reason for cancelling the deportation has to hand this certificate in at the beginning of the asylum process. Earlier one had the chance to hand in the certificate at any time but the government assumes that these were forged. Moreover, they accuse asylum seekers to having taken advantage of the foregoing law where a certificate prevented the deportation (Hütten, 2016). Hütten (2016) states that the government provides no evidence for the assumption
of the abuse of the law. Additionally he says that numbers of asylum seekers, making use of this certificate, are rather small and therefore do not either speak for this hypothesis by the government.

Moreover, the law includes that PTSD cannot be given as a reason for suspension of deportation anymore. The government will only accept acute sicknesses, which might deteriorate severely in case of deportation (Bundesregierung, 2016). This assessment is criticized by Psychologists, who say that “acute” is not the right word to be used but that the wording “acute need of treatment” is appropriate which would include (potentially) choronal sicknesses and thereby PTSD, which they see as equally dangerous (BPtK, 2016, 13).

Hütten (2016) further explains that these regulations are not feasible because a diagnosis, if done correctly and in order to be reliable takes time. If the traumatic experience is more severe then the person might need an especially long time to open up about it to allow a qualified diagnosis. Cultural differences prolong the diagnosis process additionally (Feldmann & Seidler, 2013, 148). It is even dangerous to confront an individual too early with the trauma for their process of healing. Asylumpackag II is therefore ethical highly problematic (Feldmann & Seidler, 2013, 153). Moreover as stated above the mere organization of health care and the shortage of doctors who are eligible to diagnose are major obstacles to acquire such a certificate in time (BPtK, 2015, 14-16; asylumineurope, 2016).

The Somenti Project

In this part, I will outline different aspects the project Somenti and put them in context with integration theory and German politics. I will start by explaining the context of the project. Then I will present their aim and the way they try to achieve it. This part includes an explanation about the concept of integration applied by the project. Afterwards, I will outline the structure of Somenti and practical aspects of it including the different working areas of the project and the financial aspects.
Even though it is not in all aspects possible to compare a government to a small volunteer-project it is still of interest how their concepts and motivations shape their actual actions and how they suit to the scientific research and theory above outlined.

**Background and foundation**

The name Somenti stands for social mentoring and integration. Two people (organizer 1 and 2) founded Somenti in spring 2015. Organizer 1 is a psychologist and coach and organizer 2 is a medical ethnologist working in development. Both work voluntarily in the project because of ideological reasons (organizer 1, 2016, organizer 2, 2016).

**Partner Project**

The initiative for Somenti was the answer to problems in another project, called Flüchtlingshilfe-Binnenhafen (Refugee Help Binnenhafen). This Project exists since 2014 when a ship was placed into a living area where 220 asylum seekers were accommodated. The citizens of the area decided to create a community to welcome the new people to the area and support them. Now they are running German courses, helping with agency visits, psychosocial support and other things like access to education and the labour market, becoming contact persons and giving social support in general. The organization had created a database of volunteers, which Somenti used to recruit participants. At this time, 15 volunteers from Fluechtlingshilfe Binnenhafen receive training and support from Somenti. The problem in Fluechtlingshilfe Binnenhafen was that volunteers were overwhelmed with their work and started to feel frustrated.

**Aim**

The overarching aim of Somenti is to support the integration of the asylum seekers and society. To achieve integration, they want to improve the medical and psychosocial care provision. Therefore, they aim at making health care accurately fitting for the individual. They created a psychosocial coordination point (PsyKo), which I will explain later. Somenti does not work with the asylum seekers directly but they seek to support and train the volunteers. Moreover, they want to help increase the refugees' knowledge of their rights and organize access to legal assistance, interpretation and other supervision (Appendix A).
Concept of integration

Somenti’s concept and approach to integration is of interest to see what their work is influences by. They state in their report from 2016 that they see the ability to self-management and the participation of the individual as an indicator for integration. Hereby, they refer to the asylum seekers’ ability to deal with bureaucracy, agencies and their health care independently. In addition, the willingness of learning, working and openness is seen as crucial by Somenti says organizer 1 in an interview with me. However, organizer 1 says that the access to health care and other support goes hand in hand with the individual’s openness and therefore they prioritize that in their work.

Self-perceived psychologically health is for them an indicator for integration (Organizer 1, 2016). Organizer 1 explains that an individual that is healthy and understands the system is more capable and productive. If a person works, they go on, it helps them to create and maintain an identity, which helps them to build self-confidence. Self-confidence again diminishes fear of contact to others enabling social interaction, hence integration. Organizer 1 thinks that refugees and migrants are automatically very open because they want to become part of the society and understand the rules in order to improve their situation. The problem for their integration therefore lies in the barriers the asylum law puts the asylum seeker’s way (Organizer 1, 2016).

For Somenti it is therefore very important that people who work with asylum seekers are aware of problems and the culture of asylum seekers. Therefore, they see communication and contact between the groups as crucial in the process of integration. Moreover, the project's concept shows that the organizers put emphasis on the general education and sensitization about foreign cultures and health concepts. That should help to understand the asylum seeker group and make the support for integration more effective (Appendix C, Organizer 1, 2016, Organizer 2, 2016).

