



Santé Mentale et Exclusion Sociale Mental Health and Social Exclusion

European Network in favour of **Homeless and Mentally ill People**

Everyone has the RIGHT to the best available mental health services within the health and social welfare systems!

(U.N. Resolution 46/119, 1.1, 1991)

A decent society is one in which the institutions do not humiliate people benefiting from their services

INVISIBLE WOUNDS – Dignity & Health

Integration through

→ Respect of **Dignity and Right**

→ Active **participation**

→ Inclusive **solidarity**



www.smes-europa.org



INVISIBLE WOUNDS – Dignity & Health

CONTEXT :

- With the 10th SMES Conference of Rome (2008), problems of exclusion, as well social as medical, of migrants and especially of the migrants without papers (known as also: *illegal, clandestine, without documents...*) appeared in all its gravity and urgency.
- For this reason, SMES-Europa proposed to dedicate a seminar to the topic 'Migrants: Dignity and Health' to take place between two conferences (2008 ROMA - 2010 BUCHAREST). This seminar was organized in Greece where – as other Mediterranean countries – the tragedy of the migratory flows and human sufferance is well present.



Life... before all denied !..

Fortress Europe: Immigrants dead at the frontiers of Europe

- According to the following press review at least **12,566** people have died since 2008 along the European frontiers.
- Among them **4,646** were missing in the sea.
- **8,824** migrants died in the Mediterranean sea, and through the Atlantic Ocean towards Spain
- **1.594** lost their life trying to cross Sahara desert in order to reach
- Boat arrivals in the Mediterranean (*Italy, Spain, Greece, Malta, Cyprus*)
 - 2007: **51,000**
 - 2008 (until mid June):
 - Italy: 7,793 (of which 7,185 in Lampedusa) Greece: 3,8473
 - Cyprus: 449 Spain: 4,120 (Canary Island 2,837)





A photograph of a road sign for 'BORGHETTO MEZZANONE'. The sign is rectangular with a black border and white background. It is mounted on a metal post. Behind the sign is a large, dark green tree. The background shows a cloudy sky and some distant structures. The entire image is framed by a thick orange border.

BORGHETTO
MEZZANONE
(Frazione di PIANPREDONE)







