

## Call for papers Rhizome n°74

### Mediation in mental health: peer-contributors, interpreters, community mediators

The special Issue n°74 of Rhizome journal will focus on different forms of mental health mediation. It follows Rhizome n° 55 on «Interpreting in mental health», and is also related to the research programme Remilas (Refugees, migrants and their languages in health services), funded by the French ANR (National Agency for research) and carried out by the Orspere-Samdarra Observatory and the ICAR laboratory since April 2016.

In the field of mental health, mediation activities come from a variety of social actors (peer-contributors, interpreters, community mediators, etc.). Their development is due to the emergence and dissemination of a set of concepts such as «recovery» or «participation» of users, and constitute responses to the diverse population (including migrants) consulting mental health services. The choice of decompartmentalizing the domains, such as psychiatry, precariousness, and migration, is fully in line with the editorial line of the journal and it aims at a mutual enrichment of the different fields. This makes all the more sense because, as we have seen in the Remilas research, the historical and theoretical distinction between «mediator» and «interpreter» does not correspond to the observed practices. Since technical knowledge in mental health is not sufficient, human mediations are likely to develop, particularly for people in precarious situations and / or in migration. For instance, new forms of intervention in mental health («go to», support group, etc.) favour the intervention of third-party mediators. This special issue of Rhizome will bring us to the core of practices of social, healthcare, and linguistic mediation, whether formalized or not.

In line with the journal's tradition, contributions from academic researchers (human and social sciences, medical sciences, etc.), from people concerned by the topic of mediation in terms of their experience, their activity or their «pathology», but also from professionals (clinicians, interpreters, etc.) are encouraged. The contributions may relate to one of the four axis (or be transversal) below:

## Axis 1: Mediators, interpreters, peer-contributors. Are these professions?

Today, administrative authorities promote the intervention of mediators and interpreters in the healthcare system. In France, article 90 of the law n°2016-41 of January 26th, 2016 of modernization of our healthcare system indicates that «healthcare mediation and language interpretation aim to improve access to the rights, prevention and care of people remote from prevention and care, taking into account their specificities».

As healthcare institutions are challenged by the singularities of the people they receive, it is important to adapt their services and other devices to such singularities, for the sake of «sanitary democracy». It is thus a question of counterbalancing the technocratic and medical power by granting more and more the users' rights and by reducing the discriminations that are now visible in (the) legislative framework. In France, the laws n°2002-2 of January 2nd, 2002, renovating the social and medico-social action, and n°2002-303 of March 4th, 2002, on the rights of sick people and the quality of the healthcare system, began to recognize the place of users in the healthcare, medico-social and social fields.

Today new actions, sometimes intended to be disruptive, put at the heart of their proposal new forms of support, such as the program «one home first», which promotes peer healthcare mediators' intervention; or the psychiatry precariousness mobile teams (EMPP) that systematically mobilize interpreters for allophone speakers.

Contributions to this axis can question, problematize, document what is at stake when formalizing the professions of healthcare (peer) mediator at an organizational, institutional and economic level. Also, contributions focusing on the mediators' expected «skills» are central to this axis. In this sense, two main figures can be described. On the one hand, that of peer workers, whose skills are based on their life experience or «experiential knowledge»: experience of disease, migration, disability, etc. On the other hand, that of «professional» mediators having academic and technical knowledge, who can be embodied by the figure of the interpreter. As for the latters, the aim is both to increment the budget devoted to interpreting activities and to develop healthcare interpreting specialization.

## Axis 2: What practices?

Given that people in charge of doing mediation as well as the so called «third parties» are several, in this axis contributions are invited to examine what are the specific practices of these different actors of the mediation.. Such practices can consist in translating, explaining, encouraging, helping, and so on. But what knowledge is mobilized to carry out each of these practices? And what is the experiential knowledge?

Mediation can aim at ensuring users and institution' mutual understanding, but also to express individual's desires, needs, feelings, etc. Some mediators underline their ability in expressing empathy and their commitment in the relationship with the users, while remaining allied with the healthcare team.

What mediation activities can be identified? What are the tool used in doing mediation? What can be gained by resorting to digital devices or virtual realities? Contributions here are expected to identify the problems and the resources mobilized to cope with misunderstandings or lack of understanding, to document the different interventions, to explain how one can establish horizontal relationships among the concerned people in a domain which is typically / historically asymmetrical.

## Axis 3: Ecology of mediation / translation

The concept of mediation has been used since the 1980s in the field of psychotherapies. From this perspective, it is often linked to a concrete object (toy, play dough, musical instrument), a dramatic game (analytic psychodrama), a cultural object (storytelling, musical listening). The term mediation is nonetheless ambiguous: while for some it designates a third party in charge of facilitating people's relationship between, others think of the object of mediation as an individual and/or group medium which allows a better understanding of oneself, of his/her relationship to other, and of his/her relationship to the world.

