TRAINING AND SUPERVISION PROJECT FOR TEAMS BEING A PART OF THE HEALTH ASSISTANCE AND RECOVERY PROGRAM (PRAIS), FROM THE MINISTRY OF HEALTH, TO INDIVIDUALS AFFECTED BY POLITICAL REPRESSION.

I. BACKGROUND

The end of the administration of the Military Government in Chile, 1990, left a dramatic legacy regarding the magnitude of persons directly affected by political repression. About 4.000 persons were murdered, tens of thousands underwent torture and even a higher number was forced into exile. From various issued data, it is possible to infer that 200,000 individuals have been directly affected by political repression[1]. If the fact that at least the direct family of the affected person also suffered the consequences of repression is considered, estimating an average of 5 members per family, then one can state that about 1,000,000 individuals, that is to say about 7% of the population have directly been subject to the violation of human rights. Presuming that only 3% of the individuals directly affected correspond to extreme traumatization cases, it would mean that about 6,000 persons and their respective families suffer from chronic physical and psychical syndromes as a consequence of torture, death or disappearance, and they require a long term specialized assistance.

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1. Figures and estimates presented are based on data elaborated by: the Comisión Verdad y Reconciliación; figures of the Ministry of Health; the Vicaría de la Solidaridad; and by the epidemiological studies carried out by ILAS.

From the point of view of mental health care, the remaining 97%, that is 194,000 individuals must be considered as a high risk population who require a certain kind of short term assistance.

Previous experience in assistance for these types of patients shows that the destructive effects of physical and psychical suffering remain long after the ressation of the repressive situation, which caused profound damage with a destructive potential severely affecting the individual's capacity to reorganize his life, thereby the damage becomes chronic.

The maintenance of social menace after the occurrence of the repressive action not only constrained the spontaneous recovery of these individuals, but also, in many cases, it becomes a re-traumatizing factor.

During the dictatorship, the assistance to victims was exclusively granted by non-governmental solidarity organisms. Therapeutic assistence corresponded to an intervention model in crisis and according to its relation with the social context, thus such organisms necessarily had to have a character as much marginal as the same affected persons. With the advent of the democratic government, the change in the political context lent the possibilities to the State to assume responsibilities in

favor of the victims and to implement mending actions at a national level.

The complexity of the transition process to democracy challenged the pro-human rights organisms, since the collaboration along with the new government, in order to facilitate the development and implementation of policies for helping the victims evolved within a contradictory context regarding the political longing and the possibilities of economic support.

Within this framework the "Programa de Reparación y Atención Integral en Salud, **PRAIS**," (Comprehensive Health Assistance and Recovery Program) from the Ministry of Health was created, whose aims are described in the point III.

II. THE LATIN AMERICAN INSTITUTE FOR HUMAN RIGHTS AND MENTAL HEALTH (ILAS)

The ILAS' team has been working for many years in the area of Mental Health Care and Human Rights, and its performance has been developed on various areas:

1. Social, medical, psychological and psychiatrical assistance to extreme traumatized victims, which means comprehensive health care to individuals severely and chronically

affected by political repression; for whom ILAS has been developing a psychoterapeutic model that for many years has shown its efficacy.

2. Development of research activities tackling the consequences of human rights violations in its psycho-social dimension. In this area, the topic of fear within the Chilean society, the problem of authoritarism, and the democratic consciousness, as well as future perspectives of social mending have been undertaken.

3. Development of activities oriented towards the training and supervision of new teams to assist the victims of human rights violations. Since 1989, ILAS has been closely working with groups related to health care in different parts of the country, and later on, some of these groups have joined the PRAIS team.

4. Design and planification of programs to be considered within state policies for physical and mental care to victims of political repression. ILAS collaborated in the creation of a program for the implementation of a human right policy in the health area, forming part of a Commission, along with the Ministry of Health in the democratic government.

5. Co-creation of an international network for institutions working on similar issues, aimed at facilitating data interchange and to implement a collaborative work. Within this context, ILAS is currently carrying out a research-action project along with its colleagues from Argentina, Guatemala and Repúblic a de El Salvador. This work is focused on the acknowledgment and design of assistance for the long term consequences currently present in children who have undergone war experiences and political repression.

III. PRAIS PROJECT:

III. 1. STRATEGIES[2]

a) To give comprehensive and rapid health care to the families most severely affected by human right violations. This includes both an extensive and a family diagnosis; resolution of some detected health problems; derivation of patients to other specialists and follow up of in-patients.

b) To extend the health care coverage to the maximum for the affected population, and trying to include those families that have been left aside from the state health care system.