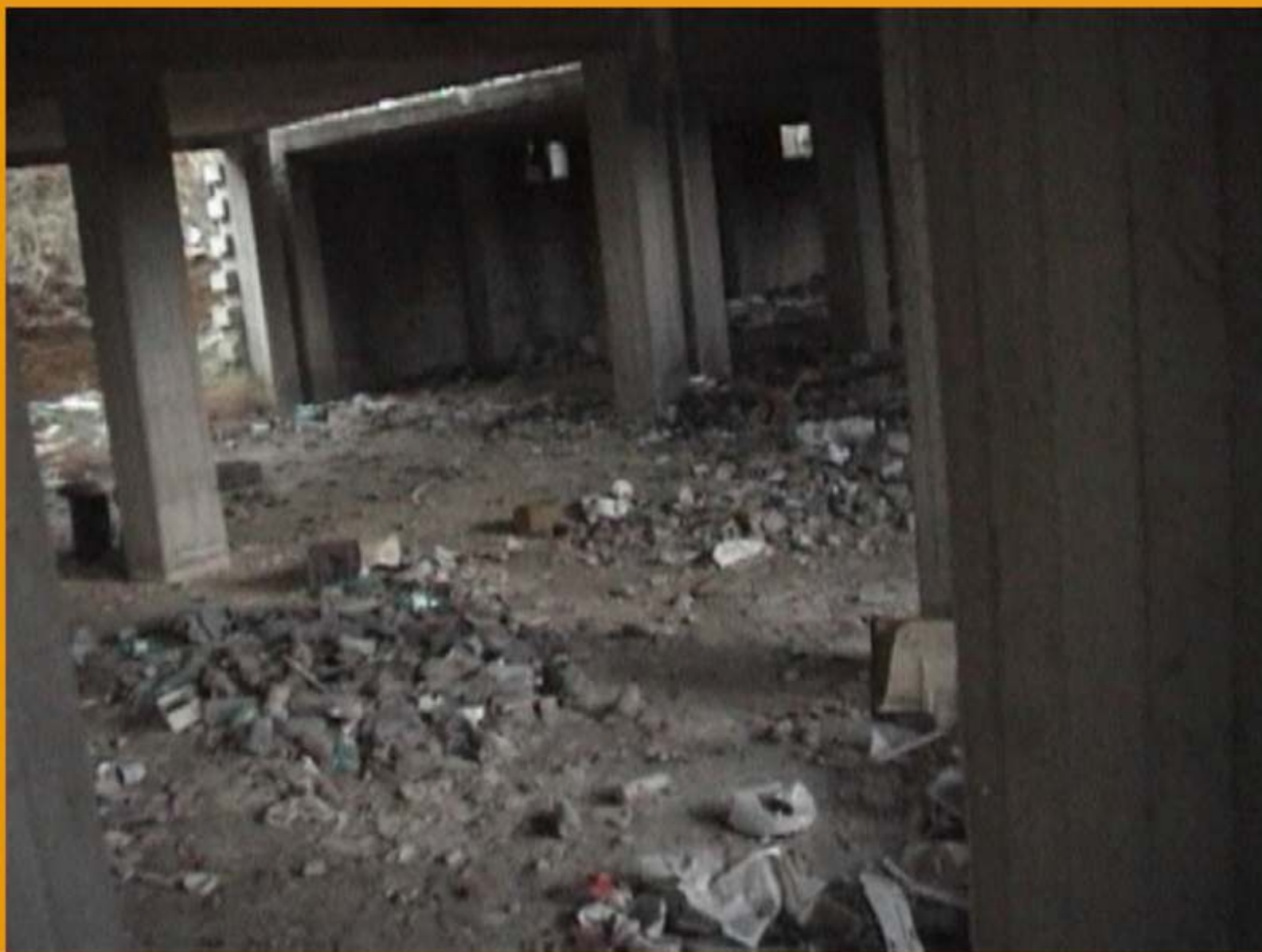












































Hal Far Hangar



Hal Far Hangar





Why SMES-Europa is interested in the migrants and especially in the migrants undocumented

Target of SMES-Eu are : disadvantaged and excluded people in reason of extreme poverty and suffering of mental health problems and/or diseases :

- **home-less** : men and women “home/belonging ‘, this includes all what need person for well being
- **mentally ill people** without adequate assistance,
- **young people at risk** of losing viable society’s contact,
- **addicted** to alcohol & drugs,
- **ex/prisoners**,
- **elderly people** who have been abandoned,
- **migrants** without full/real integration



Health & wellbeing are at the base of real integration

Indivisibility in the RIGHT: to health - to work - to housing (declaration of the universal human right art 23-25), as exists a strict interconnection for the HEALTH: wellbeing physic - psychic - social.

If the policy of integration does not go from pair with the policy of the welcome and respect (=access to) of right health – housing – job, which are the condition sine qua non for the real & concrete integration & participation in citizenship, **the risk of homelessness and mental disturbs for immigrants is very important.**

A strict interdependence exists between people who welcome and people who ask hospitality, but only with inter /mediation & dialogue - trough the health - between all and sundry there, will be possible building the citizen integration.

It's necessary to forge respect, not fear of other



Mental health problems of Migrants People

- **The person who migrates suffers a sense of loss and faces wide changes** in his everyday life, ranging from language to culture, from status to social relations.
- **The decision to migrate is often related to situations of extreme poverty, violence or persecution.** The current restrictions to asylum seekers at arrival render refugees more vulnerable to trafficking and increase the risks related to migration.
- **Finally, the settlement in the host country is often complex,** not only because of language and cultural differences, but also to racism, unemployment, limited access to well-paid and legal jobs and difficulties related to status legalization.
- **The numerous losses experienced by the migrant, coupled with the potential high level of distress prior to migration, are an undeniable source of stress which renders migrant populations particularly vulnerable.**



MIGRANTS & HOMELESS

➤ Similarities

- Poverty, humiliation, shame, despair, the loss of identity, the loss of social links, the need to forget with alcohol and drug and finally pulsing to make it ended with the life... ;
- Migrants in this un-existential situation joins the our European homeless who are marginalised & discriminated, rejected & excluded.

➤ and differences :

- the personal resources of migrants that are more important that homeless; resources at level of health, culture, courage and desire of success, when they are not also they completely destroyed and without hope
- the second great difference consists in the *right of residence* closely link with the birth and the nationality.



