



Mapping of mental health policies for third-country national migrants

EMN INFORM

July 2022



1. INTRODUCTION

This inform maps the policies in place in European Union (EU) Member States¹ to provide support to legally residing migrants and ensure their access to mental health services. It focuses on the underlying challenges that migrants face in accessing mental health services, and the practices developed by Member States to address these challenges.

This inform focuses on all third-country nationals who legally reside in the EU, including refugees. Migrants in irregular situations are not included in the scope of this inform. The focus of the inform is not on the legal rights of migrants to access mental health services. Rather, it focuses on the challenges migrants may face in accessing the services to which they are entitled, and how those

challenges are resolved by Member States. The provision of health services depends on Member States' individual healthcare systems and how these are organised (i.e. public and/or private health providers, public and/or private health insurance, with possible out-of-pocket payments required).² Challenges may stem from a wide range of factors, including linguistic or cultural barriers, lack of information or knowledge about entitlements to care, limited entitlement to receipt of state-funded care, and discrimination or fear of discrimination.³ The inform takes into consideration that specific categories of migrants, including women, children, people with disabilities, and migrants with other vulnerabilities may have additional needs and entitlements to care.



2. KEY POINTS

- While 14 Member States do not have a relevant national strategy or policy that references migrants' mental health,⁴ 10 Member States have a relevant strategy at national level.⁵
- Nine Member States' national strategies have a special focus on vulnerable groups of migrants or migrants with specific needs (age, gender, victims of torture, etc.).⁶
- National, regional and local authorities are typically involved in the provision of mental health services, followed by non-governmental organisations (NGOs) and the private sector.

1 Information presented is based on the ad hoc query (AHQ) '2021.71 European Migration Network (EMN) inform on mapping of mental health policies for migrants', with responses from: AT, BE, BG (Q1-Q3 only), CY, CZ, DE, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, SE, SI, SK.

2 World Health Organization (WHO), 'Report on the health of refugees and migrants in the WHO European Region', 2018, <https://apps.who.int/iris/bitstream/handle/10665/311347/9789289053846-eng.pdf?sequence=1&isAllowed=y>, last accessed on 11 November 2021.

3 WHO, 'Mental health promotion and mental healthcare in refugees and migrants', 2018, Copenhagen, WHO Regional Office for Europe, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf%3Fua%3D1, last accessed on 2 September 2021.

4 BE, BG, CY, CZ, DE, FR, HR, HU, LT, LU, LV, PL, SE, SK.

5 AT, EE, EL, ES, FI, IE, IT, MT, NL, SI.

6 AT, EE, ES, FI, FR, HR, IE, IT, SI.

- In the majority of Member States,⁷ once an individual has been granted legal status to remain on the territory, they have the same access to mental health services as national and resident EU citizens, in line with the requirements of several Directives included in the EU asylum and legal migration acquis.
- The most common priority identified in national policies/strategies was advancing migrants' social integration as a means to promote their mental health, followed by clarifying and sharing information on entitlement to care and ensuring that the mental health workforce is trained to work with migrants.
- Migrants were involved in drafting policies/strategies on access to mental health in eight Member States. Five of these eight have policies/strategies that refer to migrants' mental health,⁸ while the remaining three have relevant local projects and activities.⁹
- 18 Member States¹⁰ observed challenges faced by migrants in accessing mental health services, ranging from practical issues such as language barriers, lack of information, difficulties in accessing mainstreamed services, high costs, and long waiting lists, to social and cultural issues including stigma, taboo, lack of awareness, lack of trust, and socioeconomic disadvantages.
- 18 Member States reported that the challenges faced in providing mental health services to migrants in the Member States broadly mirrored those faced by migrants themselves.¹¹ The two main issues identified related to language and cultural differences between migrants and practitioners, followed by lack of financial and human resources or specific expertise.
- 10 Member States¹² identified challenges specific to certain groups or categories of migrants when accessing or providing mental health services, including women, children, victims of gender-based violence and victims of trauma.
- 21 Member States provided examples of measures that improved access to mental healthcare for migrants,¹³ including measures that facilitated affordable and non-discriminatory access and measures that reduced communication barriers.
- 16 Member States identified measures that improved the provision of mental health services for migrants, typically training professionals, providing specialised services and ensuring migrants' access to mental health services through universal access to healthcare.¹⁴



3. BACKGROUND AND CONTEXT

Research indicates that migrants, particularly those who were forced to flee their country of origin, may be at higher risk of developing mental health conditions. This may be due to exposure to stressors before, during, and after the migration process, the prevalence of which is highly variable across studies and population groups.¹⁵ At the pre-migration stage, stressors may result from human rights abuses and other types of extreme hardship that migrants may face in their country of origin.¹⁶ Many migrants take the migration journey alone without access to their support networks. Some migrants might also face challenges during the journey: the nature and conditions of travel and the level of access to health facilities might create a higher risk of mental distress.¹⁷ At the post-migration stage, the process of leaving the country of origin and adapting to a different cultural environment

can lead to mental health issues among all groups of migrants.¹⁸ A lack of social integration and unemployment might worsen migrants' psychological reactions, such as hopelessness, fear, anxiety, sadness or anger, as well as behavioural and social difficulties, including sleep problems, restlessness, social withdrawal, and intrusive memories.¹⁹

