

# International Horizon Scanning and Learning Report

## Mental Health and Well-being of Refugees and Asylum-Seekers

### Report 45, July 2023

## Overview


The International Horizon Scanning and Learning reports were initiated as part of the COVID-19 public health response, to support dynamic response and recovery measures and planning in Wales. They varied in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs at that time. The reports focussed on COVID-19 international evidence, data, experience, policy and public health measures, transition and recovery approaches. Learning and intelligence was collated and synthesized to understand and explore solutions for addressing the ongoing and emerging health, well-being, social, economic and environmental impacts (potential harms and benefits) of the pandemic.

The scope of the reports was expanded in spring 2022 to cover priority public health topics, including in the areas of health improvement and promotion, health protection, and health care public health. The report topics and findings are aligned with and help inform decision-making and on-going work in Welsh Government, the NHS and Public Health Wales. They are also disseminated to wider network of (public) health professionals and partners nationally and internationally.

This is part of a wider Public Health Wales' systematic approach to intelligence gathering and evidence translation into policy and practice, supporting coherent, inclusive and evidence-informed action, which progresses implementation of the Wellbeing of Future Generations (Wales) Act and A Healthier Wales strategic plan towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

**Disclaimer:** The reports provide a high-level summary of learning from real life experiences from selected countries, and from a variety of scientific and grey literature, including sources of information to allow further exploration. The reports are not comprehensive and are not aimed at providing detailed, robust or in-depth evidence review, analysis or quality assurance. They are meant to offer a brief snapshot or current evidence, policy and practice, sharing relevant country examples and key (reputable) international bodies' guidance and principles.

## In focus:

 **Mental Health and Well-being of Refugees and Asylum-Seekers**

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## At a glance: summary of international learning

*“The best way to improve the mental health of refugees is to find lasting solutions to the crises they are fleeing. ...it is the right of every refugee to be able to access appropriate care and support.”*

*Sajjad Malik, UNHCR<sup>1</sup>*

### Mental Health and Well-being of Refugees and Asylum-Seekers

- ✚ The mental health of refugees, asylum-seekers and forcibly displaced people is **poorer than that of the general population** and can **affect their functioning and ability to care for themselves or their families** due to:
  - ✓ significant loss, physical hardships and other stressors resulting in psychological distress
  - ✓ lack of information, uncertainty, potential hostility, changing policies and undignified and protracted detention
  - ✓ feeling overwhelmed, confused or distressed; experiencing extreme fear and worries, outbursts of strong emotions such as anger and sadness, and sleep problems
- ✚ Refugees and asylum-seekers **contribute positively to society**, which can be **enhanced by**:
  - ✓ ensuring they are in good physical and mental health
  - ✓ safeguarding mental health through providing basic services, safety and social support
- ✚ **Challenges** faced by migrants in accessing mental health services include:
  - ✓ **Practical issues**: language barriers, lack of information, difficulties accessing services, high costs and long waits
  - ✓ **Social and cultural issues**: stigma about mental health challenges and taboos, lack of awareness of mental health issues, lack of trust in service providers and socio-economic disadvantages
- ✚ **Mental health needs** of refugees and asylum-seekers should be **addressed by**:
  - ✓ organising inclusive and accessible promotion and prevention programmes
  - ✓ strengthening mental health as part of general services
  - ✓ ensuring timely diagnosis, treatment, and rehabilitation
  - ✓ integrating mental health in primary health care
- ✚ **Continuity and quality of mental health care of mobile** refugees and asylum-seekers can be **improved by**:
  - ✓ improving communication among different social and mental health service providers
  - ✓ creating international protocols for assuring continuity of care
  - ✓ providing key information tailored to their needs to take and share with providers
- ✚ **Social capital** contributes to health and quality of life and can protect and improve the health and well-being of refugees and asylum-seekers through:
  - ✓ bonding with individuals with common identifiers
  - ✓ bridging through institutions, such as schools, workplaces and clubs
  - ✓ social ties and social networks
- ✚ Refugees and asylum-seekers remain **among the most vulnerable members of society** often faced with **poor living, housing and working conditions**, including:
  - ✓ financial challenges in relation to transport and childcare

<sup>1</sup> [Refugees need better mental health support amid rising displacement | UNHCR UK](#)

- ✓ unemployment and poor socioeconomic conditions
- ✓ experiencing adverse childhood experiences (ACEs)
- ✚ **Education and labour market integration** provide sources of structure and distraction, supporting young people in gaining control through political, economic and social mobilisation
- ✚ **Engaging in arts** can protect and improve mental health and well-being of forcibly displaced people through:
  - ✓ preserving personal identity, heritage and experience
  - ✓ promoting social inclusion, social cohesion, social acceptance and belonging
  - ✓ integration activities in museums, libraries, performance venues, cultural centres, heritage sites and other cultural spaces
  - ✓ integrating artistic methods into mental health awareness-raising
- ✚ International approaches to **integration** include:
  - ✓ **Migrant Integration Policy Index (MIPEX)** assesses policies across eight areas: labour market mobility; education; political participation, access to nationality, family reunion; health; permanent residence; and anti-discrimination
  - ✓ Including specific/tailored services and interventions in relevant **national and health strategies and policies**
  - ✓ Building **strategic partnerships and capacity building** across Health, Social and other public services

## Country Insights

The country insights selected for this report provide **examples of effective and/or innovative approaches** to addressing the mental health and well-being of refugees and asylum-seekers:

- ✚ **Germany** has implemented policies to address access to healthcare while also focusing on education and employment opportunities
- ✚ **Ireland** funds social capital projects to improve health and well-being through integration and participation in local communities
- ✚ **The Netherlands** has promoted the integration of primary and mental health care, developed mental health awareness campaigns, and highlighted the importance of social capital through labour integration
- ✚ **Sweden** has a well-established asylum and protection system demonstrating a long-standing commitment to refugee resettlement and comprehensive integration programmes, and has developed collaborative research projects looking at factors impacting mental health and well-being

## Overview

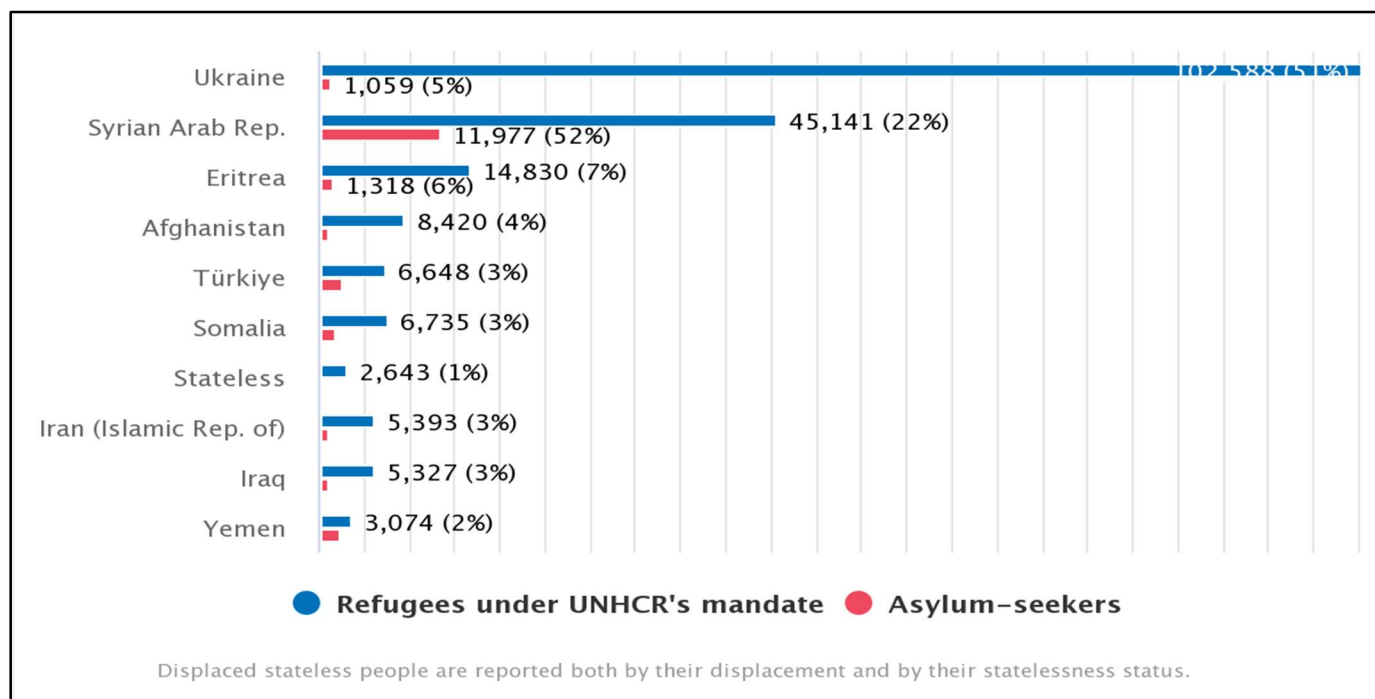
This report focuses on the **mental health and well-being of refugees and asylum seekers**, including **risk and protective factors**, such as:

- **Health and social care systems** (accessibility, integration, infrastructure, etc.)
- **Social capital** (belonging, community participation, culture, etc.)
- **Social determinants** (education, employment, housing, trauma, etc.)

