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ESCAP COMMUNICATION

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ESCAP for mental health of child and adolescent refugees: facing the challenge together, reducing risk, and promoting healthy development

Humanitarian emergencies such as war and armed conflict can have a direct impact on the psychosocial well-being and mental health of children and adults, along with the physical, environmental, and financial burden. Child refugees face intense psychological trauma, before, during, and after their flight, as a result of fleeing their homelands and entering into states of uncertainty, physical danger, and distress. They have experienced and witnessed violence, lost loved ones, faced deprivation, and been separated from their families. ESCAP has taken a clear position in the refugee crisis, standing up for the mental health and well-being of refugee children, adolescents, and their families. A Task Group initiated by board members within ESCAP has started to collect relevant knowledge and experience to support mental health workers involved with the care for refugee children and post on a dedicated website. The aim of the project "ESCAP for mental health of child and adolescent refugees" is to make available the necessary knowledge everywhere in Europe, where professionals and volunteers are helping these children and their families. All 33 National Associations of Child and Adolescent Psychiatry, as ESCAP members, were called to defend the mental health of young refugees and to present the ESCAP position statement to their governments. The project members take the position of promoting the healthy adaptation of young refugees and their families to the new living circumstances and to lower the risk of developing mental health problems. Using our expertise and showing leadership in this situation are important and can prevent suffering: now and in the future.

People leave their homes and livelihoods for a variety of reasons. Some flee political instability, war, or human rights violations [1], while others seek stable work, a more secure living situation, and opportunities which are not available in their home countries [2]. Currently, millions of children are displaced from their countries of origin because of war, persecution, and poverty. Many of them have experienced and witnessed violence, lost loved ones, faced deprivation, and been separated from their families [3]. Most refugees and migrants arriving in the region wish to move onward, and are commonly subject to returns in violation of due process standards, face inadequate reception conditions, delays in asylum procedures, and lack of prospects for long-term solutions.

Armed conflict and persecution are cited as major factors leading to departure [4]. However, there are other reasons such as seeking protection, family reunification, economic motives, transit migration, joining diaspora communities, human trafficking, and medical concerns. Some children leave their country of origin because of economic hardship resulting from fragmentation after armed conflict. Some move because of trafficking for the purposes of sexual exploitation or other illicit and illegal activities. A few escape from dangerous families or kinship networks. This article will focus on relevant issues regarding the ESCAP (European Society for Child and Adolescent Psychiatry) position in the contemporary refugee crisis.

A brief review of current situation

Turkey, Greece, Malta, and Italy have been witnessing the influx or transit of refugees for the past few years. Turkey has

Deceased: Henrikje Klasen

given a provisional home to almost 2 million refugees, including 1.7 million Syrians. In Greece, 915,000 refugees mainly from Syria (69%) and Afghanistan (21%) have arrived by boat via the islands in 2015 [5]. The associated risks are illustrated by the staggering number of 5000 shipwrecks in 2015; more than 89,000 immigrants and refugees were rescued. Albania, the Former Yugoslav Republic of Macedonia, Serbia, Hungary, Croatia, Austria, Germany, and Sweden have experienced a major influx of refugees from Afghanistan, Iraq, Syria, and other Asian and African countries. Within the EU28, Germany has witnessed the largest increase in absolute numbers. The number of asylum applications increased from 30,033 in 2009, to 362,153 in the first 10 months of 2015. At the same time, the total number of refugees that arrived in 2015 is estimated to be in the range of 1,000,000.

Minors represent one-fourth of all refugees in Europe. In 2014, 26% of all asylum applicants were minors. 19% were aged 14 or less. 7% were between 14 and 17.9 years [6]. Approximately 52 and 75% of the younger and older age groups, respectively, were males (85% for the unaccompanied). 86% of migrant/refugee children travelled with their parents. At the same time, there is a dramatic increase in the absolute number of unaccompanied minors (UM). In Germany alone, the number of UM in 2013 was 6584 (5858 males) and in 2015 almost 60,000 (3,5,6). Because of their large representation, combined with their perceived vulnerability, UMs have become an important group of concern within the overall population of migrants and refugees. While the reasons for departure differ, what unites these children is a sense of getting away from harm, and seeking asylum in countries that are far away from their roots, geographically and culturally.