Somenti therefore represents a view that is looking at the individual needs in order to enable productivity and thereby economic- and social integration. According to Zimmermann and Constant (2009) this connection is necessary for successful labour market integration. The needs are defined by the idea that asylum seekers seek for physical wellbeing, which is in line with Essers theory (Esser, 2006, 2008 in Schunk 2014, 31). Self-determination, which they mention, is
one of Hobfoll’s defined resources (Hobfoll, 2001, 342). Somenti also expresses a concrete idea what the two-way integration process means. According to them, it means to learn about the asylum seekers perspective and culture in order to be able to communicate to get to know their needs. The Social contact they provide is according to theory essencial for integration and healing of trauma (Esser, 2001, Hobfoll, 2001, 344, Kristall-Andersson, 2000). The BPtK has even found that social support can prevent the development of PTSD (BPtK, 2015, 8). The government lacks such an approach, which focuses on social support.

The Somenti’s and the German integration concept aim at similar outcomes, which is a strong society in which people are free and equal also regarding their chances in life. Both see, that the German system is strained by handling asylum seekers and want to relieve the system. The difference lies in their approach of acheiving it. As mentioned above Germany tries to integrate via support and challenge. They include rights into laws but lack implementation of these laws as outlined above (asylumineurope, 2016; Hütten, 2016; BPtK, 2015). Thereby the government contributes to stress of the asylum seeker in different areas of life, which, according to the BPtK, can lead to the chronification of trauma (Boos & Mueller, 2006, Steel et al., 1999 in BPtK, 2015, 8).

Regarding the new integration law, labour market integration seems to be crucial for the German government. The law practically enables them to push immigrants onto the labour market or into integration courses, without guaranteeing the quality of these occupations. For Germany, the approach is to minimize chances of abusing the system. Somenti’s approach is different because they do not assume that someone wants to abuse the system. Rather they see the need of the asylum seeker as justified and support them to fill it in order help them becoming people who do not need to receive support anymore. Hobfoll states that certain kinds of resources can help regaining lost resources but that, if a person holds too little resources, a downwards spiral of resource loss emerges (Hobfoll, 2001). Somenti shows their awareness of this problem. By filling the need for better access to the labour market the government ignores that asylum seekers can still have other profound needs, which the the law provides less flexibility for (AsylbLG, 2016; Asylumineurope, 2016; BPtK, 2015).
Practical work

There are two different aspects of their work, which I want to outline here. The first will be the psychosocial coordination point (ger. Psychosoziale Koordinationsstelle, in the following PsyKo) and the volunteers’ counselling. Because these two factors are intertwined, I will explain them together.

The PsyKo coordinates most activities. It guides the volunteers in their work and offers supervision for them, provided by a contact person (Appendix C). Currently, organizer 2 fills this position. The supervisor sits in the office of Fluechtlingshilfe Binnenhafen. The latter organization profits from that too since its volunteers are the ones receiving the support and the office is filled more often.

Part of the support is the intervision group. Intervision means that the peer group of volunteers exchanges and reflects on experiences and feelings about their work in the refugee centre. Organizer 2 moderates these intervision group sittings. They are meeting once a month since September 2015. The meetings help to solve frustration, anger and misunderstanding as the volunteer approved (volunteer, 2016; Appendix A). According to Angel and Hjern (2004, 218) this is an approved way to build up the volunteers’ resilience.

According to Organizer 1, the new requirements of having the intervision group first overwhelmed the volunteers. Soon after they started with the meetings, the members changed their mind and became aware of their need for it because they saw the potential in it. They even started asking for more training on other topics too (volunteer, 2016, organizer 2, 2016).

The PsyKo organizes training for the volunteers of Fluechtlingshilfe Binnenhafen, which is meant to improve their skills and knowledge about cultural differences. These include different health concepts and different ways of expressing symptom. In addition, they teach about trauma symptoms, including PTSD, and how these can be recognized. Apart from that, they work with boundary setting for the volunteers and their own emotional limits in the work with refugees.

These points are according to Angel and Hjern (2004, 141, 210) important to sustain volunteer work with asylum seekers and refugees. Somenti contributes to a continuous contact, which is important for the psychological opening of a traumatized person towards other people (Angel &
Hjern, 2004, 114; Hobfoll, 2001, Feldmann & Seidler, 2013). The confrontation with traumatic experience and thereby the curing of the trauma is first possible when some stabilization in the individual’s life has occurred (Feldmann & Seidler, 2013, 140).

The PsyKo has the aim to fulfil the needs of the volunteers and therefore organize the training they demand (Organizer 1, 2016). According to them, this prevents counterproductive work (Appendix A). The volunteer confirms that the work became more effective, easier and fulfilling after Somenti started their work. The volunteer got direct access to the help when needed and felt relieved from frustration and the feeling of being insufficient. Moreover, the volunteer states that intervision and mentoring helped to set own limits of their ability to solve the problems of the asylum seekers (Volunteer, 2016). Therefore, at least the feedback of one volunteer suggests that Somenti is reaching their aims.