## Introduction

- A **'refugee'** is defined as an individual unable or unwilling to return to a country of origin due to a well-founded fear of persecution, conflict, generalised violence or other circumstances that have seriously disturbed public order<sup>2</sup>
  - ✓ There are 35.3 million refugees worldwide (June 2023)<sup>3</sup>
- An **'asylum-seeker'** is defined as a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded<sup>4</sup>
  - ✓ There are 5.4 million asylum-seekers worldwide (June 2023)<sup>3</sup>
  - ✓ An asylum-seeker becomes a refugee on receiving leave to remain<sup>5</sup>
- **Figure 1** shows the number of refugees and asylum seekers in 2022
- **'Forcibly displaced people'** is a more general term to describe those who migrate due to conditions beyond their control including war, poverty, food insecurity, persecution, human rights violations, natural hazards, abuse, and terrorism<sup>6</sup>
  - ✓ 108.4 million people worldwide were forcibly displaced in 2022<sup>3</sup>

**Figure 1: Refugee and asylum-seeker populations by country of origin and population type, 2022. Source: UNHCR<sup>7</sup>**



<sup>2</sup> <https://www.unhcr.org/1951-refugee-convention.html>

<sup>3</sup> [Figures at a glance | UNHCR](#)

<sup>4</sup> <http://www.unhcr.org/uk/asylum-in-the-uk.html>

<sup>5</sup> [PHW-Swansea-HEAR-technical-report-FINAL.pdf \(phwwhocc.co.uk\)](#)

<sup>6</sup> [New York Declaration for Refugees and Migrants | International Journal of Refugee Law | Oxford Academic \(oup.com\)](#)

<sup>7</sup> [UNHCR - the UN Refugee Agency](#)

## Wales as a nation of sanctuary

- In 2019, Wales developed the *Nation of Sanctuary* plan, which outlines the breadth of work which the Welsh Government is undertaking to ensuring inequalities experienced by refugees and asylum-seekers are reduced, access to opportunities increased, and relations between these communities and wider society improved<sup>8</sup>
  - Ensuring access to health services, including mental health is one of the priorities<sup>9</sup>
- All asylum-seekers can access free medical treatment from the NHS and are entitled to have relevant information provided in a language they understand
- Other areas of support in the plan include<sup>10</sup>:
    - ✓ Ensure refugees can find new accommodation when they the leave asylum
    - ✓ Support refugees to access employment or set up their own business
    - ✓ Help people seeking sanctuary avoid poverty
    - ✓ Help refugee or asylum-seeker survivors of domestic abuse get support
    - ✓ Reduce mental health conditions experienced by people seeking sanctuary
    - ✓ Promote sport and physical activity opportunities
    - ✓ Help schools to support learners from these backgrounds get a good education, stop bullying and provide counselling
    - ✓ Support communities to get on together

## Mental health and wellbeing

**The mental health of refugees and asylum-seekers is poorer than that of the general population:**<sup>11,12,13,14</sup>

- They often experience significant loss, physical hardships and other stressors resulting in **psychological distress**
- Lack of information, uncertainty about immigration status, potential hostility, changing policies, and undignified and protracted detention add additional stress
- They may feel overwhelmed, confused, or distressed and may experience extreme fear and worries, outbursts of strong emotions such as anger and sadness, and sleep problems
- This may **affect their functioning and thinking capacity** and may undermine their ability to care for themselves or their families
- Rates of disorders related to extreme stress, such as **posttraumatic stress disorder (PTSD), are higher in refugees** than in people who are not forcibly displaced
- Forcibly displaced people **contribute positively to society** and this potential can be enhanced by ensuring these populations are in good physical and mental health
- Mental health and psychosocial effects can be **protected by basic (public) services, safety and social support**

**Key principles for promoting mental health and psychosocial well-being** identified by the World Health Organization (WHO) include<sup>13</sup>:

- ✓ Treat all people with dignity and respect in support and self-reliance
- ✓ Respond to people in distress in a humane and supportive way
- ✓ Provide information about services, support and legal rights and obligations
- ✓ Provide relevant psycho-education and use appropriate language

<sup>8</sup> [Nation of Sanctuary Refugee and Asylum Seeker Plan \(gov.wales\)](#)

<sup>9</sup> [Sanctuary | Health and well-being \(gov.wales\)](#)

<sup>10</sup> [Sanctuary | Nation of Sanctuary Plan \(gov.wales\)](#)

<sup>11</sup> [Social determinants of mental health in new refugees in the UK: cross-sectional and longitudinal analyses - The Lancet](#)

<sup>12</sup> [who\\_arts-and-health---forcibly-displaced-people-\(final\).pdf](#)

<sup>13</sup> [Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe \(who.int\)](#)

<sup>14</sup> [Mental health and forced displacement \(who.int\)](#)

- ✓ Prioritise protection and psychosocial support for children, in particular children who are separated, unaccompanied and with special needs
- ✓ Strengthen family support
- ✓ Identify and protect persons with specific needs
- ✓ Make interventions culturally relevant and ensure adequate interpretation
- ✓ Provide treatment for people with severe mental disorders
- ✓ Do not start psychotherapeutic treatments that need follow up when follow up is unlikely to be possible
- ✓ Monitoring and managing wellbeing of staff and volunteers
- ✓ Do not work in isolation: coordinate and cooperate with others

## 1) Health and social care

- **Challenges** faced by migrants in accessing mental health services include:<sup>15,16</sup>
  - ✓ **Practical issues:** language barriers, lack of information, difficulties accessing mainstreamed services, high costs and long waiting lists
  - ✓ **Social and cultural issues:** stigma about mental health challenges and taboos, lack of awareness of mental health issues, lack of trust in service providers and socio-economic disadvantages
- **Provision** of health services **depends on countries' healthcare systems** (i.e., public and/or private health insurance)<sup>15</sup>
- **Mental health needs** of refugees and asylum-seekers should be **addressed by:**<sup>17</sup>
  - ✓ organising inclusive and accessible promotion and prevention programmes
  - ✓ strengthening mental health as part of general services
  - ✓ ensuring timely diagnosis, treatment and rehabilitation
- **Integrating mental health in primary health care** can help identify refugees and asylum-seekers with mental health conditions and make care more accessible and cost effective<sup>17</sup>
- **Continuity and quality of mental health care of mobile** refugees and asylum-seekers can be **improved by:**<sup>17</sup>
  - ✓ improving communication among different social and mental health service providers
  - ✓ creating international protocols for assuring continuity of care
  - ✓ providing key information tailored to their needs to take and share with providers
- **Mental Health and Psychosocial Support (MHPSS)** programming builds the capacity of local health staff and communities and supports the management of mental, neurological, and substance use conditions in health facilities where refugees should be included<sup>18</sup>

## 2) Social capital

- Social capital is the bonding, bridging, and linking social ties that connect us to one another<sup>19</sup>
  - ✓ **Bonding** is connecting individuals who have much in common, such as race, ethnicity, religion, class, and language
  - ✓ **Bridging** connects across identifiers and forms through institutions, such as workplaces, schools, clubs and affinity groups
  - ✓ **Linking social ties** are vertical and connect ordinary citizens with those in power
- **Figure 2** provides examples of **social capital interventions**

<sup>15</sup> [EMN\\_Mental-health\\_INFORM\\_20072022.pdf \(europa.eu\)](#)

<sup>16</sup> [PHW-Swansea-HEAR-technical-report-FINAL.pdf \(phwwhocc.co.uk\)](#)

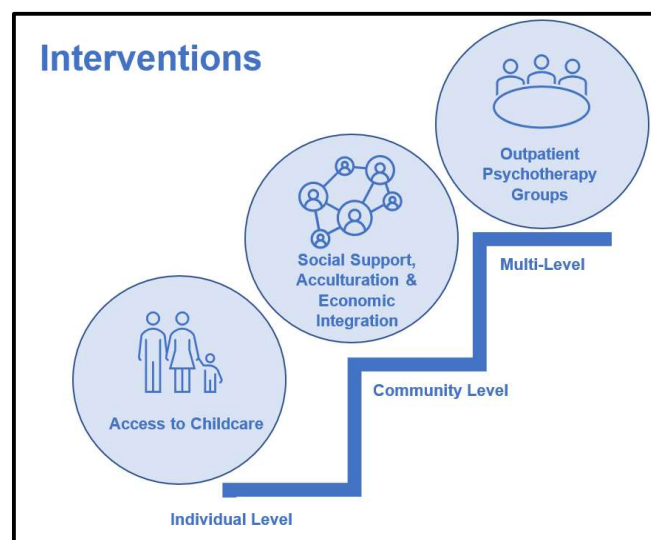
<sup>17</sup> [Mental health and forced displacement \(who.int\)](#)

<sup>18</sup> [Mental health and psychosocial support | UNHCR](#)

<sup>19</sup> [Social-capital-based mental health interventions for refugees: A systematic review - ScienceDirect](#)

- Social capital is an essential determinant of health **contributing to quality of life** and has the **potential to improve** the health and well-being of refugees and asylum-seekers<sup>20</sup>
- Social ties provide assistance and useful information, help overcome barriers to collective action, and afford mutual aid during crises and disasters<sup>21</sup>
- It is a **key resource, which can protect** against mental health problems, such as depression and PTSD<sup>21</sup>
- Being **ostracised and experiencing discrimination or isolation** can result in poor mental health among refugees and asylum-seekers<sup>22</sup>
- **Breakdown of social networks** resulting from forced displacement can evoke similar mental health problems<sup>21</sup>