Research has raised concerns about the barriers and obstacles faced by migrants in accessing mental health services,²⁰ especially for refugees, who face a higher incidence of mental health issues compared to the host population and non-refugee migrants.²¹ Some of these barriers include lack of knowledge about healthcare and their entitlements, fear of discrimination, poor command of the language of the host country, belief systems and cultural expectations, and a lack of trust in professionals

7 BE, BG, CY, CZ, DE, EE, ES, FI, FR, HR, HU, IT, LT, LU, MT, NL, SE, SI.

8 FI, FR, IE, SI, NL.

9 CZ, HR, SE.

10 AT, BE, CZ, DE, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, MT, NL, SI, SK.

11 AT, BE, CZ, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, SE, SI, SK.

12 AT, FI, FR, IE, IT, LT, LV, MT, NL, PL.

13 AT, BE, CZ, DE, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, SE, SI, SK.

14 AT, BE, CY, EL, ES, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, SI.

15 Mental Health Europe (MHE) and European Public Health Alliance (EPHA), 'EU funds for migrants' mental health: some considerations', n.d., https://www.mhe-sme.org/wp-content/uploads/2020/02/EU_funds-for-migrants-MH_considerations_new.pdf, last accessed on 11 November 2021.

16 Idem, p.3.

17 Idem, p.3.

18 WHO, 'Mental health promotion and mental healthcare in refugees and migrants', 2018, Copenhagen, WHO Regional Office for Europe, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf%3Fua%3D1, last accessed on 2 September 2021.

19 MHE and EPHA, 'EU funds for migrants' mental health: some considerations', n.d., https://www.mhe-sme.org/wp-content/uploads/2020/02/EU-funds-for-migrants-MH_considerations_new.pdf, last accessed on 11 November 2021.

20 Idem, p.3.

21 WHO, 'Public health aspects of mental health among migrants and refugees: a review of the evidence on mental healthcare for refugees, asylum seekers and irregular migrants in the WHO European Region', 2016, https://www.ncbi.nlm.nih.gov/books/NBK391045/pdf/Bookshelf_NBK391045.pdf, last accessed on 29 November 2021.

and authorities.^{22,23} Early interventions and support (which can form part of mental healthcare policies) can target and minimise those risks.^{24,25} These can take a variety of forms including community awareness/education on mental health conditions, promotion of mental health services/providing information on available support, establishing community centres to promote early detection of symptoms, etc.²⁶

As stated in the new EU Action Plan on Integration and Inclusion 2021–2027,²⁷ mental health is crucial to migrants' integration. The COVID-19 pandemic has further intensified the mental health risks for migrants and refugees, particularly those living in precarious housing and employment conditions.²⁸ It has exacerbated pre-existing stressors, with migrants feeling further from home and from their support networks.^{29,30}

4. NATIONAL STRATEGIES

This section provides an overview of Member States' national strategies on migrants' mental health. It also presents an overview of the key priorities and actors involved in providing mental health services to migrants in the Member States.

Overview of member states' national strategies on migrants' mental health

Fourteen Member States do not have a specific national strategy that refers to migrants' mental health,³¹ while 10 Member States have relevant strategies at national level.³²

Of the 10 Member States that have relevant national strategies or policies, the majority reported that migrants' mental health was considered as part of national health policy.³³ In the Netherlands, the New Integration Act (from 2022) refers to the mental health of residence permit recipients. Under the Act, municipalities aim to examine the personal circumstances of the individuals concerned, including their physical and mental health, as part of the so-called broad intake in order to develop a personalised plan as part of the integration and participation process.

Migrant mental health is covered under national health insurance in six Member States.³⁴ Table 1 summarises Member States' references to migrant mental health in specific action plans/strategies.³⁵

Table 1: Overview of Member States' specific references to migrants' mental health in policies and operations

Member State	Reference in policies/strategies
Estonia	A Mental Health Strategy was developed and launched in 2020, which includes migrants and refugees among vulnerable groups at higher risk of experiencing mental health issues. The strategy foresees delivering training modules to front line staff providing primary support. Providing training and support to migrants and refugees to increase awareness of their own mental health and needs. The strategy establishes that the design and provision of services targeting migrants should take into account their mental health needs to the extent possible.
Finland	The Finnish Institute for Health and Welfare (THL) established a nationwide PALOMA Centre of Expertise that aims to improve Finnish healthcare services for migrants. The need to improve mental healthcare services for migrants has also been acknowledged in the National Strategy for Mental Healthcare.