By informing the volunteers, Somenti aims at contributing to better information flow to asylum seekers about their rights and possibilities. Moreover, information about the phenomenon of trauma itself is given because mental problems are not discussed in many countries in the way they are in the western world (Feldmann & Seidel, 2013). Somentis work sees itself compared to official ways a fast and obstacle free way to assistance and guidance. Guidance and treatment though, are only given when desired by the refugee (Appendix A).

The last task of the PsyKo is to create a database with different necessary contacts that are useful for the refugees. The database consists of three main kinds of services, which are health care, law assistance and interpretation. When it comes to mental health there exist a variety providers reaching from self-aid groups to therapists networks and doctors who are entitled to diagnose, to low key treatment such as counselling or ergo therapy (a.k.a. psychosocial therapy). Information about agencies and financial aspects of reimbursement for different services is provided too. The database is there to give volunteers and asylum seekers fast and direct access to otherwise scattered and sometimes hidden information.

To overcome the problem of interpretation Somenti is cooperating with an association called Migrants for Migrants (MiMi), which is also working voluntarily. Because of that, there is not always someone available and the contact needs more establishment, as organizer 2 says (2016).
Financial aspects

Somenti itself is not using financial resources at this time since there is no immediate need to do so. At this time, the work is entirely done by volunteers. However, if money was available, interpreters and judicial assistants could be reimbursed and therefore be available more often. A nurse could have a part-time position on the ship, which Somenti requires to provide direct healthcare and dialogue. Volunteers who are working with the asylum seekers besides their job would be relieved. Moreover, the two leaders would have more time and could be faster developing the project if they were paid for their work. Fluechtlingshilfe Binnenhafen receives donations from industrial actors and private persons, which they use for practical things (furniture, bikeworkshop) their local is paid by the local government (Organizer 1, 2016).

The organizers have plans for a more sustainable financial model, outlined below, but it is still pending due to time constraints of organizer 1 and 2.

With their work, Somenti states that they will foster trauma coping. Therefore, they see themselves relieving the health care system in the long-term view and additionally fostering social integration. Insurances have not yet acknowledged a possible necessity of the project. If they do, Somenti can get into the so-called integrated provision programme (ger. Integrierte Versorgung). This programme has the capacity to reimburse non-medical as well as medical services. It is there to simplify the access to health care and to promote contact between different providers (Appendix A). Therefore, Somenti could be suitable for it.

Because the organizers have no time to prioritize the promotion to the insurance, it becomes a major hinderance for Somenti. It suggests that authorities do not see Somenti’s work or the consequences of trauma as necessary to deal with. This leads to the weakening of the facilitation that already exists, also seen in the case of psychosocial centers, which I mentioned earlier. The government, which has influence on the insurances, thereby slows down the need-oriented integration approach, which according to previous research and theory is a main point of facilitating economic integration and disburdening the welfare system. This is conflicting with their own concept in which they state to have the duty to remove barriers for immigrants to access their opportunities (Federal ministry of the interior, 2016; Kristal-Andersson, 2000).
Hobfoll’s theory explains that mental health is influencing the integration process. Hence, the government is not living up to what they state (Hobfoll, 2001).
Conclusion

My study shows that the government and Somenti have different approaches to integration. Somenti’s work is based on the asylum seekers’ needs while the government is working with obligations and benefit cuts. The government also offers supports through culture and language courses, social benefits, health insurance to some extent and the opening of the labour market. The aspect of trauma and PTSD is marginally considered by the government but not at the focus. Thereby they ignore, that the stress and instability caused by the asylum process can lead to the chronification of the trauma or delay the curing process for the individual. This is likely to strain the health and welfare system in the long-term view. In Somentinis approach, the symptoms and effects of trauma such as certain incapacibilities of the individual are dealt with. By building volunteers resilience, they contribute to a continuous and constructive social contact between host society and asylum seekers at an early stage of arrival. This can prevent the development of PTSD. According to theory it prevents a downwardspiral of resource loss for the asylum seeker, which can strengthen their resilience and thereby enable them to become independent. This is a preventive approach, which in the long-term view could relieve the health- and welfare system of Germany. Both Somenti and the Government have the aim of relieving the system. By ignoring trauma in basic aspects of the asylum system as a whole, the government skips an important step in the process towards the individual’s social and economic integration, hence their independence. This is in conflict with the government’s aim of creating same opportunities for everyone, to become a community and a strong society.
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Organizer 1 (2016). *Interview* by Johanna Eheim 1 May 9:00

Organizer 2 (2016). Interview by Johanna Eheim 24 March 11:00


Volunteer (2016). Interview by Johanna Eheim 10 May 22:00


1.Ed. Bonn, Germany: IZA.
Appendix A: Concept and Progressreport of Somenti


Abschlussbericht für das Projekt „Soziale Mentoring für Integration“ (somenti.org)

Projektkonzept Soziales Mentoring für Integration (somenti.org) Integration fördern. Helfende stärken.