HEALTH NEEDS

➤ Dispensary of MSF in Brussels

- ❖ **3/4 of patients don't have valid residence permit**, the others having for the majority of the temporary residence permits (tourist, petitioning visas of asylum...)
- ❖ **Many of patients are youth** (58% between 20-40 years; 10% more than 50 years) **and mainly the men** (56%).
- ❖ **The patients are often worried by their future**, are stressed by their current living conditions, because of their statute and about their social condition.
- ❖ **They are sometimes still blocked and suffering** because of even traumatic memories of their country of origin.
- ❖ **They have a great mistrust compared to all the** official structures, even of health, on which they are **in addition badly informed**.



PROPOSAL for ACCES to HEALTH SERVICES

Vis-a-vis to a foreign population in precarious situation, the question of the access to the health care should be approached, by a **multidisciplinary approach.**

This one allows

- a work of quality in spite of complex problems;
- the offer of service optimized, thanks to the pooling of competences, around the patient;
- A good communication, horizontal relations between the various speakers, the primacy of the team work, are important conditions for a work of quality.
- It's necessary to forge respect, not fear of other



INVISIBLE WOUNDS – Right & Vulnerability

CONTEXT : Many past wounds visible and invisible, are part of the baggage which main people, on their migration paths.

DRAMATIC ARE THE CONSEQUENCES of arrogant political attitudes towards them, of humiliation, rejection and criminalization, in particular **on MENTAL HEALTH of migrants**, BUT also of **professional workers** with and for migrants, and **of citizens** who live in close contact with migrant communities

CHALLENGE for Europe : Migration can become for EU today either an inspiring challenge or only a complex social problem. the European Parliament ... regrets that so far the measures adopted by the Council and Member States have been primarily punitive measures to control migration flows rather than proactive in third countries.

by Luigi Leonori SMES - Europa



Mental Health needs

1. Mental Health: invisible wounds, *consequence of*

- *traumatic experiences,*
- *present difficulties,*
- *lack of hope;*

2. Psychopathological sufferance might be invisible at a first sight but it can emerge at a closer evaluation:

- *Somatization*
- *PTSD*
- *Depression*
- *Anxiety*



Mental Health and Right

1. Holistic & Networking services (*Caritas Ambulatory*)

Outpatient Private Health Service *for immigrants, where*

- *Primary Care +*
- *Specialists +*
- *Nursing in co-working with*
- **Services of National Health & Social**

2. Information & accompaniment *to other related services (laboratory tests, radiology ...)*

Health/Mental H. & living difficulties

- *Communication difficulties;*
- *Discrimination;*
- *Separation from family;*
- *Worries about family back at home;*
- *Unable to return home in Emergency;*
- *No permission to work;*
- *Not being able to find work;*
- *Bad job conditions;*
- *Being in detention;*
- *Interviews by immigration;*
- *Delays in processing your application.*

In Conclusion

- **Psychotherapy in traumatized subjects is part of a larger social activity (Network Model)**
- **Psychological suffering might be invisible at a first sight but it can emerge at a closer evaluation**
- **Screening instruments can help**
- **Invisible wounds are not exclusively present in refugees**
- **Many “illegal” migrants have signs of post-traumatic suffering**
- **Migration *per se* is often a traumatic experience**
- **Post-migration difficulties in Western societies are re-traumatizing factors that should be prevented with a more open and human based policy**

LEGISLATIONS and HUMAN RIGHT

- **Basic Topic** : Fundamental and inalienable RIGHT of each person – including undocumented migrants – to **live in health and dignity, and not simply to survive.**
- **Gap: Right & Legislation** – *8 million* of undocumented migrants are estimated in Europe, without any protection and social security, despite the European claim of being a model social protection.
- We must underline permanent contradiction between:
 - ***according with national legislation*** : opportunist laws – ‘*illegal*’ and
 - ***according with fundamental Human Right*** recognized by declarations signed by all, but differently interpreted.