Germany received the highest number of new asylum applications, (more than 476,000 in 2015), but far more people have arrived in the country. Hungary moved into second place for asylum applications, as more migrants made the journey overland through Greece and the Western Balkans. Sweden followed close behind with 1667 per 100,000. The figure for Germany was 587 and for the UK, it was 60 applications for every 100,000 residents [6]. The EU average was 260 per 100,000. Overall, numbers of asylum-seekers in Western and Northern Europe increased dramatically in 2015 and 2016, with a doubling or tripling of asylum applications in some countries. This trend continued into early 2017 and, although arrival rates to Western and Northern Europe dropped significantly in the second half of 2016 following the EU-Turkey Agreement of March 2016, the effects of the influx continued to be felt throughout the year [5, 6].

The impact

Armed conflict and prolonged political and economic instability in regions close to or within the WHO European Region are triggering large population movements, making individuals and families vulnerable to human trafficking and exposing them to serious health risks [7]. Risks faced by refugees and migrant children include family separation, detention, sexual and gender-based violence, exploitation, as well as physical and psychological harm, detention, harm to the child's fullest development due to limited access to education and recreational activities, smuggling and trafficking, financial dependency, and security risks. Knowledge and expertise of mental health professionals are crucial for the promotion of a healthy adaptation of young refugee people and their families and to lower the risks for developing mental health problems.

Main health concerns

Child and adolescent refugees are exposed to many risks pre-flight, during their flight, and upon arrival, which make them also vulnerable for the development of psychiatric disorders, such as post-traumatic stress disorder (PTSD), anxiety disorders, mood disorders, or externalizing disorders [8]. The pre-flight experiences of young refugees depend on their country of origin; exposure to poverty, war, and war-like conditions are common. The acquired education, social status, familial, religious, and sociocultural values also shape coping and help-seeking behavior. The flight in itself can be traumatic or compound trauma via, for instance, separation experiences, sexual abuse, and trafficking including forced labor and sexual exploitation. To allow for a better protection of such young refugees, it would seem helpful not to totally separate underage refugees from such groups [9, 10].

Experiences of conflict situations and concerns are compounded by the daily stressors of displacement, including poverty, lack of basic needs and services, on-going risks of violence and exploitation, isolation and discrimination, loss of family and community supports, and uncertainty about the future [11]. Young refugees might have emotional problems (sadness, grief, fear, frustration, anxiety, anger, and despair), cognitive problems (loss of control, helplessness, worry, ruminations, boredom, and hopelessness), physical symptoms (fatigue, problems sleeping, loss of appetite, and medically unexplained physical complaints), and social and behavioral problems (withdrawal, aggression, and interpersonal difficulties) [9]. Difficult situations frequently lead to demoralization and hopelessness, and may be related to profound and persistent existential concerns about safety, trust, coherence of identity, and social role. Not to mention that many of them might have symptoms related to past experiences such as nightmares, intrusive memories, flashbacks, and avoidant behavior [8, 10, 12].

The impact of chronic stress and attachment disorders expand over at least two generations. Increased rate of personality disorders, chronic depression, conduct disorders,

substance use disorders, lower education, higher unemployment, and social marginalization are common among individuals that have experienced early trauma and subsequent attachment disorders [8].

The arrival in the host country entails risks due to unsafe or otherwise problematic living conditions, non-access to schooling, days, months (or even years) of insecurity, with uncertain legal and residential status, multiple moves, parental illness and unemployment, social exclusion, and long-term maladaptation with respect to the cultural norms of the host country [13]. Hostility toward foreigners and refugees represents a threat that requires both surveillance of refugee camps and political education within the host country [14]. Within this context, the initial provision of a safe environment to traumatized young refugees should not be taken for granted [15]. Even if migrants have settled and formed families, their children, the second-generation migrants, have an increased risk for mental health problems.