- 22 WHO, 'Mental health promotion and mental healthcare in refugees and migrants', 2018, Copenhagen, WHO Regional Office for Europe, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf%3Fua%3D1, last accessed on 2 September 2021.
- 23 WHO, 'Public health aspects of mental health among migrants and refugees: a review of the evidence on mental healthcare for refugees, asylum seekers and irregular migrants in the WHO European Region', 2016, https://www.ncbi.nlm.nih.gov/books/NBK391045/pdf/Bookshelf_NBK391045.pdf, last accessed on 29 November 2021.
- 24 European Union Agency for Asylum (EASO), 'Mental health of applicants for international protection in Europe', 2020, <https://euaa.europa.eu/sites/default/files/EASO-Mapping-Report-Mental-Health-EN.pdf>
- 25 EASO, 'Consultations with applicants for international protection on mental health' https://euaa.europa.eu/sites/default/files/publications/Consultations_with_Applicants_for_International_Protection_on_Mental_Health.pdf
- 26 Guízar Sánchez, D.P., Ramos-Tovar, M.E., Torres-Hostos, L.R., De La Cruz-Lugardo, P.I., Torres, M.I.M., Avellaneda, F. and Matuk-Villazon, O., 'A transnational model of migrant mental healthcare with a human rights perspective and a social justice lens', 2021, <https://www.healthaffairs.org/doi/10.1377/hblog20210803546772/full/>, last accessed on 29 November 2021.
- 27 From the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Action plan on Integration and Inclusion 2021–2027, Brussels, 24.11.2020 COM(2020) 758 final, <https://ec.europa.eu/migrant-integration/news/the-ec-presents-its-eu-action-plan-on-integration-and-inclusion-2021-2027>, last accessed on 15 September 2021.
- 28 WHO, 'ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19', 2020, <https://apps.who.int/iris/handle/10665/337931>, last accessed on 29 March 2022.
- 29 International Organization for Migration (IOM), 'Migrants and COVID-19: How to take care of mental health', 2020, <https://rosanjose.iom.int/site/en/blog/migrants-and-covid-19-how-take-care-mental-health>, last accessed on 2 September 2021.
- 30 WHO, 'Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices', 2021, <https://www.who.int/publications/item/9789240028906>, last accessed on 29 March 2022.
- 31 BE, BG, CY, CZ, DE, FR, HR, HU, LT, LU, LV, PL, SE, SK.
- 32 AT, EE, EL, ES, FI, IE, IT, MT, NL, SI.
- 33 AT, CZ, EE, ES, FI, IE, IT, MT, SI.
- 34 AT, CZ, ES, NL, SI.
- 35 EL, FI, FR, IE, IT, MT, SI.

Member State	Reference in policies/strategies
France	Since 2018, measures and action target those most in need of access to mental healthcare, especially migrants, under the Mental Health and Psychiatric Roadmap. Following a review January 2022, the provision of psychiatric and psychological support for all populations is to be strengthened, recognising the impact of COVID-19 on migrants and vulnerable groups. The May 2021 Vulnerability Plan complements the roadmap and aims to strengthen the response to asylum seekers' and refugees' vulnerabilities. Particular responses will include the development of information for migrants on facilities for access to care and dedicated facilities for the most vulnerable, the creation of health pathways for migrants, and earlier identification and better orientation of this group.
Greece	The national policy on migrants' mental health focuses on promoting the social integration of migrants with mental health problems. It foresees the creation of community-based mental health services and residential services for minors and adults with mental health problems, as well as the interconnection of mental health services with existing social services and advocacy actions targeting stigma and discrimination. The policy will be funded by the upcoming EU structural funds.
Ireland	The Connecting for Life Strategy identifies asylum seekers, migrants and refugees among priority groups that face particular challenges to their mental health and wellbeing. These priority groups are also acknowledged in the strategy 'Sharing the Vision: A Mental Health Policy for Everyone', which recognises the need for tailored interventions. The Health Service Executive (HSE) Second National Intercultural Health Strategy (NIHS) provides a comprehensive and integrated approach to addressing health and support needs of service users from diverse ethnic and cultural backgrounds. The NIHS outlines the challenges that migrants face and makes targeted recommendations in relation to migrants' mental health.
Italy	The National Institute for Health Promotion of Migrant Populations and Poverty Eradication (INMP) was established in 2007 to address the challenges related to access to health for the most vulnerable groups and migrants.
Malta	The National Mental Health Strategy was published in 2019 and recommends the involvement of workplaces in early identification, support and referral for people presenting with mental illness, with a focus on migrant workers.
Slovenia	Resolution on the National Mental Health Programme 2018-2028 (RNMHP18-28) was adopted to promote access to mental health services for the most vulnerable.

Nine Member States place special focus on vulnerable groups of migrants or migrants with specific needs within their national strategies/policies.³⁶ In several Member States, national strategies/policies refer to the age of migrants as a factor when accessing healthcare, especially for children and unaccompanied minors.³⁷ Four Member States' strategies consider gender when identifying vulnerable groups.³⁸ In Finland, a specific focus is put on rehabilitation following torture, and treatment for psychological trauma. Similarly, in Italy, the Official Gazette Guidelines provide a pathway to assistance for third-country national victims of violence and torture, which can be accessed from the earliest detection through to rehabilitation. Other categories that were prioritised in France include resettled migrants and migrants suffering from trauma due to their migration pathways. **For the 14 Member States that do not have relevant national strategies or policies**, in most cases, third-country nationals have equal access to the mental health services available to nationals and other EU citizens.³⁹ In three Member States, migrants legally residing in the Member State must have

compulsory health insurance in order to access mental health services.⁴⁰ In Luxembourg, access to mental health services for employed people is linked to enrolment with social security services, as well as their spouse and dependent family members, while unemployed people must be registered with the Joint Centre of Social Security.

