



EUROPEAN PSYCHIATRIC ASSOCIATION

EPA Position Paper on Psychiatric Care of Refugees in Europe

Note: Numbering of literature and format of references to be adjusted.

Current situation of refugees arriving in Europe

An increasing number of people from areas of conflict are currently searching protection in the European Union. Hundreds of thousands of people are fleeing from war, from violence and from oppression, are leaving their lands and are accepting the enormous risk of the dangerous and hard flight to Europe. UN Refugee Agency (UNHCR) warns of dangerous new era in worldwide displacement as report shows almost 60 million people forced to flee their homes (1).

In 2015, many European states, especially Germany, Hungary, Sweden and Austria, have registered more asylum application than in the last decade and the current numbers are the highest since 2001. In this context, recent analyses of the asylum statistics indicate an unequal distribution of asylum application across different European countries (2).

The number of refugees due to the current crisis situation in Syria, Afghanistan and Iraq does not represent a minor issue as more than 1.5 Million refugees from these unsafe countries of origin are expected to reach e.g. Germany in 2015. This is the equivalent of a large city and it is expected that these refugees will stay for many years in their respective host countries. Asylum statistics show that the burden of refugee influx is not equally distributed among European countries. Some EU member states cope with higher numbers of arriving asylum seekers than others

It is also expected that the flow of refugees will continue as a result of the ongoing crisis in their home countries. Moreover, the supply situation in the refugee's camps in Turkey, Lebanon or Jordan is assumed to deteriorate resulting in an additional increase in people seeking for help in Europe.

Yet only a minority of countries in the EU provide the same access to health care services for all refugees as for the resident population. Regardless of their legal status, refugees are at particular risk of poor physical and mental health; they may be isolated after arrival in their host country or be unaware of any entitlement to use publicly funded health care services. Even where available, services may not be suitable to the needs of many migrant groups.

The current migration crisis makes the situation more challenging for the healthcare systems in the different EU Member States. As for mental health in particular, most services have been coping with an increasing demand related to psychiatric illnesses, limited healthcare resources, decreasing numbers of trained specialists and new legal requirements (4).

Mental health status and psychiatric care for refugees in Europe

Evidence shows that in many European countries there are barriers to psychiatric care for refugees. Among the main reasons for the shortage of appropriate psychiatric care are fear and shame, language difficulties, lacking knowledge of available healthcare services and treatment options for the experienced symptoms. The available investigations indicate that people with a migrational background suffer from migration-specific psychiatric disorders (mood disorders, anxiety disorders, somatoform disorders, posttraumatic stress disorders) and that the prevalence of psychiatric disorders is significantly increased in this population (5).

Apart from the aforementioned barriers to care, refugees have an increased risk for treatment discontinuation and have an increased risk for psychiatric false diagnoses and incorrect treatments due to incorrectly classified culture-sensitive symptom presentation. Moreover, this incorrect classification of symptoms results in increased numbers of instrument-based diagnostics and sick notes (3,4).

The experiences in the war zones and crisis regions and during escape increase the risk for primary and secondary trauma with consecutive psychiatric disorders. Apart from posttraumatic stress disorders, major mood disorders, anxiety disorders and psychoses are the psychiatric disorders assumed to occur to a higher likelihood in refugees compared to expected prevalence in the general population. To highlight these statements, one should note that more than half of the refugees in childhood age show psychiatric symptoms and that one out of five children develops a posttraumatic stress disorder (5, 6).

The permanent increase in the number of refugees will result in a situation that will overstrain the possibilities of the current psychiatric healthcare structures in Europe. Recent investigations show that about half of the asylum seekers suffer from mental illness like post traumatic stress disorder, depression, anxiety. Many experience symptoms like nightmares and flashbacks. In German refugee camps approximately 3.000-5.000 psychotherapy sessions are offered every year. It is estimated that this is only 4 % (8).

Acute and long term psychiatric and psychological care needs to be provided to all asylum seekers in need in order to avoid reaching chronic conditions of mental disorders. The expected follow-up costs of not correctly diagnoses and untreated refugees with mental illness will exceed the direct costs now needed in Europe. Thus, every delay in improving mental states in this population will result in an increased social and socioeconomic burden in Europe.

Against this background, the European Psychiatric Association (EPA) wants to bring attention to policy and decision makers the importance of mental health care in crisis situations and calls for immediate action to improve mental health care for refugees.

EU policy developments in the field of refugees

The (mental) health of refugees is becoming more and more an essential theme in the current EU and Member States' health agendas. Few EU legal references exist in this field since it is a recent and limited EU competency. The Treaty establishing the European Community states that a high level of human health protection shall be ensured by the Community, with the proviso that Community action, by the principle of subsidiary, can only complement national policies, for instance in relation to cross border health threats, patient mobility and reducing health inequalities.