Einleitung


In diesem Abschlussbericht stellen wir die Umsetzung unserer Maßnahmen zur Vermittlung von Geflüchteten in ein psychosoziales Betreuungsumfeld dar, und wir berichten über unser Vorgehen, die freiwillig Helfenden zu unterstützen. Seit Abgabe des Projektplans für die startsocial-Bewerbung hat die Planung manche Veränderung erlebt, u.a. auch weil die Initiatoren die somenti-Organisation mit Hilfe der Coaches von startsocial weiterentwickeln konnten. Weitere Entwicklungsanregungen kamen aus der Mitte der somenti.org-Gruppe: Der wachsende Informationsbedarf, das Bedürfnis sich interkulturell fortbilden zu wollen, der
Aufklärungswunsch, wie das deutsche Gesundheitssystem funktioniert. Am Ende der Beratungsphase verlangten die Helfenden nach Informationen über kulturspezifische Krankheitsvorstellungen, von denen sie sich anfänglich überfordert gefühlt hatten.

**Das Somenti.org-Konzept**


Psychotherapie, seelische Leiden oder Traumata sind für die meisten Flüchtlinge zunächst einmal fremd erscheinende Begriffe und Konzepte aus den westlichen Gesellschaften. Um psychosoziale Versorgung für die Betroffenen möglich zu machen, bedarf es deswegen einer behutsamen Hinführung. Außerdem gilt es, sprachlich-kulturelle Hürden zu berücksichtigen. Die freiwillig Helfenden sind durch die Nähe zu den BewohnerInnen der Unterkünfte die idealen Mittler hinein in ein Netz der psychosozialen Versorgung.


Die Arbeit der freiwillig Helfenden ist gleichzeitig soziales Mentoring und Integrationsarbeit. Die PsyKo unterstützt die Helfenden in diesem Ansatz. Dabei bietet sie den Helfenden die
Möglichkeit, sich auf gemeinsame Werte im Hinblick auf den Umgang mit interkultureller Verschiedenheit zu verständigen und Fortbildungen zu organisieren, welche die Ehrenamtlichen für ihre Arbeit als notwendig erachten. Regelmäßige Intervisionssitzungen und eine besondere Achtsamkeit den eigenen Belastungen gegenüber soll die Resilienz der Freiwilligen stärken und deren Fähigkeit zum sozialen Mentoring langfristig erhalten.

Nicht selten geraten sie als Laien während der interkulturellen Kontakte an die Grenzen der eigenen Belastbarkeit. Die Belastungen führen dazu, das eigene Verhalten und die Sinnhaftigkeit der ehrenamtlichen Tätigkeit zu hinterfragen. Das strapaziert die Fähigkeit, sich in die Lage der Geflüchteten einfühlen zu können und verunsichert die Helfenden. Das Engagement droht abzubrechen, wenn die Ehrenamtlichen hier nicht gestützt und begleitet werden. Verwaltungen oder Behörden können hier nicht einspringen, eher besteht die Gefahr, dass die Welle der Hilfsbereitschaft abebbt.

Ein weiterer Aspekt der Beziehung zwischen ehrenamtlich Helfenden und Geflüchteten ist ebenfalls nicht zu vernachlässigen: Viele Ehrenamtliche älterer Generationen haben ebenfalls Fluchterfahrungen. Bei manchen sind es die Eltern, die von der eigenen Flucht nach dem Krieg erzählt haben, manche waren noch selbst mit Flüchtlingsstrecken unterwegs, die nach dem zweiten Weltkrieg aus den deutschen Ostgebieten ankamen. Die eigenen oder die überlieferten Fluchterfahrungen führen zu Erwartungen an die Geflüchteten, die heute im Land ankommen: Was sie tun sollten, was sie lassen sollten, wie bescheiden oder dankbar sie sein sollten. Das ist oftmals nicht der Fall – und führt zu Konflikten, die nicht leicht aufzulösen sind.

Aus all dem resultiert akuter Handlungsbedarf, um die Ehrenamtlichen zu stärken – hinsichtlich der Möglichkeiten und Grenzen die Geflüchteten zu verstehen, deren Fremdheit nicht als Problem, sondern als Herausforderung zu sehen. Gleichzeitig sind die Helfenden diejenigen, die am nächsten dran sind an der Seelenlage der Flüchtlinge und so zumindest in Teilen deren psychosoziale Versorgung koordinieren können. Deswegen hat das hier vorgestellte Konzept zum Ziel, über die Unterstützung der Helfenden hinaus eine psychosoziale Koordinationsstelle (PsyKo – siehe Anhang) so aufzubauen, dass sie den Ehrenamtlichen hilft, die Geflüchteten in
notwendige psychosoziale, aber auch medizinische Versorgungsangebote zu vermitteln. Die PsyKo vereinbart Kooperationen mit psychosozialen Diensten, Hausärzten und anderen Leistungserbringern – und kann den Bedürftigen dabei helfen, die Angebote in Anspruch zu nehmen und Finanzierungsfragen zu klären.

