

Country: Ireland

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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 SPIRASI	No. of NGOs'/ GOs'/ projects working with the elderly and frail
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Access to health system: Asylum seekers can access health care through their local health board, as do the general population in Ireland. They obtain a Medical Card Application Form from their Community Welfare Officer, which they complete and return to the health board. The Medical Card which they receive gives them and their family access to medical services free of charge. **If the individual moves out of reception centre -> medical care is not provided.**

Legal Access to mental health care: Mental health services are included within the general health services to which asylum seekers have access. These services are the same as those provided to the citizens of Ireland.

Systematic assessment of mental health needs: No. Asylum seekers are offered basic health screening in the reception centre, which is aimed more at detecting communicable diseases, although any mental health issues should be picked up during this screening.

Main stakeholders in the asylum system: Refugee Legal Service, Reception and Integration Agency, Refugee Applications Commissioner, ~~National Health Service~~ -> Health Service Executive (HSE) ~~British red Cross~~, NGOs (e.g. The Refugee Council, ~~Scottish Refugee Council, Compass Team~~, etc.) – SPIRASI – Centre for the Care of Survivors of Torture.

Country specific features: What drew my attention? Asylum seekers/refugees have in theory access to the same mental health services as the general population. There appears to be a discrepancy between the authorities estimation of the scale of the issue and the views of NGOs. In comparison to many other countries, the decision taking seems to be very fast. **A first decision has to be taken within 20 days after the first interview.**

Difficulties: Although mental health issues are likely to be picked up, there is a risk of misdiagnosis/misinterpretation due to language issues and lack of cultural awareness. The system is very much based on consultations via hospital appointments rather than dedicated community psychiatric nurses and consultations are sometimes held over the phone rather than face-to-face. **There is a growing issue of quality and responsible interpretation of translation service in the absence of a common recognised interpreters training.**

If an asylum seeker fails to cooperate at any time regarding his/her identity in the investigation of their application, their application will be 'deemed withdrawn' and a recommendation will be made that they should not be declared a refugee. **The asylum process is too lengthy (sometimes up to 8 years) and contributes or exacerbates mental health problems. In the absence of sustainable government funding to specialised services to survivors of torture and other vulnerable groups, care, support and continuity of therapy is a big obstacle.**