ESCAP
European Society for Child and Adolescent Psychiatry

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

Milica Pejovic Milovancevic (Serbia), Henrikje Klasen (Netherlands),

Dimitris Anagnostopoulos (Greece)

Overview

- **Part I** → A review of the current situation
- **Part II** → A brief reference in mental health issues
- **Part III** → ESCAP initiative
- **Part IV** → Mental health professionals' role
  - Key Principles & suggestions

Part I

A review of the current situation

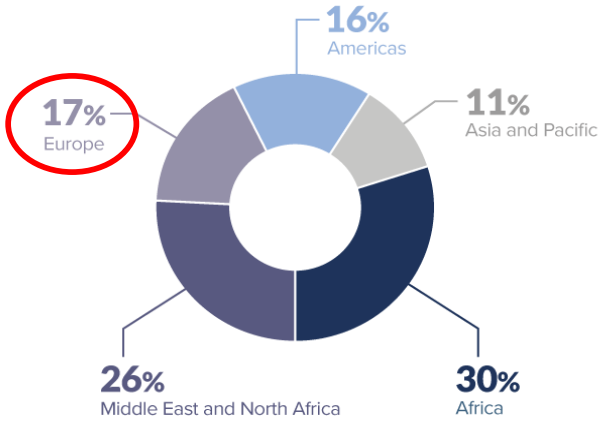
65.6 million
forcibly displaced people worldwide

Refugees
22.5 million
17.2 million under UNHCR mandate
5.3 million Palestinian refugees registered by UNRWA

Stateless people
10 million

Refugees resettled
189,300
in 2016

Where the world's displaced people are being hosted



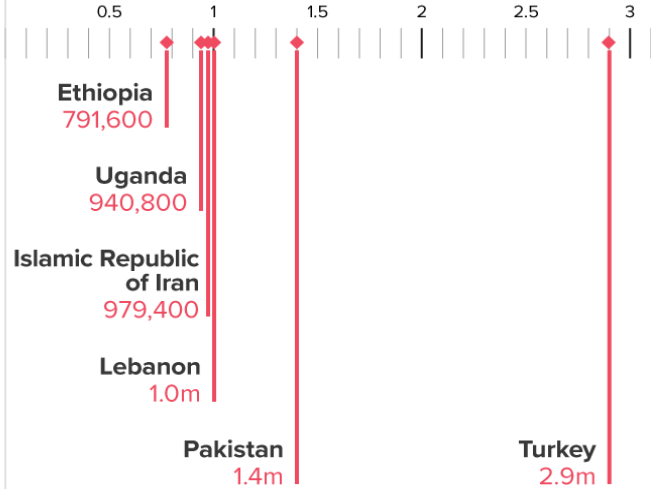
55% of refugees worldwide came from three countries

South Sudan
1.4m

Afghanistan
2.5m

Syria
5.5m

Top hosting countries



28,300 people
a day forced to flee their homes because of conflict and persecution

10,900 staff
UNHCR employs 10,900 staff
(as of 31 May 2017)

130 countries
We work in 130 countries
(as of 31 May 2017)

We are funded almost entirely by voluntary contributions, with 87 per cent from governments and the European Union.

Source: UNHCR / 19 June 2017

2016 in Review

TRENDS AT A GLANCE

By the end of 2016, 65.6 million individuals were forcibly displaced worldwide as a result of persecution, conflict, violence, or human rights violations. That was an increase of 300,000 people over the previous year, and the world's forcibly displaced population remained at a record high.

65.6 MILLION FORCIBLY DISPLACED WORLDWIDE

as a result of persecution, conflict, violence, or human rights violations

- 22.5 million people who were refugees at end-2016
  - 17.2 million under UNHCR's mandate
  - 5.3 million Palestinian refugees registered by UNRWA
- 40.3 million internally displaced people[1]
- 2.8 million asylum-seekers

10.3 MILLION NEWLY DISPLACED

During the year, 10.3 million people were newly displaced by conflict or persecution. This included 6.9 million individuals displaced within the borders of their own countries[2] and 3.4 million new refugees and new asylum-seekers.[3]

20 NEW DISPLACEMENTS EVERY MINUTE

The number of new displacements was equivalent to 20 people being forced to flee their homes every minute of 2016.

51%

Children below 18 years of age constituted about half of the refugee population in 2016, as in recent years. Children make up an estimated 31 per cent of the total world population.[4]

10 MILLION PEOPLE

UNHCR estimated that at least 10 million people were stateless or at risk of statelessness in 2016. However, data captured by governments and reported to UNHCR were limited to 3.2 million stateless individuals in 75 countries.

84%

Developing regions hosted 84 per cent of the world's refugees under UNHCR's mandate, with about 14.5 million people. The least developed countries provided asylum to a growing proportion, with 28 per cent of the global total (4.9 million refugees).

[1] Source: Internal Displacement Monitoring Centre of the Norwegian Refugee Council.
[2] Ibid.
[3] The number of newly displaced refugees includes only those who have been recognized on a group or *prima facie* basis.
[4] Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision (2015 estimate used). See: https://esa.un.org/unpd/wpp/.
[5] These figures refer only to refugees under UNHCR's mandate.

552,200
REFUGEES RETURNED

Refugee returns increased from recent years. During 2016, 552,200 refugees returned to their countries of origin, often in less than ideal conditions. The number is more than double the previous year and most returned to Afghanistan (384,000).

1 IN 6

Lebanon continued to host the largest number of refugees relative to its national population, where 1 in 6 people was a refugee. Jordan (1 in 11) and Turkey (1 in 28) ranked second and third, respectively.[5]

55%

More than half (55 per cent) of all refugees worldwide came from just three countries:

Syrian Arab Republic	(5.5 million)
Afghanistan	(2.5 million)
South Sudan	(1.4 million)

2.0
MILLION NEW CLAIMS

The number of new asylum claims remained high at 2.0 million. With 722,400 such claims, Germany was the world's largest recipient of new individual applications, followed by the United States of America (262,000), Italy (123,000), and Turkey (78,600).

2.9
MILLION PEOPLE

For the third consecutive year, Turkey hosted the largest number of refugees worldwide, with 2.9 million people. The main countries of asylum for refugees were:

Turkey	2.9 million
Pakistan	1.4 million
Lebanon	1.0 million
Islamic Republic of Iran	979,400
Uganda	940,800
Ethiopia	791,600

189,300
REFUGEES FOR RESETTLEMENT

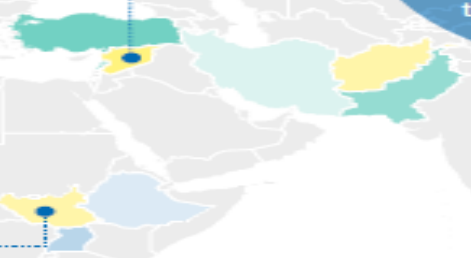
In 2016, UNHCR referred 162,600 refugees to States for resettlement. According to government statistics, 37 countries admitted 189,300 refugees for resettlement during the year, including those resettled with UNHCR's assistance. The United States of America admitted the highest number (96,900).