**Figure 2. Social Capital Interventions. Source: Villalonga-Olives et al.<sup>21</sup>**



### 3) Social determinants

- Refugees and asylum-seekers remain among the **most vulnerable** members of society often faced with **poor living, housing and working conditions**<sup>23,24</sup>
- They face **financial challenges** in relation to transport and childcare<sup>25</sup>
- **Unemployment and poor socioeconomic conditions** among refugees and asylum-seekers are risk factors for mental health conditions<sup>26</sup>
- **Children seeking sanctuary** may experience multiple **adverse childhood experiences (ACEs)** across the migration journey<sup>27</sup>
  - ✓ ACEs are chronic or traumatic stressors experienced early in life
  - ✓ This can increase the risk of mental health, behavioural and physical health problems and can also affect academic achievement
- **Education** provides a key source of structure and distraction, supporting young people in gaining control through political, economic and social mobilisation.<sup>27</sup> Educational aptitude and/or willingness to focus on education may be **key resilience resources**

<sup>20</sup> [Social capital, health-seeking behavior and quality of life among refugees in Zimbabwe: a cross-sectional study | Emerald Insight](#)

<sup>21</sup> [Social-capital-based mental health interventions for refugees: A systematic review - ScienceDirect](#)

<sup>22</sup> [The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review - Michaela Hynie, 2018 \(sagepub.com\)](#)

<sup>23</sup> [Refugee and migrant health - Global \(who.int\)](#)

<sup>24</sup> [The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review - Michaela Hynie, 2018 \(sagepub.com\)](#)

<sup>25</sup> [PHW-Swansea-HEAR-technical-report-FINAL.pdf \(phwwhocc.co.uk\)](#)

<sup>26</sup> [Mental health and forced displacement \(who.int\)](#)

<sup>27</sup> [ACEs-in-Child-Refugee-and-Asylum-Seekers-Report-English-final.pdf \(phwwhocc.co.uk\)](#)



- The **Refugee Education 2030 strategy** promotes **conditions that foster social and emotional learning**<sup>28</sup>
  - ✓ It calls for provision of mental health and psychosocial support for refugee children so they can concentrate and learn
  - ✓ It recognises the critical role that early childhood education has in improving children’s survival, health, growth, and cognitive and social development<sup>29</sup>

### Art and mental well-being for displaced populations

- Arts can play a role in psychological, behavioural and social processes that are linked with improved mental well-being, such as preserving personal identity, heritage and experience<sup>30</sup>
- Engagement in arts activities can positively impact forcibly displaced people, as well as their host community, by promoting social inclusion, social cohesion, social acceptance and belonging<sup>30</sup>
- Museums, libraries, performance venues, cultural centres, heritage sites and other cultural spaces should consider how their venues can support forcibly displaced people, for example, showcasing their art, creating community theatre plays, organising musical events and concerts, or developing relevant educational activities<sup>30</sup>
- Integrating artistic methods into mental health awareness-raising and other types of training can help to improve active listening, cultural competence and diversity sensitivity<sup>30</sup>

#### England<sup>30</sup>

- **Music Action International** creates therapeutic music programmes with people living in exile, refugees, asylum-seekers and Roma people
- Many facilitators have experienced the impacts of war and are trained to support survivors in encouraging the use of social and musical skills to improve mental health and well-being and in promoting empathy and understanding through public performance

#### Northern Ireland<sup>31</sup>

- **Somali women** in Northern Ireland are developing Northern Irish sewing and craft skills and linking their talents and craft heritage from Africa in a project delivered by ArtsEkta for the Public Health Agency
- Newly formed ethnic arts circles provide opportunities to make friends and crafts pieces and help improve their emotional health and well-being

### International approaches to integration

- The **Migrant Integration Policy Index (MIPEX)** measures policies to **integrate migrants in 56 countries**<sup>32</sup>
  - ✓ It assesses **eight areas**: labour market mobility; education; political participation, access to nationality, family reunion; health; permanent residence; and anti-discrimination
  - ✓ It identifies links between integration, outcomes and public opinion
- Ten European Union (EU) Member States have a **national strategy or policy that references migrants’ mental health**<sup>33</sup>

<sup>28</sup> [Mental health and psychosocial support | UNHCR](#)

<sup>29</sup> [5d651da88d7.pdf \(unhcr.org\)](#)

<sup>30</sup> [who\\_arts-and-health--forcibly-displaced-people-\(final\).pdf](#)

<sup>31</sup> [The art of home making | HSC Public Health Agency \(hscni.net\)](#)

<sup>32</sup> [MIPEX 2020](#)

<sup>33</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)

- Nine EU Member States’ **national strategies focus on vulnerable groups of migrants** or migrants **with special needs** (e.g., age, gender, victims of torture)<sup>33</sup>
- For the 14 EU Member States that do not have national strategies or policies, in most cases, third-country nationals have **equal access to the mental health services** available to nationals and other EU citizens<sup>33</sup>
- A **strategic partnership** funded by the European Commission (EC) provides counselling for refugee and migrant integration into the **labour market**<sup>34</sup>
  - ✓ **Career counsellors** working in public employment agencies play a key role
  - ✓ The project has developed **higher education courses** that qualify career counsellors to give innovative guidance to refugees and migrants<sup>34</sup>
- The **Mental Health Strategy in Estonia** (2020) includes migrants and refugees among vulnerable groups at higher risk of experiencing mental health issues<sup>33</sup>
  - ✓ It aims to deliver training to front line staff providing primary support
  - ✓ It encourages services targeting migrants to consider their mental health needs
- The **Mental Health and Psychiatric Roadmap in France** (2018) encourages actions to target those most in need of access to mental health care, especially migrants.<sup>33</sup> The 2021 **Vulnerability Plan** complements the roadmap aiming to strengthen response to asylum-seekers’ and refugees’ vulnerabilities through:
  - ✓ development of information on facilities for access to care
  - ✓ creation of health pathways
  - ✓ earlier identification and better orientation of these populations
- An overview of **key priorities in relation to migrants’ mental health across EU member states** is presented in **Figure 3**
- **Turkey** is one of the countries with the largest migrant/ refugee population and some of the approaches to support their health and wellbeing are outlined in the case study below

**Figure 3. Overview of EU Member States’ key priorities in respect of migrants’ mental health.**  
Source: European Migration Network<sup>35</sup>

Priority	Member States
Promoting mental health through social integration	CZ, FI, HR, IE, MT, SI, SK
Clarifying and sharing information on entitlements to care	FI, FR, IE, MT, SK
Ensuring that the mental health workforce is trained to work with migrants	FI, HR, FR, IE, NL, SI
Mapping outreach services (or setting up new services if required)	CZ, FR, MT, NL
Making interpreting services and/or cultural mediation services available	FI, HR, FR, IE, MT, NL
Working towards integration of mental, physical and social care	CZ, HR, FI, NL, SI
Promoting mental health literacy/awareness-raising	CZ, EE, FI, FR, IE, NL, SI
Sharing principles of good practices nationally/across countries	CZ, FI, NL
Investing in long-term follow-up research and service evaluations for service planning/provision	CZ, IE
Having programmes on mental health literacy/awareness raising	CZ, FI
Other priority action areas	ES, IE, LT, LV

<sup>34</sup> [2\\_xcp\\_refugees\\_2020.pdf \(aspher.org\)](#)

<sup>35</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)

## Case study: Turkey

- With support from the World Bank and the EU, the Turkish government supports the refugee crisis, aiming to improve the lives and livelihoods of refugees and host communities<sup>36</sup>
  - ✓ Under the umbrella of the Syrians Under Temporary Protection programme, the Employment Support Project for Syrians under Temporary Protection and Turkish Citizens provides refugees and host communities with skills and language training, job counselling and job placement services
  - ✓ Nearly 20,000 people have received training under the programme, with women constituting half of the participants in language courses and over 90% in skills training programmes
- Support through the Facility for Refugees in Turkey (the Facility) focuses on humanitarian assistance, education, migration management, health, municipal infrastructure and socio-economic support<sup>37,38</sup>
  - ✓ The Facility has made contributions to the Government's provision of health care and education to refugees, supporting the state reach scale faster
  - ✓ Barriers to education were addressed through measures such as catch-up and backup classes, Turkish language classes, and the Conditional Cash Transfer for Education
  - ✓ Primary health care capacity was strengthened through investment in clinics and staff
- The Facility is a model for refugee operations, combining humanitarian and development assistance well

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<sup>36</sup> [10 Years On, Turkey Continues Its Support for an Ever-Growing Number of Syrian Refugees \(worldbank.org\)](#)

<sup>37</sup> [EU Support to Refugees in Türkiye \(europa.eu\)](#)

