



BEST PRACTICES PROMOTING MIGRANTS' ACCESS TO MENTAL HEALTH SERVICES IN EUROPE

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MENTAL HEALTH IN EUROPE

- **MENTAL HEALTH IS A PUBLIC HEALTH CONCERN**
 - a. 27% experience at least one form of mental ill health/year
 - b. 58,000 citizens die from suicide/year
 - c. depression = highest ranking cause of disease by 2020
 - d. - 3%/4% of GDP in lost productivity
 - e. mental disorders = lead cause of early-disability/pensions
- **EU-STRATEGY ON MENTAL HEALTH (Green Paper, 2005)**
 - a. health, social, educational responses





Migration and Mental Health

Is migration a determinant of mental health?

- a. ESEMeD's immigrant/native per country ratio for “distress disorders” 1 to 4,57 (avg 2,52)
- b. Netherlands/GB epidemiological data: higher schizophrenia admissions for some populations only (up to 4 times)
- c. In Sweden 2nd and 5th generation immigrants more prone to psychiatric disorders than natives (Hjern et al, 2004)



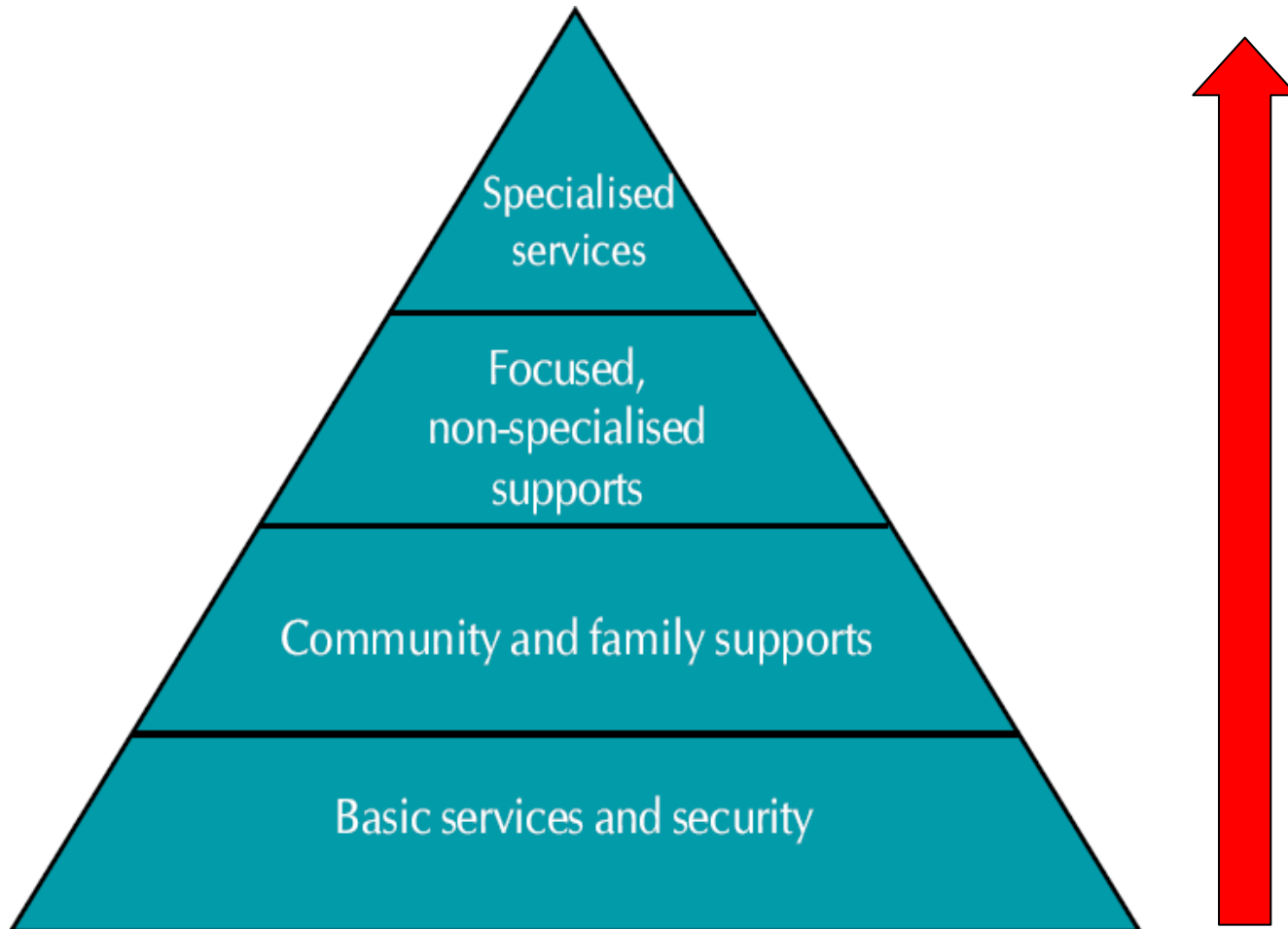
Considerations

Results suggest

- a. populations' differences
- b. social determinants vs. migration
- c. second generation more at risk
- d. experience-legal status dynamic



Intervention Pyramid





OBJECTIVE OF THE RESEARCH

Investigate the **accessibility** of mental health care services by migrants in 4 European Countries (France, Germany, Italy and Switzerland)





Legal Availability

COUNTRY	MIGRANTS	ASYLUM SEEKERS	UNDOCUMENTED MIGRANTS
ITALY	Yes	Yes	de facto
FRANCE	Yes	Yes	Yes (in emergency for all, AME if resident for more than 3 months)
SWITZERLAND	Yes	Yes	No special short-term permit for seriously ill
GERMANY	Yes	Yes	de facto



ACTUAL ACCESSIBILITY

Difficult to quantify. INDICATORS FOR SUCCESS MUST BE FOUND

- **Outreach practices (Information and communication initiatives)**
- **Cultural mediation (mediators trainings)**
- **Trans-cultural understanding of symptoms and contamination of practices**





Build on

- Research on Enhancing Protection of Vulnerable Asylum Seekers in Europe (EVASP)
- Research on Vulnerabilities of Undocumented Migrants Returning to Senegal



BEST PRACTICES

