

Survey on psychotherapeutic care for refugees in Europe

In **Belgium** psychotherapeutic care for refugees is mainly organized and funded by the Flemish and the wallon Red cross (Fedasil) or covered by a federal government fund for urgent medical care as long as the refugees status is not yet decided.

Acess differs across the regions. For specialized care by private psychologists and psychiatrists – normally not refunded - and in crisis centers there are long waiting lists that can differ regionally from 0-12 months.

The definition of the entitlement is vague, it aims at „medical care necessary to live with human dignity“. The this law specifies ”that within 30 days of arrival a screening should take place to detect the less visible vulnerabilities specifically torture and other forms of serious violence (psychological, physical or sexual)”.

Staff in the collective centers have to many cases and too less time. ” The medical services expect a proactive attitude from the asylum seekers to seek referral for mental health care.”

The centers do not offer Psycho-education. The organization Mindspring performed psycho-education sessions (on psychosomatic complaints, stress, sleeping problems, identity), but they have been put on hold due to financial gaps.

The collective centers mention an increase of demand for referral to mental health services after an average stay of 3 months : “some first depressive symptoms start to appear due to the waiting time of the asylum procedure and the living conditions in the centers”.

Under specific conditions asylum in collective seekers centers can be referred to a private psychologist, but it is very difficult to find one who is available, feels himself skilled and accepts to work with translators. Asylum seekers in private housing are not included, reimbursement for them can only be done on a case by case basis.

Specialized care services receive some temporary extra funding, but have long waiting lists. Psychiatric services are not accessible, the only grant one overnight stay in case of emergency. The situation of care for non accompanied minors in the centers is better, they receive psychological help.

Some provinces will pay the costs of translating, some organizations receive federal funds. Funding seems to be a challenge but the most urgent problem is - according to the experts to find the human resources.

In **Hungary** according to the law, vulnerable asylum-seekers should get adequate health and mental health care if needed. Nonetheless, asylum-seekers are only provided emergency care and basic GP services at the asylum reception and detention centers. There is no organised care at all according to the expert. The Hungarian asylum-system urge asylum-seekers to move on from the country or keeping them outside the country e.g. by fast track procedures and closing reception centers.

Asylum-seekers and refugees are only given special psychiatric treatment if they are in so severe mental condition (being psychotic, hallucinating or suicidal) that they need to be taken to hospital. As hardly any hospital can afford to employ interpreters, in most cases they cannot treat them and discharge them from hospital after a mere 1-day care.

Regular psychiatric and psychologic assessment, treatment and therapy are only provided by the Cordelia Foundation and to a smaller extent the Menedek Association). In 2016 Cordelia treated 1767 patients.

Cordelia is providing psychiatric and psycho-social treatment for asylum-seekers and refugees since 1996. They offer verbal and non-verbal therapies including art and music therapy for individuals, families and groups. Cordelia writes special medico-legal reports for mentally unstable or traumatised asylum-seekers' to facilitate their transfer from detention to open reception centres.

The psychiatrist, psychologists and non-verbal therapists, and the interpreters too of the Cordelia Foundation are specially trained to work with asylum-seekers and refugees. The staff takes part at monthly supervision events.

Only a minimal cost is covered by the state. NGOs who provide complex psychotherapeutic care operate mostly from foreign resources, such as funds from the UN or the EU.

Cordelia has 7 interpreters who speak Arabic, Armenian, Dari, Farsi, Pashtu, Urdu, Oromo, Amharic, Somali and French, funded by foreign resources, there is no state financed interpretation service for the psychotherapeutic treatment of refugees.

The Netherlands have carried out some studies on the prevalence of mental disorders amongst refugees. The experts, based on the evidence from higher-quality studies (i.e., those with probability sampling, sample size 500, and diagnostic interview used as measure), conclude that 13-25% of the refugees and asylum seekers suffer from either PTSD and/or depression. The prevalence rate among refugees and asylum seekers for PTSD and depression remains higher relative to the general population and some regular migrants in the host countries even 6-22 years since displacement. Besides they might experience psychosocial problems (e.g., distress). Women and older refugees (also relevant to children) have a higher risk of mental health problems. Around 20-30% of the refugees have experienced torture or sexual violence. The self-reported psychological distress of refugee minors in the Netherlands was found to be severe (50%) and of a chronic nature.

In The Netherlands refugees are entitled to psychotherapeutic care. The general practitioner can refer a refugee to someone who is authorised to psychotherapeutically treat refugees. Nevertheless a recent Dutch study showed that only 20% of the refugees with PTSD use mental health services. A new covenant between mental healthcare providers and health insurer agreed to take necessary measures to improve the quality of mental health services (including prevention) along the whole chain. This applies to those in asylum procedure only, while no specific plans have been made for refugees resettled in the municipalities.

Professionals working on Asylum seeker centres are generally trained in treating refugees with intercultural sensitivity. There are some treatment centres specialized in treating refugees. For asylum seekers interpreting services are paid by the government.

Ireland has about 4.6 million inhabitants, but only a few refugees are looking for shelter on the island. In a commitment the Government has agreed to host 200 Syrian refugees, only a smaller number of them have arrived so far. The University of Limerick is working on a new concept of having the university recognised as a University of Sanctuary, which means a university with a special welcome culture for refugees. A pilot of the scheme will be running in the winter semester 2017/18. The University of Limerick will provide a specific counseling for students who are refugees and training of the staff to learn more about teaching students who have experienced/ing trauma.