75,000
UNACCOMPANIED OR SEPARATED CHILDREN

Unaccompanied or separated children – mainly Afghans, and Syrians – lodged some 75,000 asylum applications in 70 countries during the year, although this figure is assumed to be an underestimate. Germany received the highest number of these applications (35,900).

SYRIA
More than half of the Syrian population lived in displacement in 2016, either displaced across borders or within their own country.

SOUTH SUDAN
The fastest-growing refugee population was spurred by the crisis in South Sudan. This group grew by 64 per cent during the second half of 2016 from 854,100 to over 1.4 million, the majority of whom were children.



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EUROPE 2015

- Among the countries represented by ESCAP
- Turkey has given a provisional home to **almost two million refugees**, including **1.7 million Syrians**
- Turkey, Greece, Malta, and Italy have been witnessing the influx or transit of refugees for the past few years.
- In **Greece**, **915,000** refugees mainly from **Syria (69 %) and Afghanistan (21 %)** have arrived by boat via the islands in **2015**.
- The associated risks are illustrated by the staggering number of 5000 shipwrecks in 2015; more than 89,000 immigrants and refugees were rescued.
- Albania, Former Yugoslav Republic of Macedonia, Serbia, Hungary, Croatia, Austria, Germany, and Sweden have more recently begun to experience a major influx of refugees from Afghanistan, Iraq, Syria, and other Asian and African countries.
- Within EU-28**, Germany** has witnessed the largest increase in absolute numbers; the number of asylum applications increased steeply from 30,033 in 2009 to 362,153 in the first 10 months of 2015;
- The total number of refugees to arrive in this country in 2015 is estimated to be in the range of **1,000,000**.

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Minors represent one-fourth of all refugees

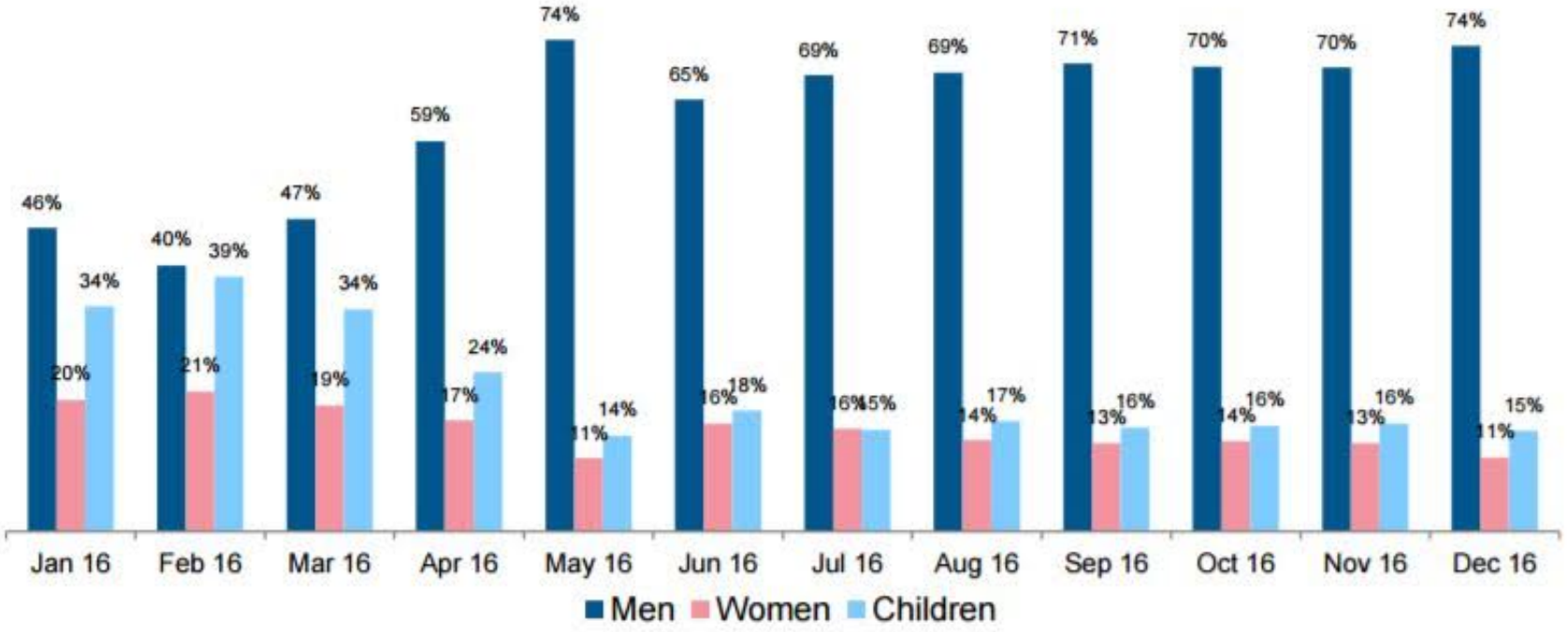
- In the **EU-28**, 26 % of all asylum applicants in 2014 were minors (19 % < age 14; 7 % between 14 and 17.9 years)
- Approximately 52 and 75 % of the younger and older age groups were **males** (85 % for the unaccompanied)
- 86 % of migrant/refugee children travelled with their parents.
- dramatic increase in the absolute number of unaccompanied minors
  - e.g. Germany unaccompanied minors 2013: 6584 (5858 males); 2015: **60,000.**

DEMOGRAPHICS OF REFUGEE AND MIGRANT ARRIVALS IN EUROPE

Main findings:

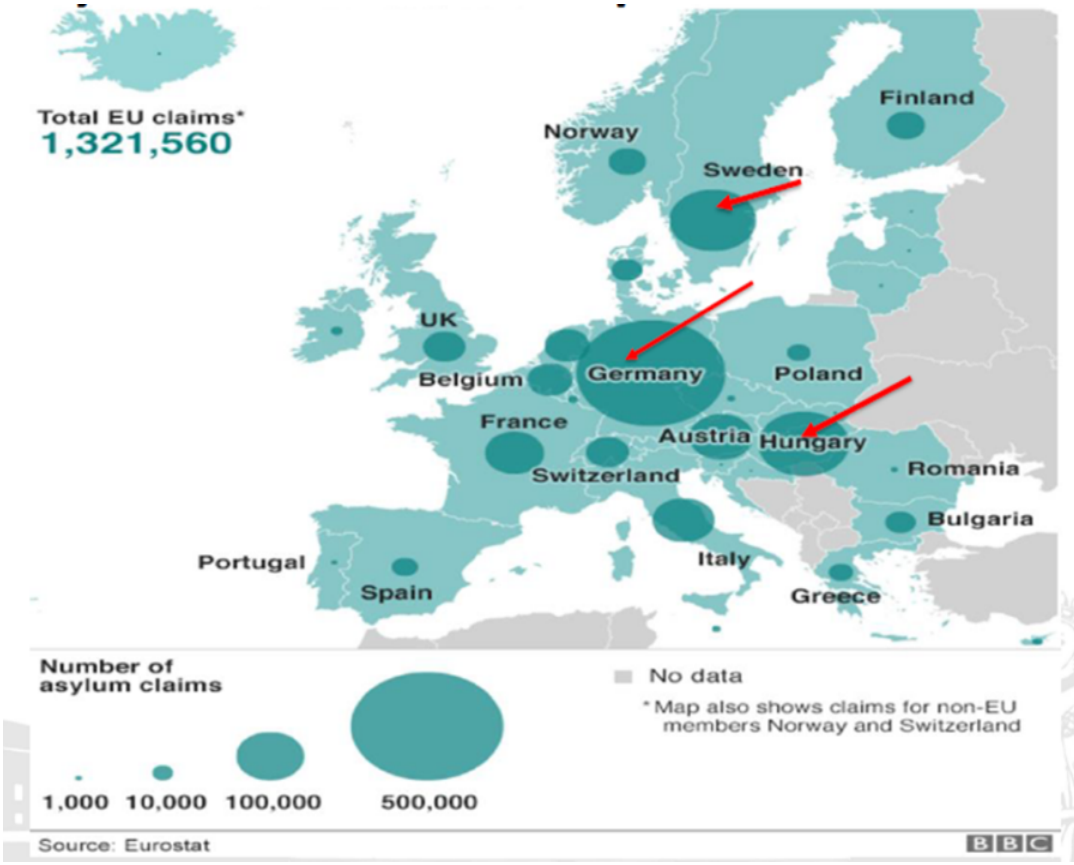
- In December 2016, 74% of sea arrivals were men, while women and children comprised 11% and 15%, respectively.
- In 2016 overall, between January and December, 57% of the arrivals were men, while women and children constituted 17% and 26% of arrivals, respectively.
- The proportion of men amongst new arrivals has generally increased between January and May (46% to 74%) and then remained consistent until December. As a result, the proportion of women and, in particular, children amongst new arrivals have decreased accordingly. Notably, the proportion of children has decreased from 34% in January to just 15% in December.

Figure 6 - Demographic breakdown by month, based on arrivals to Greece, Italy and Spain (January – December 2016)

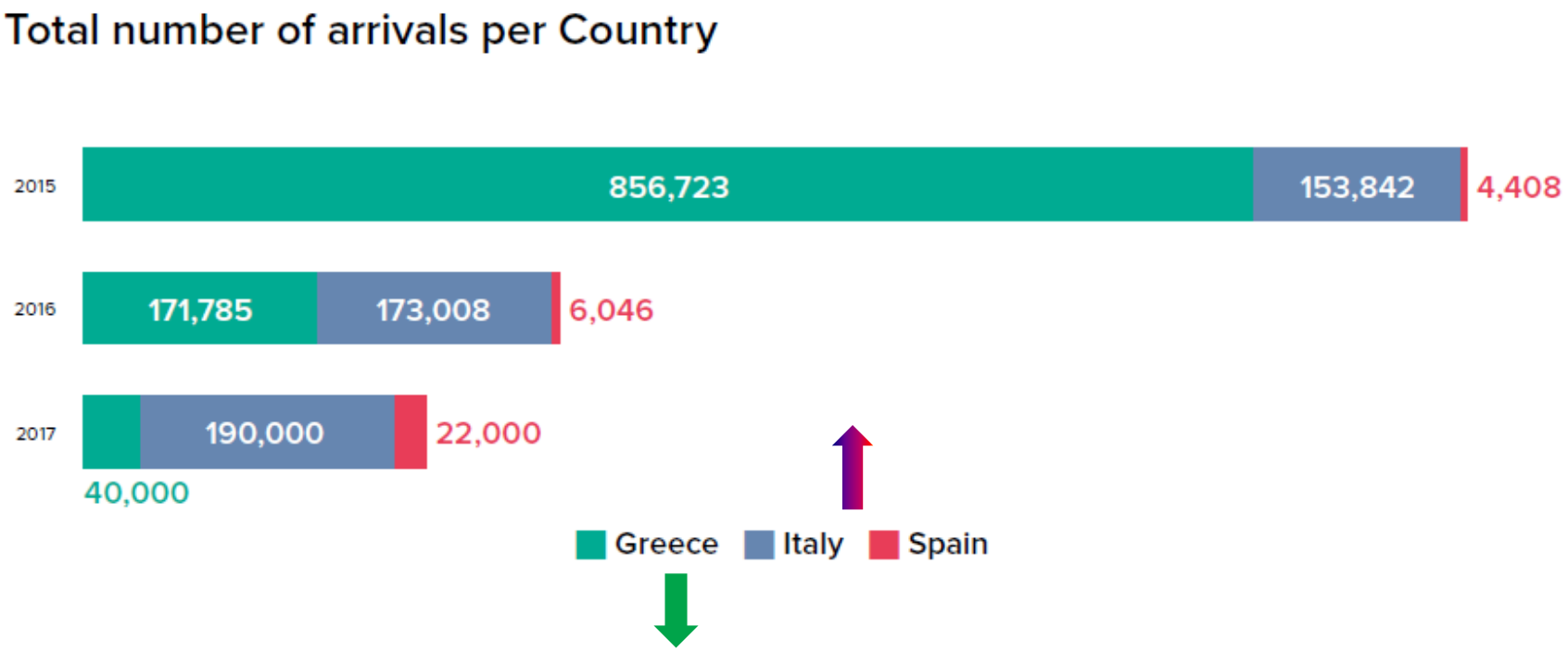


Refugee influx

- Most refugees and migrants arriving in the region wish to move onwards, and are commonly subject to returns in violation of due process standards, face inadequate reception conditions, delays in asylum procedures and lack of long term solutions prospects.



Migration 2015-2017



Asylum applications

- **Germany** received the highest number of new asylum applications, (in 2015, with more than 476,000), 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 1,667 per 100,000. The figure for Germany was 587 and for the UK it was 60 applications for every 100,000 residents. The EU average was 260.
- Overall, numbers of asylum-seekers in **Western** and **Northern Europe** increased dramatically in 2015 and 2016, with 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.**

Immigration- main causes

- **Currently millions of children are displaced from their countries of origin because of the war persecution and poverty.**

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**.
  - Many of them have experienced and witnessed violence, have lost loved ones, have faced deprivation and have been separated from their families.
  - Children, young people and women are particularly vulnerable to trafficking and exploitation, even after arrival and settlement in host countries

European Commission, 2013

Risk issues

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 child's fullest development due to *limited access to education* and *recreational activities*, *smuggling* and *trafficking*, *financial dependency*, *security risks*.

