Mental Health Care for Asylum Seekers in the European Union: 
Addressing the Needs of Specifically Vulnerable Groups

Research Report ¹

This report presents the results of research conducted by the European Union Refugee Fund project “Mental Health Care For Asylum Seekers in the European Union: Addressing the Needs of Specifically Vulnerable Groups”, which focuses on the special needs of three target groups, persons with broken family links, survivors of torture, and the elderly and frail. The report will cover (1) Background information about the project; (2) A description of the participating organisations; (3) Research methodology; (4) Research findings; and (5) Conclusions.

The project consists of three consecutive phases involving a questionnaire, conference and the development of a set of recommendations on best practice, to be distributed to relevant European governmental and non-governmental organisations. These recommendations will be gleaned from the results of the questionnaire and from workshop discussions held at the conference.

The questionnaire was distributed to governmental and non-governmental organisations throughout the European Union, and was designed to gather information on specific programmes and care available to asylum seekers from the three target groups, as well as more general information on approaches and methodologies used. The quantitative results indicate, among other findings, a significant discrepancy between the high number of clients who have broken family links and/or are elderly and frail, and the low number of services available to them. The qualitative results reveal what mental health care service providers believe to be the special needs of persons from the three target groups, and the forms of care and assistance that have proven successful in promoting their well-being.

¹ Written by Ms. Bianca Blaickner, Austrian Red Cross in collaboration with Ms. Robyn Gason, French Red Cross. Special thanks to Mr. Dietmar Kratzer, Innsbruck University, Ms. Katharina Randolf and Ms. Veronika Weissenböck, Austrian Red Cross
1. Background information about the project

The Austrian Red Cross, in partnership with the Red Cross EU Office and the Red Cross National Societies of Belgium, Bulgaria, France and the United Kingdom, are engaged in an eighteen-month project concerning mental health care for asylum seekers in the European Union, with special emphasis on the needs of three target groups: persons with broken family links, survivors of torture, and the elderly and frail. This project is funded by the European Refugee Fund of the European Commission.

The project aims to facilitate opportunities for the exchange of information, and to raise awareness and increase knowledge about the importance of mental health care in the reception of asylum seekers. The first phase of the project involved a questionnaire distributed to European organisations offering mental health services to the three target groups. This research has contributed preparations for a conference to take place between 29 June and 2 July in Vienna in which practitioners working in the field from throughout the EU-member states will be invited to participate, including representatives from government and non-government organisations and from Red Cross National Societies.

Through the exchange of information and participation in the conference workshops, the project will identify key aspects of best practice in the field of mental health care for asylum seekers. The conference will also serve as a forum for strengthening cooperation between different service providers in the governmental and non-governmental sectors.

A set of recommendations and guidance notes concerning mental health care treatment for asylum seekers will be developed, based on the information gathered in the questionnaire and in the conference groups, with a focus on the special needs of the three target groups.

2. Description of participating organisations

A brief description of each of the fifty-two organisations that responded to the questionnaire is provided below and is based upon their responses:

1. Medical Foundation for Care of Victims of Torture (United Kingdom)

   Founded over twenty-years ago, this nation-wide non-governmental organisation (NGO) provides clinical care, protection, advocacy and training for clients who have suffered torture; it is also engaged in providing training to other health care organisations.

2. Behandlungszentrum für Folteropfer Berlin (Germany)

   An NGO founded in 1992 that provides medical and psychiatric care for refugees who have suffered torture and trauma. The therapies offered are trauma-oriented and take into account cultural sensitivities; they also incorporate creative and internet-based techniques. Services are available to clients regardless of their legal status.

3. Refugio VS –Kontaktstelle für traumatisierte Flüchtlinge (Germany)

   Operating since 1998, this NGO working in rural areas primarily helps persons who have experienced torture and other forms of violence. The service is open to refugees regardless of their immigration status, and offers psychotherapy, social and psychological counselling, and group activities for families and children.
4. Stichting Centrum ’45 (Foundation Centre ’45) (Netherlands)

A nationwide governmental organisation (GO) created in 1973 that has been providing services to refugees since 1994. The service provides psychiatric and psychological treatment for asylum seekers and refugees who are experiencing psycho-traumatic symptoms as a result of war, persecution and/or other forms of violence. The treatments available are trauma-focused and range from EMDR to narrative exposure therapy and different forms of group therapy (psychotherapy, psycho-education, counselling, art therapy, movement therapy, music therapy).

5. Cardiff and Vale NHS Trust (UK) – Links CMHT (United Kingdom)

A GO programme in existence between 2000 and 2005 that provided assessment and referral services to refugees and asylum seekers with mental health problems. The assessment methods used included Cognitive based therapy and Eye Movement Desensitization and Reprocessing (EMDR).

6. Cordelia Foundation for the rehabilitation of torture victims (Hungary)

An NGO offering services to asylum seekers, refugees and recipients of subsidiary protection since 1996. The core objectives of the foundation are to improve the quality of life of torture victims and to help them regain their psychological and physical health. The organisation also seeks to draw the attention of key stake-holders to the special needs of victims of torture. The services offered include psychiatric and psychological rehabilitation (involving individual and group therapy), medical rehabilitation and legal support. It is the only organisation of its kind in Hungary.

