



Highlight from the tenth SMES conference in Rome, 23rd - 25th January 2008

By Serap Erkan, projekt UDENFOR



Proximity and Solitude

The tenth SMES (Mental Health Social Exclusion) conference was held in Rome from 23rd - 25th January 2008. The conference offered three days of exchange of experience and knowledge in the area of mental health and social exclusion. The first day of the conference, 23rd January, opened under the heading “Proximity and Solitude”. Professor and philosopher Lambros Couloubaritsis from the Université Libre de Bruxelles started up by reflecting on the concepts of proximity and solitude. He noted that solitude has both good and bad sides. As humans we need quiet places where we can gain an insight into – and learn about – ourselves. On the other hand, extreme solitude is unhealthy and can lead to state of psychosis and exclusion. Humans need intimacy to survive.

A Spanish representative of the Catholic Church's international humanitarian relief organisation Caritas made it clear that no one should be excluded. Unfortunately, there is a rise in mental illnesses, and there is a danger that social distress can become mental distress. It is important to help people become independent, and it is important to listen to the hidden sufferings of poor people and excluded people. Also, it is necessary to work on people's attitudes so that excluded people are met with understanding and respect.

An Italian representative went on to confirm that the poor were excluded in the 70's, and thus poverty still exists today. Today, a new form of social exclusion is taking place, in which a social uneasiness becomes a mental exposure. All the introductory speakers touched either directly or indirectly on the problems of individualism and the solitude it helps to create.

After the introductory round focussing on the concepts of proximity and solitude, the question of what changes have occurred in relation to the work with mental health and social exclusion in the last 10-15 years came into focus. FEANTSA's representative, Spinnewijn Freek, compared different countries and spoke on those conditions which matter in dealing with homelessness. For example, he posed the question: “Does the welfare regime matter?”. Or put differently, does a neoliberal welfare state tackle and prevent homelessness better than a conservative one? One challenge for the voluntary sector is working efficiently without excluding the most vulnerable people.

Italy is known for its social co-operatives who work to reintegrate people into the labour market. An Italian representative presented this to the participants of the conference. The social co-operatives often consist of a co-operation between private business life and groups of users, where fx a lot is put to the disposal of the users who produce their own goods, are self-reliant and have a share in the

profit of the produce. Social co-operatives are to be compared to co-operative farming. The focus is not solely on production and money profits, but also on social profits.

Migration

One of the themes of the conference was migration and undocumented migrants, and an Italian representative of Doctors Without Borders (MSF) described some of the challenges Italy faces in relation to this. One widely spread phenomenon is seasonal workers from fx the Darfur province working in Southern Italian tomato fields under inequitable conditions and without rights. MSF has documented the conditions in a documentary which was shown at the conference. Many of the seasonal workers had neither access to toilets, baths or running water. They had a bed to sleep in, but that was about it. Some were looking shabby, with bad teeth and ragged clothes. In Italy the seasonal workers officially have access to a medical card, but 71% of the people who were interviewed had not been issued such a document which tells of a lack of communication of rights.

Migration: Visit to the Baobab Centre

The first night of the conference also featured a voluntary dinner arrangement at the Baobab Centre; a centre integrated offer of accommodation, service and culture for homeless people from African countries. There is no offer of the kind that can be compared to this in Denmark. The initiative consists of accommodation offer to foreign homeless people and a restaurant decorated with interior (pots, pictures, paintings, designs) from various African countries. The Baobab Centre is a co-operation between private and voluntary forces on one side and the local municipalities on the other. The centre also sports clothes washing facilities, a fitness centre and dance and music from the lands of origin of the homeless people.

In visiting the centre, we expected a ramshackle building with limited facilities, and we were surprised when we saw the restaurant and homely and inviting surroundings. The service was first rate, with food from Eritrea and dance and music from Africa. All waiters and bartenders were of other ethnic background than Italian. We left enriched, with a very concrete picture of how positive integration looks and is experienced. It does, however, pose the question of why a rich and homogeneous country like Denmark has not thought up similar ideas for the integration of homeless people of other ethnic background than Danish. The experience demonstrates yet again the importance of international co-operation with a focus on 'best practices' as we can always learn from, and be inspired by, other countries.



Mental Health and Social Exclusion

On the second day of the conference the primary activity was a panel debate focussing on mental health in relation to the city, the local community and the family. The representative from Italy reminded us of society's central role in avoiding the production of social exclusion.

One of the panel debaters from Belgium noted that the poor have become poorer and that this leads to social problems – a similar discussion about poverty has been going on and become more intense in Denmark since 2002. The same debater also noted that the emergency efforts are still not expanded to include those who are underprivileged in society.