Social determinants of health

- Social determinants of health are central to all other aspects of health

- They affect the choice to migrate and the health status and risks that migrants travelling in large groups and in irregular conditions face *prior to their journey*, *while traveling*, *upon arrival*, and *after resettlement* or *repatriation*.
- Social determinants are reflected in people's living conditions: *prior to travel, the means of travel*, *the length of the journey*, in *the way in which countries respond to an influx of migrants*.

WHO 2017

Increased number of UAM

- The dramatic increase in the absolute number of unaccompanied minors merits consideration:
- For example, in Germany 6584 (5858 males) unaccompanied minors were taken into care by the youth welfare system in 2013; In 2015, the total number of unaccompanied minors to have entered the country exceeded 60,000.
- In Greece in 2013 less than 2 hundred were registered by the state welfare agencies. In 2015 the number raised to 2000. For the same period police authorities estimated that more than 20000 entered the country.

Increased number of UAM

- It is obvious that this almost tenfold increase within just a short time period imposes a substantial burden on the youth welfare systems, entailing that considerable resources are being allocated to underage refugees
- Many unaccompanied underage refugees attempt to travel in groups, which include adults known to them; in many cases, **the parents of unaccompanied children and adolescents are aware of their travels.**

Reasons

- Unaccompanied refugee minors (UMs), children and adolescents who migrate to another country without their parents, enter European countries for several reasons and under distinct conditions.
- Traditionally, **armed conflict** and **persecution** are cited as major factors leading to departure (Ayotte & Williamson 2001).

Reasons

- But 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*.

Unaccompanied minors – Our concern

- 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,* either geographically or culturally.

Part II

A brief reference in mental health issues

Mental health issues

➢ **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.
  - The pre-flight experiences of young refugees depend on their country of origin; exposures to poverty, war, or war-like conditions are common.
  - The acquired education, social status, familial, religious, and sociocultural values also shape coping and help-seeking behavior.

Mental health issues

- 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 better protection of such young refugees, it would seem helpful not to totally separate underage refugees from such groups.

Mental health issues

- **Experiences of conflict** related 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*

Mental health issues

- **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

Mental health issues

- **Social and behavioral problems**: withdrawal, aggression and interpersonal difficulties
  - Difficult life situation frequently lead to *demoralization* and *hopelessness*, and may be related to profound and persistent *existential concerns of safety*, *trust*, *coherence of identity*, *social role* and *society*
- **Symptoms related to past experiences**: nightmares, intrusive memories, flashbacks, avoidant behavior

Mental health issues

- *The impact of chronic stress and attachment disorder expands over at least two generations.*
- Increased rate of personality disorders, chronic depression, conduct disorders, substance use disorders, lower education, higher unemployment, and social marginalization among individuals that have experienced early trauma and subsequent attachment disorders.

Main risks

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

Overall…

Refugee crisis- ethical crisis

- "*Refugee crisis*" describes the flight of so many people from their native countries and the associated personal and societal turmoil.
- At the European level, we are also witnessing an ethical crisis
  - Several countries for whatever reasons do not want refugees to enter their countries.
  - In most cases the respective parents or other caregivers choose to send these children on their way despite the well-known substantial risks associated with the flight including death and the uncertainties pertaining to the future of these young individuals in the country in which they finally arrive including the potential possibility that they will be deported.

Our obligation

European attitude 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.

Part III

ESCAP initiative

ESCAP

European Society for Child and Adolescent Psychiatry

"ESCAP for mental health of child and adolescent refugees"

“ESCAP for mental health of child and adolescent refugees”

- ESCAP - a clear position in the refugee crisis

- ESCAP's first reaction when the numbers of refugees entering Europe started peaking, was to organize relevant knowledge to support mental health workers involved with the care for refugee children.

“ESCAP for mental health of child and adolescent refugees”

The aim of this project was:

- to make the necessary knowledge available everywhere in Europe where professionals and volunteers are helping these children and their families

- The idea: to come out with a program of activities that must enhance the availability and quality of mental health care for young refugees

“ESCAP for mental health of child and adolescent refugees”

- TASK FORCE
- Dimitris Anagnostopoulos (coordinator), Johannes Hebebrand, Henrikje Klasen, Sofie Crommen, Milica Pejovic Milovancevic (Board members of ESCAP) Julia Huemer (University of Vienna).

“ESCAP for mental health of child and adolescent refugees”

ECAP official journal of ESCAP

- Editorial
- Position Statement
- ESCAP communication
- Papers
- Special Issue

Eur Child Adolesc Psychiatry (2016) 25:1–6
DOI 10.1007/s00787-015-0807-0

EDITORIAL

A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know

Johannes Hebebrand[1] · Dimitris Anagnostopoulos[4] · Stephan Ellez[2] · Henk Linse[3] · Milica Pejovic-Milovancevic[5] · Henrikje Klasen[6]

Published online: 22 December 2015

- The Board members wrote an editorial with the overarching aims to

(1) exemplary provide basic information on the dimensions of the crisis under special consideration of minors, illustrating that European countries are differentially affected

(2) provide an initial guide as to the needs of the young refugees during and after their flight

(3) create a professional awareness of the implications of the current situation

(4) underscore the need for structured approaches toward acute and medium-term treatment

(5) finally encourage us all to professionally deal with the crisis as cooperatively and creatively as we possibly can

Eur Child Adolesc Psychiatry (2016) 25:673–676
DOI 10.1007/s00787-016-0882-x

EDITORIAL

European Society of Child and Adolescent Psychiatry: position statement on mental health of child and adolescent refugees

Dimitris C. Anagnostopoulos[1] · Johannes Heberbrand[2] · Stephan Eliez[3] · Maeve B. Doyle[4] · Henrikje Klasen[5] · Sofie Crommen[6] · Fusun Cetin Cuhadaroğlu[7] · Milica Pejovic-Milovancevic[8] · Oscar Herreros[9] · Ruud Minderaa[10] · Andreas Karwautz[11] · Carl Goran Svedin[12] · Jean Philippe Raynaud[13]

Published online: 29 June 2016

All 33 ESCAP members, the national organizations for child and adolescent psychiatry, were call to defend the mental health of young refugees and to present the ESCAP position statement to their governments.