Some Member States that provide equal access to health services pay particular attention to the mental health of refugees as a vulnerable group.⁴¹ In Germany, refugees' mental health was highlighted as a priority in action plans on integration. In four other Member States, refugees are provided with psychological and psychotherapeutic assistance based on individual evaluations.⁴²

Two Member States without specific national strategies have begun reforms or are developing new policies that specifically target migrants' mental health.⁴³ In Sweden, the National Board of Health and Welfare and the Public Health Agency was assigned to develop a national strategy for mental health and suicide prevention by 2023. In the Slovak Republic, reform is underway as part of the

36 AT, ES, FI, FR, HR, IE, IT, MT, SI.

37 AT, ES, FI, FR, HR, IE, SI.

38 ES, FR, HR, IE, MT.

39 BE, CY, CZ, DE, FR, HR, HU, LT, LU, LV, PL.

40 CZ, EE, HU.

41 DE, HR, HU, LT, LU, LV.

42 HU, LT, LU, LV.

43 SE, SK.

country's Recovery and Resilience Plan. The main aim of the reform is to ensure humane, modern and accessible mental healthcare for all inhabitants, with special attention for vulnerable groups. The reform envisages new multidisciplinary and intersectoral (ministerial) cooperation between experts providing mental healthcare services. The National Mental Health Programme is also being updated, while a new law on psychological activities and psychotherapy should be adopted by the end of 2022.

Priorities

The most common priorities identified by national policies/strategies in Member States were: promoting migrants' social integration as a way to protect their mental health, clarifying and sharing information on entitlements to care, and ensuring that the mental health workforce is trained to work with migrants. Other priorities varied between Member States, as shown in Table 2.

Table 2: Overview of Member States' key priorities in respect of migrants' mental health

Priority	Member States
Promoting mental health through social integration	CZ, FI, HR, IE, MT, SI, SK
Clarifying and sharing information on entitlements to care	FI, FR, IE, MT, SK
Ensuring that the mental health workforce is trained to work with migrants	FI, HR, FR, IE, NL, SI
Mapping outreach services (or setting up new services if required)	CZ, FR, MT, NL
Making interpreting services and/or cultural mediation services available	FI, HR, FR, IE, MT, NL
Working towards integration of mental, physical and social care	CZ, HR, FI, NL, SI
Promoting mental health literacy/awareness-raising	CZ, EE, FI, FR, IE, NL, SI
Sharing principles of good practices nationally/across countries	CZ, FI, NL
Investing in long-term follow-up research and service evaluations for service planning/provision	CZ, IE
Having programmes on mental health literacy/awareness raising	CZ, FI
Other priority action areas	ES, IE, LT, LV

The other priority areas ranged from granting access to universal healthcare (including mental health) in Spain, to the delivery of specialised services to victims of torture and related trauma. Latvia and Lithuania reported priorities on mental health and migrant children, respectively. These included mental health assistance (Latvia), mental health promotion and prevention of mental disorders, and strengthening the role of patients, their families and society at large (Lithuania).

Box 1: Priorities in migrants' mental health in the Netherlands⁴⁴

- Mapping outreach services: in the Netherlands, municipalities are responsible for organising healthcare outreach for those who need care. Currently, there is a national subsidiary for establishing a neighbourhood-level outreach social care provider, the District Municipal Health Provider (*Wijk-GGd'er*)
- Making interpreting services available: from January 2022, the cost of an interpreter will be reimbursed through a specific premium within the new financing system for mental healthcare (*Zorgprestatie model*).
- Working towards integration of mental, physical, and social care: a primary mental healthcare

provider is available in most Dutch general practitioner (GP) offices, (the so-called POH-GGZ). Various vision and discussion papers emphasise the importance of integration and collaboration between mental, physical and social care.

- Sharing principles of good practices: this is a continuous effort, including, for example, the ZonMW 'Grip on Incomprehension' (*grip op onbegrip*) programme, for which good practice sharing is a primary goal. The Association of Dutch Municipalities (*Vereniging van Nederlandse Gemeenten* -VNG) also aims to do this by focusing on government subsidised social care.
- Promoting mental health literacy/awareness raising: mental health awareness campaigns are a continuous priority in the Netherlands. The 'Hey, it's okay' campaign initiated by the Ministry of Public Health, Welfare and Sport (*Ministerie voor Volksgezondheid, Welzijn en Sport* – VWS), for example, promotes acceptance and open discussion of mental health issues.
- Ensuring that the mental health workforce is trained to work with migrants: Training the mental health work force to work with migrants is a focus point in the work of research and expertise institutes and NGOs.

44 Not all of the examples focus solely on migrants, but, rather, on equal access to healthcare in general and on the integral approach to (mental) health.

Actors involved

The main authorities involved in providing mental health services are typically national, regional and local authorities, followed by NGOs and the private sector (see Table 3).

Table 3: Key actors providing mental health services to migrants in Member States

Actor	Member States
National, regional, local authorities	BE, CY, CZ, DE, EE, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, SE, SI
NGOs	AT, BE, CY, CZ, DE, EE, EL, FI, FR, HR, IE, IT, LT, LU, LV, NL, SI, SK
Private sector	DE, EE, FI, FR, LT, LV NL

Four Member States specified that ministries were the main national actors actively working to provide support and guidance on migrants' mental health,⁴⁵ including the Ministry of Health in Cyprus, Ministry of Solidarity and Health in France, Ministry of Health and Ministry of Labour, Pension System and Family in Croatia and the Department of Health (with services delivered by the HSE) in Ireland. Seven Member States⁴⁶ explained that migrants' mental health was the responsibility of regional and local authorities, including municipalities, and other local offices and hospitals.

In several Member States, NGOs play an important role in providing and promoting equal access to mental health to the most vulnerable groups of migrants, including refugees and unaccompanied migrants.⁴⁷ Their role varies from providing early intervention services, free counselling and psychotherapy, to information about access to services available through the public health system, to training for health institutions and professionals.