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2 Abstract from the document elaborated by the "Equipo Coordinador Central del Proyecto PRAIS del Ministerio de Salud."

c) To support the affected families in becoming affiliated with the regular channels of health care: Clinics for Primary Care, chronic disease programs, etc.

Schooling-Training:

To design and implement a training program for the professionals of the PRAIS team related to medical and psychological consequences resulting from human right violations, in order to increase and improve the assistance.

Education-Dissemination

From the beginning, this program has developed activities that seek ways of promoting the program extensively so as to gain a higher coverage. Simultaneously, a number of activities are carried out, oriented towards giving information and the committment of the Health Service workers.

Assessment

The permanent assessment of the project's development has been promoted in the working team in order to optimize the achivement of objectives and goals, particularly what is referred as to the quality of medical care and the development of the specialized professional team.

Research

The development of research in the different areas of the program so as to increase understanding about the health and violence problems and the magnitude of the damage.

Intersectorial Coordination

The intersectorial coordination with the Ministries of Labor, Housing, Education, Justice, as well as Corporación de Peparación, Instituto de Normalización Previsional, Non-governmental Organisms of Health and Human Rights and with the organizations of the affected population has been promoted and developed, in order to give as much as possible, a global solution to the affected population.

III. 2. DESCRIPTION OF FINDINGS DETECTED IN THE BENEFICIARY POPULATION OF THE PRAIS PROGRAM. FIRST AND SECOND SEMESTER, 1992.

In order to fulfill an adequate interpretation of the findings detected in the population that has been assisted by PRAIS it is necessary to take into account the following considerations:

1. That the establishment of a special care program for those affected by human rights violations in a State Service may facilitate the assistance demand. A growing tendency of consultations within this program from the population affected by repression can be detected.

2. That the demand of health care would be related to the presence of pathologies in the psychic-somatic sphere; however, due to the program features, and because this sector of the population has accumulated non-treated health problems, it would be easier to apply for a consultation for physical reasons.

3. That due to the span of time gone by (an average of 10 to 15 years) and to the traumatic character of the repressive experiences, the effects observed are not only present in the direct affected individual, but also the family. Therefore, it is necessary to design an assistance pattern including the whole family from the very beginning.

4. That for a direct affected individual and the family, to consult in a State Health Care with a specialized program means a change in the radical marginality in which they had been placed for a long time.

It is meant that these important groups of individuals know and make use of what the State Health Care Service may offer them. PRAIS thus becomes a way of access to a service which is also at the disposal of the rest of the people.

5. That forming interdisciplinary teams being able to carry out the task of assisting this group of individuals by a comprehensive health care approach to the whole family is also a chore that must be fulfilled simultaneously with the development of the assistance itself.

A characteristic of this program will be to make a follow-up of the process, which means the creation of a comprehensive health care team that assists groups of families affected by traumatic episodes presenting consequences in health.

III.3. GENERAL DATA OF THE PRAIS[3] ASSISTANCE PROJECT

TOTAL NUMBER OF PATIENTS ASSISTED UNTIL SEPTEMBER, 1992

PRAIS PROGRAM, 1992

HEALTH CARE SERVICE	STARTING DATE	ADMISSION
Iquique	SEPTEMBER, 1990	641
Antofagasta	DECEMBER, 1991	569
Valparaíso-San Antonio	DECEMBER, 1991	639
Concepción-Arauco	JULY, 1991	971
Araucanía	AUGUST, 1991	613
Metropolitano Sur	SEPTEMBER, 1991	1.760
Metropolitano Occidente	JANUARY, 1992	705
Osorno	SEPTEMBER, 1990	142
Llanchipal	JANUARY, 1992	32
Magallanes	SEPTEMBER, 1990	200
TOTAL		6.225

Total number of family groups admitted up to 1992 = 2.005

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3 Data granted by the "Equipo Coordinador Central del Proyecto PRAIS del Ministerio de Salud".

DISTRIBUTION OF TOTAL ADMISSIONS PER AGE GROUP AND PER SEX, PRAIS PROGRAM - 1992

AGE GROUP	MEN %	WOMEN %
< 15 years	23.7	15.4
from 15 to 34 years	31.1	33.7
from 35 to 64 years	40.3	43.5
> 65 years	6.0	7.3
	100.0%	99.9%

It calls attention to the high percentage of male patients consulting this program, which constitute a difference in relation to common out-patient consultations with a majority of female patients, about 2/3 of the total. There is also a high percentage of consultations from individuals under 15 in this program. This may respond to the program's preventive approach as well as to the model of family care.