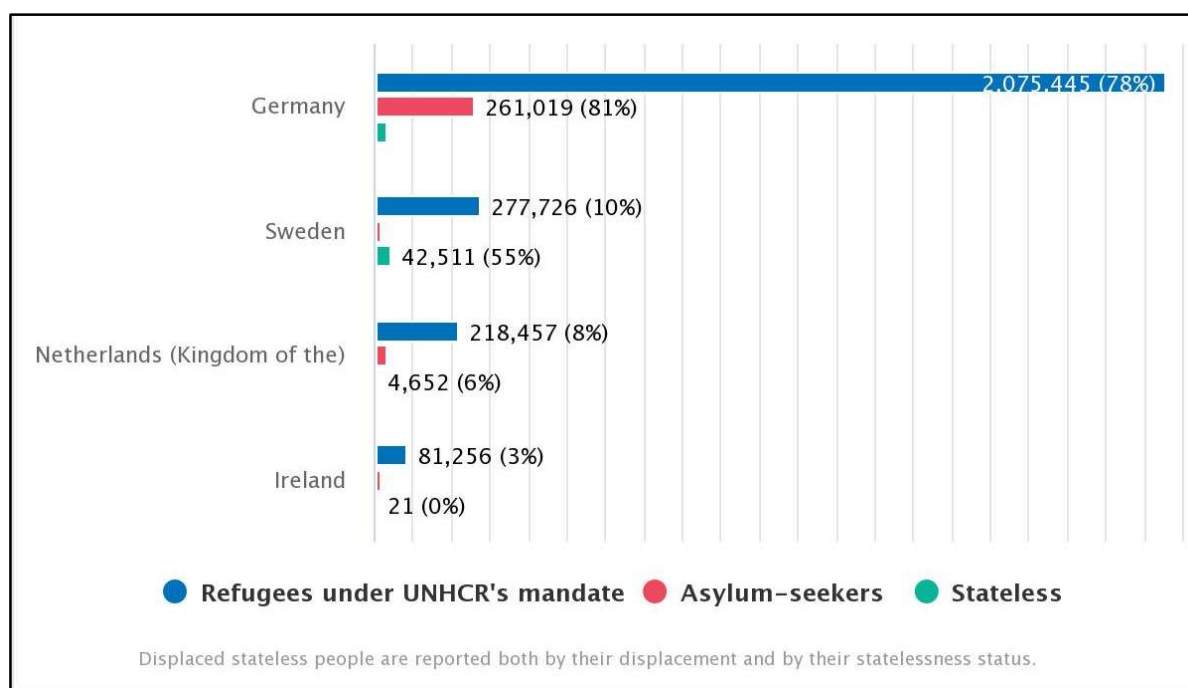
<sup>38</sup> [Executive Summary EN 02.07.21.pdf \(europa.eu\)](#)

## Country Insights

The country insights selected for this report provide **examples of effective and/or innovative approaches** to addressing the mental health and well-being of refugees and asylum-seekers:

- **Germany** has implemented policies to address access to healthcare while also focusing on education and employment opportunities
- **Ireland** funds social capital projects to improve health and well-being through integration and participation in local communities
- **The Netherlands** has promoted the integration of primary and mental health care and has developed mental health awareness campaigns
- **Sweden** has developed collaborative research projects looking broadly at factors impacting mental health and well-being
- **Figure 4** shows the number of refugees and asylum-seekers in each insight country (2022)

**Figure 4. Populations by destination country and population type, 2022. Source: UNHCR<sup>39</sup>**



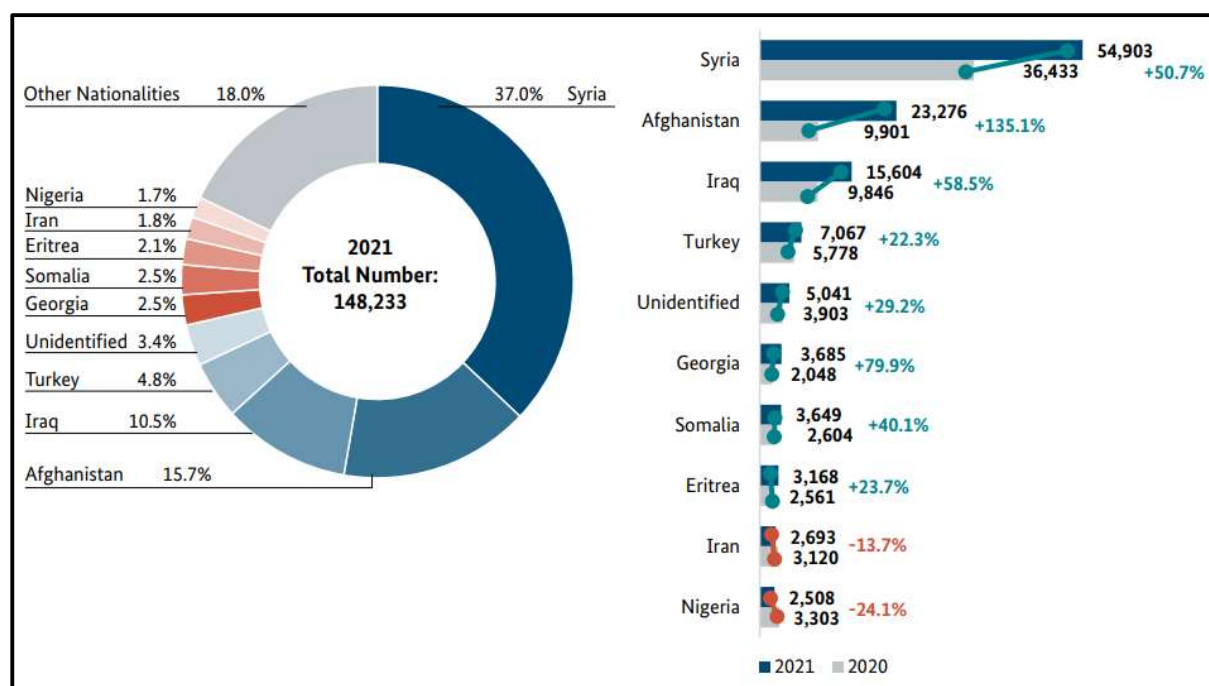
<sup>39</sup> [UNHCR - the UN Refugee Agency](#)

## Germany

### Background

- In 2021, Germany reported almost 1.24 million refugees and 233,000 asylum-seekers, making it the biggest host country for refugees in Europe<sup>40</sup>
  - ✓ **Figure 5** shows the number of first-time asylum-seekers (2021)
- The Federal Office for Migration and Refugees (BAMF) leads the governance of asylum, migration and integration issues<sup>41,42</sup>

**Figure 5. First-time asylum applicants by the 10 most common nationalities, 2021. Source: BAMF<sup>43</sup>**



### Health and Social Care

- The national survey RESPOND (Improving regional health system responses to the challenges of forced migration) ran from 2016 to 2022 and aimed to collect valid epidemiological data on refugee health status and healthcare provision<sup>44</sup>
  - ✓ The survey suggested barriers to refugees accessing healthcare services<sup>45</sup>
  - ✓ Treatment for chronic diseases requires approval by the social security office of the receiving municipality paying for medical services, which can lead to delays in treatment<sup>46</sup>
- Access to health care for asylum-seekers is regulated by the Asylum-Seekers' Benefits Act, which restricts social services for asylum-seekers<sup>47</sup>

<sup>40</sup> <https://www.unhcr.org/countries/germany>

<sup>41</sup> [https://www.bamf.de/DE/Startseite/startseite\\_node.html](https://www.bamf.de/DE/Startseite/startseite_node.html)

<sup>42</sup> [https://ec.europa.eu/migrant-integration/country-governance/governance-migrant-integration-germany\\_en](https://ec.europa.eu/migrant-integration/country-governance/governance-migrant-integration-germany_en)

<sup>43</sup> [Migration Report 2021 Key findings \(bamf.de\)](https://www.bamf.de/DE/Startseite/startseite_node.html)

<sup>44</sup> [RESPOND – Entwicklung und Evaluation kontextspezifischer Interventionen zur Verbesserung der gesundheitlichen Versorgung von Asylsuchenden \(Improving regional health system responses to the challenges of migration through tailored interventions for asylum-seekers and refugees\) \(respond-study.org\)](https://www.unhcr.org/countries/germany)

<sup>45</sup> [Journal of Health Monitoring | 1/2021 | Monitoring refugee health RESPOND \(rki.de\)](https://www.unhcr.org/countries/germany)

<sup>46</sup> [Health care provision for refugees in Germany – one-year evaluation of an outpatient clinic in an urban emergency accommodation | BMC Health Services Research | Full Text \(biomedcentral.com\)](https://www.unhcr.org/countries/germany)

<sup>47</sup> [Germany - Act on benefits for asylum-seekers \(AsylbLG\). \(ilo.org\)](https://www.unhcr.org/countries/germany)

- In response to the refugees' increasing needs and calls for emergency care in 2015, the German Red Cross and the National Association of Statutory Health Insurance Physicians set up an outpatient clinic at the largest emergency accommodation centre in Cologne.<sup>48,49</sup> The centre has a bed capacity of 558 and was housing on monthly average 730 refugees
- German authorities are increasing health literacy within migrant communities through the “With Migrants for Migrants – Intercultural Health in Germany” (MiMi) programme, which recruits, trains and supports intercultural mediators to teach on the German health system and related health topics<sup>50</sup>

## Social Determinants

- An online advisory service for adult migrants ('mbeon') provides comprehensive online information, live-chat support and advice about education, employment, health services, housing and family services to help them find their feet when they first arrive<sup>51</sup>
- A psychosocial walk-in clinic operating within a state reception and registration centre in Heidelberg has been supporting mentally burdened refugees since 2016.<sup>52</sup> It is perceived as an important psychosocial support offer for mentally burdened refugees in their early post-migratory distress phase
- Next to supportive and stabilising counselling offers, including group psychotherapy and a programme facilitating the self-practice of stabilising techniques via audio-files, half of the patients at the Heidelberg walk-in clinic receive psychopharmacological treatment<sup>53,54,55</sup>
- Nearly every position on the job market in Germany requires advanced certifications, which presents a barrier to refugees<sup>56</sup>
  - ✓ The government provides German courses free of charge to individuals who are granted asylum<sup>57</sup>
  - ✓ Civil society organisations fill the gap before asylum is granted, opening courses for residents in temporary housing<sup>58</sup>
  - ✓ Many universities allow students and potential students of refugee background to study their language preparation courses for free, enabling them to attain the high level of German that is required to enter universities<sup>59,60</sup>
- Germany implemented a corporate initiative, the Diversity Charter, to promote recognition, appreciation, and integration of diversity into Germany's business culture.<sup>61</sup> It is supported by the Commissioner for the Federal Government for Migration, Refugees, and Integration
- **Figure 6** shows Germany's 2019 MIPEX Score