ESCAP Communication pages at ECAP

- ECAP 2017-2: Bridging culture and psychopathology in mental health care
  Winny Ang
- ECAP 2017-3: Mental health issues of refugee children: lessons from Croatia
  Vlatka Boricevic Maršanic, Tomislav Franic
- ECAP 2016-1: Migration mental health issues in Europe: the case of Greece
  Dimitris C. Anagnostopoulos
- ECAP 2016-6: Lessons learned from the past on mental health care of refugee children in Serbia
  Milica Pejovic Milovancevic, Veronika Ispanovic

Eur Child Adolesc Psychiatry
DOI 10.1007/s00787-017-1012-0

ORIGINAL CONTRIBUTION

Refugee children's sandplay narratives in immigration detention in Canada

Rachel Kronick[1,2,3,4,5] · Cécile Rousseau[1,3,4] · Janet Cleveland[1,3,4]

Received: 31 October 2016 / Accepted: 2 June 2017

Eur Child Adolesc Psychiatry (2016) 25:929–931
DOI 10.1007/s00787-016-0837-2

LETTER TO THE EDITOR

Urgent need for validated trauma and mental health screening tools for refugee children and youth

Anne Kristine Gadeberg[1] · Marie Norredam[1,2]

Received: 5 November 2015 / Accepted: 28 February 2016 / Published online: 4 April 2016

Special ECAP issue

- on epidemiological, diagnostic, treatment and prevention aspects of mental health problems in child and adolescent refugees.
- calling for papers for this issue.
- guest-editors

Dimitris Anagnostopoulos, Athens – dimitris1952@gmail.com
Matthew Hodes, London – m.hodes@imperial.ac.uk
Norbert Skokauskas, Trondheim – n_skokauskas@yahoo.com

“ESCAP for mental health of child and adolescent refugees”

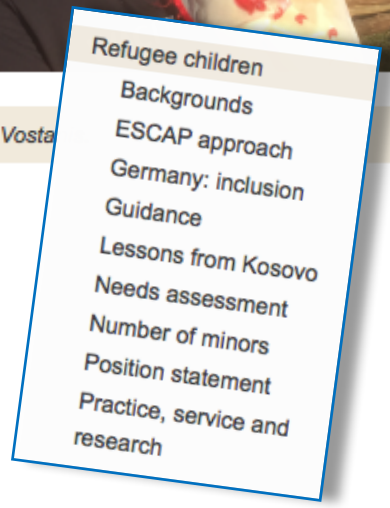
- ESCAP website http://www.escap.eu/
- Henk Lise

Online presence

- 13 web pages, including 50+ background documents at www.escap.eu
- Position statement
- Needs assessment
- Guidance tools
- Research papers
- Keynote interview
- Witness stories from the region
- Online working environment for volunteers

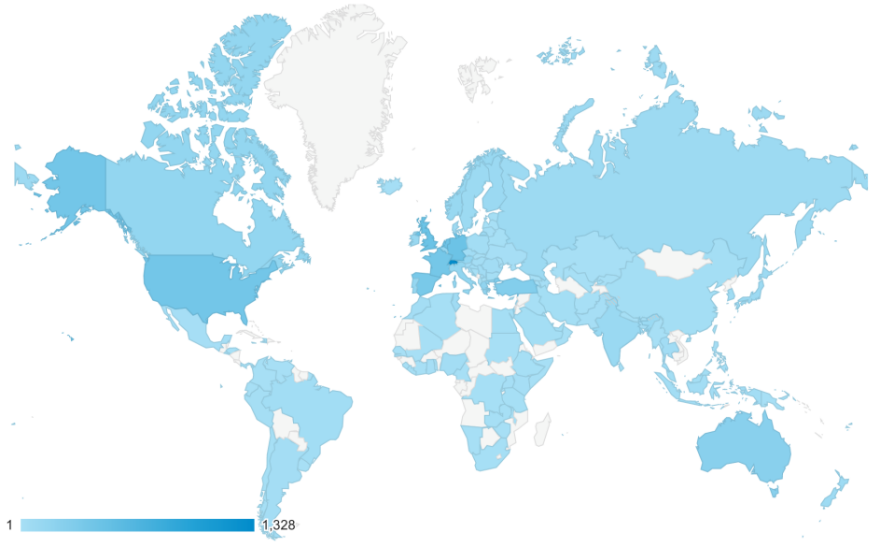
Syrian girl waiting to boa

Panos Vosta



Monthly website traffic

- 20,000 – 30,000 page views
- 5,000 – 7,000 users from 131 countries
- supported by news alerts & Twitter – @escaponline



ESCAP's "pragmatic approach"

Organizing the knowledge to support mental health care for refugee children

"Currently millions of children are on the run from war persecution and poverty. Many of them have experienced and witnessed violence, have lost loved ones, have faced deprivation and have been separated from their families. As European child and adolescent psychiatrists we are painfully aware that the exposure to these adversities vastly increases the risk of these youngsters to develop psychiatric disorders such as PTSD, anxiety disorders, mood disorders or behavioural disorders", says Dr Henrikje Klasen, board member of ESCAP and participant in the ESCAP task group that intends to carry out for these children what always has been ESCAP's core activity: sharing state-of-the-art knowledge to improve mental health care.

ESCAP's reaction when the numbers of refugees entering Europe started peaking, was to organize relevant knowledge to support mental health workers involved with the care for refugee children. The working group will soon be ready to come out with a programme of activities that must enhance the availability and quality of mental health care for young refugees. The aim of this

ECAP editorial: a first assessment of the needs of young refugees arriving in Europe

What mental health professionals need to know

ECAP journal editorial, January 2016 issue. Johannes Hebebrand, Dimitris Anagnostopoulos, Stephan Eliez, Henk Linse, Milica Pejovic-Milovancevic, Henrikje Klasen 10.1007/s00787-015-0807-0

Thousands of young refugees are currently entering Europe. They are exposed to many risks pre-flight, during their flight, and upon arrival, which make them vulnerable for the development of mental health problems. Our expertise as mental health professionals is crucial for the promotion of a healthy adaptation of these young people and their families and to lower their risks. In addition, it is important to identify young refugees with developing or preexisting serious mental disorders and to ensure access to evidence-based psychiatric

Gevgelija, Macedonia, 2015 (photo: Unicef).

Autism spectrum disorders
Deafness
Diagnostics and stigma
E-learning
Future of child psychiatry
Low income countries
OCD
Parent/infant joint therapies
Quality of Life
Refugee children
- Backgrounds
- ESCAP approach
- Germany: inclusion
- Guidance
- Lessons from Kosovo
- Needs assessment
- Number of minors

ESCAP members to present 15 issues to their 33 governments

ESCAP to politicians: urgent call to take action for the mental health of young refugees

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. The ESCAP Board and its project *ESCAP for mental health of child and adolescent refugees* are presenting a call for all governments involved, including a list of fifteen issues that should be resolved to protect young refugee immigrants in Europe.

