



Event Report

World Mental Health Day: Migrants, Refugees and Mental Health

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Event Report



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On the 10th of October 2022, to mark World Mental Health Day, a hybrid event titled 'World Mental Health Day: Migrants, Refugees and Mental Health', was held in the European Parliament. Organised by Mental Health Europe (MHE) and co-hosted by [MEP Estrella Durá Ferrandis](#) (S&D) and [MEP Tilly Metz](#) (Greens/EFA). The event brought together over 100 participants, both online and offline, spanning across EU institutions, European Networks, national experts and persons with lived experience and more.

The conference brought together key actors to discuss the importance of good mental health and how best to provide adequate mental health support in the context of increased migration across Europe. The discussions particularly focused on the need for stronger, more inclusive, accessible mental health promotion, prevention, and services for refugees and migrants in Europe and beyond.

Opening

Commissioner Stella Kyriakides

European Commissioner for Health and Food Safety

In her opening speech the Commissioner highlighted that during crises, the most vulnerable in society, such as women, children, young people, the elderly, refugees, and migrants, are often impacted first and the most. She acknowledged mental health as a timely topic, especially as we are now possibly “facing one of the greatest mental health challenges of this century”.

The Commissioner stated the need for more global action from governments, international organisations, and civil society, to be able to address the many mental health problems that they are faced with. In addition, it is paramount that within the EU, aid must be given to those who have fled the Ukraine violence. Moreover, the Commissioner stressed that reception integration requires improvement and that access to mental health services and support for all should be ensured, through adequate funding.

In her speech, she mentioned the European Commission’s work on mental health and migration. Over 11 million euros for mental health and trauma support was mobilised from the very beginning. The Commission is also supporting the International Federation of Red Cross Societies and other NGOs to carry out psychological first aid, psychological trauma support and counselling for refugees in Czechia, Hungary, Poland, Romania, Slovakia and Ukraine. The Commission has also been working with EU Member States and stakeholders to ensure European societies are conscious and informed to proactively address mental health challenges. In the last three years, over 27 million has been allocated to mental health, including funding for national programmes on suicide prevention, also to support in preventing depression and to have client-based centre community services. The EU’s Healthier Together Initiative also offers comprehensive structured support for action on mental health.

The Commissioner then reflected on the mental health burdens placed on mental health professionals and the workforce. Moreover, the Commissioner referred to the recent announcement of a comprehensive mental health approach by President Ursula von der Leyen. The term “comprehensive” refers to the notion that mental health goes across our society, “whether this is education, or employment, whether this is health, it is important we address it in all areas and we now see how it has been impacted on because of the war and the conflict”.

Before wrapping up, the Commissioner underlined that “preserving mental health is a Commission priority, it’s a personal priority”. She assured the attendees that mental health “...is an ongoing priority, not only on World Mental Health Day, but every single day it needs to be on the top of our agenda”.

The Floor was then passed to MEP Metz to continue opening the event.



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MEP Tilly Metz (Greens/EFA, Luxembourg)
EP Coalition for Mental Health and Wellbeing

MEP Metz shared that she has been sharing her home with a Ukrainian family and has been witnessing first-hand the burden of the conflict on them. She reflected on the difficulties and mental health risk factors faced by people on the move e.g., stress of the uncertainties and language barriers. MEP Metz noted that fleeing a conflict or a dire situation, especially impacts the mental health and wellbeing of children and young people, and that such vulnerable groups require support to deal with traumas they may have experienced. Alongside this, parents and those who care for them will also require educational resources to be well equipped to talk to them about the trauma. She stated that mental health is one of the most urgent public health issues, as trauma is a pervasive, global health concern and is associated with enormous costs to the individual and society.

MEP Metz shared that fortunately, many trauma-informed programs are low cost and effective and called for them to be rolled out immediately at mental health services, to help children, teenagers, and young people to rebuild and improve resilience and wellbeing. Reluctance to access mental health services and stigma, should also be addressed as a priority to ensure the best access to care.

