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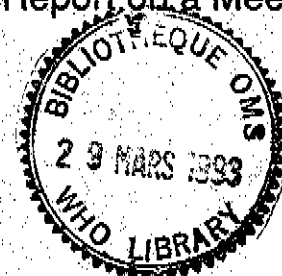
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PLATFORM ON MULTICULTURAL SOCIETIES AND MENTAL HEALTH

Report on a Meeting



Geneva
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1993

EUR/HFA TARGETS 28 and 12

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following targets in the health for all strategy.^a

TARGET 28

PRIMARY HEALTH CARE

By the year 2000, primary health care in all Member States should meet the basic health needs of the population by providing a wide range of health-promotive, curative, rehabilitative and supportive services and by actively supporting self-help activities of individuals, families and groups.

TARGET 12

REDUCING MENTAL DISORDERS AND SUICIDES

By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders, an improvement in the quality of life of all people with such disorders, and a reversal of the rising trends in suicide and attempted suicide.

ABSTRACT

The report indicates the goals of the recently established European Platform on Multicultural Societies and Mental Health and defines the agreed priority areas for intervention at regional level. A plan of action for the Platform is also described.

Keywords

MENTAL HEALTH
MENTAL HEALTH SERVICES – trends
TRANSIENTS AND MIGRANTS
REFUGEES
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1. Introduction

One of the recommendations of the World Health Organization, Regional Office for Europe's (WHO/EURO) cosponsored Conference on "Mental Health and Multicultural Societies in the Europe of the Nineties", organized by the Advisory Council on Mental Health Services (SOGG), Rotterdam, in collaboration with WHO/EURO in September 1991, was that a permanent platform should be formed to contribute to the intermingling of cultures through mental health care in Europe. The first meeting of the European Platform on "Mental Health and Multicultural Societies", organized by the WHO/EURO in collaboration with the secretariat of the Platform, and the SOGG took place in Geneva, Switzerland, on 22-24 October 1992.

The meeting was attended by 16 mental health specialists from different countries in the European region and co-chaired by Dr J.G. Sampaio Faria, Regional Adviser for Mental Health, WHO/EURO and Mr K. Schilder, Director, SOGG. Secretariat support was provided by Ms A.B.H.M. Boin (SOGG). Ms P. Bollini attended in representation of the International Organization for Migration, Geneva. Dr N. Sartorius, Director, Mental Health Division WHO Geneva, and Dr J. Orley, Mental Health Division, WHO Geneva attended the opening session.

The increasing recognition of the plight of migrants, refugees and ethnic groups has led to a growing awareness in the European region of the importance of developing policies and providing services particularly in relation to mental health issues. The Platform expressed the increasing concern among mental health professionals that the WHO European Targets for Health for All are unlikely to be achieved by the year 2000 if no significant efforts are developed by member states particularly on the attainment of equity (Target 1), mental health (Target 12), stress management (Target 16), and access to services (Target 26).

The objectives of the Meeting were:

- (1) to agree on the goals of the Platform;
- (2) to agree on a plan of action and programme of work for Platform members;
- (3) to establish network links between Platform members, their respective countries as well as other (inter)national organizations dealing with migrants, refugees and ethnic groups.

The participants discussed developments in their respective countries, agreed upon an agenda for the meeting, and then turned their attention towards establishing the goals of the Platform.

2. Goals of the Platform:

- to stimulate improvement of mental health care for and through migrant groups from different cultural backgrounds (including both migrants as well as settled minority communities, refugees, asylum seekers, etc.);
- to increase the accessibility and appropriateness of mental health services for migrant groups both as users and care providers;
- to monitor and evaluate the societal position of migrant groups and the function of mental health care in a multicultural society and to formulate recommendations for change where necessary;
- to raise the awareness of national governments and inter-governmental organizations within Europe regarding the need for a policy and of planning and implementation from the perspective of multicultural societies, as a prerequisite for the mental health of migrant groups and to report on progress in attaining the WHO European Targets for Health for All concerning migrant groups.

3. Conclusions

- It was felt that in order to *stimulate the improvement of mental health care* for and through migrant groups, the primary focus should be on the issues of inequity and service improvement. It was proposed that equity and service improvement could possibly be achieved through activities in:

Primary prevention:

poor housing, poor education, unemployment, and stigmatization constitute risk factors for mental health. The provision of these basic needs and combating of stigmatization against migrants, as well as other underprivileged groups, would form primary preventive interventions. Providing migrant youth with competence in the language of the host country was regarded as one of the most important steps to be taken in the area of primary prevention.

Secondary prevention:

this includes early identification of mental health problems in risk groups, followed by appropriate intervention in the form of information, counselling, providing psychosocial support, and the like. Especially, identification of problems related to acculturation and socialization of the children of migrant families and preventing the aggravation of anti-social behaviour, was regarded as a target area for secondary prevention.

Treatment of mental health problems:

promoting better communication between user and care-giver through better training in cultural issues, use of interpreters, and dialogue with user-organizations; better

information and communication networks among professionals; opportunities for education of migrants in the mental health professions; increased attention on cross-cultural approaches to psychology and psychiatry; greater awareness of possible ethnocentric approaches and emphasis on multicultural perspectives.

- In order to increase the *accessibility and appropriateness of mental health services*, the Platform members suggested to identify and research the following aspects:

Accessibility:

how is information provided to migrants on where to go and what kind of help can be sought?

Appropriateness:

is good information about services in the catchment area available? Also, is the care provider sensitized to the issues?

- In order to evaluate and monitor the *societal position and the function of mental health care* in multicultural societies, the Platform agreed on the need to look at:

- (a) social status of
- (b) social interaction with
- (c) legal issues related to

migrants, refugees and ethnic communities.