A representative from France presented the concept of mobile psychiatry teams who do street based work and meet the target group in the places where they stay, like on the street, in parks, in shelters or cafés etc. The mobile units do not replace but support the public offers. In Denmark we have nothing similar, and again there is much to learn and be inspired by.

The significance of user satisfaction was also touched on. For example, it is not enough to establish contact. It must also be evaluated to found out if the user has been/is satisfied with it. Another representative from Italy spoke of the significance of thinking along different lines than merely 'drug therapy', while a third representative reminded us that mental illness still is stigmatised. Even though Italy has seen more drop-in centres being established, there is still only room for 25% of the psychiatric patients in the psychiatry.

A couple of representative from the Scottish state presented Scotland's initiatives relating to mental health and investigations in the area. The Scottish Government has a national programme for health

and well-being (National Programme for Improving Mental Health and Well-being). The area is has high priority in Scotland. Among other initiatives they have suicide prevention programmes, recovery efforts in relation to mental illness, telephone counselling for people who suffer from 'low mood' or a depression and anti-stigma/-discrimination programmes (for instance an information campaign relating to mental illness called "See Me"). A Scottish survey shows that 25% of the Scottish people have had mental problems and that the suicide rate is higher in the poorer areas of Scotland. Today more than previously in Scotland, a person may have to deal with multiple problems at once.

An American panel debater had travelled the long distance to Rome to bring us knowledge and experience from outside of Europe. He told us that approximately 16% of the American citizens have no medical insurance and that many people live below the poverty level. Universal coverage and equal access to the health care system will not come easily, in the opinion of the speaker. Furthermore, there is a movement away psychoanalysis towards social work in the USA. More people are also looking for alternatives to medicine, one of these being spirituality. The life expectancy of people with a serious mental suffering is 25% lower than for the population in general. The American representative felt a need to warn us Europeans against this situation in order that we do not have to face poverty problems and unequal access to health care in the scale that America does. He was distinctly sceptical towards the lack of universal coverage in the USA, and as a participant it was very hard to disregard the fact that this scepticism very much builds on real experiences.

Outreach Work

The panel debate of the afternoon included a discussion about street-based/outreach work in which projekt UDENFOR's (project OUTSIDE) chairman, Preben Brandt, was the moderator. An Italian representative told us that there are more young people on the street today, which fits the Danish experiences. He also touched on the fact that more people today become homeless because they lose their work.

A French participant emphasises the work to raise self-esteem in the people of the target group and called attention to the fact that the volunteer work is a supplement to the professional work and not a substitute for it. A Norwegian representative presented a project from Stavanger in which the goal is to make the systems work together so that the patient is reached and from a based on a more whole perspective instead of from a single problematic or diagnose.

A psychiatrist from Romania presented a mobile unit with an outreach and street-based psychiatric

team. He said that the unit is the only mobile one for homeless people in Romania and has existed since 2006. In Romania, as opposed to the richer European countries, no legislation on the homeless area exists, which makes it more difficult to work within it.

Greece appears to be in the front line when it comes to outreach and street-based work, and a representative from Athens shed light on the concept of mobile units. Already in 1981 a mobile psychiatric unit was established which still is developed on. Today there are several units, and building on a psychodynamic approach, the units offer for example therapeutic interviews. They are open 24 hours a day, at all times providing 2-3 co-workers to take care of crisis- and emergency situations. The units are anchored in the local communities and focus on establishing local networks. The public system supports the mobile units, and they continue to grow in numbers.

Along these lines, an English representative told us that outreach work is accepted in England today and that there are units in England open 24 hours a day. Today there are furthermore mental health teams who only address homeless people. In England there is a continuing increase in the number of users with refugee backgrounds.

A Spanish representative from Madrid told us about outreach work relating to the mentally ill homeless people, which included an affiliated psychiatrist and two nurses.

Migration: Health and Dignity

The second theme of the conference was migration. A representative of the EU commission focussed on the health of the migrants. Among other things he spoke about the high rate of schizophrenia among the Moroccans in Holland. Several organisations focussing on migration were presented, for instance the organisation IOM (International Organisation for Migration) which focuses on humanitarian handling of migration and the rights of migrants.

A Spanish participant presented the survey “*European Survey on Undocumented Migrants' access to Health Care*” in which two out of ten persons regard their own health as poor or very poor. In Spain everyone – citizens as well as undocumented migrants – have the same right to access to health care. Migrants must, however, be in possession of a document in order to obtain the help. The survey shows that 11% are homeless, 40% have an unstable housing situation and close to everyone are living below the poverty level. The results of the survey was supplemented by other participants' statements that most homeless people in Rome are (im)migrants.