**Somenti.org - Fortschrittsbericht Was haben wir erreicht?**

**Ziel 1: Kooperationen Träger der Unterkunft Transit, „Fördern und Wohnen AöR“, einbeziehen**


**Kooperationen mit psychosozialen und sonstigen beratenden Diensten**

Die Kooperation mit psychosozialen Diensten zur Versorgung der Geflüchteten sowie die Zusammenarbeit mit Übersetzern gestaltet sich langwieriger als vorausgesehen. Wir konnten
inzwischen AllgemeinarztInnen identifizieren und anschreiben, die auch die Behandlung psychosomatischer Erkrankungen in ihrem Repertoire haben und in der psychosozialen Arbeitsgruppe (PSAG) Süderelbe-Raum mitarbeiten. Sie wurden nach der opt-out Methode um Kooperation gebeten, Absagen liegen aber noch nicht vor. Es gingen stattdessen Anfragen zur Teilnahme an somenti.org ein.


Unterstützung in rechtlichen Fragen erhalten die Geflüchteten gezielt durch eine Helferin der somenti.org-Gruppe, die versucht über Fluchtpunkt (Altona) und Einbindung von Rechtsanwälten notwendige Hilfe für die Flüchtlinge auf dem Wohnschiff „Transit“ zu organisieren. Hier ist jedoch festzuhalten, dass alle Helfenden im Rechtshilfssystem an der 

1 PSAG Süderelbe/ Sozialpsychiatrische Kooperanden, Hausärzte, AK Harburg, UKE Institute, Rechtsberatung und Übersetzer


Die Zusammenarbeit mit dem Übersetzerverein MiMi läuft derzeit über die Sozialarbeiter der Transit, auch die mit Fluchtpunkt arbeitende Helferin von somenti.org nutzt die MiMi-Dienste.

In den Anfragen an verschiedene Träger der ambulanten Sozialpsychiatrie wurden Befürchtungen über die mangelnde Refinanzierung ihrer Leistungen geäußert. Aber auch andere Anbieter von ambulanten Leistungen wie Psychotherapeuten sind sich unsicher, inwieweit sie für ihre Leistungen honoriert werden – zumal Psychotherapie nicht zu den Leistungen gehört, die von der
Gesetzlichen Krankenversicherung finanziert wird, so lange sich die Geflüchteten noch im Duldungsstatus des Asylverfahrens befinden.

**Fazit**


**Ziel 2: Die Befähigung und Betreuung der ehrenamtlich Helfenden**


Die regelmäßigen Intervisionssitzungen haben bewirkt, dass die Ehrenamtlichen den Austausch schätzen gelernt haben. Den Helfenden helfen die Treffen, um sich zu entlasten, auch mal Frust abzulassen, der unweigerlich entsteht, und sich dann wieder auf ihre Aufgaben ausrichten zu können. Im Herbst 2015 kam die Idee einer Fortbildung (siehe Anhang) zu kulturspezifischer Krankheitsbelastung und Kommunikation noch nicht gut an. Inzwischen wissen viele Helfende durch die Erfahrungen, die sie gemacht haben, dass es wichtig ist, hier ein besseres Verständnis zu erlangen. Die Initiatoren verfügen hierzu über fundiertes Wissen, werben aber auch andere Dozenten an, wozu schon die Juroren der Bewerbungsphase geraten hatten.

Durch Kooperation mit dem Verein Human@Human (ebenfalls startsocial-Stipendiat) und Teilnahme an Veranstaltungen der Diakonie und anderer Organisationen, erhalten die somenti.org-Teilnehmer Fortbildungen über Arbeit- und Wohnungsvermittlung an Flüchtlinge sowie über das Asylgesetz. Die Organisatoren halten die Teilnehmer über E-Mail-Verteiler in Kooperation mit der Flüchtlingshilfe Binnenhafen aktuell informiert.

Im Zuge der Beratungsphase nahm einer der Initiatoren (TZ) eine Fortbildung des Vereins „commit and act e.V.“ in Anspruch. Der Verein arbeitet mit der PROSOCIAL-Methode, die es Gruppen möglich machen soll, ein gemeinschaftsorientiertes Gruppengefühl zu erlangen und neue Denk- und Handlungsansätze für die Gruppe zu entwickeln, die aus den Werten der beteiligten Gruppenmitglieder heraus entwickelt werden. TZ hat Kontakt zu den Trainern von „commit und act e.V.“ aufgenommen, um einen Coaching-Prozess für die somenti.org-Gruppe im Frühjahr 2016 zu organisieren.

**Fazit**

Wir haben uns als somenti.org-Gruppe sehr gut weiterentwickelt. Die Gruppenstruktur hat sich etabliert – und die Gruppe ist bereit, weitere eigene Zeitressourcen zur Verfügung zu stellen, um
sich über das akute Helfen hinaus mit den Problemen, Schwierigkeiten und Belastungen bei der Arbeit mit Geflüchteten zu befassen.