- **UNIVERSITY HOSPITAL OF GENEVA -HUG- Geneva, Switzerland**
 - » PSM: PROGRAMME SANTE' MIGRANTS
 - » UMSCO: UNITE' MOBILE DE SOINS COMMUNAUTAIRES
- **MINKOSKA CENTRE –Paris, France**
- **ETHNO MEDICAL CENTRE -EMZ- Hannover, Germany**
- **NATIONAL INSTITUTE FOR HEALTH, MIGRATION AND POVERTY–
INMP- Roma, Italy**



HUG, Geneva

Service	UNIVERSITY HOSPITAL OF GENEVA -HUG- Geneva, Switzerland		
Practices	PSM: health care service for with asylum seekers UMSCO: mobil health care unit for undocumented migrants		
	WHO	WHAT	TO WHOM
OUTREACH PRACTICES	UMSCO: nurses in mobile teams (2 psychiatric nurses)	UMSCO: <ul style="list-style-type: none"> •mobile teams, •networking with migrants association, •information campaigns and printed materials 	UMSCO: undocumented migrants
INFORMATION AND COMMUNICATION INITIATIVES	PSM/UMSCO: nurses and doctors	UMSCO: induction on mental health issues	UMSCO: undocumented migrants
CULTURAL MEDIATION	PSM & UMSCO: linguistic translations (Geneva Red Cross interpreters' service, which offers a network of more then 100 interpreters for 50 language)		
TRANSCULTURAL UNDERSTANDING OF MEDICAL FUNCTION AND OPERATIONS	PSM: Doctors/ « Appartenance » UMSCO: « Pluriels »	PSM: Transcultural Psychiatry supervision PLURIELS: ethnopsychological consultations trainings on transcultural	PLURIELS: asylum seekers and undocumented migrants



Center Minkowska, Paris

Service	UNIVERSITY HOSPITAL OF GENEVA -HUG- Geneva, Switzerland		
Practices	PSM: health care service for with asylum seekers UMSCO: mobil health care unit for undocumented migrants		
	WHO	WHAT	TO WHOM
OUTREACH PRACTICES	Doctors, psychiatrists, psychologists multilingual	networking with services -CM is the only trans-arrondissement national health service in Paris	- All migrants, including the ones covered by AME
INFORMATION AND COMMUNICATION INITIATIVES	staff	Not t the migrants, ys to professionals through website, mailing list, seminars, formations	Professionals in different sectors
CULTURAL MEDIATION	Cultural competence of the staff and referral services		
TRANSCULTURAL UNDERSTANDING OF MEDICAL FUNCTION AND OPERATIONS	Research department Frmation Department	Seminars, meetings, workshops	Professionals



