

# **Migrants & Mental Health: Policy Overview**

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## **0. Introduction - context**

Thank you for invitation and for the opportunity to say a few words on EU policy developments in the field of migration and mental health. Indeed health protection of migrants is becoming increasingly addressed at EU level. In my presentation I will first present the general context and then focus on specific actions within DG JLS, DG SANCO and DG EMPL, all three of which broadly cover mental health and migrants.

Generally, whilst it is found that migrants are healthier than others in their country of origin (healthy migrant effect) they generally experience more health problems than average for their host community. This is due to greater exposure to health risks where they are living and working, psycho social stresses relating to adaptation to new circumstances and risks acquired in their countries of origin. Poorer access to health and preventive services exacerbates these problems. Some psychiatrists have termed it "Chronic and Multiple Stress Syndrome" (or the "Ulysses Syndrome").

Chronic diseases such as *inter alia* **mental health problems** are also frequently more common, with some countries reporting more than twice the risk in migrants than the general population.

To illustrate this, a survey by DG SANCO in 2004 showed that:

- High rates of **schizophrenia** amongst Moroccan, Surinam and Dutch Antilles migrants in the Netherlands; Caribbean, India and Pakistan in the UK; and East Africans in Sweden.
- In the UK, **suicide rates** of young female immigrants from India are consistently higher than their male counterparts and the national population. In the Netherlands, the suicide rate among children of immigrants was considerably higher than national population.
- Depressive disorders were the second cause of medical consultations in **illegally-resident migrants** in a district of Madrid.

- Also amongst **refugees**, surveys have shown that two-thirds experience anxiety and/or depression. They also have a high incident of post traumatic stress disorder, depression, anxiety, panic disorder and agoraphobia.
- A **long asylum procedure** has also been linked to the occurrence of psychiatric disorders.
- Amongst **children** also, a recent study in Germany has shown that migrant children are more frequently affected than non-migrants.
- Also relevant to mention here is the **Migrant Policy Integration Index (MIREX)**, which assessed the integration measures of the EU-27, including provision of healthcare, providing a rating for each country (best were Sweden, Portugal).
- For illegally-resident migrants, there is a recent publication from the NGO PICUM on **Access to Health Care for Undocumented Migrants in Europe**.
- There is also a recent IOM **Review of European Community Law and Council of Europe Instruments** on Migration and the right to health.

### **What is being done at EU-level**

Broadly three policy areas cover mental health and migrants, namely; integration of migrants (DG JLS); migrants and health (DG SANCO) and combating social exclusion (DG EMPL).

#### **a) Integration of third country nationals**

Strengthening integration policies for immigrants has been at the top of the political agenda since the early development of a common immigration policy and the pressure has been for the Commission to take a lead, in setting the agenda and in promoting the exchange of experience and good practice, which has been coming from the Member States.

It is sometimes considered that there is no (nor are there any plans to)<sup>1</sup> specific EU legislation on integration. In one sense this is true, but, on the other hand, we have the following:

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<sup>1</sup> Although Article 63a(4) of the Lisbon Treaty envisages that measures may be established to provide incentives and support for Member States actions in promoting integration but excluding any harmonisation of laws and regulations.

- Council Directive 2003/109/EC of 25 November 2003 concerning the status of third-country nationals who are long-term residents.
- Council Directive 2003/86/EC of 22 September 2003 on the right to family reunification
- Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation
- Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin.

As well as, for asylum applicants, Council Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers, including healthcare.

### **Other legislation/conventions**

Article 52 of the EC Treaty gives the legal basis for actions in the field of health at Community level specifying that a “high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”.

Other relevant charters/conventions include: the Charter of Fundamental Rights (article 45), guarantees access to preventive and medical care according to the conditions established by national laws and practices; the International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by all EU Member States (and all the CoE Member States (except Andorra)).

Coming back to specific integration measures, at the heart of this framework is the **Common Agenda for Integration** (COM(2005)389 September 2005), based on a number of **Common Basic Principles**. These were adopted by the Justice and Home Affairs Council and are now the foundations of the European approach to integration. CBPs should assist Member States in formulating integration policies by offering

them a simple non-binding but thoughtful guide against which they can judge and assess their own efforts. CBPs assist in structuring the regular dialogue between governments and all other relevant institutions and stakeholders at the EU-level, a crucial step to fostering successful integration and achieving social cohesion.

With the help of this framework, the priority for the Commission over the next few years is to promote further the common basic principles as a basis for integration policy. There are 11 principles in all. I would just like to highlight a few of the key issues.

Perhaps the most important is the definition given in the first principle which emphasises that integration is a two-way process – that there is a need for change on the part of both the migrant and the host society – there must be mutual adaptation. Society is not static – it never has been – but there are now new elements to incorporate into that process of social change. This means that policies should not just be directed towards immigrants but involve local people as well.