7. Psychosoziale Servicestelle, Caritas Vienna (Austria)

Operating since 2004, this NGO provides clinical psychological care for trauma disorders. The methods used include cognitive therapy, hypnotherapy and systemic psychotherapy. The service also provides parental counselling. Treatment is available to clients regardless of their legal status.

8. Amber Med, Diakonie Flüchtlingsdienst GmbH (Austria)

An NGO providing services to refugees, asylum seekers and migrants with no medical insurance. Created in 2004, the service offers medical treatment (including medication), social counselling and cognitive therapy.

9. UNHCR Central European regional office (Hungary)

Located in Budapest, this UN agency seeks to provide protection and mental health care to asylum seekers regardless of their legal status (including those who are stateless); the service also provides legal and social counselling. All three target groups are catered for, and there is a specific service for tracing missing family members and facilitating family reunification.
10. MAPP, ASKV (Netherlands)

An NGO of legal aid advisors specializing in assisting persons who have submitted accelerated asylum applications. The advisors work in close collaboration with health care professionals to detect mental health problems early on in the asylum process; these needs are then made known to the relevant authorities in order to improve the quality of the asylum process.

11. Migration Office of the Slovak Ministry of the Interior (Slovakia)

Providing services to asylum seekers, refugees and persons benefiting from subsidiary protection, this GO offers group therapy, psychological advice, social and legal counselling, housing assistance and medical treatment.

12. Zentrum für Flüchtlingshilfen und Migrationsdienste: Berliner Netzwerk für besonders schutzbedürftige Flüchtlinge, Zentrum für Flüchtlingshilfen und Migrationsdienste (Germany)

Established in December 2008 and funded until the end of 2011, this new NGO programme caters for the legal and mental health care needs of refugees, asylum seekers and recipients of subsidiary protection. Respecting the EU-guidelines for vulnerable refugees, the programme offers a range of different services and approaches, including psycho-social consultancy, trauma therapy, group therapy, social and legal counselling and integration support.

13. Mind Spring, ParnassiaBavo-GGZ Dijk en Duin (Netherlands)

Created in 2002, this innovative NGO programme with a preventative approach to mental health care offers psycho-education support to asylum seekers and refugees. The programme empowers clients who have experienced the difficulties of war and flight to adjust to their host country. Refugees and asylum seekers are trained by mental health care workers to offer group support and education to persons who have been through similar circumstances. The courses offered cover issues related to trauma, stress, identity, etc. Participants’ strengths and positive identity are reinforced and the trainer serves as a role model for the group.

14. Refugee Facilities Administration of the Ministry of the Interior: Psychological services (Czech Republic)

This GO offers services to asylum seekers who are in need of psychological help and who do not wish to access the mental services offered through the national health insurance system. Working in different asylum centres (including reception, residential and detention centres), psychologists provide diagnostic, consultancy and crisis intervention services, along with therapy.

15. ASL Roma (Public Health Service), Centro Astalli (Italian Jesuit Refugee Service) in cooperation with Doctors Against Torture and under the patronage of UNHCR: SAMIFO – Health Centre for Forced Migrants (Italy)

A consortium of services from the public and NGO sectors that have worked together since 2007 to assist asylum seekers, refugees and recipients of subsidiary protection. The
multidisciplinary health care centre provides both social and health care services, including accommodation advice, language assistance, cultural mediation, accompanied visits to specialists and other support services. The treatments and therapies available include desensitization psychotherapy, psychopharmacology, psychological support, and bio-psychosocial treatments. The centre treats persons from the three target groups; survivors of torture receive specialised mental health care including desensitization psychotherapy.

16. Helen Bamber Foundation (HBF) (United Kingdom)

Operating since 2005, this NGO works with survivors of human rights violations. The services available consist of medical consultation, therapeutic care, counselling, human rights advocacy, medico-legal reports and practical support. Therapies used with clients include individual and group counselling and involve use of the visual arts, music and movement.

17. Equator Foundation (Netherlands)

Created in 2008, this NGO provides support to refugees and asylum seekers originating in war-affected countries or places of political violence who are experiencing trauma-related psychiatric symptoms; the service also assists female victims of trafficking. The treatment offered seeks to address not only the clients’ mental health problems, but also their needs for social connectedness. The organisation has a day-care and outdoor clinic. Psychosocial programmes run by the foundation are also operating in post-conflict areas in Africa. The types of approaches and treatments used with clients include: preventive and stabilisation groups, supportive counselling, trauma-focused psychotherapy, medication, psychomotor therapy, psycho-education, education on integrating into Dutch society and legal counselling. Scientific methods of research are used to measure the effectiveness of the programmes.