In order to respond to the current crisis situation in the Mediterranean as well as to better manage migration in all its aspects, in May 2015 the European Commission set out a European Agenda on Migration. This is a comprehensive European response to the crisis, combining internal and external policies, making best use of EU agencies and tools, and involving all actors: Member States, EU institutions, International organisations, civil society, local authorities and third countries.

Since then, a number of measures have been introduced - including the adoption of two emergency schemes to relocate 160,000 people in clear need of international protection from the Member States most affected to other EU Member States, and the endorsement of the Commission Action Plan on Return.

The European Commission furthermore presented a set of priority actions to implement the European Agenda on Migration which includes both short term actions to stabilise the current situation as well as longer term measures to establish a robust system that will bear the test of time. More recently the Commission adopted a Communication to the European Council describing

the State of Play of the implementation of the priority actions under the European Agenda on Migration.

The European Commission's Directorate General on Health (DG Sante) is also contributing to the European Agenda on Migration by providing input on public health relevant aspects. An official statement will be released in autumn 2015. Mental Health and well-being will be one of the key dimensions highlighted in the DG Sante's position on the refugee crisis.

EPA actions to improve mental health of refugees

With active individual members in as many as 88 countries and 39 National Society/Association Members who represent over 78,650 European psychiatrists, the European Psychiatric Association is the main association representing psychiatry in Europe. EPA's activities address the interests of psychiatrists in academia, research and practice throughout all stages of career development. EPA deals with psychiatry and its related disciplines and it focuses on the improvement of care for the mentally ill as well as on the development of professional excellence.

Through its wide network of European National Societies/Associations Members (NPAs), EPA would like to offer country specific expertise in psychiatric refugee care. EPA will contact its NPAs immediately to ask them to offer local help and counseling of helpers. EPA is able to provide its expertise with help of its section on cultural psychiatry. With help of EU and national funding EPA would like to initiate local projects for the mental health care of refugees.

Moreover, EPA acknowledges the importance of effective networking as an essential component for the achievement of a comprehensive approach that brings complementarity in activities and outputs, avoiding also any duplication. Joining forces and building strategic alliances, e.g. with U.E.M.S, is key to success in the current refugee crisis.

EPA will put its knowledge and expertise at disposal of the European Commission, namely by advising DG Sante and DG Migration and Home Affairs on specific psychiatric aspects affecting refugees and mental health systems. In particular, local collaboration could be fostered in the frame of the European Migration Network, by creating synergies between the EMN National Contact Points and the EPA National Psychiatric Associations.

EPA will provide more information and related data concerning the refugee crisis in the National Psychiatric Associations' respective countries. Due to the very recent developments in the refugee crisis, valid data on certain measures is not yet available. Actions on how to handle the arising challenges need to be adapted to the local context.

EPA will consult its NPA members in order to provide a more comprehensive view of the current situation of refugees in each country, their access to Mental Health care services and the potential implication of NPAs at this level. In this way country specific needs and requirements will be collected to promote the implementation of effective interventions to improve mental health of asylum seekers.

General key recommendations from the European Psychiatric Association (EPA) to improve mental health and mental health care of refugees

The European Psychiatric Association (EPA) recognises that there is an enormous need to improve the political and structural conditions to face the challenges of mental illness in refugees in Europe.

EPA strongly believes that immediate and locally organized help and a religion- and culture sensitive approach is needed to address the requirements of asylum seekers in an appropriate manner.

The psychiatric care of all help-seeking refugees will not succeed solely with the available resources in psychiatric healthcare systems. There is a political responsibility to develop innovative and sustainable concepts for the psychiatric care of refugees and to provide the needed financial and structural resources.

EPA puts forward the following foremost recommendations to improve mental health care for refugees:

- 1) Appointing EU / national experts and setting-up coordinating centers supervising the activities of all actors that are involved in refugee care.
- 2) Developing standardized procedures and medical documentation of care provision.
- 3) Supporting easily accessible interpreting and cultural mediation services to allow improved communication between those in need and healthcare providers. As language is a major part of psychiatric and psychological care, a culturally sensitive approach is of utmost importance.
- 4) Acute and long term psychiatric and psychological care should be guaranteed for all asylum seekers. Disease management beyond acute care needs to be implemented.
- 5) Developing partnership and collaboration between different healthcare sectors. All healthcare providers from primary to tertiary care settings need to share resources and knowledge to allow for a step-wise treatment process depending on the individual needs.
- 6) Educating healthcare personnel in all healthcare sectors and training non-professional staff for an optimal allocation of resources (multiplication effect).
- 7) Establishing an EU-wide research network to share knowledge, to connect scientific activities and to develop novel diagnostic and treatment guidelines.
- 8) Supporting refugees to easily access healthcare systems by e.g. hiring integration officers in various healthcare sectors, by reinforcing intercultural skills and by implementing a campaign against stigma.

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About EPA

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