Box 2: Central role of NGOs in providing mental health services in the Slovak Republic

Currently, NGOs provide sole access to mental health services for migrants in the Slovak Republic. The Slovak Humanitarian Council provides psychological care to migrants within three projects supported by the Asylum, Migration and Integration Fund (AMIF) programme. One of these projects, Rifugio, facilitates the integration of people who have been granted international protection status, including through psychological intervention and counselling.

Participation of migrants

Overall, migrants were involved in drafting policies/strategies on mental health access in eight Member States, including five Member States with current policies/

strategies,⁴⁸ and two that had no specific policies/strategies but had related local projects and activities.⁴⁹

In three Member States, migrants were consulted through specific projects.⁵⁰ In Ireland, the development of the 'HSE Second National Intercultural Health Strategy' was a collaborative and inclusive process that involved migrants directly through interviews and focus group discussions. Migrant organisations were also invited to provide written submissions during the development of 'Sharing the Vision: A Mental Health Policy for Everyone'. In Slovenia, consultation took place through NGOs with direct connections with migrants.

Box 3: Consultation with migrants at local level in Finland

In Finland, during its set-up phase, the PALOMA COE carried out interviews with migrants to inform the content of the PALOMA handbook and the themes to be covered in training. The PALOMA COE has one employee tasked primarily with communicating with migrant-origin residents and migrant organisations.

For two Member States that included mental health in their integration policies,⁵¹ consultation with migrants formed part of developing integration services. In France, migrants were consulted on mental health in advance of the decentralised integration policy. Also in France, three inclusive facilities were developed by the Interministerial Delegation for reception and integration of refugees (DIAIR): 1) Territorial contracts for the reception and integration of refugees (CTAIR) with territorial diagnostics and taking into account specific features, 2) Refugiés.info, a collaborative, place-based, translated app, and 3) Academy for the participation of refugees, which provides training enabling refugees to integrate into decision-making bodies. Similarly in the Netherlands, a panel of migrants was consulted as part of the development of the new Integration Act generally.

45 CY, FR, HR, IE.

46 EE, FI, IT, LT, LU, LV, NL.

47 BE, CY, EE, FI, FR, HR, IE, LT, LU, LV, NL, SI, SK.

48 FI, FR, IE, SI, NL.

49 HR, SE.

50 FI, IE, SI.

51 FR, NL.

The other three Member States with related policies/strategies did not consult migrants.⁵² Although the strategy in Malta acknowledges the particular needs of migrants,

all people access the same services and no distinction is made between service users.



5. MAIN CHALLENGES IN ACCESS/PROVISION OF MENTAL HEALTH SERVICES

This section provides an overview of the main challenges faced by migrants in accessing mental health services, as well as the challenges faced by Member States in providing these services, highlighting several practical and cultural barriers. It then lists specific groups of migrants identified by Member States as facing particular challenges.

Main challenges in migrants' access to mental health services

19 Member States⁵³ observed challenges faced by migrants in accessing mental health services, ranging from **practical issues** such as language barriers, lack of information, difficulties in accessing mainstreamed services, high costs and long waiting lists, to **social and cultural issues** including stigma about mental health challenges and taboos, lack of awareness of mental health issues, lack of trust in service providers and socio-economic disadvantages.

Language barriers were reported by 14 Member States as one of the main obstacles limiting migrants' access to mental health services.⁵⁴ A **lack of knowledge** of available services was reported by 11 Member States, often combined with poor understanding of how to access **mainstream** services or how the health system functions overall, which can also hinder access to mental health services.⁵⁵ Several Member States noted the lack of free-of-charge mental health services, leaving migrants having to pay **costs** if uninsured, which can deter them from seeking assistance when they need it.⁵⁶ Other Member States noted that lack of specialised professionals and **long waiting lists** (for all citizens) could also hinder migrants' access to mental health services.⁵⁷

Ten Member States observed **cultural and religious barriers**, as well as stigmatisation of mental health challenges, with the subject being taboo in certain cultures.⁵⁸ An overall **lack of awareness** of mental health issues and their consequences was also reported by some Member States.⁵⁹ Others noted a pattern of migrants **delaying seeking help**, thinking that mental health issues might solve themselves, as well as a lack of early diagnoses.⁶⁰ In addition, migrants sometimes lack **trust in the authorities** or had earlier **negative experiences**

and are reluctant to seek help.⁶¹ In Austria, a study highlighted the need for service design to pay attention to the living conditions of the (often socioeconomically disadvantaged) people concerned and the associated resources or hurdles.⁶²

Member States reported the impact of the **COVID-19 pandemic** on the mental health services provided to migrants. In Ireland, the Migrant Rights Centre Ireland highlighted how the pandemic had exacerbated isolation among migrant communities, with the closure of face-to-face youth service provision and drop-in support centres having a huge impact on the mental health of some young people. Similarly, in the Czech Republic, even before the COVID-19 pandemic, mental health services were suffering from a significant shortage of providers. The combination of free-of-charge services and the general lack of specialised professionals, combined with the low capacity of specialised facilities, can lead to a long waiting list for migrants. Special measures to combat COVID-19, coupled with extreme pressure on the health system, only worsened the situation.

Main challenges in providing mental health services to migrants

The challenges faced by mental health services broadly mirrored those faced by migrants, according to 19 Member States.⁶³ The main issues related to language and cultural differences between migrants and practitioners, followed by lack of financial and human resources and specific expertise.