18. State agency for refugees: Mental Health Care for Asylum Seekers (Bulgaria)

A GO offering services to refugees, asylum-seekers and persons receiving subsidiary protection. This short-term project of eighteen-months aims to identify foreigners with mental health concerns and to orient them towards services in the national health or NGO sector. Health professionals working at the centre use Roger’s client-centred therapy and ethno-psychoanalytical therapy.

19. Centre for Crisis and Trauma (Sweden)

This NGO in operation since 1992 provides care to refugees and asylum seekers suffering PTSD and trauma. The trauma-focused psychotherapies used include psychodynamic, cognitive based therapy and EMDR.

20. ZEBRA – Intercultural Centre for Counselling and Therapy (Austria)

Created in 1996, this NGO assists victims of torture and other forms of violence, and is available to clients regardless of their legal status. In addition to providing rehabilitation services, the centre is engaged in political advocacy against torture and other forms of human rights violations. Taking an inter-disciplinary approach, ZEBRA offers psychotherapy (for individuals and families, body therapy, Gestalt therapy) and
physiotherapy and psychiatric counselling; it also offers social-work assistance, including legal and social counselling and language training. Unaccompanied minors receive group therapy and psychosocial care, and are invited to participate in a special programme called “Welcome”. Training is provided for psychotherapists working with traumatised refugees and also for public health institutions and other organisations working with the three target groups.

21. Tabane asbl (Belgium)

Although it has operated since 2007, this NGO replaces a similar service that was created in 1991. It assists persons regardless of their legal status and provides asylum seekers, refugees and other migrants with mental health counselling and psychotherapy (including individual and ethno-psychiatric group therapy).

22. Cruz Roja: Asylum Seekers, Refugees and Migrant Programme (Spain)

This Spanish Red Cross programme, which provided assistance to asylum seekers and refugees, was created in 2000. Psychological care is offered to displaced persons who have suffered torture, rape or any other form of organized violence. The services available include diagnosis/assessment, information and advice, psychological treatment (individual and group therapy, including creative therapeutic approaches) and psychiatric and pharmacological treatment; social support and legal advice are also available.

23. Deutsches Rotes Kreuz, Landesverband Saarland e.V WEG vom Opferdasein – Psychotherapeutische Unterstützung für Flüchtlinge, die Opfer von Gewalt geworden sind (Germany)

This German Red Cross programme has been assisting asylum seekers, refugees and recipients of subsidiary protection since March 2008 and is funded through March 2011. Methods used with clients include cognitive and thematic focused “TST” therapy, group therapy (such as movement therapy) and bereavement counselling. Other services offered at the German Red Cross include psychosocial counselling and services to help restore family links and assist with other migrant issues.

24. SPIRASI (Ireland)

In operation since 1999, this NGO provides services for asylum seekers, refugees and persons with subsidiary protection. SPIRASI offers three interrelated programmes: a health information programme (operating in reception and accommodation centres), an education and integration programme (involving opportunities to develop new skills for adapting to life in Ireland), and a care and rehabilitation programme for survivors of torture. Methods used include individual and group therapies, art therapy, complementary therapy and Chinese medicine. Therapeutic assistance is complemented by psychosocial supports provided by other services, such as a life skills course.

25. Lithuanian Red Cross, Refugee Department: Refugee Programme (Lithuania)

Assisting refugees regardless of their legal status, this service caters for the social, legal, psychological and humanitarian needs of asylum seekers and refugees. The services offered include social consultations, individual and group therapy (including cognitive
therapy and self-help groups), social events, excursions, computer courses, sporting activities, medical treatment and legal counselling.

26. Danish Red Cross Jammersbugt commune: Mental health service for asylum seekers (Denmark)

Providing services to asylum seekers (including those whose applications have been refused), recipients of subsidiary protection and victims of human trafficking since 1984, this Red Cross service offers medical and psychosocial care, including psycho-educational programmes for minors. Approaches and therapeutic methods used include, psychiatric treatment, psychotherapy, family support, child psychotherapy and group psycho-education. The service also supports the publication of a newsletter called the “New Times”, which is written by asylum seekers and deals with relevant political, local and legal concerns.

27. Wiener Suchdienst (Austria)

A tracing service that assists refugees, asylum seekers and other migrants to locate family members from whom they have become separated.

28. Parcours d’exil (France)

Begun in 2001, this NGO provides services to victims of human rights abuses, particularly torture, and is available to persons regardless of their legal status. A multidisciplinary team offers medical, psychological (individual and group therapy, including art therapy), educational and culturally-adapted assistance. In addition, the organisation offers training for professionals from the public and NGO sectors who are working with this client group; they are also engaged in drawing the attention of the public authorities to the suffering and health and social welfare concerns of victims of torture with the aim of improving their conditions of reception.

29. Peregrina - Bildungs-, Beratungs- und Therapiezentr um für Immigrantinnen: Ich will erzählen (Austria)

This NGO programme, launched in October 2008 and ending in September 2009, offers German language courses to female refugees and women who have received subsidiary protection. The courses focus on the participants’ personal stories and also provide psychological support. The methods used to assist clients include discussion groups, relaxation and concentration exercises, and the courses can be accompanied by psychotherapeutic treatment. The organisation also provides legal, vocational and social counselling, as well as biographical interviews.