The second principle sets the boundaries of this change and this is very important at the practical level. The acceptance of **cultural, social and religious differences** has its limits and these are defined in the principles by national and EU law and by the basic values of the European Union such as equality, the rule of law, respect for human rights and for the democratic process. Diversity is a valuable and dynamic asset in society but where there is doubt as to how far difference is acceptable, national law and basic European values should fix the limits. You are no doubt aware that 2008 is the European Year of Intercultural Dialogue.

Access to public and private institutions and to goods and services in general (CBP 6) is emphasised and here the need for **anti-discrimination** and **anti-racist measures** to ensure equality of treatment is important. The EU has in place a legal framework designed to prevent discrimination and xenophobia which has now come into effect,

and monitored by the recently established Fundamental Rights Agency, and it is very important to ensure that the laws are implemented.

One example of actions being taken includes making available adequate information for migrant communities and providing additional training for the personnel responsible for delivering the services. An increased participation of persons with different ethnic backgrounds in the planning and delivery of health services should help to prevent discrimination and ensure that services take account of cultural barriers and are sensitive to the specific communities in which they operate.

Practically, what else is being done on integration matters? We have the *National Contact Points on Integration*; the *Handbook on integration for policy-makers and practitioners*;<sup>2</sup> development of an *integration website* and a *European Integration Forum*. **Financial support for integration is also provided** via European Fund for the Integration of Third Country Nationals, which over the period 2007 to 2013 will have 825 million euros to devote to integration programmes, and the European Refugee Fund, which includes also a component for integration.

#### **b) Recent developments in migration and health (DG SANCO)**

Under the Portugal Presidency, the Council adopted Conclusions on health and migration. These reaffirmed Member States commitments to provide for the health needs of migrants. The Portugal Presidency also hosted a major conference on the theme and prepared a number of specialised reports on the health situation of migrants and on good practice in meeting the health needs of migrants. As follow-up, the Commission has convened an expert group on health and migration (which met twice under the Portugal Presidency and which will have its next meeting on 25-26 February in Luxembourg).

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<sup>2</sup> See, in particular, the Section on Service Providers in the 2<sup>nd</sup> Edition of this handbook, available from [http://ec.europa.eu/justice\\_home/doc\\_centre/immigration/integration/doc\\_immigration\\_integration\\_en.htm](http://ec.europa.eu/justice_home/doc_centre/immigration/integration/doc_immigration_integration_en.htm).

Financial support too is being provided, i.e.

- Monitoring the health status of migrants, development of indicators. (Coordinator Erasmus medical centre, Netherlands)
- Information network on good practice in health care for migrants and minorities in Europe”, MIGHEALTH (coordinator National and Kapodistrian University of Athens)

### c) Actions to tackle Social Exclusion (DG EMPL)

A strong political mandate for work in this field are the new common objectives for the social protection and social inclusion process, which were adopted by the European Council in March 2006. In particular the strand of work *Accessible, high-quality and sustainable healthcare and long-term care*, although less attention so far (come to later) is devoted to mental illness and migrants.

Last year's "European Year of Equal Opportunities for All" celebrated also 10 years of Article 13 of the Treaty of Amsterdam. It is this Article 13 which made the fight against discrimination also a European competence and provided the basis for our legislative framework. The transposition of the 2000 Racial Equality and Employment Equality Directives (mentioned before) means that advanced anti-discrimination legislation exists across all EU Member States. One can, therefore, say that European legislation has acted as a catalyst for the development of a more coherent, rights-based approach to equality and non-discrimination.

Another of the Common Basic Principles mentioned previously is that **employment is central to the participation of immigrants** and to the contribution they make to the host society. The importance of taking action to promote the integration of migrants in the labour market and the link with non-discrimination has been reaffirmed by the **European Employment Strategy**, which includes a specific Guideline highlighting the need for actions integrating migrants and minorities. Within this, **tackling discrimination as one of the central causes of social isolation**

**and disadvantage**, is also very important. As you are no doubt aware, unemployment can lead to depression.

**d) Recent development: High level conference on mental health**

As a follow-up to the Green Paper on Improving the Mental Health of the Population [COM(2005) 484], the Commission intends to organize on **13 June 2008** in **Brussels** an EU-high level conference on mental health. A **European Pact for Mental Health** would be launched at the conference. The Pact would be **an intersectoral, non-binding Declaration**, with the authority of its signatories behind it. It would highlight the relevance of mental health for public health, learning, productivity and social cohesion in the EU. The Pact will express the willingness of signatories to work together in addressing mental health issues, based on a set of agreed key principles for action. Signatories would also commit to contributing to the implementation of the Pact through providing input to a series of thematic conferences, which would develop plans for further action and to a Commission Proposal for a Council Recommendation on Mental Health (2009). The process would focus on **four priority themes: prevention of suicide, mental health in youth and education, mental health in workplace environments, older people.**

I hope this has given you at least an outline of initiatives at EU level and I thank you for your attention.