<sup>48</sup> [Deutsches Rotes Kreuz \(DRK\) - DRK e.V.](#)

<sup>49</sup> [KBV - Kassenärztliche Bundesvereinigung](#)

<sup>50</sup> [https://ec.europa.eu/migrant-integration/integration-practice/mimi-migrants-migrants\\_en](https://ec.europa.eu/migrant-integration/integration-practice/mimi-migrants-migrants_en)

<sup>51</sup> [Health | mbeon](#)

<sup>52</sup> [A Walk-In Clinic for Newly Arrived Mentally Burdened Refugees: The Patient Perspective - PMC \(nih.gov\)](#)

<sup>53</sup> [Frontiers | Psychotherapeutic Group Intervention for Traumatized Male Refugees Using Imaginative Stabilization Techniques—A Pilot Study in a German Reception Center \(frontiersin.org\)](#)

<sup>54</sup> [JCM | Free Full-Text | Stabilizing Techniques and Guided Imagery for Traumatized Male Refugees in a German State Registration and Reception Center: A Qualitative Study on a Psychotherapeutic Group Intervention \(mdpi.com\)](#)

<sup>55</sup> [Journal of Medical Internet Research - Self-Practice of Stabilizing and Guided Imagery Techniques for Traumatized Refugees via Digital Audio Files: Qualitative Study \(jmir.org\)](#)

<sup>56</sup> [How to apply for a job in Germany \(deutschland.de\)](#)

<sup>57</sup> <https://www.germany-visa.org/integration-courses-learning-german-and-much-more/>

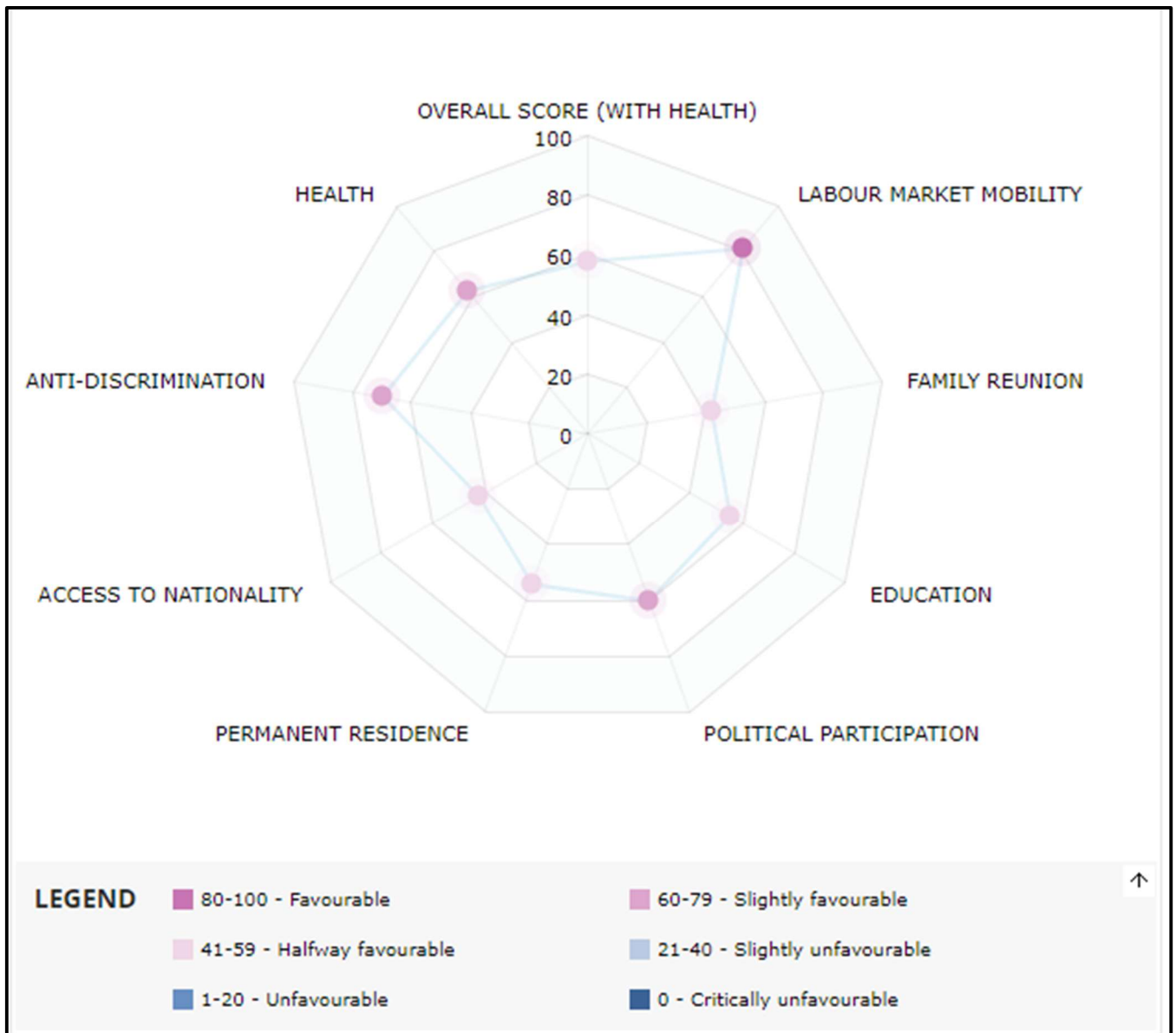
<sup>58</sup> [BAMF - Bundesamt für Migration und Flüchtlinge - Advice for adults](#)

<sup>59</sup> [Study opportunities for refugees | Study in Germany \(study-in-germany.de\)](#)

<sup>60</sup> [Studying for free in Germany as a refugee - Study in Germany for Free \(studying-in-germany.org\)](#)

<sup>61</sup> [Charta der Vielfalt - Für Diversity in der Arbeitswelt \(charta-der-vielfalt.de\)](#)

Figure 6. Germany MIPEX Score, 2019. Source: MIPEX<sup>62</sup> (Figure not available in Welsh)



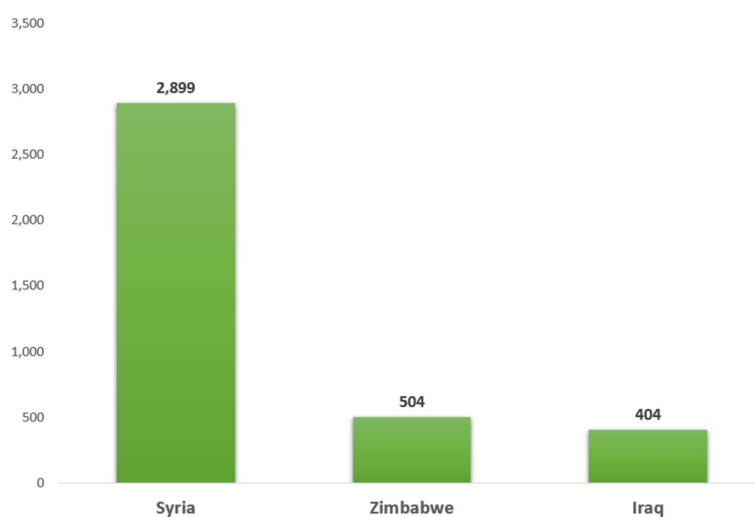
<sup>62</sup> [Migrant Integration Policy Index | MIPEX 2020](#)

## Ireland

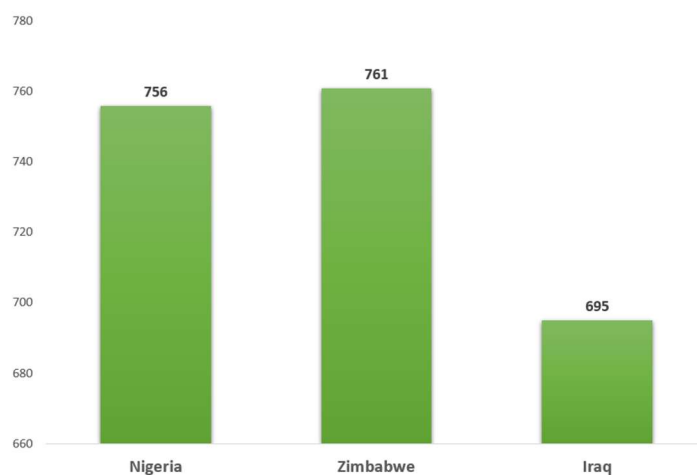
### Background

- In 2020, Ireland granted asylum or refugee status to 9,070 people<sup>63</sup> (**Figures 7 and 8**)
- The Department of Health is responsible for providing support and guidance on migrants' mental health<sup>64</sup>
- The Connecting for Life Strategy identifies asylum-seekers, migrants and refugees among priority groups that face challenges to their mental health and wellbeing<sup>64</sup>
  - ✓ Priority groups are acknowledged in the strategy 'Sharing the Vision: A Mental Health Policy for Everyone', which recognises the need for tailored interventions<sup>64</sup>
  - ✓ Migrants organisations provided written submissions during the development of the strategy<sup>64</sup>