30. Parole sans Frontière (France)

Operating since 2000, this NGO provides psychological care to migrants in general, but especially to asylum seekers, refugees and persons under subsidiary protection who have suffered torture. With the assistance of trained interpreters the group offers psychotherapy using an inter-cultural psychoanalytic approach.
31. A bridge (Luxembourg)

This service works in close collaboration with the Luxembourg mental health care authorities to provide culturally sensitive psychological support for asylum seekers suffering severe mental health problems who are living in communal housing structures. Individual and group programmes focus on building up the self-confidence, self-esteem, trust and motivation of clients so as to enable them to living independently.

32. Ministère de la Famille et de l’Intégration / Commissariat du Gouvernement aux étrangers (Luxembourg)

The work of this GO in assisting asylum seekers and refugees dates back to the 1960s and was officially recognised in 1979. Since 1992 the social service department of this administration took over the role of referring refugees, asylum seekers and third-party nationals to appropriate specialists, psychologists, psychiatrists and mental health centres.

33. Syn-eirmos: Babel- Day Centre for the mental health of immigrants (Greece)

This NGO day centre, established in November 2007, provides services for migrants with mental health difficulties. Clients from Athens receive treatment regardless of their legal status. The organisation takes a proactive approach in reaching out to immigrants with mental health difficulties, and to those whose circumstances make them vulnerable to developing such problems. Services available include diagnosis, treatment and psychological rehabilitation, and the programmes involve individual and family counseling, along with group work. The organization also provides medical assistance, pharmacotherapy, psychotherapy and social support. The programmes offered seek to empower the individual.

34. Italian Council for Refugees: Vi.To. (Hospitality and Care of Victims of Torture) (Italy)

Created in 1996, this NGO provides services to asylum seekers, refugees and persons under subsidiary protection who are survivors of torture. Therapeutic approaches used include supportive analytic therapy, psychosocial rehabilitation workshops and pharmacological therapy (for severe cases).

35. Refugee Reception Centre: State support for the social integration of foreigners granted asylum as well as accommodation and state support for asylum seekers who are unaccompanied minors (Lithuania)

This GO established in 1996 provides services to unaccompanied minors who are seeking or have already obtained asylum, and to other refugees. Programmes are of a social, educational, psychological and medical nature, and aim to assist asylum seekers and refugees to integrate into their host country. The therapeutic methods used include individual, family and group therapy. There are also programmes providing language training, vocational guidance, and social and housing assistance.

36. Danish Red Cross: Kongelunden Special Care Centre (Denmark)

This Care Centre established in 1996 provides services for survivors of torture and trauma, persons who are mentally ill or are vulnerable or have dysfunctional families, and other asylum seekers with special needs. Working from an interdisciplinary perspective,
the centre provides health care, social work assistance, social counselling and psychological treatment to the asylum seekers who live there. The methods used include psycho-education, self-help programmes, supportive communication and leisure and recreational activities.

37. Caritas Luxembourg – Solidarité and Integration (Luxembourg)

This NGO provides services to migrants regardless of their legal status, including a special mental health care programme in which clients attend a Mental Health Centre. Other services include social and legal counselling, housing and educational assistance.

38. Nadja Centre Foundation (Bulgaria)

An NGO offering specialized psychiatric and psychological care for refugees and asylum seekers, including psychotherapy and medical treatment. Additional support for clients is provided by social workers from the Bulgarian Red Cross Refugee-Migrant Service.

39. Ankyra – Zentrum für Interkulturelle Psychotherapie (Austria)

Operating since 2004, this NGO provides psychological, psychiatric and medical assistance to asylum seekers, refugees and persons under subsidiary protection. Treatment methods used include individual therapy (such as psychoanalysis and integrative therapy), group therapy (with an empowerment approach) and self-help programmes. Psychotherapy is often used to assist persons who have suffered trauma. The service is engaged in raising awareness about the psychological needs of refugees, and is active in networking.

40. Primo Levi Care Centre: Care and support for victims of torture and political violence (France)

An NGO created in 1995, the centre aims to provide care and support for persons exposed to torture and/or other political violence in their country of origin. Anyone who has suffered this kind of mistreatment is eligible for assistance regardless of their legal status. Therapeutic methods used include individual therapy, mother-child therapy and family counselling. The centre is also engaged in political advocacy and in providing specialised training to other professionals working with this client group, including interpreters.

41. Organisation for Victims of Violence and Human Rights Violations: Health Centre (Austria)

Providing services to asylum seekers, refugees and persons under subsidiary protection since 1995, this NGO offers a combination of psychotherapy and group activities.