An Italian psychiatrist spoke on trauma and told us that many of the migrants have a traumatic history with ethnic cleansing, war, suicide and life-threatening migrant journeys, commenting on the latter that many migrants die in the deserts on the way. The lack of housing policies in Italy was also touched on. In Italy there is a lack of cultural mediators who can reach the migrants. Often the professionals do not understand what the migrants are saying.

Preben Brandt asked the representative of the European Commission about EU's policy in relation to migrants' rights to social rights, and the EU representative said that the EU attempts to stop illegal migration and that its official policy is not to further illegal migration. On the contrary, the EU works to further the awareness of legal migration. Nor is there any official policy from the EU which states that the national state must help the migrant who is sent back to his country. Unofficially, however, Belgium accepts the help for the migrants by turning a blind eye to the reality. Ten percent of the migrants arrive illegally from North Africa while 90% arrive from Southern and Eastern Europe.

Turning a blind eye to the help to migrants is hardly a sustainable solution in the long run, and the EU representative answer tells of a lack of co-operation across borders in EU in relation to solving the migration challenges. projekt UDENFOR cannot use the strategy of turning a blind eye since the challenges are already there and we meet the migrants in our outreach work on the streets.

Mental Health and Municipal/Local Offers

A workshop focussed on mental health and municipal/local offers, and here a line was drawn from 1992 to 2007. In 1992 the effects of the de-institutionalisation were discussed and in 2007 we can see mobile units, focussing on mental health and exposed groups around Europe.

During the workshop a Scottish project with focus on ex-offenders' integration into the labour market was presented. ROOP (Routes out of Prison) tries to re-integrate ex-offenders into society. The speaker told us that persons who have been to prison are among the most vulnerable and exposed people in Scotland. The purpose of the project apart from bettering the prospect of work is to further the health of the target group and reduce the number of repetitions of breaches of the law. The results of the ROOP project show that 51% of the participants once again take part in society, which is an impressive result.

The workshop also featured a brief presentation by the European NGO Mental Health Europe

(MHE). MHE has 50 organisations as members and apart from those also individual members. MHE primarily lobbies, and the next MHE conference takes place in Aalborg in 2008. Information about this conference can be found on <http://www.mhe-aalborg.dk>. MHE work with the open method of coordination with a focus on “good practises” and on what works and what does not.

At the workshop the focus was also on the user perspective, and a French representative with mental sufferings made a presentation with the point of departure in her own experiences. Among other things she said: “Ours symptoms do not go away at 4 o'clock. It is, therefore, necessary to have flexible structures!” The user also spoke on compulsory detention and the lack of consultation during the detention. The illness isolates the individual, it is difficult to get out of the house and there is no network. It is good to be able to meet with people sharing ones symptoms, and it is therefore important to work on building networks.

A French psychiatrist living, together with her husband, with mentally ill people presented the project in Besancon. She pointed out that what works in this meeting is that one meets as people and not as user versus psychiatrist. The project is affiliated with a day centre which has 100 users. An evaluation shows that the users take fewer drugs than previously and that the more active the users are, the less drugs they take. The project wishes to spread the method to other French cities and to other countries.

A Bulgarian representative touched on the significance the inclusion of an insight into psychological, sociological and philosophical perspectives in the course of the education of psychiatrists -something which is not a part of the education today.

Work and Participation

At the third day of the conference the third theme of work and participation was presented. An Italian representative told us in details about the social co-operatives in Italy which are divided into two types. One focuses social and educational perspectives while the other focuses on work and integration into the labour market. The Lazio region has more of the latter type, opposed to the rest of the country. Interest in establishing co-operatives, which can be either private or public, has risen drastically. Social co-operatives focussing on work also do business training (for example open plant schools, art ware shops, pizzerias etc.).

A Spanish speaker told us about an open centre for homeless people who are mentally ill and have a

non-active misuse. The centre in Madrid is a temporary housing offer with job training attached. A survey shows that 31% of the users are not treated, 48% of the centre's users are working again after one year and 4% are in an educational course.

Housing

The second workshop of the conference under the heading “Work and Social Enterprises” offered several sub-themes, among them the theme of housing. A French representative opened by noting the unsustainable conditions of the housing offers to homeless people in France. An Italian participant from Geneva told us about homelessness in Geneva and about a project which focuses on the psychological aspects of homelessness. She confirmed that access to rights such as early retirement benefits and health care benefits depends on having a home. A place of residence is therefore a key to the access to other rights. To get a home is not always unproblematic, though, and obtaining one can cause old traumas to reoccur, which in turn can cause aggression. If the expectations – for instance a wish to see the children with who contact has been lost – are not met, new traumas can arise and the person can experience an emotional vacuum. It is difficult to uphold a home because some homeless people have become used to other ways of living which causes some homeless people to leave the place of residence again.

