



Policy Proposal on

# EU Health Policy

Positioning mental health on the European map

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**Authors:** Elena Gerlin, Violetta Grimani, Anastasija Kuznecova, Laura Messchendorp, Naoko Mikami, Anna Mleko, Nerina Pflanz, Judith Ripken, Marta Rodriguez Millan

**Tutor:** Kevin Rieger

**Topic Manager:** Ester Juan Gimeno

**STUDENT FORUM MAASTRICHT**

Student Forum Maastricht (SFM) is an annual student conference held at the Maastricht University Campus in Brussels. The conference is organised by students from Maastricht University in cooperation with different partner organisations. The participants are post- and undergraduate students from all over Europe with diverse academic backgrounds. Based on problem statements provided by European Commission representatives, they develop policy proposals for pressing topics within the Commission. In this process the students receive input and insights from experts from NGOs, academia and the business sector working in Brussels. The 2016 edition of SFM took place from 13<sup>th</sup> to 17<sup>th</sup> April. In four different working groups policy recommendations were drafted dealing with the following topics: EU Health Policy, Common Foreign Policy: Coordinating Humanitarian & Development Aid, EU- Union of and for Citizens, Gender Equality in the Labour Market. For more information on Student Forum Maastricht, please visit: [www.student-forum.eu](http://www.student-forum.eu).

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## Executive Summary

The large amount of refugees entering Europe has led to a new demand for health professionals as well as the type of health care offered in the different Member States. Mental health issues have been identified as one of the main health affections among the refugee population in Europe, having consequences both economically and socially. Diagnosis of such mental health issues need to be promoted from the EU. A standardization of tests for certain health diseases such as PTSD could be highly beneficial. Furthermore, there is a need for data collection and analysis to evaluate the magnitude of the problem if Member States are to be successful at addressing the issue and allocate the necessary resources to do so.

## Introduction

The increase of refugees entering the European Union is leading to changes in the demand for health professionals and the type of health care necessary in Member States. As the demographic of the EU changes, public health will come to play a particularly important role, as Member states will face increasing challenges to face demand for services. Focusing on the differences between the needs of EU citizens and incoming refugees leads to the conclusion that mental health concerns are currently not being addressed adequately by Member States. The specific and often occurring traumas caused by fleeing dangerous regions are currently not being investigated to a sufficient degree. Nor has data been collected and aggregated on the prevalence of these mental health disorders at EU level. The magnitude of the problem is therefore probably underestimated. The consequences of this are of an economic as well as a social nature. The economic consequences relate to the fact that mental health problems cost EUR 450 billion per year in the European Union alone. A further economic consequences relates to the Member States being unable to adequately predict the future need for health professionals. Planning the training of suitable professionals, as well as the budgetary requirements that this would bring, is then impeded. Consequences of a social nature include hampering the integration of refugees, including access to the labor market, as well as complicating a possible future return to their home countries.

This proposal focuses on addressing the need for a consistent approach to data collection and analysis, in order to facilitate diagnosis and the burden of mental health disorders amongst refugees. Having access to centralized data will make it possible for Member States to locate the issues at hand and address the problems where they present themselves and allocate sufficient resources to these areas.

Identifying and targeting mental health disorders at an early stage will avoid complications in treatment and the higher costs that are associated with this.



## Problem Statement

The entering of approximately 1.3 million refugees and asylum seekers into Europe in 2015 alone has resulted in a public health crisis, especially relating to challenges posed by mental health. A BMJ British medical study, conducted by the Karolinska Institute in Sweden, analysed the mental health status of the 58.802 refugees (12% of EU refugees) who arrived in Sweden in 2015. The results showed a total of 3.704 cases of psychotic disorders, meaning that the risk for refugees to develop mental health problems is 3.6 times higher than that of the general Swedish population. In addition, research conducted by Flinders University's Matthew Flinders Distinguished Professor of Psychiatry Julio Licinio indicated that almost half of refugees arriving in Germany could be suffering from post-traumatic stress disorder (PTSD).

A lack of coordination between Member States combined with a lack of knowledge on the prevalence of mental health disorders amongst refugees in the EU will further contribute to a social division between EU citizens and refugees. Thus, infringing European ideas of solidarity and social convergence.

## Background

Europe 2020 aims at fostering a high-employment economy delivering economic, social and territorial cohesion as one of its priorities. One of its targets is to increase the employment rate of people aged 20 to 64 through the better integration of migrant workers in the workforce.

This aim relates to refugees in particular, as their effective integration into the labour markets of the EU Member States would contribute to their financial sustainability. The economic burden on the host Member State would subsequently be decreased.

One of the challenges to successful integration of refugees in the host Member State is related to their mental health. Numerous studies have reported that asylum seekers, and refugees in particular, may suffer from posttraumatic stress disorder and other mental illness. It has been estimated that in the EU, two out of three asylum seekers have experienced some mental health problems.

According to a review of twenty studies providing results for a total of 6743 adults from seven countries and five surveys of 260 refugee children from three countries reported that amongst adults, 9% suffered from PTSD and 5% from depression, whilst 11% of children suffered from PTSD. Refugees are ten times as likely to suffer from PTSD compared to age-matched individuals in the native populations of the countries surveyed.