42. Swedish Migration Board (Sweden)

Responsible for the reception of asylum seekers since 1985, this GO offers financial support and housing. The Swedish municipal health care system is responsible for the asylum seekers’ health care needs.
43. Refugee Therapy Centre (United Kingdom)

This NGO established in 1999 offers psychotherapy, counselling and support to asylum seekers and refugees, with priority given to children, young people and their families. The centre aims to empower refugees and asylum seekers to deal with their psychological difficulties. The therapeutic methods used include psychoanalytic psychotherapy, psychodynamic counselling, mentoring and self-help programmes, and therapeutic support in the client’s mother tongue (twenty-one languages available). Programmes aim to take into account the clients’ cultural and linguistic needs. Outreach workers are involved in promoting mental health in refugee communities by raising awareness of the services available. In addition, work experience is offered to young refugees as a way of improving their job prospects.

44. Centre for Transcultural Psychiatry ‘De Evenaar’, GGZ Drenthe (Netherlands)

Created in 2003, this NGO providing services to asylum seekers and refugees aims to improve the resilience of its clients through an empowerment-based model. Services offered include day-care, group programmes, medical treatment and psychotherapy (individual and group therapy, systems therapy, drama therapy, physical training, art therapy, cognitive therapy and cultural formulation). Social and legal counselling is also available, and there is a centre for different social and recreational activities.

45. Ministry of the Interior RS (MoI) – Asylum Division – Asylum Home: Psychosocial Service in Asylum Home (Slovenia)

Operating since 2000, this GO assists asylum seekers who are unaccompanied minors, single women or the elderly; they also assist persons who have suffered trauma and/or have other physical and mental health problems. The service aims to identify victims of violence and those who have suffered psychological trauma, and to provide assistance to persons with suicidal thoughts. A range of services is offered, including group and cognitive therapy, self-help programmes, legal counselling and accommodation assistance; Slovene language courses and workshops for young people are also available.

46. Centre for Torture Survivors in Finland / CTSF (Finland)

The centre was founded in 1993 and offers mental health services to asylum seekers and refugees who are victims of torture. The team consists of psychiatrists, a neurologist, psychologists, a psychiatric nurse, a physiotherapist. Most of the team members are also psychotherapists. Also, the team includes two administrative employees. Services include counseling, psychotherapy, physiotherapy and supportive care for the patients and their families. The services provided for the clients are free of charge. Informational lectures, consultations and advice are given on demand by the members of the team to health and social care professionals.

47. RCT Copenhagen: Department of Rehabilitation at RCT (Denmark)

An NGO created in 1984 that assists refugees who have residency in Denmark (i.e. not asylum seekers) and who have suffered torture and trauma. Using an interdisciplinary approach, the service aims to provide clients with comprehensive rehabilitation over one year. Persons from each of the three target groups are received by the service.
48. Swedish Red Cross: National Department of Health and Social Welfare, Migration and Health Programme – Centres for victims of torture and war (Sweden)

Swedish Red Cross has been providing assistance to victims of torture and war since 1985, and in 2006 opened a reception unit for irregular migrants. Today there are eight centres in existence around the country. Attending the centres are survivors of torture, people traumatized by war, irregular migrants and asylum seekers. The aims of the service are threefold: (1) to provide advice and support to persons going through the asylum process; (2) to provide medical care and rehabilitation for persons who have suffered torture and trauma; and (3) to provide information and support for irregular migrants in reception units. The methods used include group therapy, physiotherapy, art and family therapy, and telephone help lines. Social and legal counselling is also available, along with group activities.

49. Compass Team (United Kingdom)

Providing services to asylum seekers and refugees with mental health difficulties since 2000, this GO offers culturally-sensitive support to persons from the three target groups. Some of the methods used include EMDR and psychodynamic therapy, narrative therapy and art therapy. The team also runs a number of different groups for unaccompanied children, men, women, and mothers and babies seeking asylum. Advice, consultation and information are also provided to health and social care professionals.

50. French Red Cross: Restoring Family Links (RFL) Service (France)

As part of the Restoring Family Links network of the International Red Cross and Red Crescent Movement, this service, founded in 1959, helps to relieve the suffering associated with separation from loved ones by assisting family members to re-establish and maintain contact. The primary reason for the separation must be related to war or other conflict-related violence, or disaster, although searches are conducted for other migration reasons depending on the circumstances. The service also obtains attestations of detention for persons visited by the International Committee of the Red Cross (this important for asylum applications) and is involved in facilitating family reunifications. The service works in close collaboration with other agencies in the mental health and asylum seeker and refugee fields to provide psychosocial and practical support to clients.

51. EXIL, Psycho-Médico-Social Centre for asylum seekers and victims of torture and organized violence (Belgium)

This NGO established in 1977 offers Psycho-Medico-Social work assistance for asylum seekers and victims of torture. A variety of services are available to clients, such as individual consultations and family and group therapy. The service is also responsible for a programme called “Parrainage”, a sponsored project for unaccompanied minors in need of a link to their host society.