Communication problems were reported by 18 Member States,⁶⁴ primarily due to a lack of interpreters and translators. Psychological therapy requires a certain level of mutual understanding, facilitated by a shared language between the patient and the treating professional, or by professional interpretation.

In Slovenia, an analysis of barriers in the Model Community Approach to Promote Health and Reduce Health Inequalities in Local Communities (MoST) project revealed the language barrier to be one of the most significant issues in the provision of healthcare services to migrants.

52 EE, IT, MT.

53 AT, BE, CZ, DE, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, SI, SK.

54 AT, BE, DE, EE, EL, FI, FR, HR, IE, IT, LT, LU, LV, NL, SK.

55 AT, BE, CZ, DE, FI, FR, HU, IE, LU, MT, SK.

56 AT, CZ, FI (free-of-charge mental health services, but more are needed), LU, NL.

57 AT, CZ, EE, FR, IE, LT, LU, LV, NL.

58 AT, BE, CZ, EE, FR, HU, HR, IE, LT, LU, MT, NL, SK.

59 AT, CZ, EE, SK.

60 AT, FR, MT.

61 AT, CZ, FI.

62 Weigl, M. and Gaiswinkler, S., 'Blickwechsel – Migration und psychische Gesundheit', 2019, https://jasmin.goeg.at/1016/1/Endbericht_Blickwechsel.pdf, last accessed on 18 January 2022.

63 AT, BE, CZ, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, SE, SI, SK.

64 AT, BE, CZ, EE, EL, FI, FR, HR, HU, IE, LT, LU, LV, MT, NL, SE, SI, SK.

The findings of a pan-Slovenian questionnaire showed that 94 % of the 564 healthcare workers surveyed were in contact with patients who could not speak or understand any Slovenian, hampering the provision of mental health services.⁶⁵ In the Netherlands, when therapy is held in a different language, a professional translator is often needed. Compensation for translators was cut as far back as January 2012, presenting challenges for both healthcare providers and migrants, as the costs of a translator were sometimes too high. Local and regional care providers can decline residence permit holders who are not yet sufficiently proficient in the Dutch language. However, from January 2022, the costs of a translator will be reimbursed within the new financing system for mental healthcare (*Zorgprestatie model*). Organisations of healthcare providers, insurers and patients have agreed a set of terms and conditions to define when a translator is necessary to good quality mental healthcare.

In 15 Member States, **cultural differences** were highlighted as a key challenge for mental health providers when providing services to migrants.⁶⁶ In Greece, negative public perceptions about the arrival of migrants, coupled with difficulties in identifying mental health conditions, continue to present a challenge. In Lithuania, professionals providing psychological services indicated a need for training on intercultural competencies when working with people from different nationalities. The lack of competency may make it difficult to consult people from other cultures and provide them with the necessary psychological health services. Three other Member States highlighted that training should be provided to professionals on related issues.⁶⁷ Italy highlighted the need to train health workers on the importance of a multidisciplinary model needed to deal with the social and health complexities posed by migrant populations. The latter should include training on the need to approach migrants using a holistic person-oriented approach, with active listening and respect for diversity. This approach should be implemented through multidisciplinary and transcultural teams, including medical staff and psychologists, as

well as social workers, anthropologists and transcultural mediators with specific expertise.

Nine Member States reported a **lack of expertise in specific areas of mental health** as a challenge, often exacerbated by a lack of resources.⁶⁸ Finland reported professionals' unfamiliarity with mental health issues more commonly found within the migrant population, for example, psychological trauma and the treatment of trauma-related symptoms, health of torture survivors, and racism and minority-related stress. Patients and professionals may have different ideas on the causes and treatment of psychiatric problems. Research in Ireland found that service providers report the mental health concerns of refugees and asylum-seekers to be more complex than those of the general population.

Seven Member States reported **practical challenges** with time constraints related to treatment, bureaucracy and slow referral systems.⁶⁹ In Luxembourg, some healthcare providers do not want to take care of migrants because consultations are often more time-consuming, due to translations taking up time, and because it is difficult to establish a doctor-patient relationship of quality and trust with a translator. Similarly in Sweden, according to a report from the National Board of Health and Welfare, time constraints due to shorter visits and the need for translation make it difficult to truly work through sensitive issues and build trust. In Ireland, service providers identified bureaucracy of the system as a significant barrier to minority communities accessing services, including the manner of referral, limited consultation time available, waiting lists and rigidity of appointment schedules.

Challenges in accessing mental health services among certain groups of migrants

Eleven Member States identified challenges that were specific to certain groups or categories of migrants in accessing or providing mental health services, as presented in Table 4.