The extensive ESCAP *position statement* also determines the implications of the refugee crisis for child and adolescent refugees and the urgent need to protect their (mental) health. Project coordinator, professor Dimitris Anagnostopoulos, will engage all 33 ESCAP members, the national organizations for child and adolescent psychiatry, to defend the mental health of young refugees and present the position statement to their governments. Read the full statement here or download the pdf (3 pages).

Syrian girl waiting to board a train (photo: Unicef).

Special ECAP issue

Meanwhile, a special issue is being prepared of the official ESCAP journal, European Child + Adolescent Psychiatry

Autism spectrum disorders
Deafness
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- Guidance
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- Needs assessment

Guidance

Guidance that may serve mental health care workers involved with refugee children and their families:

Toolkit for assessing health system capacity to manage large influxes of refugees, asylum-seekers and migrants
World Health Organization (WHO), 2016.

WPA guidance on mental health and mental health care in migrants
World Psychiatric Association (WPA).

European evidence-based guidelines for diagnostics and treatment of children and adolescents are available online, in English at NICE (National Institute for Clinical Excellence, UK) and at the Dutch Knowledge Centre for Child and Adolescent Psychiatry. This is a selection:

- **Post-traumatic stress disorder (NICE)**
- **Chronic traumatization (Dutch Knowledge Centre)**
- **Trauma and child abuse (Dutch Knowledge Centre)**
- **Depression in children and young people (NICE)**
- **Mood disorders/depression in children and adolescents (Dutch Knowledge Centre)**

MOOC video module on Transcultural child & family psychiatry

Abstract – 2017 ESCAP Congress, Geneva

Where are they all coming from? Child mental health services response to the refugee crisis

'Where are they all coming from?' Original state of the art abstract by Panos Vostanis (Leicester University and University College London, UK) on Child mental health services response to the refugee crisis: practice, service and research (ESCAP 2017 Congress in Geneva, Switzerland).

European child mental health services and related agencies are faced with an increasing challenge in responding to the influx of refugee children. This presentation will address practice, service and research issues, and will make recommendations in the context of existing evidence.

There is strong evidence on the prevalence and complexity of these children's mental health problems and broader needs. The existing body of literature is largely based on identifying risk factors among children with mental health problems and predominantly designing trauma-focused interventions to reduce their symptomatic distress. Recent research and services have gradually shifted to a broader and dynamic resilience-building approach based on ecological theory, i.e. at child, family, school, community and societal level. There is increasing evidence for the implementation and effectiveness of interventions at all these levels, despite the methodological constraints in their evaluation.

ESCAP POSITION STATEMENT

MENTAL HEALTH OF CHILD AND ADOLESCENT REFUGEES

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Flight and migration are not new phenomena, and many countries in Europe and the Middle East have been experiencing the recent refugee/migration wave. The number of refugees coming to Europe has currently reached staggering proportions in some countries, and it is, to some degree, unpredictable as to what extent, and in which countries, this influx will increase or decrease. The brunt of the refugee influx has been borne by those countries in eastern, southern, middle, and northern Europe that the refugees travel through and finally settle in. A successful – medium- and long-term – integration is fraught with uncertainty due to the possibility of refugees returning (or having to return) to their home countries and the potential development of tensions between subgroups of both the refugees and the local and/or national populations.

In the EU-28 (total population: 508 million inhabitants), first-time asylum applicants in 2015 were 1,255,688, 29% of whom were minors (19 % < age 14; 10 % between 14 and 17 years). Indeed, the numbers of asylum applicants do not capture the scope of the problem, since a large proportion of those fleeing or migrating from conflict zones opt for a residence permit or refuse to apply for either option.

JÖRG FEGERT: KEYNOTE ON YOUNG REFUGEES AT ESCAP 2017

"Leave your offices and go where the problem is"

Français / *Deutsch*

"In most European countries, unaccompanied refugee minors have the same rights as the residents. But one day they become adults and find themselves to be 'only refugees' who can easily be sent back to the war zone they have fled from."

Professor Jörg M. Fegert pictures one of the tragic circumstances that young refugees may have to deal with on their 18th birthday, soon to come. "Imagine what this does to your motivation if you do everything right as a child – at school or in your apprenticeship – and suddenly there is the day on which all of your perspectives come to an end. Even if your boss tells the local authorities that he wants to keep you in his training programme I am not exaggerating. We have seen horrible cases like this and we often see these young people in despair or worse, up to suicidality."

Lessons from Kosovo

Mimoza Shahini: mental health care for refugee children should be "culturally appropriate"

"Eighty per cent of the refugee children that we have seen were symptom-free at their arrival. It was an astonishing experience to see children – coming straight from a horrific war-zone – being so cheerful: they were laughing, playing and having fun. Until something bad happened. One child was badly hurt by one of his friends and we noticed that nobody showed any emotion. No empathy nor compassion, nothing."

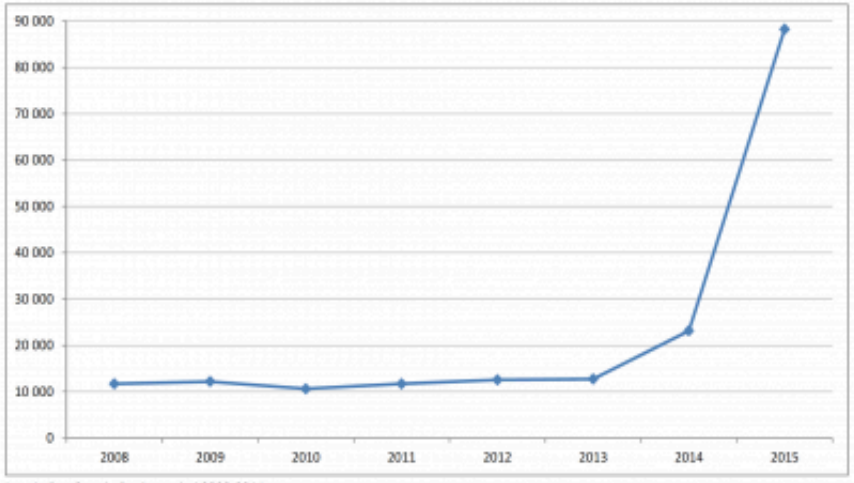
Dr Mimoza Shahini is an expert in combat-related disorders. She published several papers on the subject and works as a lecturer and consultant for the World Psychiatric Association (WPA), NATO and other international organizations. But first and foremost she is an expert by experience, having contributed to the care of refugee children after the Kosovo war (1995-1998). Shahini was in the middle of the emergency mental health care for refugees and she managed to also do research on the event, concluding: "Mental health services that only address traumatic stress may fail to meet the needs of war-affected children. Comprehensive, culturally appropriate services are needed to address a wide range of problems." Dr Shahini holds a treasure of knowledge

Almost 90,000 children without families applied for EU asylum in 2015

Sweden registered 40% of all unaccompanied minors

Among asylum applicants in Europe in 2015, almost 90,000 unaccompanied minors were counted. Most of them – 35,300 – were seeking a safe haven in Sweden. The number of these young refugees without families – around 12,000 for years until 2013 – doubled in 2014 and nearly quadrupled in 2015.

