



## REPORT

### GAMIAN-EUROPE ANNUAL CONVENTION 2016

VIENNA – AUSTRIA

Session of Migration, Mental Health and the European Impact

Thursday, 15 Sep 2016

#### *First Session*

The First Session of the Convention was opened by GAMIAN-Europe Board Member John Bowis, who introduced the topic by sharing his own experience in which he witnessed the refugee crisis during his travel in Africa and the Middle East. However he never imagined to have to witness thousands of people coming to Europe looking for shelter and all the challenges that the difficult situation is bringing. One of the main challenges is the health of the refugees.

GAMIAN-Europe aim of the convention is to discuss the current and on-going situation of the mental health care of the large number of migrants influx to Europe with the aim to advocate and influence European policy-makers.

In this order, GAMIAN-Europe had the pleasure to welcome three key note speakers with a solid background on the current migration issue, **Tara Morris** from the European Union Agency for Fundamental Rights (FRA), **Diana Karabinova** from the Red Cross and **Raluca Nica** from the Romanian League for Mental Health.

#### *Current migration situation in the EU – TARA MORRIS ( FRA)*

Tara Morris, the communications coordinator of FRA started his presentation by introducing himself and also by giving a brief introduction of the work of the Agency. Then, he started describing the current migration situation in the EU in which numbers are dramatically increasing. As an Austrian-based agency, during his speech he focused on the situation of migrants in Austria. According to the study carried by the FRA approximately 150 immigrants arrive to Austria per day through Hungary under harrowing conditions.

In general, he described some of the situations that migrants are facing: criminalization, delays in the registration and processes that sometimes ends up with the migratory official's denying the asylum applications. He also mentioned the migrant's dramatic living conditions in the camps where not basic health needs are fulfilled.

During the second part of his presentation, Tara discussed the current situation of migrants with disabilities.

**Tara Morris presented FRA findings regarding this specific topic:**

1. There is little information available on the situation of migrants and refugees with disabilities recently arrived in the EU.
2. Identification of persons with disabilities often relies either on information provided by individuals themselves, or on the presence of a 'visible' disability. Impairments which are not immediately noticeable often remain undetected.
3. Some individuals do not disclose disabilities to police, social services or migration authorities for fear of affecting their asylum application.
4. Identification of and support for persons with disabilities relies heavily on the expertise and knowledge of individual staff, but there is a lack of relevant training.
5. Some form of psychosocial support and treatment is available in reception and detention centres in all of the seven Member States, often provided by NGOs.
6. There is also a lack of supply of trained interpreters, which limits access to psychosocial support significantly.

**Migrants are exposed to several situations that affect their mental health such as:**

- Trauma, experienced in the country of origin and during the journey.
- Torture and other kind of violence such as 'hate speech'
- The risk of being a victim of human trafficking
- Bad news from relatives remaining in the country of origin, along with anxiety about their safety
- Cultural shock and no access to appropriate interpretation nor 'cultural mediation' services.
- Lack of daily activities in the camps. Overcrowding, isolation and the lack of integration into the local community.

**To download the full study carried out by the FRA please click [here](#):**

***Mental Health and psychosocial support during the Refugee crisis  
the Austrian experience - Diana Karabinova RED CROSS AUSTRIA***

**Diana Karabinova**, Migration Officer at the Austrian Red Cross, also a psychotherapist explained Austrian refugee situation during the first session of the Convention. She started her presentation showing some figures and graphs:

- 60 million refugees.
- 89.098 asylum-seeker applicants were have been received in Austria from 2002 to 2015.

Currently, the Austrian Red Cross has 201 staff and volunteers, 73.000 volunteers. In social and health service they have 12.226. She pointed out the psychological support Red Cross provides and the training the staff is given to provide practical and emotional support in crisis situation.

According to the Red Cross data, from August 2015 more than 550.000 people have been in transit through Austria. They stayed in Austria between 24 and 36 hours.

In total, Austria has around 20. 000 to 21. 000 places in temporary shelters for transit refugees, 75 to 80% of these are Red Cross shelters. These shelters were more like reception centers and adequate only for people who stay just for some hours.

Diana Karabinova mentioned the MHPSS Handbook on refugees for shelter managers and PSS crisis managers, which was designed as guideline for mental health and Psychosocial support (PSS) in disasters as well as other projects such as the activity catalogue for children and adolescents. She explained the best practice collection done by Red Cross by interviews in order to allow for faster experience exchange between provinces.

Finally, she concluded her presentation by explainig Austrian Red Cross involvement in asylum-seekers care (basic care) in 6 federal provinces.

**To download the power point presentation please click [here](#)**

### *Debate*

Few questions were raised by the participants.

The moderator **John Bowis** started by asking if Red Cross - Austria was looking at people as 'people in transit'. **Diana Karabinova** replied that this was the case of last year but now Red Cross looks at refugees as future permanent residents.

She also explained that the Red Cross does not distinguish between nationalities. They are neutral and accept Afghanis, Syrians, and also undocumented people coming from different origins, which at the same time creates a lot of tension in the *homes*. She mentioned that Red Cross staff abide by the rules which applied to everyone, sticking to Red Cross's professional values and work for peace.