**Ziel 3: Organisationsstrukturen**

*Namensfindung und Vereinsgründung*


*Psychosoziale Koordinationsstelle für Ehrenamtliche und Geflüchtete*

Die FHBH stellt uns das Büro in der Harburger Schloßstraße für die allgemeine Beratung der Geflüchteten zur Verfügung. Wir können in diesen Räumlichkeiten die Psychosoziale Koordinationsstelle (PsyKo) ansiedeln. Wir erwidern dieses freundliche Entgegenkommen damit, dass wir die Zeiten, in denen die PsyKo zukünftig Beratungszeiten in den Räumen anbietet auch dafür zur Verfügung stellen, allgemeine Anfragen an die FHBH zu beantworten. Damit unterstützen wir uns gegenseitig, die Öffnungszeiten des Büros auszuweiten.

Für die psychosoziale Koordinationsstelle sehen wir zum gegenwärtigen Stand des Projekts eine ehrenamtliche Pflegekraft vor. Das hat den Vorteil, dass wir dieses Angebot zunächst einmal erproben können: Wie wird es angenommen? Welche Bedarfe auf Seiten der

Einordnung

Ehrenamtlichen und der Geflüchteten entstehen tatsächlich? Da für Marktforschung nicht wirklich Zeit ist, ist die geplante Erprobungsphase unser Weg, das Angebot zu bewerten und eventuell neu auszurichten. Erst die Erprobung kann belegen, welche Art von professioneller

Für die Arbeit der PsyKo haben wir eine Referenzliste von Leistungsanbietern erstellt, die die Grundlage unserer Datenbank zur Vermittlung von Flüchtlingen in die psychosoziale Versorgung darstellt (siehe Anhang). Darauf kann die ehrenamtliche Pflegekraft zugreifen.

Ziel 4: Finanzplan- und Finanzierungskonzept

Finanzplan (siehe Anhang, auf der Webseite befinden sich keine Angaben!)

Alle Bedarfe der Wachstumsphase konnten 2015 und im ersten Quartal 2016 noch durch Vernetzung mit ehrenamtlichen Dienstleistern (Fortbildungen in Asylrecht, Wohnungs- und Arbeitsvermittlung) und Eigeneinsatz (Begleitung, Intervision und Koordination) geleistet werden, so dass die ursprüngliche Finanzplanung nicht in Anspruch genommen werden musste. Der daraus abgeleitete, aktuelle Ansatz zur Finanzierung ist ein Spenden- und Sponsorenmix, durch den etwa Übersetzungskosten gedeckt werden können, bis die angestrebte krankenkassengebundene Versorgung erfolgen kann.

Finanzierungskonzept

Unser Bestreben ist weiterhin, die niedrigschwellige, psychosoziale Versorgung der Geflüchteten nachhaltig zu finanzieren. Um diesem Anspruch gerecht zu werden, arbeiten wir daran, die Dienstleistung entweder aus Finanzmitteln der Sozialbehörde (BASFI Hamburg) zu bestreiten oder eine Finanzierung mittels Integriertem Versorgungs- (IV-)Vertrag nach §140 a-e Sozialgesetzbuch V über die Gesetzlichen Krankenkassen zu erreichen. Beide Wege sind steinig.

Die Option Sozialbehörde erscheint zunächst diejenigen Geflüchteten die Leistungsabrechnung übernehmen muss, deren Asylverfahren noch nicht mit einem Bescheid des BAMF abgeschlossen sind. Zwar verfügen die meisten Geflüchteten in den Unterkünften (so auch der Transit) über eine Versichertenkarte der AOK

**Ziel 5: Öffentlichkeitsarbeit**

**Öffentlichkeitsarbeit über Webseite konzeptualisiert**


Zu unserer Strategie, öffentliche Aufmerksamkeit zu schaffen, gehört inzwischen auch ein Twitter-Account. Zwar ist die Zahl der Follower bisher noch nicht sonderlich groß, viel wichtiger
erscheint uns aber, wer uns folgt – und dazu zählen das Bezirksamt Harburg als kommunale Verwaltung vor Ort und die Sozialbehörde der Stadt Hamburg, BASFI.


**Ausblick und Perspektiven**


Inzwischen ist einer der Initiatoren (TZ) von einem weiteren Initiativkreis gefragt worden, mit einer zwölfköpfigen Gruppe von ehrenamtlich Helfenden eine Intervisionsrunde zu beginnen. Soziales Mentoring für Integration wirkt – für die freiwillig Helfenden und die Zuwanderer.
Appendix B: Creation of a psychosocial coordination point (PsyKo)

http://www.somenti.org - Konzept psychosoziale Koordinationsstelle, Februar 2016 Aufbau einer psychosozialen Koordinationsstelle (PsyKo)

Ziel: Passgenau-individuelle medizinisch-psychosoziale Versorgung von geflüchteten Menschen


Die PsyKo ist mit diesen Kooperations- und Dienstleistungspartnern vernetzt:

