

POSITION STATEMENTS

XENOPHOBIA, MIGRATION AND SERVICE DELIVERY PROTESTS

XENOPHOBIA IN SOUTH AFRICA

In the past three weeks another wave of violent attacks on foreigners attributed to - what became known as -“xenophobia”, has again been experienced in certain regions in South Africa, seven years after the first attacks of this nature in 2008. These attacks on economic and other migrants from mainly African countries occurred, in particular, in areas in Kwazulu-Natal province and in Johannesburg, and were generally attributed in part to be resulting from the call by a traditional leader in Kwazulu-Natal that foreigners should leave the country. At least seven people have been killed and thousands have been displaced and are being housed in temporary camps in Kwa-Zulu Natal, while the government decided to deploy the army in certain areas in Johannesburg to restore order.

As with the previous attacks in 2008, which sent shock waves through the country and continent at the time, with the image of a torched Mozambican man, Ernesto Nhamuave, in media headlines, another image was sent across the world this week, of another Mozambican, Emmanuel Sithole/Manual Jossias, who was fatally stabbed in the presence of onlookers in an Alexandra township street. These attacks have been followed soon by threats of retaliation on South African store chains, mines and diplomatic facilities in countries such as Mozambique, Malawi and Ghana. While concern was expressed by several African countries and the situation was discussed by e.g. the Nigerian Senate, the South African consulate in Lagos was closed.

However, in a counter reaction by different individual South Africans and organizations, e.g. teaching and other institutions, as well as political parties such as the African National Congress, several rallies and marches of different sizes and constitutions were organized to protest against these attacks and to make a statement that such violence on foreigners is strongly condemned by the majority of South Africans, especially in view of the SA Constitution’s strong protection of humans rights, including the human rights of foreigners.

Speculation is currently wide spread on how to manage the situation and what contributing factors to consider. These include logistical aspects such as early warning systems, police apathy, crime intelligence and “tighter controls”, while concerns were expressed that the current attacks were also encouraged by no tangible repercussions for perpetrators of the 2008 violence.¹ No actual successful prosecutions followed regarding the 60 people who died then or regarding the damage and theft that occurred at the time, while the very public murder of Ernesto Nhamuave, in particular, was also never solved. Other commentators alluded to the general “injured-ness” of the South African nation still as a result of years of discrimination and human rights abuses during the Apartheid years as a suspected contributing factor, hinting at the unfinished business of the Truth and Reconciliation Commission of 1996, and calling on citizens to remind themselves to act in the spirit of the African philosophical principle of “Ubuntu” – that a person is human only through other people.²

MIGRANTS FROM AFRICA

Xenophobia in South Africa has co-occurred in the same two weeks which also saw renewed waves of migrants from mainly Africa, Bangladesh and Syria who are trying to make their way to Europe across the Mediterranean Sea in unseaworthy vessels, or overcrowded boats operated by people trafficking groups in Libya and elsewhere. The death toll this week of more than 800 of these migrants who died in a collision between their vessel and a rescue boat, prompted Italian authorities and European Union policy makers again to consider what appropriate responses should be to manage the logistics and underlying causes of this humanitarian crisis. While certain “push factors” are being considered such as war, economic crisis, political repression and environmental degradation in migrants' countries of origin, measures such as reinstating and extending search-and-rescue operations, standardizing asylum rules, “dealing with Libya”, improving conditions in refugee camps and eliminating smuggling networks are also investigated.³

SOUTH AFRICAN SERVICE DELIVERY PROTESTS

Another South African issue which, during past years, has also already turned violent in many areas from small rural and regional towns to urban areas is poor service delivery and backlogs on a grassroots level. Numerous community protests about poor service delivery by municipalities with regard to basic services such as water, housing and waste disposal occurred over the past 3-4 years in Northern Cape, Northwest, Free State, Limpopo, Gauteng and other provinces. These include towns and townships such as Kuruman, Brits, Zandela, Noordgesig, Ermelo, Sasolburg, MothoHung, Bronkhorstspuit, Boitumelong, Bekkersdal, Majakaneng, Mohlakang and Malumelele.⁴ As typical almost as the images that became associated with the xenophobic violence, is the image of the death of Andries Tatane who died in April 2011 of his injuries following a police assault while taking part in a service delivery protest march in Ficksburg in the Free State Province.⁵

What should be added to this context of basic services delivery is also the embattled health services in several provinces including Limpopo, Free State and the Eastern Cape, while the health services in Gauteng province have been under administration for consecutive years, as a result of the poor management of resources.⁶ In addition, mental health care and psychiatric services are noted to be at the bottom of the list of health care priorities, and are regularly poorly considered and funded on national and regional levels.⁷ It is in view of these existing service delivery constraints that it should also be taken into account that a further short-fall of South African health services delivery exists, to meet the additional burden of health and mental health needs of the estimated several million African and other foreign nationals in some provinces such as Gauteng, Kwa-Zulu Natal, Eastern and Western Cape. In view of the preceding context and observations, the South African Society of Psychiatrists (SASOP) wishes to put the following on record and to issue the following position statements:

1. XENOPHOBIA IN SOUTH AFRICA

1. The SASOP, with numerous other individual South Africans and South African medical, health, social justice human rights and other organizations and institutions, condemns the xenophobia violence as recently seen again in areas of South Africa, in the strongest possible terms. This statement, however, compels us to do some self-examination on

what the role actually could or should be of Psychiatry and of professional psychiatric associations, such as the SASOP, to engage in such serious issues of social-economic and political concern, in terms of possible interventions with regard to the underlying social and psychological reasons, and in particular from a perspective to prevent mental illness and to promote mental health.

