Health promotion for immigrants in Switzerland
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Migration, especially when it is forced, involves hardships and health needs that cannot always be met by the existing local services. An association in Lausanne creatively combines preventive, educational and therapeutic activities for asylum seekers, refugees and immigrants.

We take the opportunity afforded by the recent article by Indrani Ganguly, “Promoting the health of women of non-English-speaking backgrounds in Australia” (World health forum, 1995, 16: 157–163) to share with readers our experience in Switzerland in the Appartences Association. Our projects and methodology are in many ways similar to those of the Women’s Health Centre in Brisbane.

General objectives

The approach proposed by Appartences is based on the two following principles.

- Immigrants are vulnerable by the very nature of their situation. In most cases migration reflects a crisis in a person’s life, and the suffering such a crisis brings with it should not be seen as an illness or turned into one.
- Any crisis can have a favourable or unfavourable outcome, and is an opportunity for individuals to find in themselves new and hitherto unsuspected potential. When the outcome is unfavourable, symptoms may appear, and reveal more serious problems.

Preventive work is therefore needed, to help immigrant families through their time of crisis by giving them opportunities to develop their own resources and creativity. The Appartences Association has set up a number of projects to help parents and children find meaning in their life in Switzerland. The services offered in this context include a preventive mental health project that directly involves immigrant communities, a women’s centre, health counselling, and a pool of interpreters.

For many migrants, exile seems like the end, an irrevocable loss, in fact like death. They often have the impression that they are simply the victims of social and political forces, and are no longer able to change anything in their lives. Very often, parents refuse to recognize the emotional upheaval suffered by their children. Appartences tries to help them come to terms with this experience, discover the strengths they have developed in exile, and use them to build their future.

When confronted with the institutions of the host country, especially school, children are sometimes ill at ease or even have serious learning difficulties. For example, we have

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found that they may fail to learn French out of loyalty to the family. Such feelings may be intensified by media coverage of catastrophic events in their country of origin. The best

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thing to do in such cases is not to focus attention on the child but to try and restore continuity to the family by acknowledging the losses they have suffered, as well as the resourcefulness they have shown in escaping and being able to offer a better future to the children.

The overall aim, therefore, is to bring out those aspects of past experience, which are always present but sometimes hidden, that constitute the richness of every individual. Once they become apparent, these resources help people to see their life as a whole. Instead of being irreparably broken into two parts, “before” and “after”, it is restored to its unity. The loss is then seen as not necessarily irreparable. Exclusion is no longer a matter of fate.

The health promotion project

The project has two aims:

- to increase the autonomy and improve the quality of life of immigrants (who include asylum seekers, refugees, migrant workers and others) by helping them discover and use their own resources;
- to encourage the immigrants and the members of the host society to get to know each other.

Swiss and immigrant professionals receive training in how to work with immigrants to meet basic health needs, and how to train non-professionals. At the same time, non-professionals from various immigrant communities take part in workshops run by the trainee professionals. In this way they learn some guiding principles for disease prevention work. From the very start, these “promoters” have the job of working with vulnerable immigrant families or individuals.

In many societies, traditions of female modesty and male honour are still highly valued and help to keep families intact. Girls are watched over or kept at home to make sure they are still virgins when they marry, for example, and when this is the normal practice and fully supported by the community it does not seem oppressive. But when parents emigrate with their children to a more permissive society, the situation becomes complicated. The girls find themselves having to live in two powerful systems, one governed by freedom and the other by restraint. Peer pressure conflicts with family pressure. The parents, deprived of the support of their community, often become inflexible in applying the rules of their culture. Psychological difficulties can become severe, for both the parents and the children, if they are unable to understand or accept the pressures they experience. Promoters who belong to the community can help families out of conflicts of this kind.

The methodology proposed is aimed at encouraging self-reliance. It involves bringing out the experience of individuals, families and communities in a group setting. Non-professionals who belong to the communities they are working in use their own experience of migration with its concomitant sufferings and difficulties as a resource which enables them to understand and guide the discussions. At present, the “preventive” group consists of 26 people. They train 106 others divided into nine groups of promoters from various foreign communities living in French-speak-
ing Switzerland. Countries of origin include Bosnia, Kosovo, Portugal, Rwanda, Somalia, Turkey and others. Most of the promoters have already begun working with members of their own community. They are involved mainly in education, social work and health work.

**The Women’s Centre**

The loss of one’s social network is a major problem for immigrants, especially for women, who are usually less likely to move around and meet people than their husbands. The Women’s Centre provides opportunities for bridging this gap through activities such as French and needlework courses, looking after children together, and learning about health. At present it is open three days a week and is run by five coordinators assisted by a team of 25 volunteers, so each week the centre caters for about 120 women of many nationalities, and some 50 children. There is close collaboration between the Women’s Centre and the health promotion project.

**The Consultation Centre**

An integrated health care team offers psychotherapy for children, adolescents and adults whose difficulties are too severe for the preventive care or social work approaches to handle. Since it opened, the Centre has helped many families. In 1994, 230 families sought assistance for one or more of their members. At the beginning, most of the users of the Centre were asylum seekers, but now there are also statutory refugees, immigrant workers, mixed couples, second generation children, adopted children and a few Swiss citizens who have suffered trauma in war-torn countries or in natural disasters. The users are from 47 different countries, although about a third of them are from former Yugoslavia, particularly Bosnia and Kosovo.

**The “interpreters/cultural mediators” project**

Work at the Consultation Centre has always been done through interpreters, as it seems essential that the refugees and immigrant workers should be able to express themselves in their own language. This gave rise to discussion about how to express the different concepts and experiences involved, and the interpreters were gradually drawn in as co-therapists and cultural mediators. Several of them are also involved in the same capacity in the health promotion project or in the Women’s Centre.

One Bosnian interpreter has been working as an itinerant teacher for the last year, in conjunction with the official special education services and the induction classes for recently arrived immigrant children. She gives extra classes to immigrant children who are having difficulties. We are now beginning a double training programme, one for interpreters, the other for health workers, teachers and social workers. In this way the interpreters learn how to foster better communication and understanding in a psychosocial context, and the local professionals learn about cultural mediation, which is often a new idea to them.

After two years of work it is clear that the Association is filling a gap in the services available in Lausanne. It responds to many requests from institutions and professionals who are not equipped to deal with the very wide variety of health problems that can arise in the 120 communities resident in Switzerland.