**Figure 7. Top three countries of origin for refugees living in Ireland, 2020. Source: Integral Human Development<sup>63</sup>**



**Figure 8. Top three countries of origin for asylum-seekers living in Ireland, 2020 Source: Integral Human Development<sup>63</sup>**



<sup>63</sup> [Ireland - Migrants & Refugees Section \(migrants-refugees.va\)](#)

<sup>64</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)



## Health and Social Care

- The Health Service Executive (HSE) Second National Intercultural Health Strategy (NIHS) provides a comprehensive and integrated approach to addressing health and support needs of service users from diverse ethnic and cultural backgrounds<sup>65</sup>
  - ✓ It outlines the challenges migrants face and makes targeted recommendations in relation to migrants' mental health
  - ✓ The development of the NIHS was a collaborative and inclusive process involving migrants directly through interviews and focus group discussions
- Services specific to the needs of migrant groups include continuous professional development courses for psychologists to increase workforce capacity in the effective treatment of PTSD for vulnerable clients<sup>65</sup>
- A multilingual mobile-friendly website was launched to improve minority and vulnerable communities' access to local health services, including mental health services.<sup>65</sup> The 'About the Irish Health Service Guide' is available in three parts and 15 languages to provide information about the healthcare system
- A Health Services Intercultural Guide supports healthcare staff with profiles of the religious and cultural needs of 25 diverse groups cared for in healthcare settings. An Intercultural Awareness E-learning Programme is also available to all HSE staff<sup>65</sup>

## Social Capital

- The Migrant Rights Centre Ireland highlighted how the COVID-19 pandemic exacerbated isolation among migrant communities
  - ✓ Closure of face-to-face youth services and drop-in support centres had a large impact on the mental health of young people<sup>65</sup>
- Healthy Ireland works in partnership with local government and communities through the Sláintecare Healthy Communities Programme and the Healthy Cities and Counties initiative<sup>66</sup>
  - ✓ €1 million was allocated to Local Authority Community Response Forums across the country to enable partners to assist Ukrainian refugees to integrate into their communities and build healthy lives in Ireland
  - ✓ Projects were chosen based on local needs and will invest in local communities delivering health and well-being initiatives in line with the vision of the Healthy Ireland Framework for Improved Health and Wellbeing 2013-2025
  - ✓ Some projects focus on supporting integration into the local community—e.g., after school clubs for children, woodland walks for adults and family excursions where Ukrainian refugees can meet and form connections with others in the community
  - ✓ Some projects focus on physical activity and movement, including yoga, dance and adapted physical activity sessions aimed at older or medically vulnerable people
  - ✓ Some projects offer therapeutic interventions to provide support in coping with the trauma of war and displacement, including one-to-one group counselling support for adults and play and art therapy for children

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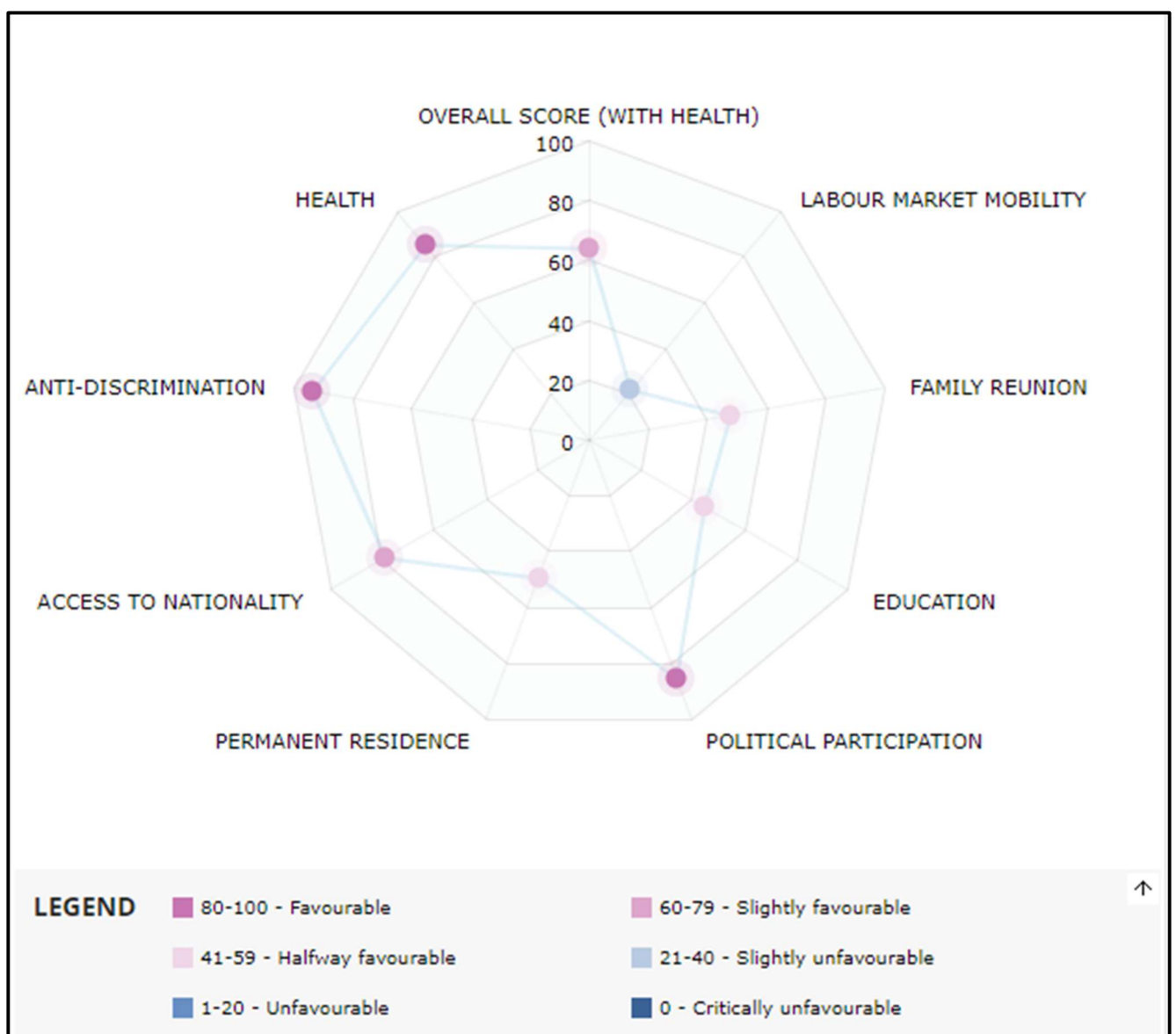
<sup>65</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)

<sup>66</sup> [gov.ie - Department of Health and Department of Housing, Local Government and Heritage announce €1 million for initiatives to support the health and wellbeing of Ukrainian refugees \(www.gov.ie\)](#)

## Social Determinants

- As of March 2023, accommodation had been sourced for almost 60,000 fleeing the war in Ukraine. This is in addition to high numbers of people seeking asylum, with almost 20,000 people in accommodation<sup>67</sup>
  - ✓ Accommodation has been sourced in hotels and B&Bs, emergency rest centres operated by Local Authorities, through hosting arrangements, and the ‘Offer a home’ scheme
  - ✓ A programme for refurbishment of suitable buildings for the medium term is underway and a pilot initiative to provide Rapid Build houses is in progress
- **Figure 9** shows Ireland’s 2019 MIPEX Score

**Figure 9. Ireland MIPEX Score, 2019. Source: MIPEX<sup>68</sup>**



<sup>67</sup> [gov.ie](http://gov.ie) - Accommodation strategy for people seeking protection in Ireland ([www.gov.ie](http://www.gov.ie))

<sup>68</sup> Migrant Integration Policy Index | MIPEX 2020

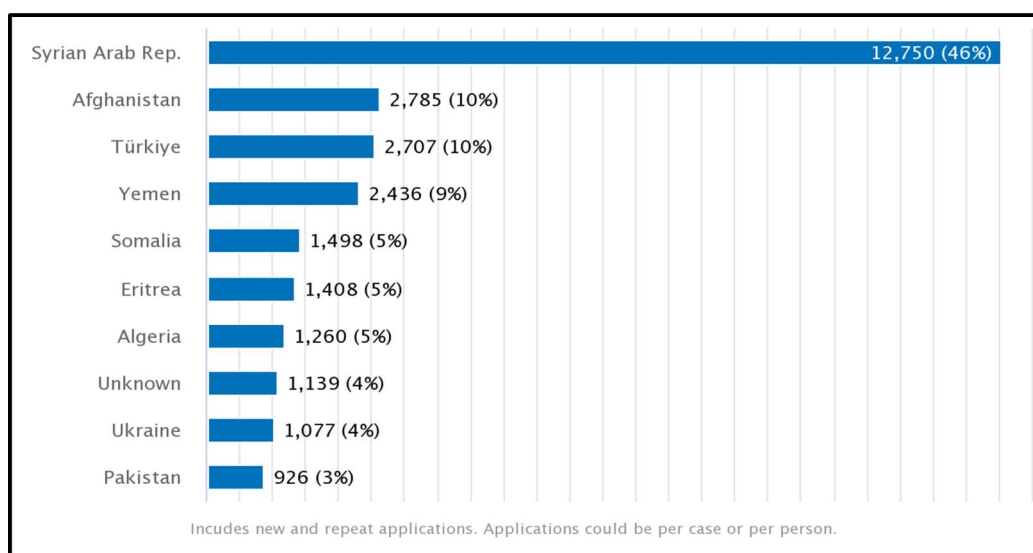
## The Netherlands

### Background

The Netherlands received over 36,986 applications for asylum in 2022, 44% more than the previous year<sup>69</sup> (Figure 10)