**John Bowis** asked Diana Karabinova if Red Cross had language capacity, to which she answered by stating that interpreters were costly, reason why organizations rely on volunteers.

**Bill George** asked if there were a relation between the Red Cross and the Red Crescent. She replied that both organizations have the same principles and that they cooperate on the national level. **Urve Randmaa** intervned by asking how big the organization was and where do they get their funds. She replied to say that they have approximately 73.000

volunteers and 8.200 staff. She explained that in basic care for refugee they have contracts with the government while, other projects were financed by donations. She highlighted that in Austria they were financially independent unlike in Bulgaria and some other countries where the Red Cross is dependent on government funding.

***Post traumatic stress disorder (PTSD) related to migration phenomenon –  
RALUCA NICA***

Raluca Nica, who has over 30 years of experience in the field of mental health, started her presentation by defining “trauma”. She explained that the word is used to describe experiences or situations that are emotionally painful and distressing. However, she explained that there is a misconception with the term since the word is normally used to describe people’s experiences that are outside normal life. For her, this is not always true, given that *‘trauma’ can occur frequently and become part of the common human experience.*

Since her presentation was focused on PTSD, she explained the effects of trauma in children, adolescents and adults. She described how the condition develops and affects the person depending on the stage of life. She described the type of symptoms and reactions.

According to her ‘in adults, the PTSD can cause intense fear, helplessness, or horror, such as the unexpected death of a loved one, an accident, war, or natural disaster’. And she also made the important remark that ‘families of victims can also develop PTSD, as well as emergency personnel and rescue workers’

Raluca addressed the topic of the Session by explaining that trauma can come as a result of different situations i.e discrimination, racism, oppression, and poverty. She also mentioned violence and/or witnessing violence and chaotic life conditions and of course the current situation migrants are facing.

Finally, she mentioned the possibility of patients to overlook their condition. Despite the symptoms of PTSD almost completely not disappearing, treatment can help sufferers learn to cope more effectively.

**To download the power point presentation please click [here](#)**

***Debate***

During the second short debate and last comments, **Diana Karabinova** mentioned the necessity of a new way of thinking when it comes to refugees’ mental health support. On top of the relocation, she recommended to strengthen the support structures in the countries producing refugees. This position was backed by **Tara Morris**, who mentioned that the EU needs to work on developing a policy on integration and build strong policies.

The comment encouraged some of the participants to share their experiences regarding refugees and migration in other European countries. **Dolores Gauci** from Malta,

described the situation in the Island and she added that the EU should find a way to contribute in stopping the war in the Middle East which creates refugees crisis.

**Bert Aben** from the Netherlands also intervened and he pointed out the cultural shock caused by migration and the needs of psychological support in this sense.

**Diana Karabinova** agreed saying that the needs of psychosocial support is essential but unfortunately the current situation is tough: 'People need to wait almost 6 months to have psychotherapy. Long waiting lists. Most of the time, they get identified when they become violent', she said.

**Hakan Wingren** from Sweden expressed his concern about children and youngsters who will form the new generations of Europe.

**Kristina Jandrić** from Croatia briefly described the situation in this country. She pointed out that there were many internally displaced people since the war which is however, incomparable to the refugee crisis. She mentioned that Croatia is a transit country for refugees with an unknown destination. The situation is dramatic since there is at least 7000 people on transit in camp of 4000 capacity. She mentioned that the situation increases their anxiety and she expressed her worries about the children's situation, highlighting the necessity of giving children a kind of normalization and routine (school).

**Diana Karabinova** made the last comment. She described one of the current Red Cross challenges: despite the commitment of the Red Cross in supporting vulnerable people and making no discrimination, at the same time, the Red Cross have to think about the Austrian society and develop strategies that benefit both, refugees and local community.

### *First Session Closing*

Moderator John Bowis closed the First Session by thanking the speakers for the high quality presentations and also thanked participants for their contribution in the discussion.

### *Second Session*

The Panel discussion was facilitated by Bert Aben, Member of the Board, GAMIAN-Europe.

#### *Improved health of asylum seekers and new arrivals – Hakan Wingren*

The Session began with the intervention of **Hakan Wingren**, board member of GAMIAN-Europe who presented the Swedish perspective.

Hakan started his presentation by showing figures of health screening of asylum-seekers. He continued with the description of the stressful situation of migrants, not

only while fleeing the conflict but also during the asylum phase and the establishment in the new country. He mentioned the need of professionals and trained personal to respond to the crisis.

He presented a pre-study: **‘Improved health of asylum-seekers and new arrivals’** which aimed to reinforce positive health trends after arrival to Sweden for people with a need of care for mental illness and also for asylum-seekers.

He explained the methods used for carrying out the pre-study, the developments, the funding (Swedish Ministry of Social Affairs donated 3 million €) and the plan for implementation. The pre-study are implemented in the light of a feasibility study Mission Mental Health made during October 2015 to March 2016. The study shows that there are opportunities to streamline and improve health and social care to improve the mental health of asylum-seekers and new arrivals.