52. British Red Cross: International Tracing and Message Service (ITMS) (United Kingdom)

The International Tracing and Message Service aims to help individuals re-establish contact with family members from whom they have become separated as a result of war, political upheaval, disaster or migration. Asylum seekers represent a large proportion of the clients. Using the Red Cross/Red Crescent Family Links Network, the service submits
requests to trace, or send Red Cross Messages to, persons living outside the UK, and receives tracing requests and Red Cross Messages for people who are believed to be in the UK.
3. Research Methodology

The first stage of the project involved identifying which organisations, programmes and initiatives in the EU-member states are offering mental health services to the three target groups. This desk research was carried out by the project’s planning committee. At the same time, information was gathered on the nature of the asylum system/process in each country and access to mental health care for asylum seekers from a legal and practical point of view, whether it be in the public or non-governmental sector.

A questionnaire was developed in consultation with Dr. Barbara Juen of Innsbruck University, and members of the project’s planning committee to identify the nature of the mental health work being carried out in this field for the three target groups, and to discover interesting and innovative projects. Based on indicators of best practice developed by Inglby and Watters², open and closed questions were asked to solicit information in the following categories: 1) General Information, 2) Mental Health, 3) Target Groups, 4) Cultural and Gender Sensitivity, 5) Promotion and Access, 6) Quality Standards, and 7) Experience and Recommendations.

After the questionnaire was pre-tested with a number of organizations, an electronic version of the final draft was forwarded to those organisations identified through the desk research. The total number of organisations to which the questionnaire was sent was 270, and completed questionnaires were received back from 52 of these organisations, representing 20 EU-member states.

Responses to the quantitative questions were analysed using the software program SPSS³, designed for statistical analysis. Qualitative data gathered from the open questions was examined using content analysis. This process involved a line-by-line summing up of each questionnaire returned. In this way, it was possible to identify recurring themes and issues, including strengths and weaknesses. Finally, responses concerning recommendations on best practice were divided into the following three categories: therapeutic approaches, daily living conditions and mental health policy.

4. Main Findings

Information gathered from responses to the questionnaire provided a rich source of data from which to draw conclusions. This report only discusses the main findings. A more detailed analysis of the results will be provided in the final report.

4.1 Quantitative findings

The following graph provides an idea of the types of work carried out by the organisations that responded to the questionnaire.

---


³ This quantitative analysis was conducted with support of Mr. Dietmar Kratzer, Innsbruck University, Austria.
4.1.1 Information about the participating organisations

a) Activities carried out by participating organisations, initiatives and programmes

The results indicate that clinical/psychological services are by far the most common types of activity carried out by the 52 participating organisations (31.15%). Next come assessment and case management services (9.84%) and advocacy and training on mental health and inter-cultural issues (9.84%), which are given equal importance. Only a small percentage of participating initiatives/organisations provide tracing (2.46%) and research (2.46%) services.

b) Organisations offering the broadest range of therapeutic methodologies

Under categories 2) Mental Health and 3) Target Groups, participants were asked to list the assessment instruments and methodologies they use, and to describe any special services offered to the three target groups, along with additional activities. The following five organisations were found to offer the broadest range of therapeutic methodologies and other activities:

- Samifo- Health care for forced migrants (Italy)
- Refugee Reception Centre (Lithuania)
- Special Care Centre Kongelunden (Denmark)
- Compass Team- NHS (United Kingdom)
- Psychological Service in Asylum Home-Ministry of Interior (Slovenia)

c) Quality standards

By analysing the responses to questions related to indicators of quality standards, a measure of the number and types of quality standards practiced by each of the participating organisations was gained. The three categories of information from which indicators of quality standards were gleaned included: 4) Cultural and Gender Sensitivity; 5) Promotion and Access; and 6) Quality Standards. In category 4, organisations were
asked to indicate whether clients from the three target groups were asked to participate in the design and implementation of the organisations’ services and whether staff received training in gender and intercultural issues. With regard to category 5, participants were not only asked the eligibility criteria for accessing services, but whether their organisation provides practical assistance to clients in the form of interpreters and/or reimbursement of travel costs in order to facilitate access. Quality standards assessed in category 6 included the use of internal and external service evaluations, staff supervision and support for volunteers.

According to the results, the following five organisations had implemented almost all of these quality standards:

- Behandlungszentrum für Folteropfer Berlin (Germany)
- Refugee Therapy Centre (United Kingdom)
- Psychological Service in Asylum Home-Ministry of Interior (Slovenia)
- British Red Cross- Tracing and Message Service (United Kingdom)
- Compass Team (United Kingdom)

4.1.2 Activities in relation to the three target groups: ‘persons with broken family links’, ‘survivors of torture’ and ‘the elderly and frail’

a) Persons with broken family links

The graph above-left illustrates that almost all participating organisations assist clients who are suffering from broken family links. The graph on the right indicates, however, that fewer than half of these organisations, initiatives or programmes, provide specialized services for this target group, in spite of the evident need.
b) Survivors of torture

The graph above-left indicates that almost all participating organisations have survivors of torture among their clients. The graph on the right illustrates that the large majority of these organisations provide specialized mental health services for this target group. Furthermore, the findings (the figures are not indicated in these graphs) show that there are even some organisations that work exclusively with survivors of torture.

