

The Clearing House and Anonymous Treatment Ticket Leipzig (Cabl e.V.) and our sister association MediNetz Leipzig support the demands of the demonstration "Psychotherapy in Short Supply". As a priority for our work, we see the demands for the right for a barrier-free access for psychotherapy for all, the demand for education, training and further education for psychotherapists with a focus on a racism-, culture- and religion-sensitive therapy as well as the inclusion of intersectional and discrimination-sensitive perspectives in psychotherapy. Likewise, we support the call for general education about the impact of discrimination on mental health.

In this context, a few words about our association and its work...: Cabl e.V. issues anonymous treatment vouchers for people without health insurance to ensure their basic outpatient medical care. This is done in regularly offered by Cabl e.V. consultation hours and a medical assessment is combined with a socio-medical consultation to show possibilities for health insurance in the jungle of authorities. In addition, the association is also active in providing medical care for homeless people in the surrounding area.

Employees in drop-in centers for people without health insurance experience the effects of numerous barriers daily. Most people in Germany who need psychotherapy face major hurdles until outpatient psychotherapy could be organized. This is already true for people who often do not have severe financial difficulties, speak fluent German, and have a secure residency status in Germany. The lack of psychotherapy places and the partly high organizational effort for an outpatient therapy is to be criticized here.

Nevertheless, or precisely because of this, this speech will deal with other groups of people in need of psychotherapy, for whom outpatient psychotherapy is almost impossible to realize people without papers, without health insurance, people in poverty and/or people who are threatened with deportation. Especially for psychotherapy, inflation, growing poverty, the care of refugees - the German health care system is not up to the current challenges.

On the situation of refugees who are considered "obliged to leave the country" "...: These people are entitled to benefits under Section 1 of the Asylum Seekers' Benefits Act, but a treatment certificate must be obtained from the social welfare office in order to receive medical services. According to paragraph 87 of the Residence Act, social welfare offices, like all other "public offices", are obliged to pass on information about "illegally staying foreigners" to the responsible foreigner's authority. (Recall in this regard the deportation of a person from Pakistan in the context of his appointment at the health office in Hoyerswerda in June of this year). The theoretically existing free access to basic outpatient health care, and thus also to outpatient psychotherapy, is thus blocked in practice.

Regarding psychotherapy, which can be fundamental for the treatment of serious mental illnesses, other difficulties are apparent in addition to the lack of sufficient low-threshold psychotherapeutic services. There are often language barriers, and financing and organizing language mediation is all too often very difficult. In addition, there are often insecure living conditions due to frequent changes of residence or the threat of deportation, which make it almost impossible to plan a complex psychotherapy. Ultimately, we very rarely organize the financing of outpatient psychotherapy. However, it would be fatal to conclude from this that the need for outpatient psychotherapy is low.

As exemplary additional reasons for the necessity of at least accompanying psychotherapy, in comparison to German citizens, racist discrimination experiences as well as possible traumatizing experiences through flight and/or events in the regions of origin can be mentioned,

which can lead to a high psychosocial pressure. The constant fear of police violence threatening their existence in the form of deportations cannot go unmentioned. In this context, however, a permanent right to stay is a more necessary demand than accompanying psychotherapy until a deportation date.

As an example, we would like to mention the experiences of patients with the care and treatment of mental illness in countries where there is generally little acceptance of mental symptoms. Reports about prison-like accommodations without symptom-oriented therapy are often the content of therapeutic discussions.

Another group of people with few opportunities to participate in outpatient or inpatient psychotherapy are people who are affected by extreme poverty and, for example, do not have their own apartment. On the one hand, the high psychosocial burden due to the lack of shelter and rest rooms, and on the other hand, the connection between mental illness and homelessness should be mentioned. Homelessness is often conducive to the occurrence or worsening of mental illness. At the same time, mental illness often leads to a lower level of social participation, increasing social decline and homelessness. The lack of low-threshold psychotherapeutic services for people suffering from addiction should be mentioned at this point.

The possibility of early psychotherapeutic interventions at eye level could have a preventive value regarding social poverty, homelessness or also addiction. In this context, psychotherapy must always be included in the demand for comprehensive barrier-free health care for refugees and people affected by poverty.

We therefore demand:

- Eliminate the obligation to provide information under Section 87 of the Residence Act.
- Comprehensive, barrier-free health care with the possibility of psychotherapy for all.
- Eliminate bureaucratic hurdles in accessing health/psychotherapeutic care, provide barrier-free information. The goal here should always be integration into the regular care system.
- Right to professional language mediation in the health care system and financing of this.
- Measures to reduce discrimination in the health care system and among public authorities.
- Until non-discriminatory access is ensured for all:
 - Establish and fund health insurance clearinghouses.
 - Establish financing options for medical care for people without health insurance coverage