« L'encampement » en Europe et autour de la Méditerranée

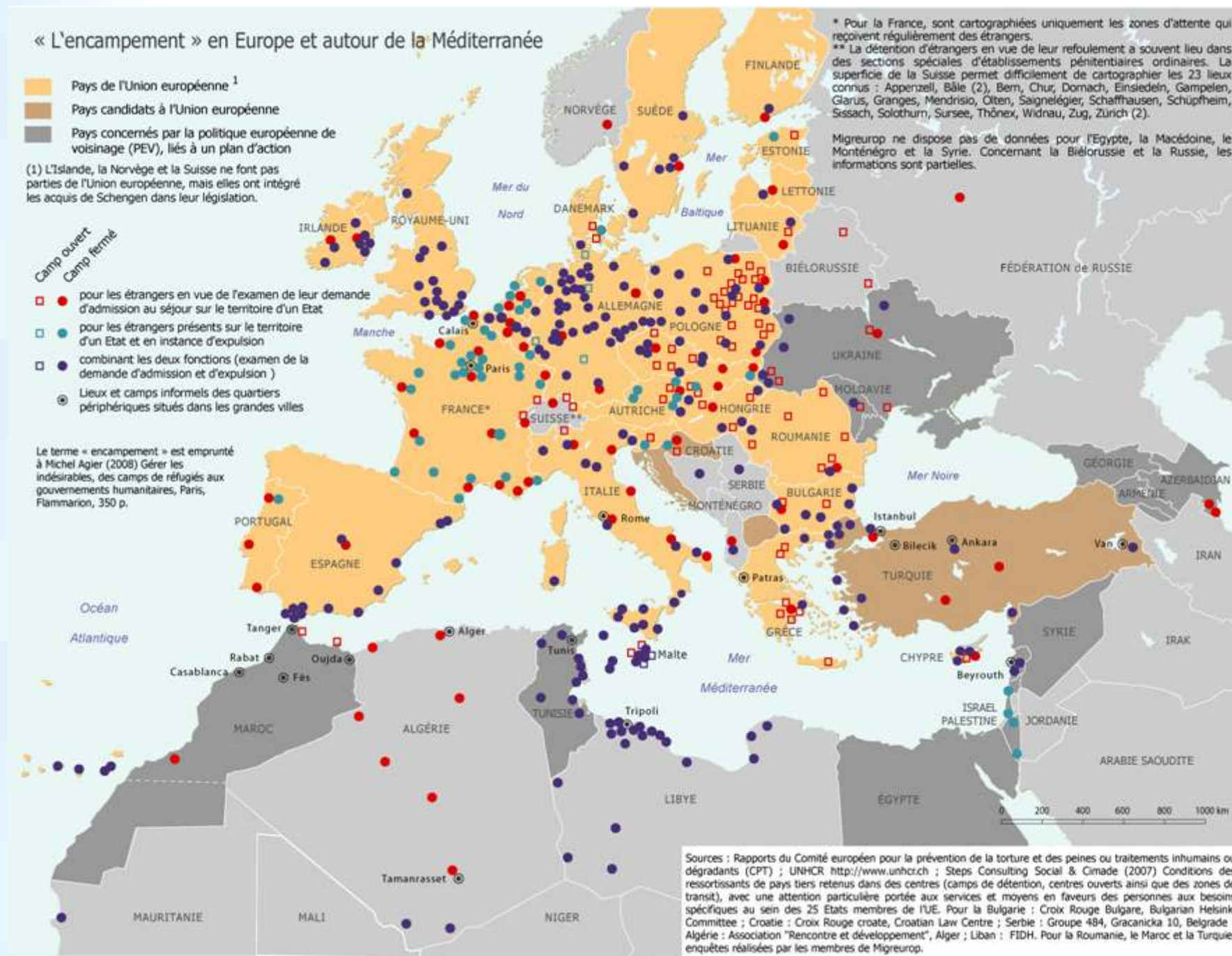
- Pays de l'Union européenne ¹
- Pays candidats à l'Union européenne
- Pays concernés par la politique européenne de voisinage (PEV), liés à un plan d'action

(1) L'Irlande, la Norvège et la Suisse ne font pas parties de l'Union européenne, mais elles ont intégré les acquis de Schengen dans leur législation.

Camp ouvert
Camp fermé

- pour les étrangers en vue de l'examen de leur demande d'admission au séjour sur le territoire d'un Etat
- pour les étrangers présents sur le territoire d'un Etat et en instance d'expulsion
- combinant les deux fonctions (examen de la demande d'admission et d'expulsion)
- Lieux et camps informels des quartiers périphériques situés dans les grandes villes

Le terme « encampement » est emprunté à Michel Agier (2008) Gérer les indésirables, des camps de réfugiés aux gouvernements humanitaires, Paris, Flammarion, 350 p.