Social status:

equality of access to employment and educational opportunities as well as to mental health services is important for mental health. The crucial factor here is that failure to provide equal access leads to marginalisation of migrants/ethnic minority groups and a feeling among individuals in these groups that they are discriminated against. This leads to anger, resentment and feelings of insecurity that in turn lead to social dissension with adverse effects on mental health for all sections of society.

Social interaction:

Acceptance/rejection

It is important for the host community to accept migrant/ethnic minority groups as integral parts of the total society and also for these group to accept the need to live in harmony with the host community. However, it is also essential for migrant/ethnic minority group communities to maintain a sense of identity and pride in their individual cultures. The aim for good mental health is that each migrant/ethnic minority group's community achieves a balance between maintaining its own cultural identity and becoming fully integrated into a wider multicultural society. Such a situation would promote self-esteem among migrants. In order to support this,

bilingualism and multicultural education in schools is important.

Information

In order to promote attitudes that are conducive to good mental health, accurate information about migrants/ethnic minority groups and the host community must be easily available. They should cover the current conditions under which migrants/ethnic minority groups live as well as their background, and, in the case of the host community, the information should concentrate on matters which migrants/ethnic minority groups need to know in order to live in harmony with the society at large.

Legal issues:

Government policies and how they may interfere with family life and pressurize migrants/ethnic minority groups, refugees etc., can instill a sense of insecurity and fear in many migrants/ethnic minority groups, thereby inadvertently promoting mental ill-health.

- In order to *raise the awareness* of national governments and inter-governmental bodies within Europe regarding the need for a policy and its planning and implementation for the mental health of migrant groups, the Platform decided to focus, on the one hand, on identified WHO European Targets as described above, and on the other hand, on links with other international organizations such as the Council of Europe, the European Economic Community, the United Nations High Commissioner for Refugees, the International Organisation for Migration, the Organisation for Economic Cooperation and Development, the International Labour Organisation, professional and other non-governmental organizations. It is thus important that Platform members be seen as a group of experts, professionals and resource persons who can provide technical and professional assistance on matters related to mental health services for migrants, refugees and ethnic communities.

4. Matters requiring action

The following aspects were considered a high priority in stimulating the improvement of mental health care:

- provision of adequate interpretation services free of charge to the user, taking into account both linguistic and cultural aspects. Mental health care cannot be provided without adequate communication;
- training of care providers in multicultural issues: psychiatrists, psychologists, nurses, social workers, medical doctors, judges, etc.
- establishment of directories on all services related to migrants.

Long range preventive oriented priorities were seen as:

- promotion of language acquisition in the early years of migration;
- prevention of anti-social trends and behaviour.

In order to ensure improvements in the health of migrants/ethnic minority groups, refugees, etc., the awareness of governments and responsible bodies in member states can be enhanced through activities such as:

- taking the opportunity of important (inter)national events (for example the EEC Year of the Elderly in 1993, etc.) to draw attention to the special needs of migrant groups within these contexts;
- support to the development of national networks.

The Platform should further advocate possible multi-site research, adapting relevant research and/or focus annually or bi-annually on special topics or themes for discussion. For 1993 the Platform agreed to focus on the following themes:

- the health of elderly migrants (in relation to the EEC Year of the Elderly);
- emerging problems of displacement in Europe;
- providing expertise and advice to countries and organizations on matters relating to mental health and multicultural societies.

5. Platform plan of action:

The Platform, in collaboration with WHO/EURO, agreed to:

- create awareness of its actions through the use of leaflets and a newsletter. WHO/EURO would inform its Member States of the existence of the Platform and of the technical and professional assistance the Platform is able to provide to countries and their organizations;
- develop links with international and national migrant associations, refugees and ethnic minorities' communities;
- develop a newsletter to be issued with the collaboration of the Scientific Institute of German Physicians (WIAD), Bonn (proposed as a future WHO collaborating center on migration and mental health). This centre would also assist in collecting information in data banks to be distributed to Platform members and other interested parties.

It was agreed that the SOGG will be the permanent secretariat of the Platform for the next two or

three years until another country expresses an interest in providing this secretariat function.

Also, it was agreed that the next meeting of the Platform, which is expected to take place in October 1993 in Bonn (Germany) at the WIAD, should strengthen further cohesiveness and communication between Platform members.

The participants agreed to form three working committees in order to inform Platform members of achievements made towards the goals of the Platform:

Group 1 (goals 1 and 2):

Dr A. Gailly, Dr G.M. Mirdal (chair), Mr F. Fleury, Dr R. Bennegadi, Dr A. Groen.

Group 2 (goal 3)

Dr L. van Willigen, Dr S. Fernando (chair), Professor J.V.T.M. de Jong, Dr M.K. Malhotra, Dr L. Nesvadbova.

Group 3 (goal 4)

Dr P.G. Svensson (chair), Dr S. Ekblad, Dr J.G. Sampaio Faria, Mr K. Schilder, Dr A. Geiger.

It should be noted that those Platform members who were unable to attend the meeting, will be invited to participate in these groups.

In 1994, it is hoped that the meeting of the Platform will coincide with the planned conference on Mental Health Race and Culture, Bristol (United Kingdom), 6-8 April 1994. Discussions between the Platform secretariat and the conference organizers will take place in order to have included in the Conference, topics of European interest.

The participants felt that the meeting had been very useful for all the groups represented and that a sound basis had been worked out for promoting and contributing to the intermingling of cultures through mental health care in Europe. They urged WHO to continue to support this process of development.

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