**Figure 10. Populations requesting asylum in the Netherlands by country of origin, 2022**

Source: UNHCR



- The Immigration and Naturalisation Service is responsible for processing and making decisions on asylum applications, family reunification and naturalisation<sup>70</sup>
- The Central Agency for the Reception of Asylum Seekers provides accommodation, meals or compensation, a daily allowance, guidance, and medical care during the procedure<sup>70</sup>
- Risk factors for poor mental health among refugees and asylum-seekers include: the influence of staying in the environment of an asylum-seekers centre, drug abuse, failure to detect or underestimation of underlying suffering, and frequent relocations<sup>71</sup>

### Health and Social Care<sup>72</sup>

- Municipalities are responsible for organising healthcare outreach. There is a national subsidiary for establishing a neighbourhood-level outreach social care provider, the District Municipal Health Provider
- Since January 2022, the cost of an interpreter is reimbursed through a premium within the new financing system for mental health care
- A primary mental health care provider is available in most Dutch GP offices, which promotes integration and collaboration between mental, physical and social care
- They ‘Hey, it’s okay’ mental health awareness campaign was initiated by the Ministry of Public Health, Welfare and Sport and promotes acceptance and open discussion of mental health issues

<sup>69</sup> [Over 40 percent more asylum applications in 2022 \(cbs.nl\)](#)

<sup>70</sup> [General services - UNHCR The Netherlands](#)

<sup>71</sup> [Threats and Interventions on Wellbeing in Asylum Seekers in the Netherlands: A Scoping Review - PMC \(nih.gov\)](#)

<sup>72</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)

## Social Capital

Several studies demonstrate that integration was seen to happen through everyday social and information practices<sup>73</sup>

- In one study participants reported seeking, creating, and sharing information across social, professional and health online networks
- These information practices were often mediated by different forms of online communication, such as Google Maps for orientation, emailing, WhatsApp and Facebook messaging, and LinkedIn
- Many participants made use of social media for gathering and sharing practical health information, which could provide them with knowledge of the health system as kind of sociocultural resource
- Contact with health professionals through social media also emerged as a widespread social media use for health
- Other participants preferred to observe and create opportunities to connect with locals and learn about the culture and practices of the host community

Another study highlighted the importance of social capital in the labour market integration of Afghan refugees.<sup>74</sup> While horizontal bonding provided immediate and accessible support, vertical bridging offered guidance and connections to relevant institutions

- The first phase, preparing for the labour market, involves seeking support from various sources such as friends, relatives and Afghan Diaspora Organizations. The study found:
  - ✓ Afghan refugees primarily relied on horizontal bonding, building friendships and contacts among fellow refugees in Asylum Seekers Centres for support
  - ✓ Vertical bridging, which includes government departments and employment agencies, also played a significant role in providing guidance and support
- In the second phase, entering the labour market, Afghan refugees found their first jobs in the Netherlands with the help of bridging social capital
  - ✓ Vertical bridging, such as contacts with municipalities and employment agencies, was more prevalent in assisting refugees in finding employment
  - ✓ Horizontal bonding also played a role, with some refugees finding support from friends and family members who had already experienced employment integration
  - ✓ The employment sectors included hospitality, sales, care, health, IT and other fields
- **Figure 11** shows the Netherlands' 2019 MIPEX Score

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<sup>73</sup> [RePub, Erasmus University Repository: Prospects of refugee integration in the netherlands: Social capital, information practices and digital media \(eur.nl\)](#)

<sup>74</sup> [Social capital and the labour market integration experiences of Afghan refugees in the Netherlands.pdf](#)

Figure 11. The Netherlands MIPEX Score, 2019. Source: MIPEX<sup>75</sup>



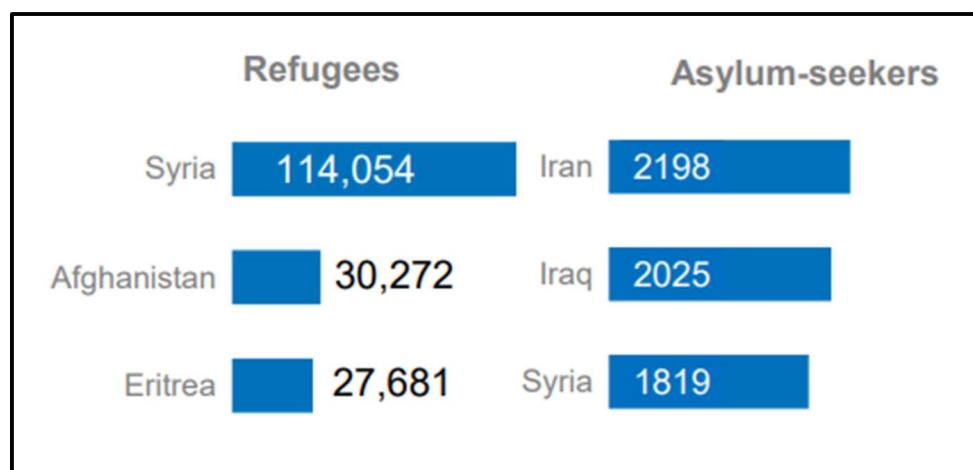
<sup>75</sup> [Migrant Integration Policy Index | MIPEX 2020](#)

## Sweden

### Background

- As of 2021, Sweden had 251,076 refugees, 22,916 asylum-seekers, and 30,305 stateless people<sup>76</sup> (**Figure 12**)

**Figure 12. Sweden's refugee and asylum-seeker top three countries of origin, 2020. Source: UNHCR<sup>76</sup>**



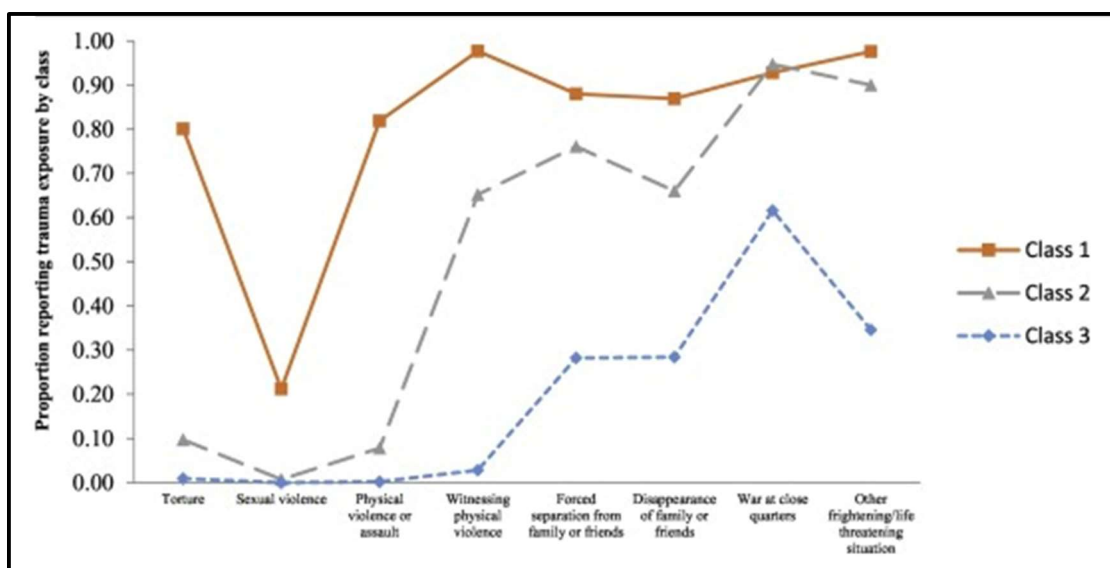
- Sweden has a well-established asylum and protection system, long-standing commitment to refugee resettlement and comprehensive integration programmes
  - The Migration Agency considers applications from people who want to seek protection from persecution or become Swedish citizens.<sup>77</sup> It is commissioned by parliament and government who set the Swedish asylum and migration policy
- Many refugees are subjected to varied and multiple pre-migratory traumas<sup>78</sup>
- A study of Syrian refugees settled in Sweden found that males were more likely to be subjected to multiple pre-migratory violent trauma than women, although women who were exposed had more mental health outcomes than their male counterparts
  - Three classes were identified (**Figure 13**):
    - ✓ Class 1 'multiple violent and non-violent trauma' (39.3%, n = 546)
    - ✓ Class 2 'witnessing violence and multiple non-violent trauma' (40.8%, n = 569)
    - ✓ Class 3 'low multiple non-violent trauma' (20.1%, n = 281)
  - Trauma exposure and gender significantly predicted class membership

<sup>76</sup> UNHCR

<sup>77</sup> <https://www.migrationsverket.se/English/About-the-Migration-Agency.html>

<sup>78</sup> [Identifying subgroups of refugees from Syria resettled in Sweden based on multiple trauma exposures: A latent class analysis of trauma history and mental health outcomes - ScienceDirect](#)

**Figure 13. Probabilities of trauma exposures among Syrian Refugees in Sweden for three latent classes. Source: Sengoelge et al.<sup>79</sup>**



- Some studies show that refugees in Sweden are more likely to suffer from mental-ill health, such as schizophrenia, in comparison to native Swedes<sup>80</sup>
  - ✓ There is a relative increase in risk of 75% for immigrants and a further 66% for refugees
  - ✓ Legal status also has an impact, with asylum-seekers at greater risk of mental illness than those with refugee status<sup>81</sup>