Ethno Medizinischen Zentrum , Hannover

Service Practices	ETHNO MEDICAL CENTRE -EMZ- Hannover, Germany Referral Support Center		
	WHO	WHAT	TO WHOM
OUTREACH PRACTICE	•3 Psychologists, 2 psychiatrics and 2 social workers	•Info materials •networking with migrants associations and community leaders (20 languages) •Community workshops as part of MiMi training	•regular migrants • asylum seekers •undocumented migrants
INFORMATION AND COMMUNICATION INITIATIVES	•3 Psychologists, 2 psychiatrics, 2 social workers	•advisory materials, •educational materials, •brochures, posters, health guides (20 languages)	•Regular migrants •asylum seekers • undocumented migrants
CULTURAL MEDIATION	•Programme “With Migrants for Migrants – Intercultural Health in Germany” (MiMi) which trains and certifies multilingual intercultural health mediators through 50-hours training in mental health issues.		
TRANSCULTURAL UNDERSTANDING OF MEDICAL FUNCTION AND OPERATIONS	•Above plus 2 MA in Cultural Studies, 2 MA in Ethnology	•Conferences, seminars, trainings, working groups, researches, capacity building	•Services providers and civil society



Istituto Nazionale Salute, Migrazione e Povertà, Rome

<p>Service</p> <p>Practices</p>	<p>NATIONAL INSTITUTE FOR HEALTH, MIGRATION AND POVERTY INMP- Roma, Italy</p> <p>The Institute promotes health in migration and reduction of poverty-related diseases</p>		
	<p>WHO</p>	<p>WHAT</p>	<p>TO WHOM</p>
<p>OUTREACH PRACTICE</p>	<ul style="list-style-type: none"> •socio sanitary and legal units in reception centers •a psychologist, a mediator, a nurse, a doctor and a lawyer in Rome. 	<ul style="list-style-type: none"> •mobile teams for the homeless, •decentralized units in reception centers •information campaigns on media, •networking with other services •multilingual leaflets with pictures •It is a national health service 	<ul style="list-style-type: none"> •regular migrants •asylum seekers •undocumented migrants •Un Accompanied Minors
<p>INFORMATION AND COMMUNICATION INITIATIVES</p>	<ul style="list-style-type: none"> •cultural mediators and social workers, doctors and nurses 	<ul style="list-style-type: none"> • educational materials • brochures, posters, health guides 	<ul style="list-style-type: none"> •regular migrants •asylum seekers •undocumented migrants
<p>CULTURAL MEDIATION</p>	<ul style="list-style-type: none"> •Linguistic mediation, cultural mediation and translation of information •Cultural mediators are from the communities and receive trainings by doctors on specific topics, as mental health, ethnopsychiatry, anthropology and psychology 		
<p>TRANSCULTURAL UNDERSTANDING OF MEDICAL FUNCTION AND OPERATIONS</p>	<ul style="list-style-type: none"> •Cultural mediators and social workers, doctors and nurses 	<ul style="list-style-type: none"> •Knowledge dissemination with an anthropological and ethnopsychiatric approach 	<ul style="list-style-type: none"> •Service providers



Reflections in Conclusion

- General lack of indicators for success
- Services provided on
 - a.legal status-basis
 - b.population basis
 - c.randomly



Reflections in Conclusion

Legal status basis

- I. Possibly discriminatory
- II. Culturally non specific
- III. Possible instrumentality

By contrary

- I. More sustainable



Reflections in Conclusion

- Population-basis
 - I. Possibly stigmatizing or referring to a stereo-type cultural system, disregarding cultures in transition
 - II. Less sustainable
 - III. Old-dated migratory trends



Reflections in Conclusion

- The centers we presented complicate the picture
 - a) Support center vs Service Center: EZM
 - b) Cultural competence vs. cultural mediation: Minkowska
 - c) Creating a system rather than an all encompassing service: HUG
 - d) Following all migratory stages: INMP