A substantial majority of the so-called *UM's* seeking for protection in EU member states were males (91%), over half of them were aged 16 to 17 and 29% were 14 to 15 years old. About half of the unaccompanied young refugees in 2015 were Afghans (51%). Syria (16%) was the second main country of origin.
The highest numbers of these minors was registered in Sweden (35,300 or 40%), Germany (14,000 or 16%), Hungary (8,800 or 10%) and Austria (8,300 or 9%). The recorded share of minors among asylum seekers was highest in Italy (56,6%), Sweden (50.1%), the UK (38.5%), the Netherlands (36.5%), Denmark (33.7%), Finland (33.2%) and Bulgaria (33.1%).
These figures were released on May 2nd by the statistical office of the European Union, *Eurostat*.



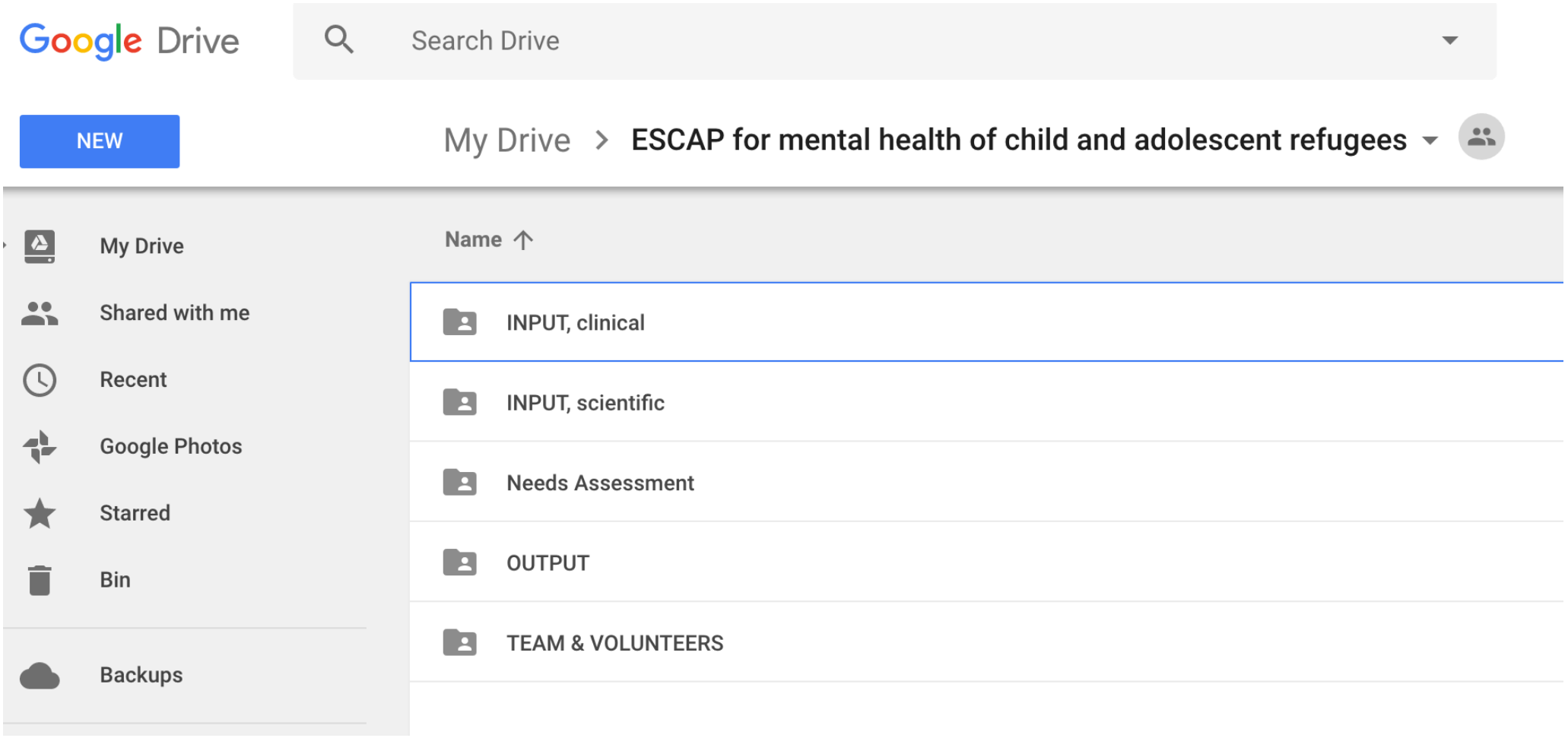
Asylum applicants considered to be unaccompanied minors in EU member states 2008-2015.*

“ESCAP for mental health of child and adolescent refugees”

- WEB FORUM

- Currently, we are well aware of the fact that many questions cannot be answered yet in a satisfactory manner
- as a first attempt to deal with such questions, we introduce an **ESCAP online forum** as chance for professional discussion and easy way to share our professional experience in dealing with issues regarding children's and their families.
- Government should hire many more language and culturally competent people to inform us about the best way to understand the refugee families and their backgrounds and to become more culturally competent.

Fegert, 2017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INPUT, clinical
INPUT, scientific
Needs Assessment
OUTPUT
TEAM & VOLUNTEERS

Volunteers

- ESCAP volunteer team:
  21 mental health professionals

“ESCAP for mental health of child and adolescent refugees”

17th International Congress of ESCAP 2017
Geneva

- Key Lectures
- State of the art lectures
- Symposia

- Keynote lecture – 2017 ESCAP Congress, Geneva
- Care of traumatized children in youth welfare systems
- Jörg M. Fegert

➢ state of the art lecture ESCAP 2017 Congress in Geneva

- 'Where are they all coming from?'
- Panos Vostanis

➢ state of the art lecture ESCAP 2017 Congress in Geneva

- ESCAP for mental health of child and adolescent refugees: facing the challenge together, reducing risk and promoting healthy development
- Milica Pejovic Milovancevic, Henrikje Klasen,

  Dimitris Anagnostopoulos

➢ Symposia

- S02-11: Refugee Youth in Europe and Low-Income Countries, Chair: Karima Assel, Niranjan Karnik
- S04-17: Oral session on “Migrants & Refugees”,Chair: Georgeta Nica
- S03-11: Mental Health Issues of Refugee Children and Adolescents in South East Europe, Chairs: Dimitris Anagnostopoulos, Milica Pejovic Milovancevic
- S02-10: Mental health services and interventions for refugee children and adolescents, Chair: Matthew Hodes

ESCAP Call for Action

ESCAP Call for Action

- The European Society for Child and Adolescent Psychiatry (ESCAP) calls upon all governments and political groups with influence in the regions of conflict and war to draft solutions to resolve 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 prolongation of these conflicts.