The only services participating in this study that do not provide specialized services for survivors of torture, although these persons are represented among their clients, are the Restoring Family Links Services of the Red Cross.

c) The elderly and frail

The graph above-left illustrates that a higher number of participating organisations have elderly and frail persons among their clients than those who do not see these clients. According to the graph on the right, however, a much smaller number of organisations provide specialized services to this target group. Of the 28 organisations assisting persons who are frail and elderly, only 6 provide specialized services or activities for this group of clients.
d) Organisations offering specialized services to all three target groups

Only three of the participating organisations provide specialized services to all three target groups. These include:

- Centrum ’45 (Netherlands)
- Lithuanian Red Cross (Lithuania)
- Refugee Reception centre (Lithuania)

e) Conclusion

The above graphs illustrate that most participating organisations only provide specialized services for survivors of torture and not for persons from the other two target groups, even though these groups are strongly represented among their clients. The special needs of persons with broken family links and those who are frail and elderly appear to be neglected by participating organisations and do not feature in current government policies. The reasons for this lack of attention warrants further exploration: do these client groups not request specialized help, or are their needs underestimated by service providers?

4.2 Qualitative findings and recommendations.

4.2.1 Persons with broken family links

a) Examples of specific services or programmes for persons with broken family links included:

- Activities around restoring family links (i.e. tracing).
- Establishing and maintaining social bonds by means of buddy and community projects.
- Therapeutic work focused on issues such as mourning, coping with loss, and strategies for dealing with the impact of missing family members.

b) Special issues and needs of persons with broken family links

The questionnaire asked participants to identify the special needs of persons with broken family links at different stages after their arrival in the host country: acute, middle and long term. The responses given for each stage were grouped into symptoms and recommended interventions.

i) Acute phase

Symptoms:

- Stress and cognitive reactions (panic, anxiety, confusion)
- Feelings arising from loss (denial, hope, sorrow, guilt)
- Preoccupation with the fate of the family member(s) left behind
Recommended interventions:

- Support and referral to services able to assist (for example, help to establish contact with tracing services and to identify and address uncertainties, support and activities to help provide stability)
- Medical assistance
- Establishing and maintaining social networks

ii) Middle term

Symptoms:

- Feelings arising from loss (hope, despair)

Recommended interventions:

- Steps to confront the situation
- Active tracing (whether through a tracing agency or by personal means)
- Psychological assistance to help integrate the loss
- Social support

iii) Long term

Symptoms:

- Grief related issues: problems mourning, sorrow
- Depression
- Feelings of guilt

Recommended interventions:

- Development of personal strategies for living with loss
- Grief counselling
- Family reunification when missing family members are located
- Establishing and maintaining social networks
- Development of future prospects

c) General recommendations regarding assistance to persons with broken family links:

- The tracing of missing family members is a crucial issue in promoting the well-being of persons with broken family links. Clients should be actively involved in the process and be regularly informed about progress made.
- In the therapeutic context, the following recommendations were made: avoid giving clients false hope; where possible, provide family therapy for those members of a family who are united; shift the focus to current problems; focus on the impact of the separation rather than the event which brought about the separation; consider the difficulties adults face when children take over their responsibilities in the host country.
- Group therapy was assigned special value, particularly self-help groups.
- Facilitate the mourning process (for example, the ‘sorrow together’ method, assist clients to identify culturally appropriate ways of mourning).
- With respect to the daily living conditions of persons with broken family links, the importance of structure and daily living activities was stressed, for example, language classes, voluntary work, school attendance and activity therapy.
- The importance of social bonding/networks was emphasized, including the value of community links.
- Problems arising from broken family links need to be addressed at a policy level.
- Information about tracing services should be disseminated among all NGOs and GOs work with affected asylum seekers and refugees.

4.2.2 Survivors of torture

a) Examples of specific services or programmes for survivors of torture included:

- Therapeutic methodologies (trauma-oriented psychotherapy, EMDR and other desensitization therapies)
- Services focusing on somatic symptoms (physiotherapy, body-focused therapy)
- Many organisations mentioned that their services indirectly help survivors of torture

b) Special needs of survivors of torture

Many different needs were identified by the participating organisations. The list below shows those mentioned most frequently:

Symptoms:
- Post traumatic stress disorder (PTSD)
- Depression
- Sleep disorders
- Somatic/physical complaints
- Flashbacks
- Nightmares
- Anxiety

Recommended interventions:

- Long-term and stable treatment, such as psychotherapy and monitoring
- Provision of a safe and secure therapeutic setting
- Creation of an environment in which clients can build up confidence and trust in others
- Activities to acknowledge the gravity of what has happened, including the person’s own story and political recognition for the atrocities suffered (as a victim)
- Support in daily life (financial, administrative)

c) General recommendations regarding assistance for survivors of torture:

- Practitioners should be respectful, attentive, caring and empathetic towards their clients. This means giving enough time to clients, being a respectful listener, described a ‘listening other’, and providing a stable therapeutic relationship.
- From a therapeutic perspective, it is important that services are able to provide a variety of therapeutic methodologies and approaches, depending on the needs of the client.
- Applying trauma-focused therapies such as exposure-based treatment, EMDR, or approaches involving desensitization was suggested by many respondents.
- Somatic therapies in combination with psychological treatments were also suggested by many respondents, for example, relaxation exercises, pain therapy, physical training.
- A strong emphasis was placed on the importance of public policy and the importance of addressing the cultural needs of clients accessing services in the public sector. Recommendations in this regard included the creation of multicultural teams and the implementation of special interpreting and cultural mediation services.