<table>
<thead>
<tr>
<th>Kooperationspartner für medizinisch-psychosoziale Versorgung</th>
<th>Dienstleistungspartner für Integration, Vermittlung, Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allgemeinärzte Harburg</td>
<td>Wohnbrücke</td>
</tr>
</tbody>
</table>

Aufgaben der PsyKo


Außerdem bietet die PsyKo einen Informationspool und Navigationshilfe für Flüchtlinge in der therapeutischen Landschaft, sowohl bei der Therapeutensuche als auch bei der Suche nach Selbsthilfegruppen/-möglichkeiten. Somit bündelt die PsyKo die Freiwilligen-Arbeit, die Angebote der vernetzten gemeindepsychiatrischen Träger, Haus- und Gebietsärzte, Beratungsstellen – und ergänzt das Angebot des lokalen Trägers Fördern & Wohnen AöR.

Die Ehrenamtlichen werden in der PsyKo durch eine ehrenamtliche Pflegekraft unterstützt, die der somenti.org-Gruppe angehört. Für die PsyKo kann das Büro der Flüchtlingshilfe Binnenhafen genutzt werden. Die Pflegekraft ergänzt mit ihrer Anwesenheit im Büro der Flüchtlingshilfe zum einen die regulären Bürozeiten und bietet sich dadurch als verlässliche Ansprechperson für die

Versorgungsziel der PsyKo ist die assistierte Bewältigung, Psychoedukation und Informationsgewinnung mit der Erwartung, dass:

1. schnellere und kontinuierlichere Hilfe angeboten wird; ( 

2. dadurch nachhaltigere Behandlungserfolge und Verringerung des (medizinischen Aufwands; geringere Gefahr der Fehlbehandlung/-medikation; ( 

3. Verringerung negativer sozialer Effekte (Arbeitsunfähigkeit, (Erwerbsminderung, Frühverrentung, Belastung familiärer und (nachbarschaftlicher Beziehungen) ( 

4. Verringerung des Risikos von Verschlimmerung und Chronifizierung (Die PsyKo vermittelt dabei zwischen den Schnittstellen diverser Sektoren oder Berufsfelder, etwa aus der psychosozial-psychiatrischen Betreuung, der Ergotherapie, der Sozialarbeit, usw. Der PsyKo-Ansatz bietet für die Geflüchteten einen Schutzraum, innerhalb dessen sie zunächst das Verständnis der eigenen Belastung vergrößern können. Es gehört ja bisher nicht zum Selbstverständnis kollektivistischer, außereuropäischer Kulturen, das individuelle Seelenleid zu thematisieren. Die PsyKo assistiert mit Quellen zur Selbsthilfe (Literatur, ( 

Selbstmanagement der Geflüchteten und hilft beim Aufbau eines sozialen Netzes.

Auf diese Weise unterstützt die PsyKo Ehrenamtliche und Geflüchtete an einem Ort des Austauschs, der Begegnung, der Information und der sozialen Vernetzung. So ermöglicht die
PsyKo allen Beteiligten ohne größere Zugangshürden sowohl emotionale Entlastung als auch Hilfe zur Selbsthilfe im Umgang mit den problematischen Auswirkungen von Flucht, Krieg und den Irritationen, die sich einstellen, wenn einander fremde Kulturen sich begegnen.
Appendix C: Plan of the training for the volunteers

http://www.somenti.org - Fortbildung ehrenamtlich Helfender der FHBH, Februar 2016

Sensibilisierung der Wahrnehmung von psychischen Problemen bei schutzsuchenden Menschen aus anderen Kulturen

Einleitung


Inhaltsplanung

Für das Training sind vier Module vorgesehen:

5. Erfahrungsaustausch (Super-/Intervision)

6. Ausdruck von psychischen Problemen: Angst, Depression, organisch unerklärte Körperbeschwerden, posttraumatisches Syndrom

7. Ausdruck psychischer Symptomatik in nicht-westlichen Kulturen:
8. Einleitung einer Vermittlung in weiterführende Angebote durch die psychosoziale Koordinationsstelle, Abgabe an therapeutisches Umfeld und weitere Begleitung der Betroffenen

Zu 1.) Erfahrungsaustausch (Super-/Intervision – fortlauend, 90 min)


Zu 2.) Ausdruck von psychischen Problemen: Angst, Depression, organisch unerklärte Körperbeschwerden, posttraumatisches Belastungssyndrom (4 x 45 min) Dieses Modul enthält folgende Elemente:

☐ Wissensvermittlung durch Informationen über Symptome und Hintergründe der Beschwerden, Erkennen und Verstehen von psychischen Erkrankungen, ( 

☐ begriffliche Einordnung: Stress, Depression, Angst, Trauma, Anpassungsstörung, akute Belastungsreaktion, Suizidalität, Persönlichkeitsstörungen, Psychose Befähigung zu besserm Krankheitsverständnis auf Seiten der Helfenden, ( 

☐ Mittel zur effizienteren Krankheitsbewältigung, um Geflüchtete emotional zu entlasten, ( 

☐ Erkennen von Formen der „Selbstmedikation“ und anderen Bewältigungsversuchen: Medikamenten- und Drogenmissbrauch, Rückzug nach Innen ( 

☐ Angebote von Literatur zum Thema Selbsthilfe bei der jeweiligen Erkrankung (Zu 3.) 

