

Social work in the 21 century: migration, health/mental health and the transnational families

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Social work needs to reconceptualise the issues of migration, health, care and family life:

- Migration and the needs of people in regard of health/mental health;
- Migration and the transformation of social relations including family lives;
- Migrant workers as the consolidator of health and mental health of people for whom they care.

Undocumented migrants and access to health services: A CONCERN FOR SOCIAL WORKERS (Cuadra, 2011)

Right to health services that is more extensive than only emergency care;	5 countries: Italy, Netherlands, France Portugal, Spain.
Access only to the emergency care	12 countries: Germany, Belgium, Cyprus, Denmark, UK; Hungary, Estonia, Lithuania, Poland, Slovak Republic, Slovenia
Less than minimum rights of access health care	11 countries: Finland, Ireland, Sweden, Austria, Bulgaria, Check Republic, Latvia, Luxemburg, Romania, Malta

When people migrate there is little time to think about one's mental health

- People from ethnic minorities were often pathologised, but at the same time people who migrate have been until today deprived from equal access to the health system.**

The pathologisation of ethnic minorities is a process within which ethnic/cultural characteristics of a person or a group are constructed and perceived as natural, inborn marks of a person or a group and which specificities are described in medical terms. The use of medical discourse and medical diagnosis help to construct ethnic minorities as being prone to specific bodily and mental illnesses, pathological violence, and lesser intelligence or even mental disability (Zaviršek 2010).

- **“Healthy immigrant effect”** : which is based on findings that have shown that the immigrants’ health at the time of arrival has been better than at the health of the majority population , but that their health and mental health then deteriorates during the life span in a new country (Deri, 2004).

“Workers from Vegrad” by Matej Družnik was awarded first prize at the Slovenia Press Photo 2011 competition.



Migration, gender and care regimes

- **“International division of reproductive labor”**
(Parrenas 2001; Williams 2010): female migration provide opportunities for women from the global south to support their families – it ALSO give the opportunity to the middle class women from the global north to work in paid employment.
- In the transnational chains of domestic care work women who belong to ethnic minorities are carers and stabilizers of people’s well being.

- On the one side migrants were (and often still are) pathologised in the past, they are today those who do most of the caring and nursing work for the elderly, the disabled, children, who work in the households and in the caring and nursing institutions.



Natalia Iguiniz, "Maria
Elena and Maribel",
2001

The gender regime makes women responsible for the well-being of their children which may affect migrant women health and mental health:

- Women are providers of care but do not benefit from the health and social services in the country where they work; when they work illegally they have no legal rights and no social and health benefits;
- The law on immigration is still not designed according to the needs of the women;
- Social workers need to support women to keep supporting their families at home and to keep the relations with their children and relatives.

In Eastern Europe there is an urge for:

- training professional staff in trans-cultural and anti-racist practice;
- cultural consultancy based on a multicultural multidisciplinary team;
- services-led by professionals from similar ethnic backgrounds to those of clients to help people from a variety of cultural backgrounds;
- advocacy to help mental health clients to deal with statutory services;
- guidance to clients on strategies to deal with everyday racism;
- incorporating resource-oriented/resilience perspective into therapy and using inter-cultural competencies in therapy;
- linking psychological support to housing, economic independence, social integration, community development.
- Political advocacy.

Thinking future acting now:

- Provide support for those women who want to bring their children with them;
- Provide skype and other virtual communication devices for migrant women in order to support their traversions from one place to the other ;
- Providing the opportunity for undocumented migrant's to make a driving licence;
- Provide support for those people who have (will in the future) a wish to re-establish the relation with their domestic worker (nanny, au pair) with whom they live as children.

Thank you very much !

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