4.2.3 The elderly and frail

Few services responded to the questions regarding the elderly and frail, which reflects the quantitative results of this study, showing that not many services pay attention to the special needs of this client group.

a) Examples of specific services for the elderly and frail included:
   - Group work for elderly and frail asylum seekers and refugees
   - Life line work
   - Interventions addressing cognitive disorders (e.g. dementia)
   - Organised activities adapted to this age group.

b) Special problems faced by elderly and frail asylum seeker:
   - Depression
   - Isolation
   - Loss of cognitive capacities
   - Identity problems: loss of former status/role, non-fulfilment of life expectations
   - Need for specially-adapted health care (retirement homes are not adapted to this target group nor are there enough publicly funded facilities for those who are unable to pay)
   - Lack of physical flexibility
   - Frequent illnesses

c) General Recommendations regarding assistance to the elderly and frail:
   - With regard to helpful therapeutic methodologies, psychosocial groups, as well as trauma therapy adapted to the phase of life of the elderly, were suggested by some respondents.
   - While most elderly and frail asylum seekers and refugees are unlikely to resume work, structure in their daily life is considered important in order to provide stability. For this reason, recreational and leisure activities such as those provided by camp activities or vocational training can be effective.
   - Programmes to help elderly and frail persons overcome isolation and loneliness are important, especially when there are broken family links; for example, buddy projects and home visits.
- With regard to daily living conditions, foster housing assistance programmes have been successful, along with efforts to cater for the needs of elderly asylum seekers and refugees in retirement homes. The latter issue needs to be addressed at a policy level.

4.2.4. General recommendations at a policy level

Under category seven of the questionnaire entitled ‘Experience and Recommendations’, a number of policy issues were raised. Most comments regarding weaknesses in the system and recommendations for improvement were directed towards asylum seekers and refugees in general in the EU, and can therefore be applied to all three target groups. Only the most frequently mentioned weakness in the system and recommendations for improvement are listed below:

a) Weaknesses in the system:

- Translation and interpreting services: access to these services is lacking; interpreters are generally not covered by social insurance or public health; the number of trained interpreters is inadequate to cope with the demand; psychological support for interpreters is generally not provided; there are very few services available in a person’s mother tongue.
- Inadequate resources due to a lack of government funding.
- Social and legal issues exacerbate mental health problems: asylum seekers are forced to remain in reception centres for too long, and the permanent threat of deportation creates further stress.

b) Recommendations for improvement:

- Raise the public health sector’s awareness of the cultural needs of asylum seekers: not just in terms of legal access to services, but also by improving access to mental health services on a practical level (for example, provide training for mental health staff on intercultural issues, employ interpreters, make available information in the languages most frequently spoken by asylum seekers, employ staff from migrant backgrounds)
- Improve the interpreting services available by providing more funding and by improving their quality.
- Improve accommodation centres (both in terms of quantity and their adaptability to the needs of clients, for example, the provision of self-catering facilities)
- Increase or facilitate access to psychiatrists in accommodation centres.
- Increase resources for newly arrived asylum seekers.
- Increase employment opportunities for asylum seekers by allowing them to access employment earlier, and by making it easier for them to find jobs.
- Earlier and more effective methods for detecting mental health difficulties. This need was highlighted in the desk research carried out by members of the project’s planning committee, which revealed that only a small number of EU-member states conduct a systematic assessment of the mental health problems of asylum seekers upon their arrival. If problems go undetected, difficulties can be exacerbated and require more complex and long-term treatment methods that may not be as successful as earlier interventions or preventative measures.
5. Conclusions

One of the most striking findings in this study concerns the lack of specialized services available to “persons with broken family links” and to “the elderly and frail”. The reasons for these gaps in services will be discussed in the conference workshops, along with recommendations for ways in which this situation can be changed and strategies for raising awareness of the needs of these persons in both the GO and NGO sectors.

The small number of responses provided to questions regarding the elderly and frail reflect a lack of experience, knowledge and ideas concerning ways to assist this client group.

Regarding persons with broken family links, the findings confirm the vital importance of tracing services in helping to alleviate the suffering associated with not knowing the whereabouts of family member(s). Active involvement in the tracing process empowers clients to overcome feelings of helplessness.

Recommendations made in the context of all three target groups include the need to: 1) Break down isolation by building up community links and by using befriending programmes; 2) Raise awareness in the public health sector of the special needs of these clients groups; 3) Provide higher quality and free-of-charge interpreting services.

This list is by no means exhaustive, but represents some of the factors deemed most important in improving the mental well-being of persons from the three target groups.