MEP Metz welcomed the words from Ms von der Leyen, but also Commissioner Stella Kyriakides' commitment to mental health. However, the EU Health budget should be increased considerably, contrasting to the Union's continuous budget cuts. Lastly, she stressed to be coherent, as the reinforcement of public health services need to be placed as one of top EU action priorities.

Setting the Scene



Ronan Mangan

Red Cross EU Office – Head of Unit for Social Inclusion

Ronan provided insight into the scope of the work of the Red Cross. 26 out of the 27 Red Cross and Red Crescent Societies in the EU (or National Societies), focus on health and mental health programs and activities, which serve a diverse range of different target groups. Target groups include vulnerable groups, such as older people, people with disabilities, and migrants. Services range from counselling to peer support, alongside other forms of therapeutic interventions. The work of the International Federation of Red Cross Societies on psychosocial support and mental health derives from IFRC Reference Centre for Psychosocial Support, in Copenhagen, which aids all National Societies working on psychosocial support and mental health.

Ronan highlighted some of the key mental health problems that migrants are more likely to experience (including multiple times), such as prolonged PTSD, anxiety, and depression. He noted this was often due to danger and violence (e.g., sexual and gender-based violence), detention, family separations, poor reception conditions and prolonged asylum procedure, along the migratory journey: which are interconnected with social exclusion and discrimination. He called for cross border actions and exchanges between EU member states to address the challenges in health and mental health that migrants and others within the migration pathway often face. Moreover, Ronan underscored the lack of consideration for the identification of health, social and mental health needs of migrants, including people with insecure status such as undocumented people (e.g., respect of firewalls).

Ronan provided an overview of the two-year European Commission funded project, which commenced in July, to assist people fleeing Ukraine in urgent need of mental health and trauma support services. The project focuses on the provision of quality and timely psychological first aid and mental health support to those affected by the Ukraine crisis, both in Ukraine and other impacted countries. The project also extends to support for caregivers. Ronan concluded his speech by noting that vulnerable groups such as Roma people are facing multiple forms of discrimination in accessing essential and tailored services.



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Verena Knaus

UNICEF – Global Lead on Migration and Displacement

Verena provided statistics on the mental health challenges of young people. For example, every single day in Europe three adolescents between the ages of 10 and 19 years of age take their lives. 40 million children and adolescents around the world are displaced, including 11 million refugee children displaced across borders and 25 million internally displaced, alongside another 30,000 children forced to leave their homes every day. Verena stressed that children on the move are burdened with traumas and difficulties they have faced, such as experiencing violence, witnessing deaths, bombings, experiences of being detained, family separations and more.

Nevertheless, investments in the mental health response and psychosocial support services have not kept up with the demands. As such, it is essential to address the intersection between mental health and children on the move because:

1. Children on the move are disproportionately vulnerable to mental health challenges.
2. Mental health is a global public good and trauma knows no borders. The costs of ignoring and underinvesting in the mental health wellbeing of children affected by conflicts will be shared. As a global actor, Europe must address this issue.
3. Mental health and mental wellbeing are essential for well-functioning asylum systems, for humane migration management and for successful integration policies. Consequently, asylum or migration policies that ignore such challenges cannot be good, efficient, or effective. It is in Europe's own best interest to invest in a mental health infrastructure – personnel, services and support – to address upfront the mental health crisis of those who seek refuge in Europe.



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Verena concluded her remarks with 5 key asks, these included:

- 1.** A strategy on mental health should be developed in Europe, to mainstream child wellbeing and child mental health across EU policies, which would equip the EU to become a global mental health champion. Such a strategy should be accompanied with intervention packages and should be co-designed with children and young people to promote integrated community-based approaches to mental health.
- 2.** More investment in frontline responders is needed in the EU. Here, the EU could build on the good experiences, draw on resources from the EU4Health programmes, from the Asylum, Migration and Integration Fund (AMIF), to invest in a workforce of trained health, social and family outreach workers equipped with the skills to reach and work with migrant and refugee children and their caregivers to provide those services where they are needed.
- 3.** Funding set aside for social inclusion and human development in the Global Europe instrument and humanitarian funding set aside for preparedness, response and recovery should be utilised to globally scale up investments in education emergencies, strengthening child protection and the support for psychosocial recovery and mental health.
- 4.** Increased care for the carers is a necessity. It is crucial to invest in carers, such as frontline providers, the parents, the caregivers, the family members, and the mental health professionals, to protect their capacities to provide shelter, protection, and support.
- 5.** The EU Asylum and Migration Pact should be mental health proofed. No legislation should go forward that, whether intentionally or unintentionally, does harm to children. Policies and practices such as child immigration detention, delayed family reunification, being denied access to education or play, or experiencing forced returns can leave mental health scars for life. Legislation on asylum and migration must proactively mitigate mental health risks. This should encompass ending child immigration detention, moving from closed door reception facilities to appropriate housing and shelter, ensuring education, and family reunification is quick and effective.

Mental health and asylum and migration policy are a trio and need to come together. UNICEF believes those 5 recommendations are achievable.

Panellists



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Laetitia Van der Vennet

Platform for International Cooperation on Undocumented Migrants (PICUM) – Advocacy Officer

Laetitia commenced her intervention by noting that although undocumented migrants are often portrayed as vulnerable, it is essential to recognise the great strength they show in the face of great adversities.

She then explained that undocumented people frequently live in very precarious situation, often facing difficult living and working conditions, limited economic opportunities, exclusion from key services and the possibility of facing deportations which can contribute to chronic stress, uncertainty, inequalities, and erode health, wellbeing, and mental health. Regardless of such circumstances, the mental health or mental distress of undocumented people are often neglected by policy makers as well as service providers. Moreover, Laetitia highlighted that they are also overlooked in legal processes, with only four EU member states having frameworks where mental health services are accessible, in theory. Therefore, in the vast majority of cases, individuals cannot legally access mental health services.

Laetitia noted the impact of insecure residence status on mental health and wellbeing and discussed the challenges of young people who are undocumented. She conveyed that there are countries where it can take up to a decade to regularise an individual's stay. Consequently, this can be a heavy burden to bear because there are often feelings of insecurity and uncertainty, which can impact mental health, and can last until the person has secure status. As an example, Laetitia referred to children who grew up in Europe and experienced mental health risk factors once finding out about their undocumented status or they age out into undocumented adulthood, consequently losing their residency permit once they turn eighteen.

Before ending her intervention, Laetitia, underlined the importance of language and the need to stay away from stigmatising and dehumanising language. She also stated the need to reframe the conversation as the focus often rests on individual responsibility in migration and not on the systemic components that lead to the continuation of this problem. Laetitia connected this with the blame or guilt undocumented parents face, due to raising children in such turbulent situations, but rather stressed the need for nuanced discussion around the systems that causes them to become or remain undocumented.



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Frohar Poya

European Network of Migrant Women – Project Officer

Frohar shared that women and girls face multiple challenges in pre and post migration. She noted that migrant women encounter different stressors and trauma that can impact their mental wellbeing and can lead to depression, anxiety, and PTSD. As such, when considering any service delivery, including mental health services for migrant women, their migratory journeys and experiences must be taken into consideration.

During her presentation, Frohar presented a number of quotes and key recommendations published by the European Network of Migrant Women focused on migrant women's mental health and wellbeing. She highlighted that migrant women and girls are often impacted by poverty, unemployment, detention, discrimination, legal dependency, and social, religious, and cultural peer pressure within communities.

Frohar mentioned that to address the socio-economic barriers impacting migrant women, the root causes (access to housing, employment, health, and lack of sufficient income) should be tackled, including systematic-institutional discrimination. In particular, she noted that migrant and refugee woman and girls are at a higher risk of specific forms of violence such as sexual and reproductive violence, sexual exploitation, prostitution and trafficking. Additionally, she stressed the need for better coordination between frontline services, to ensure comprehensive mental healing. In guaranteeing mental health needs are met, Frohar underlined that the social determinants of mental health need to be addressed.