Table 4: Overview of migrant groups facing specific challenges in accessing mental health services

Member State	Migrant groups/categories facing specific challenges in accessing mental health services
AT	Gender-based violence victims, traumatised children and adolescents, people with additional neurological abnormalities
EL	Migrants with severe mental problems, migrants with conduct disorder and antisocial behaviour
FI	Refugee-origin residents. Shared experiences within certain nationalities make it likely that there will be mental distress/mental ill-health.
FR	Victims of human trafficking, homeless people, persons with mental health problems
IE	Migrant women

65 Lipovec Čebtron, U. And Huber, I., 'The evaluation of cultural competence in healthcare: why is the introduction of qualitative approaches so needed?' (2021), *Andragoška spoznanja*, 27(2), 123-140, <https://revije.ff.uni-lj.si/AndragoskaSpoznaj/article/view/10185>

66 BE, EE, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, SI, SK.

67 BE, FR, IT, SE.

68 BE, EE, FI, FR, IT, LU, NL, SE, SI.

69 AT, CZ, EL, ES, FR, IE, LU, SE.

Member State	Migrant groups/categories facing specific challenges in accessing mental health services
IT	Homeless people, people with multiple pathologies, and people with complex post-traumatic stress disorder (PTSD)
LT	Migrants with low education, migrant women
LV	Migrant children
MT	Migrant men, both in detention services and living in the community
NL	Refugee youth
PL	Refugees

In Ireland, research into the experiences of migrant women (mainly asylum seekers in the reception system) found language to be a major barrier to accessing healthcare, particularly mental healthcare, where a diagnosis relies heavily on oral communication. Access to interpretation in primary care, counselling and psychotherapy services were identified as a challenge. Migrant women may have insufficient knowledge to navigate the mainstream system. The impact of gender-specific roles within the family were also highlighted, with women often being expected to cope and support others. Lithuania reported that migrants with low education levels and migrant women often had a negative view of the services provided by psychologists and were less likely to seek psychological health support. The Netherlands' 'Youth care for refugees' report⁷⁰ identified certain challenges specific to young refugees. For instance, access to mental healthcare is affected by the lack of integration with informal and formal networks. Organisations providing mental health services can deny refugee youth care because there are different contra-indications that make it difficult

to start therapy. These include lacking a guarantee that they will finish their treatment (e.g. continuous moves between reception facilities, absence of residence status, complexity of problems).

Box 4: Challenges faced by specific groups of migrants in Lithuania

Professionals providing psychological counselling to migrants observed challenges in two particular groups:

- **Migrants with low education:** the majority of migrants seeking mental health support have a higher education degree, but the same cannot be said of third-country nationals without higher education, who have often developed a negative view of the services provided by psychologists as a result of previous negative experiences;
- **Migrant women:** migrant men are more determined to seek psychological health services than migrant women.



6. IMPACTS OF MIGRATION STATUS AND MEASURES

This section describes how migration status can impact access to mental health services across the Member States and summarises the measures in place in the Member States to improve access and provision of mental health services.

Migration status and access and provision of mental healthcare

For the majority of Member States, once an individual has been granted legal status to remain in the territory, they have the same access to mental health services as national and resident EU citizens, in line with the requirements of several Directives^{71,72} included in the EU asylum and legal migration acquis.⁷³ In eight Member

States, the specific migration status may have an impact on the extent to which they can access mental healthcare services.⁷⁴

Several Member States provide additional supports to refugees.⁷⁵ In Finland, they are entitled to special social and healthcare services in the initial years after arrival, at least in some municipalities. In Lithuania, individuals granted asylum receive psychological counselling during their integration period at the Refugee Reception Centre, after responsible authorities have evaluated their needs and drawn up an individual integration plan.

In Latvia, holders of a temporary residence permit have no option for state-paid mental health assistance, which means that they need private health insurance or must

70 Nidos, Pharos, Jeugd zorg Nederland, 'Jeugdhulp voor vluchtelingen' (Youth care for refugees), 2020, <https://www.pharos.nl/wp-content/uploads/2020/04/onderzoeksrapport-Jeugdhulp-voor-vluchtelingen-27032020-1.pdf>, last accessed on XX.

71 "Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection". Article 30(1) of Directive (EU) 2011/95 of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast), <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0095>, last accessed on XX.

72 Third-country workers shall enjoy equal treatment with nationals of the Member State where they reside including access to health. Article 12(1)(a) of Directive (EU) 2011/98 of the European Parliament and of the Council of 13 December 2011 on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State, <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1552639212905&uri=CELEX:32011L0098>, last accessed on XX.

73 BE, BG, CY, DE, EE, ES, FI, FR, HU, IE (in line with national provisions, users are required to be, or intend to be, resident for one year), IT, LT, MT, NL, SE, SI.

74 CZ, HR, LU, LV, PL, SK.

75 FI, LT, PL, SK.

pay for the assistance themselves. In Austria, special healthcare options are available for unaccompanied minors.

Measures to improve effective access to mental healthcare for migrants

Twenty-one Member States provided examples of measures that improved access to mental healthcare for migrants,⁷⁶ including measures that facilitated affordable and non-discriminatory access, and measures that reduced communication barriers.

Training professionals and employing specialised psychologists to meet the needs of the migrant population was one of the main areas of focus in the examples provided by seven Member States.⁷⁷ In Luxembourg, an agreement with psychological associations (*Liewen Dobaussen, Réseau Psy, Ligue d'Hygiène mentale*) was drawn up to facilitate access to mental healthcare, which resulted in an increase in the number of psychologists and psychiatrists available to migrants. Similarly in France, some facilities created standalone or in-house psychological teams to respond to the needs of migrants and build local partnerships (e.g. with the association FTDA). Several specialised care centres exist in different regions in France created by associations (e.g. centre Primo Levi, Centres Essor, Centre Frantz Fanon). In Germany, the PriCare project was launched to improve health and primary care surveillance in reception and accommodation centres for asylum-seekers. In Ireland, services specific to the needs of certain migrant groups were developed including continuous professional development (CPD) courses for psychologists to increase workforce capacity in the effective treatment of PTSD for vulnerable clients.