ESCAP Call for Action

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- ESCAP calls for all basic health care to be provided to migrants, with a joint focus on children's physical and mental health. The interventions should follow the different options, needs and peculiarities that every country is faced with.
- The different stages of the refugee flight and resettlement process have to be taken under consideration

ESCAP Call for Action

- Organizations (including governmental) should be encouraged to release professionals to work with these populations;
- training of such professionals with respect to the needs of migrants is important.

ESCAP Call for Action

- 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).
- Further, the rights laid down in the CRC should be upheld regardless of the child's immigration status.
- This applies to all children up to the age of 18 years.

ESCAP Call for Action

- All those working with children, adolescents and their families, should safeguard their rights to be heard and to participate in decisions that concern them.
- Hosting countries should particularly try to make the steps leading to a legalization of the residential status and the granting of asylum as transparent as possible.
- This requires provision of information on the time required for decision processes and a basic understanding of how decisions are made.
- An acceleration of such processes will help the youth to adjust in a better way.

ESCAP call for action

- Children should not be separated from their families as long as this is consistent with their best interests.
  - Existing relationships, including those between youths who have strong bonds through shared experiences, should be respected.
  - If the quality of the relationship is deemed trustworthy, the same applies to bonds between unaccompanied youths and adults

ESCAP Call for Action

- Financial resources of every country hosting a larger number of refugees are strained.
- Thus, optimal use of funding is crucial. Investments are initially primarily required for provision of a safe environment, appropriate schooling, and the youth welfare system.
- The promotion of a healthy adaptation of these young people and their families and lowering their risks are crucial.
- More European support is required particularly for less well-off countries with a high number of refugees.

ESCAP Call for Action

- 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.
- A successful educational, cultural, and, if applicable, religious integration is the key cornerstone for future mental health and the prevention of behavioural disorders.

ESCAP Call for Action

- Adolescent refugees who turn 18 and who have started an education/apprenticeship should be allowed to temporarily stay in the respective country to enable them to return to their home country as well-educated individuals.

ESCAP Call for Action

- To meet the current challenge, we need to adopt a public health approach making more use of screening, stepped care, task sharing, and task shifting in our current structures, health care financing, and ways of working.
- Enhancing cultural competence of professionals and monitoring refugees' access and utilization of services are also needed.

ESCAP Call for Action

- We should give a special emphasis toward understanding refugees' experiences and challenges within the new environment and toward fostering resilience among individuals and communities.
- We need to build up and make use of model communities, which have programs in place to promote resilience and integration/assimilation.
- **It is crucial to meet the needs of all youths, native and immigrants, without any discrimination between them.**

ESCAP call for action

- The interventions should follow the different options, needs and peculiarities that every country is faced with
- The different stages of the refugee flight and resettlement process have to be taken under consideration when creating strategies
- Young refugees with developing or pre-existing serious mental disorders need to be identified to ensure access to mental health care

ESCAP through its member societies can contribute to this goal

ESCAP
European Society for Child and Adolescent Psychiatry

ESCAP Call for Action

ESCAP calls on all stakeholders to gather and distribute state-of-the-art knowledge which mainly focuses on the acute needs of refugees, the risk and protective factors for their mental health, and the specific interventions that are needed, taking into consideration the different needs and available resources of the various EU countries.

Part IV

Mental health professionals' role

Key Principles & suggestions

Mental health professionals' role

- 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.
- It is important to identify young refugees with developing or preexisting serious mental disorders and to ensure access to evidence-based psychiatric treatment.
- ESCAP board had an initiative to provide basic information on the dimensions of the crisis under special consideration of minors,
  - illustrating that European countries are differentially affected
  - providing an initial guide as to the needs of the young refugees during and after their flight
  - creating a professional awareness of the implications of the current situation
  - underscoring the need for structured approaches toward acute and medium-term treatment
  - encouraging us all to professionally deal with the crisis as cooperatively and creatively as we possibly can

Mental health professionals' role

- 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

Mental health professionals' role

- 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.

Key Principles for promoting mental health and psychosocial well being

1. All people should be treated with dignity and respect and support self-reliance
   - Helpers may focus solely on what they think needs to be done, without sufficient attention to how their activities may be experienced by refugees and migrants. It is important to provide services in dignified ways with respect for the autonomy and privacy of the person.
2. Respond to people distress should be 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.

Key Principles for promoting mental health and psychosocial well being

3. Providing information about services, supports and legal rights and obligations could be very helpful
4. 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 and negative feelings.

Key Principles for promoting mental health and psychosocial well being

5. Prioritize protection and psychosocial support for children, in particular children who are separated, unaccompanied and with special needs

6. Strengthen family support

7. Identify and protect persons with specific needs

8. Make interventions culturally relevant and ensure adequate interpretation

9. Provide treatment for people with severe mental disorders

Key Principles for promoting mental health and psychosocial well being

10. Do not start psychotherapeutic treatments that need follow up when follow up is unlikely to be possible
11. Monitoring and managing wellbeing of staff and volunteers
12. Do not work in isolation: coordinate and cooperate with others

A message to policy makers

- Clear policies taking into account human rights of migrants, refugees and asylum seekers should be developed.
- Adequate resources should be made available according to the needs.
- Adequate resources for training, including cultural competency training, should be available.
- Different parts of the government (e.g., health, education, justice, home, external affairs) should be involved.
- 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 carried out.

A message to service providers

- Separate or joined up services should be made available, but it is essential that there are no barriers to help seeking.
- Services 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 culture broker or cultural liaison, should be employed where indicated.
- Regular research into epidemiological factors, along with qualitative approaches, should be carried out in order to assess and monitor pathology.
- Regular audits into treatment accessibility, acceptability and usage must be conducted.

A message for us – the clinicians

- Clinicians must have access to resources informing them of specific cultural issues.
- Cultural awareness and competence training must be mandated and regular updates must form a part of this.
- 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.
- Clinicians may wish to discuss and develop specific services, either condition based (e.g., trauma) or gender based.
- Wherever possible, mental health issues of migrants, refugees and asylum seekers should be part of the curriculum and training of clinicians.
- Cultural training is everyone's business and must be a part of training other health professionals, including primary care professionals.

A dilemma for us

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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Ευχαριστώ πολύ-много вам хвала-heel hartelijk bedankt-merci beaucoup- Thank you very much!