Hakan also explained the need of further development to cover not only training of staff in mild to moderate mental illness and severe mental illness but also basic education of professionals. He mentioned some of the initiatives of [Mission Mental Health](#) (Swedish organization that has dedicated an important component of their work to Mental Health of Asylum-seekers) such as courses, training and support for county council and regions.

To download the power point presentation please click [here](#)

*Refugee inflow and effect on Mental Health - The Greek perspective - Katerina Nomidou*

Katerina described the situation of refugees in Greece. She presented statistics that showed that over 1,000,000 immigrants have passed through Greece since 2015. More than 60,000 refugees stranded in Greece both by border closures along the Balkan route and by the EU-Turkey agreement.

Katerina presented some interesting facts:

- Sixty percent of refugees in Greece are women and children. Many are the mothers, wives and daughters of refugees already in northern Europe.
- To be eligible for relocation in other countries in Europe, refugees must have arrived in Greece before the EU-Turkey agreement was put into effect on March 20.

She described the situation of Afghans and Iraqis, which are not eligible for relocation. Their only option is to apply for asylum. She said that Syrians are given priority so Iraqis and Afghans have to wait long time even for pre-register for asylum.

She explained that Greek government has created temporary housing for the tens of thousands stranded by the EU-Turkey agreement, however, many of these camps do not meet accepted humanitarian standards.

In Greece, asylum and relocation services are very slow.

Katerina pointed out that, in Greece no mental health care is available in some camps and mentioned the lack of follow up after mental health care is provided. Mental health care workers have limited training and capacity for working with refugee populations. Community level mental health promotion and activities are planned only for a few camps.

Regarding reception conditions for persons with disabilities, including mental health conditions, she included in her presentation the Reception Conditions Directive which highlights the “*primary concern*” to be given to mental health of vulnerable persons in detention, and requires that Member States ‘provide necessary medical or other assistance to applicants with special reception needs, including appropriate mental health care where needed’

However, she added that in Greece the Reception Conditions Directive has not been transposed into national law and also pointed out the negative and positive reactions from local Greek people regarding refugees.

**To download the power point presentation please click [here](#)**

#### ***AWAKENINGS FOUNDATION – Robert Kristof***

The brief presentation of Robert Kristof focused on the work of awakening foundations. However, he started his speech by commenting that in there is not a large number of migrants in Hungary since the government closed a big number of camps.

Awakening Foundation is a think-tank organization in the field of recovery-based and community-based mental health reforms in Hungary. Robert talked about the new trends in trauma therapies such as accredited Training Programme for experts by experience and experts by accompaniment – the first ever in the country and Self-help groups. He emphasized in this last initiative which includes Self-help groups for abused people, philosophy café, literature circles and other activities.

**To download the power point presentation please click [here](#)**

#### ***Refugee’s Situation in Finland - Hilikka Kärkkäinen***

Hilikka Kärkkäinen contributed to the Session by giving the Finish perspective. She mentioned a figure of about 30000 migrants and mentioned that Finish Primer Minister has refused to open the country asylum-seekers for security reasons. In Finland most of the refugees are Iraqis.

Hilikka stated that Refugees Centres are run by municipalities, NGOs and private companies. Municipalities are in charge of the mental health care and they can decide how they use their tax money. In some cases, a good mental health service is offered but in other circumstances it does not even exist. Hilikka also explained that there are projects of creating the perfect health model for migrants, which is a 3 years project funding by the EU.

Nevertheless, she commented that the current situation is difficult since only 15% of asylum-seekers got an asylum, specially compared with last year where 50% achieved. She described the situation as a political issue given that the Populist Party obtained votes promoting anti-migration policies. The situation has become uncertain for migrants; they have chosen to return to their countries voluntarily because of the pressure the government puts on them. They have been given free charter flights back to Iraq which are now, together with Afghanistan considered safe countries according to Finland authorities.

### *Debate*

Facilitator **Bert Aben** started the discussion. He mentioned some of the speaker's remarks, such as the *lack of access to offer help in camps, stigma, and lack of mental health professionals* and encourage participants to debate over those topics.

**Dolores Gauci** expressed her concern about the absence of properly provided mental health support in Europe and she suggested to GAMIAN-Europe to start thinking and advocating for that. She said that countries should be aware of the services they are providing in order to improve them.

**Andre Castalan** agreed that GAMIAN-Europe should be more involved in the situation of refugees mainly in camps for those suffering from mental health conditions. He suggested to start with papers, newspapers, sharing the news.

**Dolores Gauci** also intervened by suggesting that more field work should be done, for instance, carrying out interviews in the camps in order to explore the situation of refugees in the centres.

**John Bowis** mentioned that NGOs are already doing some of this by trying to tabulate what is happening in the camps in order to find out the situation especially for violence, assaults, harassment and sexual harassment. He suggested that GAMIAN-Europe should be strict on how information is collected and used.

Finally, **Yoram Cohen** (GE president at that moment) commented on the two faces of the refugee's situation: the political and the human and encouraged the other participants to answer the question: How could our organization make changes?

### *Second Session Closing*

Moderator closed the second Session, thanked speakers and participants.