During the workshop a representative from Portugal's University of Coimbra presented a very interesting survey building on biographical studies of homeless people focussing on the target group's life experiences and identities, including the time before the homeless person became homeless. The result of the survey shows that there are multiple causes of homelessness.

The experiences from the survey show that it is immensely important not to regard homelessness as the terminal station, but instead as a period of transition in life. The survey also shows that many people have been homeless in many different countries. This effectively justifies regarding homelessness from a migration perspective.

The survey furthermore shows that the homeless people have frail bonds to their family members, especially to the mother and/or the father. Problems with the parents are referred to as explaining their homelessness and the homeless people, among other things, say: “I was never included”, meaning that they never felt like a part of the family, the school etc.

The homeless people furthermore report problematic school courses. Some of them do tell of a normal childhood, though, but with significant changes later in life. Regardless of the explanations,

the survey shows that many have difficulties planning, harbour mistrust towards the system and feel they are in a situation which is impossible to change.

Generally, homeless people can be divided into two groups, of which the first try to uphold life as it used to be, for instance by maintaining a level of personal hygiene, while the other group become indifferent and for instance stop looking up housing offers.

Most offers in Portugal focus on outer aspects like jobs and housing. The offers do not seek to instigate change from within, meaning attempting to change the identities and self-images of the homeless people. The law of the jungle applies on the street, and the weak are robbed and exposed to violence. It is not strange that homeless people develop paranoia when the life on the street is dangerous and unsafe. The idea of homeless people being free makes it harder to adapt to society and re-integrate oneself. On top of that, the survey shows that alcohol is used as a means of keeping warm during the winter period.

If we are to prevent homelessness, we have to focus on the family and make sure to establish relations between family members, we have to help the homeless people build an identity, we have to gather the counselling under one roof since it is hard to find ones way around the system and we have to have flexible offers and opening hours.

The time at which the homeless person sees himself/is seen as homeless is different depending on whether you ask the homeless person himself or the professional you ask. Homeless people provide answers like the loss of jobs, the loss of intimate relations and the loss of a home. Opposed to this, the professionals answer that homeless person is homeless when he seen on the street and when he has mental problems.

The results of the survey spawned a lively discussion, and many people could recognise the results. I also got involved in the discussion with the Danish experiences. projekt UDENFOR's survey "*Violence Against Homeless People – homeless people's experiences of violence in the streets*", conducted by Serap Erkan shows a sort of internalisation in the homeless person of the degrading view he feels other people have on him. This observation from our survey supports the above-mentioned survey and the fact that the homeless people have not built an identity. The results of "*Violence Against Homeless People...*" indicate instead the homeless people's internalisation of the negative identity "we" as a society and as the system have applied to "them". It therefore makes

sense to talk about a non-identity, since the content of the “identity” leaves no room for individual choices. At the workshop I laid out deliberations, which many of the participants could recognise.

A representative from Ireland added that many offers to homeless people are temporary and emergency-based and that they are not followed up by a more permanent effort. The consequence is that people end up on the street again. Sometimes both mother and daughter are homeless.

A Belgian representative related that the lack of housing result in the homeless people seeking out the psychiatric hospitals instead and that these in turn have no room for the homeless people.

A Polish participant related about premature pregnancies in Poland which result in young homeless mothers because they are not able to cope with the mother role. This also results in exposed fathers who choose off an ordinary job based on the deliberation that all the wages go to paying child maintenance and it does not pay to work when the wages in Poland are so low.

Summary: A Look back and future prospects



The board members in SMES rounded off the conference by looking back and into the future. In 1992 the focus was on de-institutionalisation, and in 2007 the focus is on developing offers to people with mental health problems. In the future the challenges are to establish more mobile and outreaching units, work more with empowerment and have the offers evaluated better. How to evaluate that which works is a giant challenge for the future. Outreach work is accepted today, and we therefore do not need to defend it any more, but perhaps we should reflect more on what it entails. Have we forgotten the content?

Another challenge for the future is migration, and in connection with that our national legislations. The right to health care must apply to all citizens, European or Non-European. It is important not to

stigmatise certain population groups.

We have to prevent the occurrence of children on the street. Children who are born in one country must be considered citizens of that country and not foreigners in it.

“Early warning” is important, and the exchange of knowledge across nations, municipalities and other units is important too. It is also important with more user involvement. It is important to have a flexible labour market which provides the possibility of part time work for mentally unstable people so that they can take part in society.

It was confirmed that decentralisation had an adverse effect on the inclusion of exposed groups.

After the conference, the participants were invited to a dinner at the Termini Shelter of Caritas, which is one of the big accommodation offers in Rome.



We started the tenth SMES conference on the phenomena of proximity and solitude, and we will finish with a picture of Rome's bag ladies caught in *the solitude in the proximity* of “us”, where “we” for a brief moment hang out and pass them by.