EDUCATIONAL LEVEL OF FAMILY SUPPORTERS

FIRST, SECOND AND THIRD QUARTERS, PRAIS PROGRAM - 1992

EDUCATIONAL LEVEL	1st. Qtr.	2nd Qtr.	3rd Qtr.
Primary, complete	10.3	22.9	19.9
Primary, complete	9.0	10.5	7.2
High, non-complete	11.0	15.5	17.5
High, complete	14.3	20.4	19.4
Prof.Technical, non-complete	1.8	1.7	3.8
Prof.Technical, complete	8.2	7.9	9.5
University, non-complete	7.9	10.2	9.1
University, complete	12.9	10.9	11.4
			100.0%

From the beneficiary population of the PRAIS Program, 20 per cent of home supporters have universitary instruction (about 11% have completed their university studies). Certainly, this is a particular asses of some beneficiaries of the program in comparison to the frequent patients in the primary care level.

It is feasible that, if this program reaches to higher age groups there may appear an illiterate population, or with lower educational level. This may become more evident in rural areas, particularly in the IX Region, where the team has put more emphasis on the location of rural population.

PROCEDENCE PRAIS PROGRAM, 1992

PROCEDENCE	1ST QTR	2ND QTR	3RD QTR
Voluntarily	15.5	19.1	25.3
O.N.G.	22.2	15.0	14.9
Parish	5.9	5.7	6.5
Social Units.	23.0	26.1	11.6
Health Care Service	5.6	5.5	9.6
By Location	2.0	3.3	3.3
Others	25.0	25.4	27.2
	100.0%	**100.0%**	**98.3%**

There has been a large participation of social units in the derivation of patients, which had declined in the last quarter. Simultaneously, the voluntary consultation, the derivation to Health Care Services and the location of patients by the PRAIS team are intended to be increased. Organisms categorized by OTHERS are O.N.R., I.N.P. and the Recovery Coorporation.

REPRESSIVE CIRCUMSTANCES

FIRST, SECOND AND THIRD QUARTERS

PRAIS PROGRAM, 1992

REPRESSIVE CIRCUMSTANCES	1ST QTR %	2ND QTR %	3RD QTR %
Arrest	29.9	22.2	46.5
Missing	10.7	11.4	11.7
Execution, political murder	11.0	15.5	15.9
Torture	7.3	6.9	14.4
Threatening	6.0	7.7	14.2
Exile-Return	22.6	24.2	33.6
Injures derived from Political Violence	2.2	4.4	3.4
Relegation	0.7	0.5	
Other Situations	2.9	3.6	11.3
Discharge	6.6	3.4	

In this table, the high percentage of i dividuals who were under arrest and consulted because of health proble s are denoted at the top.

It also calls attention to the percentage of repression with presumed or confirmed death, about 28%. This population has been considered of top priority for this program. Likewise the

sustained increment of consultation of individuals who are in the category of exile-return is also significant.

In general, the main repressive circumstances to which the consulting population corresponds, back up the priorities defined at the beginning of this program.

MAIN REASON FOR CONSULTATION

REASON FOR CONSULTATION	PERCENTAGE
Physical Health	79,24
Mental Health	20,76
TOTAL	100,00%

Not only the admissions registered in the program correspond to demands for health care, but also for the interest in joining the program because of other motivations, such as the obtainment of benefits for future assistance, information about the benefits, etc. It is also relatively frequent that the reason for consultation, particularly if this is of a mental motive, be not revealed in the first appointment but in subsequent ones.

CONSULTING CATEGORIZATION WHEN ADMITTING IN THE PROGRAM

CONSULTING CATEGORY REQUIRED	PERCENTAGE
Acute Pathology	56.30
Chronic Pathology	43.70
TOTAL	100.00%

The consultation profile shows a high percentage for acute pathology consultations. However, the percentage for chronic consultations is also significant, which may probably be higher than the assistance given at the primary level.

III.4. CURRENT NEEDS AND PROJECTIONS

The policy of health recovery of the Ministry of Health has been feasible to implement through a project founded by the Cooperación Internacional.

This means that an important part of the task can be developed, however it is limited in two aspects, as was mentioned before. First, the coverage is partial, as it only counts with seven teams from PRAIS, and the duration of the Project is restricted to two years.

The spirit of the project was to start with the assistance, assuming that we were facing a new task, and thus we had to allot efforts and resources to design the Program, training the teams, design of instruments and the permanent assessment of the work development.

In this phase two central needs are stated:

1. To widen the coverage: this is a national problem and the goal must be to absorb the demand of health care of this population in all the Health Care Services where it is needed.

2. To allow the Health Care Services to extend this type of specialized assistance for as long as it is necessary.

It is registered that the pathology this population presents is of a prolonged evolution. Likewise, the entrance of these patients to the regular channels of assistance regarding Health Care Services is slow and difficult, due to the social damage (marginalization) that these affected families were subjected to.