However, in this axis it will be important to highlight that the mediator differs from the simple intermediary in that s/he is not only a means to reach a given end. The mediator does not come in between already defined entities in order to put them in relationship. S/he is there to transform or perform them. Similarly, the object of the mediation is not already given, it is not to be sought elsewhere, outside the same space it opens. The object of the mediation is to be found out in the very course of such activity of building relationships

In opposition to the idea of a neutral impartial and transparent intermediary, somebody who transmits information without transforming it, it is important to reflect on the mediator's activity and her/his actual participation in the encounters. So for example, what do interpreters in social and medical fields actually do? If they are sometimes considered as intermediaries who transfer utterances from one language to another without transforming them, what should be examined here are the ways in which they do transform the situations in which they intervene, and thus develop a richer conception/understanding of their activities. Such an approach to the study of mediation requires a focus to the material, spatial, linguistic aspects of mediation. In this sense, it represents an ecological approach to the study of mediation

## Axis 4: Peer group and facilitation

Finally, contributions can present and problematize more radical forms of mediation, in which the health-care perspective is not necessarily present. Indeed, some groups offer peer support, unrelated to sanitary devices, and without any caregiver. This is the case of support groups or self-support groups, such as those of the Hearing Voices Network (HVN) or of mutual aid. Here the idea is not as much to mediate between a caregiver and a patient (and in doing so «reducing the gaps») but rather to «facilitate» peer support. So what this facilitation consists in?

### How to answer this call?

People interested in contributing to the special issue should send a title and a short abstract (2000 characters maximum) by specifying their full name and professional affiliation by July 9, 2019 (complete articles of about 25000 signs, including spaces should be sent by October 11, 2019). Articles will be published in French. They must be of a hitherto unseen nature, not have been published in any paper or online journal. After being / If approved by the reading committee, manuscripts will be published in the next Rhizome issue at the end of 2019.

To send your proposal or ask for further information please write to Nicolas Chambon, editor of the journal Rhizome, and Natacha Carbonel, assistant editor, at the following addresses:

- Orspere-samdarra@ch-le-vinatier.fr
- natacha.carbonel@ch-le-vinatier.fr
- nicolas.chambon@cnrs.fr

## Rhizome is :

**4** issues per year

**A free distribution**

**25 000** print readers by issue

**150 000** consultations on the Orspere-Samdarra website in 2018

**25 800** consultations on cairn.info in 2018

## Presentation of *Rhizome*

Rhizome is an interdisciplinary journal devoted to the issues at the interstice of the fields of mental health and precariousness. It is supported and edited by Orspere-Samdarra (Mental Health Observatory, vulnerabilities and society) since its creation in April 2000. The journal is now under the editorial responsibility of Nicolas Chambon, sociologist. The themes, varied, are determined according to practical, political and / or clinical issues. It aims to support the practices, the decision policy and contributes to the scientific controversy.

Like a rhizome, its contributors and readers participate in expanding the network of people concerned with psychosocial issues, from the point of view of suffering, of the clinic, of the intervention ... More broadly, the journal contributes to questioning contemporary individualization, its characteristics, its effects and the responses provided by institutions, devices, groups, users, speakers ...

The journal is a space for dialogue between the sciences, especially between the humanities and social and medical sciences, between practices, between those affected by the disorder and / or precariousness and interveners present with them. With reference to the Rhizome theory elaborated by Gilles Deleuze and Félix Guattari, this network is non-hierarchical. At least Rhizome does not submit to any form authority, whether medical or political for example, and notes the complexity of the issues the review addresses.

Attention is paid to the diversity of contributions at the national level. Rhizome is indeed funded by the Directorate General of Health and the Directorate General of Social Cohesion and freely distributed to a broad readership of social workers, health professionals, students, and of diverse horizons ... Moreover, no contributor is paid, nor does have to pay to contribute. Available on the cairn platform and on the website of the Orspere-Samdarra, the diffusion of the magazine is free. It comes in two formats:

- Rhizome's bulletins (3 issues per year). On a short 20-page format, each issue is arranged around a theme. The editorial line is built in support of a dynamic process: the choice of the issue, and problem areas with the editorial board and the Orspere-Samdarra team. The Contributors are determined by their expertise, experience or position. The bulletin also makes room for articles by researchers who present a survey, synthesize their work, whether users of facilities or concerned by precariousness, social, in the health sector. The editorial team ensures the heterogeneity of the contributions and the valuation of emerging and innovative practices.

- - - The Rhizome notebooks (1 issue per year). Each issue is built from a theme specifically related to research conducted by Orspere-Samdarra. A call for papers is released at the beginning of the year. The format is over 100 pages and the articles may have a longer format. The articles are selected according to their quality but also to the concordance with the theme and the problematic of the issue.

For each issue, it is proposed to an artist, having a sensitivity for social issues and mental health, to contribute to the development of the journal by making available some of his works.

Finally, on request, it is possible to organize discussion times around the topics covered by Rhizome's issues, for example in conference format or round tables. Authors of the issue are invited for this occasion to exchange with the public.

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