

Country: France

Done by Robyn Gason, French Red Cross (reviewed by Sibel Agrali, Director of the Centre Primo Levi)

No. Asylum seekers 2007	No. of persons granted protection	No. of Ngos'/ GOs'/ projects offering mental health services	No. of NGOs'/ GOs'/ projects working with persons with broken family links	No. of NGOs'/ GOs'/ projects working with survivors of torture	No. of NGOs'/ GOs'/ projects working with the elderly and frail
35,520	8,781	16	1	11	0

Access to health system: In principle, asylum seekers and refugees are provided with universal health care cover, including urgent and non-urgent health care treatment and hospitalization. In reality, this is not usually the case: asylum seekers can be refused treatment by health care providers (who do not recognise persons on health care benefits) or they may not know how to access universal health care cover, which can require the assistance of a social worker or a health care advisor.

Legal Access to mental health care: Asylum seekers and refugees have full legal access to the public psychiatric system.

Systematic assessment of mental health needs: There is no systematic assessment of the mental health needs of an asylum seeker or refugee.

Main stakeholders in the asylum system: Government: OFPRA (responsible for processing asylum applications and attached to the French Department of Immigration), ANAEM (responsible for the reception and return of immigrants and foreigners), CNDA (Refugee Appeals Board), Ministry for Health; NGOs and inter-government organisations: ACAT, Amnesty International, Association Primo Levi, Centre Medico-Psychologique Françoise Minkowska, Cimade, Comede (Comité médical pour les exiles), CNCDH (Commission nationale consultative des droits de l'homme), Croix-Rouge Française, Forum Réfugiés, FTDA (France Terre d'Asile), ISM (Inter Service Migrants-Interprétariat), Ligue des droits de l'homme, Migrations santé and Secours Catholique (Caritas France).

Country specific features: What drew my attention? Asylum seekers and refugees have, in principal (not under Dublin Process), universal health care cover, including free access to the public psychiatric system.

Difficulties: The lack of public funding for and familiarity in using interpreters by public mental health care professionals, means that these professional are often ill-equipped to meet the special needs of asylum seekers and refugees and prefer to refer these clients to specialist services. Most of the specialist services are based in Paris, so are not accessible to the wider population of asylum seekers and refugees in France; they also struggle to gain the necessary funds to cover their interpreting costs, which are considered a vital part of service provision, and there are long waiting lists.