* Pour la France, sont cartographiées uniquement les zones d'attente qui reçoivent régulièrement des étrangers.
** La détention d'étrangers en vue de leur renvoi a souvent lieu dans des sections spéciales d'établissements pénitentiaires ordinaires. La superficie de la Suisse permet difficilement de cartographier les 23 lieux connus : Appenzell, Bâle (2), Bern, Chur, Domach, Einsiedeln, Gampelen, Glarus, Granges, Mendrisio, Olten, Saignelégier, Schaffhausen, Schupfheim, Sissach, Solothurn, Sursee, Thônex, Widnau, Zug, Zürich (2).

Migreurop ne dispose pas de données pour l'Egypte, la Macédoine, le Monténégro et la Syrie. Concernant la Biélorussie et la Russie, les informations sont partielles.

Sources : Rapports du Comité européen pour la prévention de la torture et des peines ou traitements inhumains ou dégradants (CPT) ; UNHCR <http://www.unhcr.ch> ; Steps Consulting Social & Cimade (2007) Conditions des ressortissants de pays tiers retenus dans des centres (camps de détention, centres ouverts ainsi que des zones de transit), avec une attention particulière portée aux services et moyens en faveur des personnes aux besoins spécifiques au sein des 25 Etats membres de l'UE. Pour la Bulgarie : Croix Rouge Bulgare, Bulgarian Helsinki Committee ; Croatie : Croix Rouge croate, Croatian Law Centre ; Serbie : Groupe 484, Gracanicka 10, Belgrade ; Algérie : Association "Rencontre et développement", Alger ; Liban : FIDH. Pour la Roumanie, le Maroc et la Turquie, enquêtes réalisées par les membres de Migreurop.



Resuming 10 main points

OT ideas & proposals of SMES Seminar : INVISIBLE WOUNDS

1. **NOBODY** can say today: *I did not know* ! The shame of camps ! In Europe more than 180 camps (*identification, detention, retention...*) where often the human rights are denied, the respect of the freedom is ignored, human dignity is daily humiliated.
Because we know, we must continue to denounce everywhere and specially at political Local & European level.
This constitutes the **essential & coherent** part of the **fight** against poverty & exclusion: **European Year 2010**

2. **ACCESS to Healthcare services is fundamental**

rights. To refuse the access under pretext that the people are not registered on the national health system or because they cannot pay the services & medicaments is against RIGHT. There is not question of resources, but only ideological → *illegal !!!*

3. **Undesirability and its corollary, the active**

rejection, characterizes the European policies relating to migrants with serious consequences on their health and mental health, but also by increasingly weakening the social cohesion and even the fundamental values at the basis of the democracy and dignity of a country, by inducing dangerous forms of discrimination, xenophobia and racism.

4. **Humanitarian welcome** and principles of *participation*

& *integration* of citizens, remain essentially on the domain of good intentions, or at most they are the role of charities. Exclusion & discrimination impregnate the political speech as well as the reactions of the citizens.

5. **At the European level, the migration could consist in a challenge** generating new resources, not only economic , but also demographic and humanistic (culture and value), or become an unmanageable complex social problem at the origin of social conflicts and loss of social cohesion.
6. **At the European level,** we can observe besides the difficulty in harmonizing the policies, a very important lack of subsidiarity and solidarity between Northern and Southern Europe.
7. **Continued education, should introduce and promote** a new culture of the welcome, participation and solidarity among citizens, which is at the basis of any form of inter-culturality. The Mass media have a fundamental part to play, as they can spread stereotypes such as mistrust and identitarism, or facilitate the encounter and reciprocal knowledge by developing new cultures and traditions.

8. **The civic society**, not only the health & social professionals, must feel included in this ambition and effort of construction of a new civilization, with multiethnic component.
9. **WORKING IN NETWORK** : all the NGOs agree to recognize that working in network is at the origin of synergies facilitating achievements. ***But in reality ...***
10. **Involvement and active participation of the migrants** is the guarantee for a real integration in the respect of the identity of everyone.

PROPOSAL: FREE ACCESS to HEALTH SERVICES for all in E.U.

- ***On the world there is enough for the needs of everyone, but not enough for the greed of all*** (Gandhi)
- ***To overcome poverty is not a gesture of charity. It is about an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life.*** (Nelson Mandela)