Ausdruck psychischer Symptomatik in nicht-westlichen Kulturen (4 x 45min) ( 

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Dieses Modul enthält folgende Elemente:

- Kulturspezifische Krankheitsbeschreibung, subjektive Krankheitstheorien, (individualistische und kollektivistische Gemeinschaften, Tabu)

- Kenntnisse und eigener Umgang damit

- Entschlüsselung/Übersetzung in psychologische Symptomatik

- Kulturspezifische Ausdrucksformen, die oft körperlich beschrieben werden, aber (psychosoziale Störungen bezeichnen: Somatosoziale Krankheitsbilder, (medizinethnologisch beschriebene Phänomene) (Zu 4.) Einleitung einer Vermittlung in weiterführende Angebote durch die psychosoziale Koordinationsstelle, Abgabe an therapeutisches Umfeld und weitere Begleitung der Betroffenen

- Krankheitseinsicht und Bedeutung des sozialen Umfelds, Berücksichtigung von Asylstatus und Situation der Familie im Herkunftsland

- beratende Funktion der Helfenden, Förderung des Selbstmanagement der Geflüchteten

- Grenzen der Helfenden: Erkennen und Setzen, Umgang mit den eigenen Gefühlen, (Erinnerungen, Erfahrungen, Achtsamkeit hinsichtlich der eigenen Grenzen

- Weiterführung der Begleitung hängt vom Wunsch der Betroffenen ab

**Trainingskonzept für die Module 2 – 4**

Die Inhalte in den Modulen 2 – 4 zur Symptomatik bei psychischen Belastungen, zum kulturspezifischen Krankheitsausdruck und zur Organisation des Angebots durch die psychosoziale Koordinationsstelle wird den Helfenden in Blöcken von jeweils 4 Unterrichtseinheiten á 45 Minuten vermittelt. Didaktisch sind dafür Vortragselemente und
Rollenspiele vorgesehen, Gruppenarbeit (Murmelgruppen) sowie interaktive Wissensvermittlung durch das gemeinsame Erkunden von Erfahrungen und Kenntnissen.

**Literatur:**


Thomas Hegemann, Ramazan Salman (Hg.) Handbuch Transkulturelle Psychiatrie. Psychiatrie-Verlag 2010.

Appendix D: Interview questions organizer 2 (were not asked in order), 2016-03-24

What is your task in the project?

How did you happen to do this? (Motivation)

What is your background (study, occupation, experience)

Who is leading the project?

What does your work in the project look like, what would a usual day look like?

What exactly do you do during the training for the volunteers?

How do you support them regarding their personal struggles with the work?

Is it possible to give low-key treatment via volunteers regarding PTSD?

How do you organize the language translation/interpretation?

Do you get support from politicians?

How far is the Somenti project at this time? Do you see results already?

What is your future perspective for the project? (Also financially)
Appendix E: Interview questions Organizer 1 (were not asked in order), 2016-05-1

What is your position?

How did you happen to do this? Your motivation?

What are your tasks?

What is your background (study, occupation, experience)?

What is for you the overarching aim of the project?

How do you think does the project foster integration?

How do you define integration? (What do you say about economic and social integration)?

Do you have contact to politicians (regional), what is their position to it?

Do you know something about their plan for integration?

How exactly did you get started?

In which aspects do the volunteers need most support?

Do you use any financial resources at this time, if yes, how much and from where do they come?

If you would get financial resources, what would you use them for?

Which problems do you face with the project?

Do you think that the project is sustainable? (Can it last – financially)

How do you see the situation of access to therapy for the asylum seekers?

What exactly can the project do to solve these problems? What are your possibilities, what is not possible? (So far and in the future)

Are there similar projects to Somenti?
Is the focus of the project on the volunteers or on the asylum seekers?

How many volunteers are taking part in your offered services?

Are they coming persistently or irregularly?
Appendix F: Interview questions volunteer 2016-05-10

How did you get the idea to work at Fluechtlingshilfe Binnenhafen?

What exactly are you doing there? What does a normal day look like?

Wie oft bist du aktiv?
How often are you active? (Per Week or Month)

Did you have any experience with refugees or refugee aid before starting at Fluechtlingshilfe Binnenhafen? (Which?)

What is/was your occupation?

How much time do you invest into your work in Fluechtlingshilfe Binnenhaven? How much into Somenti? (Please separate)

I am interested how you perceive your own work and whether you went through different phases?

What do you find difficult, which things do you want more support with?

What is your role in the Somenti project?

How does the Somenti project affect you and your work at Fluechtlingshilfe Binnenhafen?

Which activities from Somenti are most important for you?

Do you want to work long-term with Fluechtlingshilfe Binnenhafen and Somenti?

Which aspects of the work in Fluechtlingshilfe Binnenhafen and Somenti do you see as a benefit for your self?