Furthermore, WHO projections show that the percentage of mild to moderate mental health disorders amongst Syrians (e.g. anxiety disorders, depression, moderate PTSD) increases by 5 to 10% after exposure to violence and emotional distress.

Looking at national level, Member States within the EU have already shown to be aware of the burden of mental health disorders amongst their population. For instance, the Danish social and labour market system constitutes an example of a system focused on mental health that has a strong potential of tackling the problem of high unemployment of people suffering from mental health disorders. In particular, there is a government funded public health care system reimbursing health services, including the reimbursement of psychological therapy. As a result, Denmark enjoyed a 30% lower rate of long-term unemployment in 2015 compared to other Member States.

Furthermore, Directive (EC) No 2011/95 Art. 30 (1) requires host Member States to grant access to health care to refugees residing within their territory, to the extent that it is provided through national law to nationals of that Member State.

Art. 30 (2) of the directive provides that access to adequate healthcare for refugees specifically includes access to treatment for mental health disorders.

## Objectives

1. *Raise awareness* of mental health problems amongst refugees in the EU. Mental health problems are more prevalent amongst refugees than amongst non-migrants and non-vulnerable migrants.
2. *Promote the diagnosis* of mental health problems amongst refugees in the EU. Diagnosing mental health problems as early as possible is the first step to better integration of refugees into the labour market, as well as ultimately facilitating the smooth return of these refugees to their home countries.
3. *Improve the availability of statistics* on the prevalence and distribution of mental health problems amongst refugees across and within the EU Member States. Collecting statistics at a European level will allow Member States to exchange knowledge and best practices in diagnosing mental health problems, as well as creating a more complete overview of the health challenges faced in future years in the EU.

## Policy Recommendation: Call for Action

### Raising awareness

There are multiple ways in which the European Commission could attempt to raise awareness of the prevalence of mental health problems amongst refugees. One possible way would be through the recently launched EU Health Policy Platform (HPP). The HPP seeks to represent the various stakeholders involved in public health in Europe, as well as aiming to collect and distribute information. To conclude, the HPP is in the best position to take concrete action aimed at raising awareness and informing stakeholders.



In addition, the upcoming Council presidencies (these being, in order, Slovakia, Malta and the United Kingdom) shall inform the official authorities of the increasing prevalence of mental health problems amongst refugees in the individual Member States. Putting the topic on the agenda of the informal meeting of the Health Ministers of Member States would provide a high level forum to raise awareness on the topic and discuss concrete implementation problems.

Another possibility is the issue being discussed in the Council of the EU's Working Party on Public Health.

### Promoting diagnosis

Standardised tests are already available for certain mental health problems, commonly faced by refugees, such as PTSD. It may be necessary to develop further standardised tests for other mental health disorders, if these are not available or unsuitable for diagnosing individuals efficiently on a large scale. Each Member State would then apply the same tests for determining different mental health disorders. The Commission would ensure the availability of the necessary translations of the standardised tests, as well as their availability to the health workers in all Member States.

Individuals having undertaken such a diagnostic test, shall have access to the results. These results shall be delivered in an ethically adequate manner, by a health professional, if required. The test results will be anonymised before being utilised for further analysis.

The tests will be administered as long as the Member States are experiencing an influx of refugees or unusual migration patterns within their territory.

### Improving statistical availability

The use of standardised tests would ensure the equivalence of the data being produced. This means that the national data collected by national authorities will be simple to aggregate and compare at EU level. This will enhance the exchange of knowledge and best practices between Member States, as all statistical information will be comparable for application and use.

The Commission should support Member States by providing funding for the data collection. The reporting of the collected data will occur in the same manner throughout the Member States to ensure its coherence. The proposed fund for this is the Asylum, Migration and Integration Fund (AMIF). One of the possible reasons to receive AMIF funding is to assist vulnerable persons, as well as information exchange and cooperation between Member States. Funding through the European Social Fund, a part of the European Structural Investment Funds, should be considered.

The data collected by national authorities can be published through an appropriate medium at national level. Irrespective of its national publication, the data will be published in a suitable and transparent manner and made available to the public,



specifically including stakeholders, at EU level. This could be achieved through publication in EU wide databases already in use. A possibility for this is the pooling of data in Eurostat, as well as publication in public health databases, such as the European Core Health Indicators (ECHI) and European Health Survey System (EHSS).

## **Conclusion**

To conclude, an appropriate programme for enhancing the recognition of mental health disorders common in refugees is required to combat the current crisis facing Member States and the EU as a whole today. Promoting awareness and diagnosis, as well as improving the availability of aggregated estimates will allow Member States to gain insight into the prevalence of mental health disorders, as well as collecting data EU wide. This will promote the exchange of knowledge and best practices, leading to enhanced cooperation between Member States.

Having access to this data will allow Member States to judge whether their current plans for the future are adequate, and which aspects of the current health policies need to be adapted. For example, priority may have to be given to the training of specialists of the mental health workforce.