These factors turn the refugee crisis into an ethical crisis. Several countries—for whatever reasons—do not want refugees to enter their land. In most of these cases, the parents or other caregivers choose to send these children on their way despite the well-known substantial risks associated with the journey, including death, and the uncertainties pertaining to the future of these young individuals in the final goal country, like the possibility of deportation. European attitudes toward young refugees and their families will greatly determine the burden of trauma, not only on their adult future but also on our community. An empathic and mentalizing attitude, secure sheltering, addressing health and educational needs will create a sense of stability and confidence. This is the very first step to favor, for these future adults and their families, either a productive integration in the European heritage of strength and diversity, or the potential to rebuild and stabilize their native countries for those who will return.

ESCAP initiative—"ESCAP for mental health of child and adolescent refugees"

Since the very beginning of the current European refugee crisis, ESCAP has had a clear position to protect the mental health of child and adolescent refugees in different aspects and fields of expertise. ESCAP's first reaction when the numbers of refugees entering Europe started to increase was to organize relevant knowledge and to support mental health workers involved in the care for refugee children. It started the project with the aim of making the necessary knowledge available everywhere in Europe, in every place that professionals and volunteers are helping these children and their families [16]. The idea was to come out with a program of activities that would enhance the availability and quality of mental health care for young refugees. Several actions have taken place since then: ECAP, the official journal of ESCAP, published editorial, a position statement, several ESCAP communication articles, and papers. Finally, a new special issue devoted to the refugee crisis is on the way.

The board members wrote an editorial with the overarching aim to provide exemplary basic information on the dimensions of the crisis, with special consideration given to minors. It was also shown that different European countries were affected differently and an initial guide was provided regarding the needs of the young refugees during and after their flight. Another aim was to create professional awareness of the implications of the current situation, to underscore the need for structured approaches toward acute and medium-term treatment, and finally to encourage us all, to deal professionally with the crisis as cooperatively and creatively as we possibly can [17].

The website www.escap.eu is an online presence of refugee projects. It consists of 13 web pages and includes more than 50 background documents: the position statement needs assessment, guidance tools, research papers, keynote interviews, witness stories from the region, and an online working environment for volunteers. Last year's average of monthly website practice was 20,000–30,000 page views, or 5000–7000 users, from 131 countries all supported by news alerts & Twitter—@escaponline. We are well aware that, currently, many questions cannot be answered yet in a satisfactory manner through our Web platform and Web forum. Thus, in a first attempt to deal with such questions, we introduced an ESCAP online forum as a chance for professional discussion and an easy way to share our professional experience in dealing with issues regarding children and their families. We are also aware that governments should hire many more language-competent and culturally competent people to inform us about the best way to understand the refugee families and their backgrounds, so that we can become more culturally-competent [12].

ESCAP call for action

ESCAP calls upon all governments and political groups with influence in the regions of conflict and war, to implement solutions resolving these conflicts and bring an end to the present refugee crisis. The physical and mental health of children and of future generations in these countries is further compromised by the prolongation of these conflicts. ESCAP calls for all basic health care to be provided to migrants, and proposes that the various interventions should follow the different options, needs, and peculiarities every country faces. We suggest that different organizations should

be encouraged to obtain and train professionals for work with the refugees [17]. Activities of all professionals and organizations working with children in these circumstances must apply the principles of Best Interests identified in the UN Convention on the Rights of the Child (CRC; Article 3). Children should not be separated from their families as long as this is consistent with their best interests [18]. The existing relationships, including those between youths who have strong bonds through shared experiences, should be respected, because if the quality of the relationship is deemed trustworthy, the same applies to bonds between unaccompanied youths and adults. All those working with children, adolescents, and their families should safeguard their rights to be heard and to participate in decisions that concern them. Host countries should particularly try to make the steps leading to a legalization of the residential status [19]. This requires provision of information on the timeframe, and an acceleration of such processes will help the youth to adjust in a better way. The promotion of a healthy adaptation of these young people and their families is crucial. More European support is required particularly for less well-off countries with a high number of refugees [20].