Eight Member States provided examples of how they **addressed communication challenges and reduced language barriers**.⁷⁸ In Estonia, the Estonian Refugee Council piloted an online counselling service for refugees in their native language. In Lithuania, the Action Plan for 2018-2021 on the Integration of Foreigners into Society included measures to reduce communication barriers between migrants and healthcare professionals through training for healthcare professionals to improve their intercultural competencies, as well as projects to develop foreigners' Lithuanian language skills. In Ireland, a multilingual mobile-friendly website was launched to improve minority and vulnerable communities' access to local health services, including mental health services. In France, specific communication tools were developed, including bilingual health booklets in 15 languages (e.g. Albanian, English, Arabic, Bengali, Chinese, DARI, Spanish, Georgian, Urdu, Romanian, Russian, Tamil, Turkish).

In nine Member States, specific measures focused on **providing information about mental health services**

to migrants and offering guidance to both migrants and practitioners.⁷⁹ In the Netherlands, a number of municipalities introduced 'key people' - migrants with a residence permit who live in the Netherlands and who are trained to help other migrants to navigate the healthcare system. This helps to overcome certain existing challenges, as these key people might speak the same language, or have a similar cultural background, and are therefore able to provide aid to other migrants. They can support newly arrived migrants to go to the doctor and to get psychological help. In Malta, health information sessions provide migrants with information about available healthcare services and other health-related topics. France also provides information materials to migrants and health and social professionals through a variety of platforms, such as a mobile app (Refugies. Info) and the national observatory on mental health and social vulnerabilities (Orspere-Samdarra). In Ireland, the 'About the Irish Health Service Guide' is available in three parts and 15 languages to provide information about the healthcare system.

In eight Member States, measures focused on providing **affordable and non-discriminatory access** to mental health for all migrants.⁸⁰ In Italy, services are provided with direct access and are open to all, regardless of their status. In Sweden, free public transportation (e.g. a bus ticket) is included with the appointment to increase migrants' access to health services. In Austria, clinical health psychologists are employed in most federal reception centres to provide low-threshold access.

Other measures included training **cultural mediators** and addressing the stigmatisation of all groups,⁸¹ providing specialised services with **specific access to vulnerable groups** including migrant children,⁸² and **early identification** of mental health problems.⁸³ In Greece, a trained workforce of refugees and asylum seekers, supervised by specialised psychologists and social workers, provides core psycho-social support to other refugees and asylum seekers in their respective mother tongues in order to bridge the gap between the migrant community and mental healthcare providers.

Measures to improve effective provision of mental healthcare for migrants

Sixteen Member States identified measures that were effective in improving the provision of mental health services for migrants,⁸⁴ which broadly focused on **training professionals, providing specialised services, and enhancing access to mental healthcare**.

Measures to **train professionals** in France consist of 'mental health first aid' training offered to social workers, including a reading grid for certain symptoms of mental suffering, that facilitates pre-sorting patients before referring them to adapted regional psycho-trauma centres. Lithuania's 2018-2021 Action Plan for the Integration of

76 AT, BE, CZ, DE, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, SE, SI, SK.

77 AT, DE, FR, IE, HR, IT, LU, SI.

78 BE, DE, EE, FR, IE, LT, LU, LV.

79 BE, EE, FR, HR, IE, LU, MT, NL, SI, SK.

80 AT, CZ, DE, EE, FR, IT, LV, SE.

81 ES, HR, FR, IT, MT, SI.

82 ES, HR, LV, SI.

83 FR, HR, NL.

84 AT, BE, CY, EL, ES, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, SI.

Foreigners in Society focuses on improving the skills of healthcare staff through training on different cultures, reducing stereotypes and developing respect for diversity and equality of attitudes. In Ireland, a Health Services Intercultural Guide supports healthcare staff with profiles of the religious and cultural needs of 25 diverse groups cared for in healthcare settings. An Intercultural Awareness E-learning Programme is also available to all HSE staff.

In Spain, universal access to healthcare is intended to **enhance migrants' access to mental healthcare**. In some Member States, measures focused on providing **information to facilitate migrants' access** to mental health services. In Austria, the website of the City of Vienna lists various places where people with a migrant background can seek support, in person or remotely, with information on languages available. In France, the National Resource and Resilience Centre (CN2R) is intended for victims of collective damage, especially for

terrorist acts. This centre aims to consolidate the state of knowledge in the field of psychological trauma and to improve psychological care arrangements. As such, it has mobilised its expertise on psychodrama to foster national solidarity towards refugees (Afghan and Ukrainian refugees, for example). In Belgium, specialised non-profit organisations have developed guidelines on access to mental healthcare for people in exile, listing the competent services and medico-psycho-social supports available. A practical guide for therapists and interpreters on mental health and interpretation was also developed to promote collaboration between mental health specialists and interpreters.

In Luxembourg, patients have the right to communicate with their doctor in the **language** of their choice. The Luxembourg Red Cross 'Intercultural Interpretation' service provides interpretation in 25 languages, allowing doctors to communicate with their patients in their mother tongue.

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PUBLISHED

July, 2022

SUGGESTED CITATION:

European Migration Network (2022). Mapping of mental health policies for third-country national migrants - EMN Inform. Brussels: European Migration Network.

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