In order to carry out this work, it is necessary to pass from a Project phase to a Program included in the regular instances of the Health Care Services. This means to allocate resources for the Health Care Services for the continuity of the task initiated with the PRAIS project, as well as to assign

resources to new Health Care Services in order to create a comprehensive team of assistants for this sector of the population.

Under this perspective, the design and implementation of a Health Care and Violence Program has been thought of, whose chore would be to coordinate and support health care actions in this area. PRAIS would be a sub-program within the Program, and its experience would be projected to other violence situations which harm the human rights with severe damage to health, being among them the intra-family violence and sexual violence, which currently generate a high demand of assistance at the primary level and the use of emergency services.

IV. BASIS AND METHODOLOGY OF THE TRAINING AND SUPERVISION PROCESS

Since the creation of the PRAIS Project it was established that the teams required a training and supervision program not only because of a lack of experience in the assistance of this kind of situations, but also working with patients affected by extreme traumatization due to death and destruction is essentially different from any type of intervention what requires a specialized training for both the professionals and the team as a whole.

Furthermore, the experience of health care teams forming part of human right institutions made clear the need for an external supervision of the therapeutic work, not only to guarantee the work with patients, but also to protect the teams' members from the impact on their own mental and physical health. This effect has been studied and described as the burn-out-syndrome, what is frequently seen in workers of the health care area who participate in high risk situations.

The Program created by the government has restricted resources for the implementation of the training and supervision activities. Up to the moment, ILAS has undertaken this task in a obligedly, limited way. The current Project created along with the Ministry of Health intends to meet such needs.

The methodological design has been adapted considering particularly the limited experience of the professionals participating in the PRAIS teams; the particular inclusion of the programs of the respective Health Care Services; the specific regional characteristics and both the individuals and grouping impact that means to work with extreme traumatizations of political and social etiology.

The methodological design has two main aspects: the process of clinical supervision and the training workshops, whose contents are the following:

1. Supervision

The supervision is intended to support the configuration of technical aspects to tackle the global intervention process. This chore requires working with each team separately in order to help the discrimination of those individual and grouping aspects which favor or difficult the therapeutic process. The stress is placed on the model of psychotherapeutic intervention and, consequently, it is primarily directed to the teams' psychologists and psychiatrists. The contents include: theoretical aspects; itemization of disturbances in relation to the traumatized situation; group dynamics linked to such itemization; problems of diagnosis and prognosis; criteria to declare a patient cured, etc.

The work is alternately developed with all the members of each team, placing emphasis on group dynamics generated in relation to the intervention of each member of the team from its individual role and its incidence in the psychotherapeutic process.

2. Training

The training work is essentially of a grouping character and includes all the teams forming part of PRAIS Project. The work is done under an organized program where the emphasis is placed on the interchange and homogenization of the work experience at the different assistance levels: social, medical and psychological; in a grouping process oriented towards the detection of the limits that make them different, and at the same time, considering the aspects requiring a comprehensive approach.

V. DESCRIPTION OF THE TRAINING AND SUPERVISION PROJECT

Based on the experience of training and supervision already carried out with the PRAIS team, the following activities for 1993-1995 were designed:

1. Supervision

1.1. Fulfillment of two-monthly supervisions with the two PRAIS teams working in the south and west areas of Santiago. Each supervision has a duration of three hours and they will be conducted by two professionals from ILAS.

1.2. Fulfillment of four annual workshops on supervision with teams from the rest of the country. Each intervention will last two whole days, and will be conducted by two professionals of the ILAS team.

2. Training activities

Institutional participation in three annual meetings with the nine PRAIS teams. Each of these workshops will be developed in Santiago, in conjunction with the coordinating team from the Ministry of Health. Its duration will be for three complete days.

VI. FUNDING

1. Supervision

Items	5 Regional Teams	US$	2 Teams in Santiago	US$
2 Supervisors	4 annual supervisions, two days each	12,500	40 annual supervisions, 3 hours each	15,600
Staff house and subsistence allowance		8,600		
Air tickets		11,200		
Sub total		32,300		15,600
TOTAL				47,900

2. Training Activities

Nº of groups = 10

Nº of meetings = 3 annually, 3 days each one

Nº of participants = 35

Nº of professionals = 8

Items	Meeting/Cost per day, US$	Annual Cost US$
Staff House	4,650	13,950
Professionals in charge of training, 48 hours, US$ 22.5 per hour	1,080	3,240
Materials		800
		17,990

Annual Summary

Supervision	=	US$	47,900
Training activities	=		17,990
	Annual	US$	65,890
Total for 2 years		US$	131,780
			133,780