## Health and Social Care

- For mental health issues, migrants can receive help and support from the healthcare centre in the area where they live<sup>82</sup>
- Migrants can contact various NGOs or institutions to get other forms of help and support, including psychosocial help, as well as useful helplines and online chats via the Mind Suicide Helpline and the Swedish On-call Attender<sup>83,84,85</sup>
- Free public transportation (e.g., a bus ticket) is included with the appointment to increase migrants' access to health services<sup>86</sup>
- Between August 2016 and August 2017, Médecins sans Frontières (Doctors Without Borders) ran a project in Skaraborg county as part of its humanitarian support for refugees and migrants<sup>87</sup>
  - ✓ The project aimed to contribute knowledge and resources to improve the mental well-being of asylum-seekers in Skaraborg
  - ✓ It enabled asylum-seekers to take well-informed steps towards getting the support they need and helped strengthen their coping mechanisms<sup>88</sup>

<sup>79</sup> [Identifying subgroups of refugees from Syria resettled in Sweden based on multiple trauma exposures: A latent class analysis of trauma history and mental health outcomes - ScienceDirect](#)

<sup>80</sup> [Refugee policy risks counteracting mental recovery | Karolinska Institutet \(ki.se\)](#)

<sup>81</sup> [Is legal status associated with mental illness among newly arrived refugees in Sweden: an epidemiological study | BMC Psychiatry | Full Text \(biomedcentral.com\)](#)

<sup>82</sup> <https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care.html>

<sup>83</sup> <https://help.unhcr.org/sweden/where-to-find-help-in-sweden/helpline-services/>

<sup>84</sup> <https://mind.se>

<sup>85</sup> [Jourhavande Medmänskliga | En röst i natten \(jourhavande-medmanniska.se\)](#)

<sup>86</sup> [EMN Mental-health INFORM 20072022.pdf \(europa.eu\)](#)

<sup>87</sup> <https://msf.org>

<sup>88</sup> [https://www.msf.org/sites/default/files/2018-06/1\\_msf\\_report\\_life\\_in\\_limbo\\_web\\_eng.pdf](https://www.msf.org/sites/default/files/2018-06/1_msf_report_life_in_limbo_web_eng.pdf)

## Social Capital

To address mental health challenges, Sweden has developed research projects to analyse and improve interventions and participation in multi-country initiatives:

- MILSA project
- Partnership Skåne

### 1) MILSA<sup>89</sup>

- MILSA is a knowledge-based support platform for migration and health, devoted to producing and supporting methodological development for a health-promoting and inclusive reception of newly arrived migrants
- Research is oriented towards the integration system and the needs of newly arrived migrants
- It is carried out in collaboration between universities and multi-level agencies that work with newly arrived migrants
- MILSA takes a broad approach to health by addressing societal participation and empowerment, mental health and well-being, housing issues, economic stress, confidence and trust
- Research projects include:
  - ✓ Health and health-related factors among newly arrived youth:
    - Respondents highlighted social situations and uncertainty and worry they described regarding family and family separation as stress factors affecting their mental well-being
    - Respondents described their children's adjustment to the new society as positive; children liked school, and parents perceived that children were well received and treated on equal terms with other children in the school
  - ✓ Evaluation of project "Welcome to Skåne"
    - Survey results showed a higher prevalence of mental ill health among those who have been granted temporary residence permits
    - This was attributed to a large proportion of the newly arrived migrants having inadequate or problematic health literacy

### 2) Partnership Skåne<sup>90,91,92</sup>

- Partnership Skåne aims to provide individualised support to migrant families by focusing on strengthening mental health and well-being to increase empowerment and improve integration
- The pilot project was tested in Malmö as part of an EU-financed project, REGIN (The Regions for Migrants & Refugees Integration)
  - ✓ It was created to mainstream migrant and refugee integration within social cohesion policies at regional level by building a common framework to facilitate, guide and improve the performance of regions through innovative tools
- Civic and health communicators provided additional mental health and well-being-focused support to migrants in study circles
  - ✓ This was supplemented by individualised support provided by civil society organizations, municipality and public health care

<sup>89</sup> [Is legal status associated with mental illness among newly arrived refugees in Sweden: an epidemiological study | BMC Psychiatry | Full Text \(biomedcentral.com\)](#)

<sup>90</sup> [www.reginproject.eu](#)

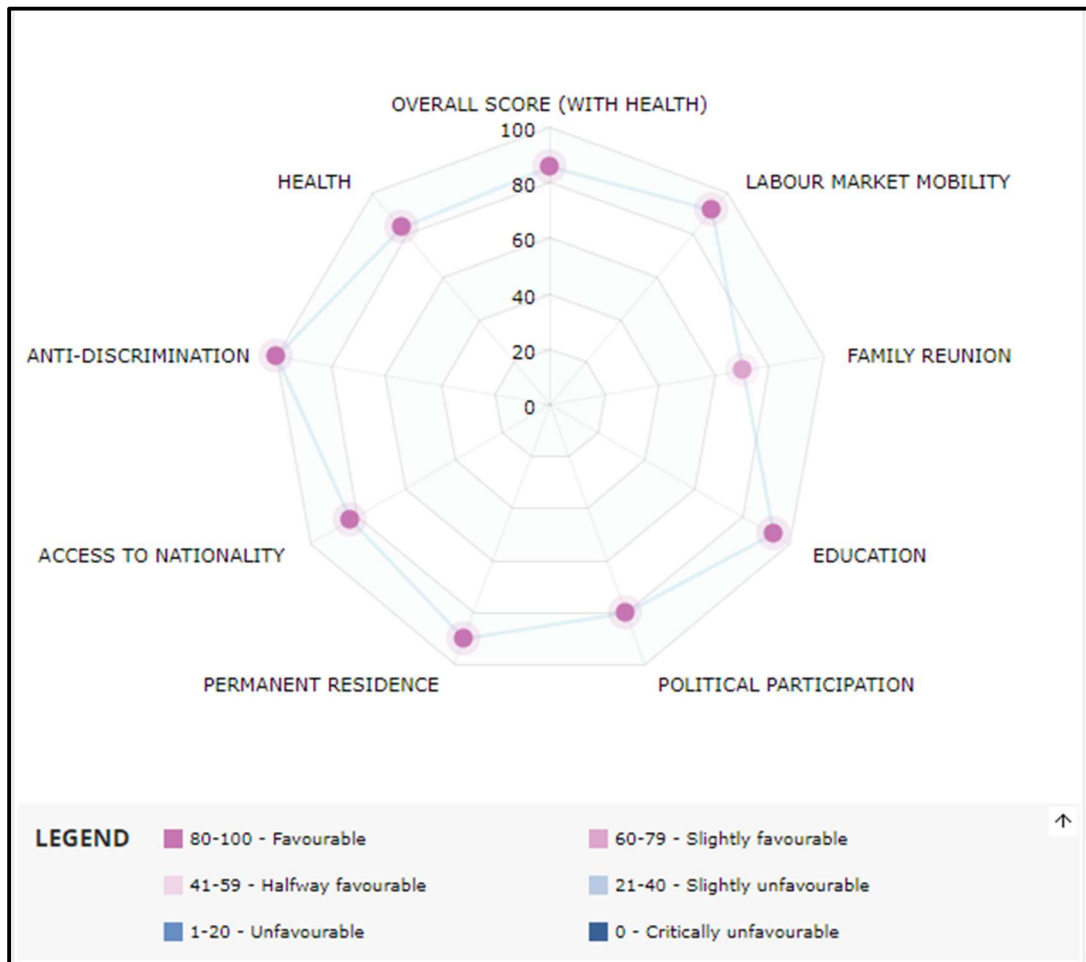
<sup>91</sup> [REGIN D3.3 FINAL edited -10-March-2022.pdf \(reginproject.eu\)](#)

<sup>92</sup> [New website offers open-source access to migrant integration governance data on a regional level \\* REGIN Project](#)



- In 2020, in-depth education on mental health and well-being were offered to civic and health communicators to provide knowledge and skills needed to lead supportive conversation groups with newly arrived refugees experiencing migration-related stress
  - ✓ A film series was developed to support dialogue and provide information on different topic relation to forced migration
- To achieve long-term impact, considering the geographic coverage of the project and regional competences and multi-level governance challenges, REGIN aimed at<sup>93</sup>:
  - ✓ Establishing a network with regional authorities to cooperate on migrant integration by creating a forum to discuss, mutually learn, and share integration policies and practices
  - ✓ Giving a voice to regions and emphasising their role in social inclusion and promoting interactions between newly arrived people and host societies
  - ✓ Identifying integration indicators to enhance accuracy, liability, robustness and innovation of regional authorities' policies and outcomes, through evidence-based research and a comparative approach
  - ✓ Developing tools that facilitate adaptability and sustainability of innovative integration actions through multi-lateral stakeholder engagement, capacity building, training and outreach
- **Figure 14** shows Sweden's 2019 MIPEX Score

**Figure 14. Sweden MIPEX Score, 2019. Source: MIPEX<sup>94</sup>**



<sup>93</sup> [Brochure-REGIN\\_EN\\_June2022.pdf \(reginproject.eu\)](#)

<sup>94</sup> [Migrant Integration Policy Index | MIPEX 2020](#)

The International Horizon Scanning and Learning reports are developed by the International Health Team / the International Health Coordination Centre (IHCC) at the WHO Collaborating Centre on Investment for Health and Well-being (WHO CC), Public Health Wales.

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