Towards the end of her intervention, regarding intersectionality Frohar discussed, that the services are often not tailored towards migrant women and their experiences (e.g., sex-based violence, motherhood, cycle of women's life, female sexuality and understanding young girl's needs). Thus, presenting access barriers such as language, childcare, transportation, long-time to see a specialist, lack of access to basic information and awareness about available services. She presented a recommendation from the report which called for the availability of specialised services and holistic approaches to mental health, including women friendly programs, support groups and assistance.



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Jonas Bull

Human Rights Watch – Assistant Researcher, Disability Rights Division

Jonas Bull started his intervention with the following quote:

“...there is nobody. I am alone in this country. I don’t have any relatives. I don’t have any friends. I am alone. During the night I maybe sleep three to four hours. I am in bed, but my mind is not in bed. My mind is in Afghanistan”.

The quote was pulled from research published by Human Rights Watch in March 2022, focusing on the situations of Afghans in France, which previously hosted the 2021 Global Mental Health Summit. The research concentrated on the mental health of Afghan NGO workers, journalists, rights activists, and those that previously worked with foreign militaries and government, who were evacuated to France given their heightened risk of persecution from the Taliban following their return to Kabul in summer 2021.

The report included outcomes from interviews with Afghans between November 2021 and March 2022 to understand their legal situation, housing conditions and identify any barriers in access to psychosocial support following experiences of trauma. A positive finding included the efforts of the French government in welcoming, accommodating and supporting Afghan evacuees. Several evacuees from the research confirmed they received positive responses regarding their legal status within weeks and were granted long-term stay. In contrast, the report identified that all Afghan evacuees in the research were grappling with traumatic stress and experiences. Examples shared included recalls of the chaotic scenes at Kabul airport, being separated from family members, waiting for hours in front of the airport gates, and fearing violence. In addition, once individuals safely arrived in France and relief about physical safety subsided, they began to relieve traumas. Moreover, many struggled with being far away from their family, especially because some of the family members received threats from the Taliban.

Mental health support was also not available and accessible everywhere, with services varying across regions. There were also big gaps in services between urban and rural areas. Service providers in major cities conveyed being overwhelmed by those seeking support, even before evacuees arrived. Jonas called for EU member states to ensure all refugees and asylum seekers have sufficient access to quality and appropriate mental health support.

Closing



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MEP Estrella Durá Ferrandis (S&D, Spain)

EP Coalition for Mental Health and Wellbeing

MEP Durá Ferrandis raised that strengthening mental health systems in Europe is an urgent matter. She mentioned the new mental health initiative that was announced by President von der Leyen and the upcoming debate council and commission statements on mental health in the provisional agenda of the next European Parliament plenary in Strasbourg. MEP Durá Ferrandis expressed that this would support the start of close dialogues with the European Commission, laying the foundation of the much-needed strategy in the EU.

MEP Durá Ferrandis underlined that the mental health initiative should be a mental health strategy at European level, and listed 4 pillars that the strategy should be based on:

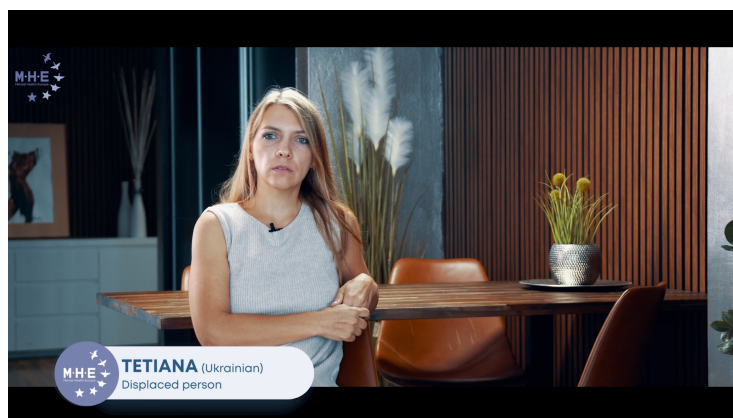
1. **Education:** Taking care of emotional health from childhood and adolescence is one of the greatest challenges today. This should be integrated with academic competencies, promoting personal effectiveness and communication skills. The mental health of teachers should also be supported.
2. **Environment:** Urban environments with unsustainable transportation systems which lack space, ultimately increase air pollution, noise, and heat, reducing opportunities for physical activities affecting people's physical and mental health. As human beings we need to feel that we are in harmony with the environment.
3. **Digitalisation:** The impact of digitalisation on different life contexts, especially in the work contexts, must be considered. Whether digitalisation and misuse of artificial intelligence (AI) systems, with the lack of legislation, is generating precarious working conditions and an increase in work related mental-ill health such as anxiety and depression or burnout, should be assessed.
4. **Mental Health Systems:** Health systems must provide good mental health care to all people and promote comprehensive models that include access to mental health services for all, for everyone including migrants, refugees, and unaccompanied minors. Priority must be given to family reunification and adequate reception conditions, removing obstacles to basic services and integration measures. Member states must also avoid the detention of minors and ensure that unaccompanied minors have legal representatives and guardians. The strategy must approach public health from angles and in coherence with The Global Compact on Refugees and the Child Guarantee. The strategy should advocate for the inclusion of these people, especially children in educational centres, guaranteeing their access to health systems. The inclusion of the refugee population is only possible within a completely free universal, public health model capable of responding to this type of situation. What we need above all is a true paradigm shift in the economic model, which is why the mental health strategy must be built on the pillars of the welfare states.

MHE Video Testimonials

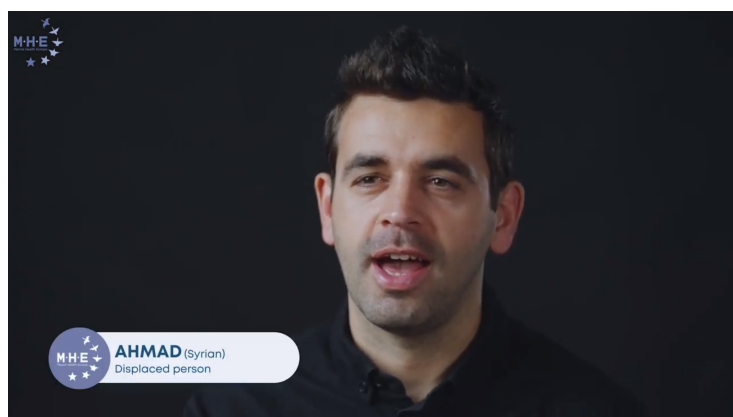
Our stories: Seeking mental health in the context of migration

For this year's World Mental Health Day, Mental Health Europe produced two video testimonials to share the stories of people who have been displaced and encountered challenging migration journeys. Those interviewed included Tetiana, a Ukrainian woman with two young children who is now living in Slovakia and Ahmad, a Syrian former refugee now living in the UK. Their stories take us inside the migration journey, the struggle of fleeing one's country with the uncertainty of where to go, the practical challenges of settling and integrating into a new country, and the impact that this process has on mental health.

Testimonial: Tetiana – <https://www.youtube.com/watch?v=8HRvc-1139c&t=2s>



Testimonial: Ahmad – https://www.youtube.com/watch?v=Vbk_kdB944Q





www.mhe-sme.org

Mental Health Europe (MHE) is the largest independent network organisation representing people with mental health problems, their supporters, care professionals, service providers and human rights experts in the field of mental health across Europe. Its vision is to strive for a Europe where everyone's mental health and wellbeing flourishes across their life course. Together with members and partners, MHE leads in advancing a human rights, community-based, recovery-oriented, and psychosocial approach to mental health and wellbeing for all.

If you want to know more, visit the MHE website and subscribe to the MHE Newsletter.



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