2. Considering the scrutiny during the Apartheid years in the 1970s and 1980s by international psychiatric associations, of the South African mental health care system at the time and of the former Society of Psychiatrists of South Africa (SPSA),^{8 9 10} it seems to suggest that such reviewing of the role of national psychiatric associations in countries where wars and conflicts with potential human rights abuses may occur, should be ongoing. If not to strengthen and assist local associations to formulate position statements, strategies and actions, then also to engage them on their own positions and actions regarding such challenging local scenarios.
3. The SASOP would like to reach out to its fellow WPA member associations in Africa within the three WPA African Zones - Zone 11 (Northern Africa), Zone 13 (Central and Western Africa) and Zone 14 (Eastern and Southern Africa), to establish dialogue and discussion on the topic of xenophobia and the underlying contributing factors, with the view to identify what practical action should be taken and what recommendations on prevention and promotion can be made to national governments and to mental health care service administrators.
4. The SASOP would also like to reach out to WPA structures, such as its Scientific Sections, on the topic of xenophobia and the underlying contributing factors, with the view to identify possible intersectional recommendations and guidelines for affected regions. Such WPA Sections may include: Section on Conflict Management and Resolution; Section on Psychological Consequences of Torture and Persecution; Section on Psychiatry in Developing Countries; Section on Religion, Spirituality and Psychiatry; and the Section on Transcultural Psychiatry.

2. MIGRANTS FROM AFRICA

1. The SASOP would likewise want to reach out to African and European Psychiatric Associations and stake holders in Psychiatry and mental health with regard to the parallel trend of African and other migrants trying to make their way to Europe under perilous circumstances. Again, with cognizance of the possible “push factors” such as war, economic crisis, political repression and environmental degradation in migrants' African countries of origin, and with the view to identify possible collaborative recommendations and guidelines. In addition to the WPA, other collective bodies of psychiatric associations may include the European Psychiatric Association (EPA), the Asian Federation of Psychiatric Associations (AFPA), and the African Association of Psychiatrists and Allied Professions (AAPAP).
2. The SASOP would want to engage and participate in initiatives originating from the current WPA Action Plan for the triennium 2014-2017, which includes refugees and asylum seekers in order to participate in such action to promote the mental health of the most vulnerable of population groups.¹¹

3. SOUTH AFRICAN SERVICE DELIVERY PROTESTS AND BACKLOGS

The SASOP would like to actively engage with the national and provincial departments of health in South Africa on the availability, access and quality of mental health and psychiatric services in all the regions of South Africa, with the view of developing practical action plans to prioritize and implement existing health and mental health policy. In particular also with regard to the policy on and access, provision and evaluation of mental and psychiatric service to migrants from African and other countries in local districts and hospitals.

3. SOUTH AFRICAN SERVICE DELIVERY PROTESTS AND BACKLOGS

1. During the current term of office (2014-2016) of SASOP elected officials, an African strategy has been included as one of the themes to focus on. Africa has its unique challenges that include its divisions, e.g. its colonial history and the scarcity of resources. Like the European, Latin American and Asian regions, African Psychiatry needs an overarching federation of professional psychiatric associations. The SASOP is offering its support and participation in the process to establish such a collective African body of psychiatric associations, which is envisaged to include membership of national associations, as well as of individual practitioners.
2. Medicine's and Psychiatry's relationship with society has been seen as a contract.^{12 13} This understanding and mutual agreement between the medical profession and society, which is usually implicit, is also referred to as a compact, and may further imply an unwritten memorandum of agreement or understanding in which the scope, principles, quality and outcome of this agreement are specified.¹² In this regard, the SASOP is co-hosting a WPA International Congress in Cape Town in November 2016, which is intended as an opportunity to also address what aspects of reconciliation, transformation and integration of our communities and of our clinical practice, have not been completed or, in some instances, not even undertaken yet. The theme of this congress will be "Psychiatry: Integrative Care for the Community" (www.wpacapetown2016.org.za) and will explore concepts, controversies and consequences of Psychiatry's responsibility and accountability to society in terms of its scope of practice and of what can be considered as Psychiatry's social contract. Key themes of this meeting's deliberations should include:
 - appropriate responses and interventions to prevent xenophobic violence and other human rights abuses;
 - effective management of and humane responses to migration; and
 - access, provision and outcome assessment of adequate mental health and psychiatric services, including to migrants/refugees and asylum seekers.

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