Children and youth reaching destination countries should be supported to integrate into and be provided with mainstream services as well as the regular education system in a non-discriminatory and culturally sensitive way. At the same time, they should be assessed for and provided with any necessary additional support [21]. We need to adopt a public health approach making more use of screening, stepped care, task sharing, and task shifting in our current structures, healthcare financing, and ways of working [22]. Enhancing cultural competence of professionals and monitoring refugees' access and utilization of services is also needed.

ESCAP through its member societies can contribute to this goal

ESCAP calls on all stakeholders to gather and distribute state-of-the-art knowledge which mainly focuses on the acute needs of refugees, the assessment of risk and protective factors for their mental health, and interventions that are needed, taking into consideration the different positions of the various EU countries [17]. Due to suggested mental health, professionals' role is essential for the promotion of a healthy adaptation of young refugee people and their families and to lower the risks for developing mental health problems. It is important to identify young refugees with developing or preexisting serious mental disorders and to ensure access to evidence-based psychiatric treatment. Professionals are acutely aware of the fact that an assessment of the current situation is but a snapshot; it will take time to enable child and adolescent psychiatrists and other mental health professionals throughout Europe to professionally achieve the aims. We currently by no means have a sufficient insight into the different challenges that our colleagues face throughout Europe. The respective knowledge will grow regionally and nationally according to specific requirements. It is important to bundle this growing information to provide overviews and to thus enable a more rapid, stringent, and targeted progress in the prevention and treatment of mental disorders.

Key principles for promoting mental health and psychosocial well being

There is no single way or model to provide mental health and psychosocial support to refugees and migrants on the move in Europe. All people should be treated with dignity and respect, and it is important to provide services in dignified ways with respect for the autonomy and privacy of the person.

The response of people in distress should be done in a human and supportive way. Psychological first aid (PFA) is a set of simple rules and techniques that can be used by anyone (non-professionals and professionals) to respond to people in distress [23]. Providing information about services, support and legal rights and obligations could be very helpful. Providing relevant psycho-education on appropriate language can be helpful to reassure people of the normality of many of these reactions and provide simple ways to cope with distress. Interventions might focus on protection and social support for children, strengthening family support, identifying, and protecting persons with specific needs. All interventions should be culturally relevant and ensure adequate interpretation.

In conclusion, we would like to send clear messages to policy makers, service providers, and clinicians. Policy makers should take into account the human rights of migrants, refugees, and asylum seekers. Adequate resources should be made available according to the needs along with adequate resources for training, including cultural competency training. Different parts of the government (e.g., health, education, justice, home, and external affairs) should be involved and changes in admission criteria should be discussed with stakeholders, rather than being imposed arbitrarily. Public education and public mental health messages for refugees, asylum seekers, and migrants should be implemented.

Separate or joined up services should be made available, but it is essential that there are no barriers to seeking help. They should be culturally sensitive, geographically accessible, and emotionally appropriate. Cultural competence training must be provided and mandatory measures to achieve this should be considered. Other models, such as a culture broker or cultural liaison, should be employed where indicated. Regular research into epidemiological factors,

along with qualitative approaches, should be carried out to assess and monitor pathology. Regular audits into treatment accessibility, acceptability, and usage must be conducted.

In the end, we clinicians must have access to resources informing us of specific cultural issues. Cultural awareness and competence training must be mandated and regular updates must form a part of this. Cultural training is everyone's business and must be a part of training other health professionals, including primary care professionals. Clinicians must provide culturally appropriate services related to language and other needs of migrants, refugees, and asylum seekers. Children, the elderly, and other special groups must have their needs met. Wherever possible, mental health issues of migrants, refugees, and asylum seekers should be part of the curriculum and training of clinicians. As child mental health professionals, we have to decide which European policies we will finally follow, strengthen, and support in our everyday clinical and academic practice

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