



EU funds for migrants' mental health: some considerations



The influx of migrants to Europe from 2015-2016 continues to exert a major impact on how European Union (EU) countries are receiving, integrating and increasingly also returning migrants.¹

Migrants' mental health, although affected by the entire migration experience, remains all too often an afterthought given that, in many places, the capacities for providing tailored services are stretched or non-existent, while financial and human resources are scarce.

To support Member States and regions in coping with the sharp increase in asylum requests, and the challenges related to the presence of third country nationals on their territory, the EU has made available several sources which can be used for projects and initiatives related to improving migrants' health, including mental health.² There are, however, some key obstacles to a proper distribution of EU funds for migrants' mental health.

In light of the ongoing discussions on EU's multiannual budget 2021-2027, in what follows, we summarise why migrants' mental health needs to be properly addressed and what are some key considerations³ in the use of EU funds for migrants' mental health.

1 Migrants is a broad catchall term used in this report to describe those who have varying types of immigration status, those who have applied for international protection, those who have received the status of refugee, as well as undocumented migrants.

2 Such as the Asylum, Migration and Integration Fund (AMIF), the Emergency Support Instrument (ESI), the 3rd Health Programme and the European Social Fund (ESF).

3 These considerations are based on the OSF-funded report "EU funds for migrants' mental health: Reaching people in need, when they need it? Study Report – Mapping, Tracking and Advocating for Funds to Address Migrants' Mental Health" compiled by the European Public Health Alliance (EPHA) and Mental Health Europe (MHE), with the help of two supporting partners – the Greek organisation Human Rights 360 and the Italian Association for Mental Health.

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2.1. Why should we pay attention to migrants' mental health?

Migrants face a variety of challenges that can negatively impact their mental health. First, many have faced violence, persecution and extreme hardship in their country of origin. Also, many migrants make the journey alone, without the access to the support networks they had at home. Lack of support networks, together with factors as excessive duration of journey, the nature and conditions of travel, the level of access to adequate health facilities along the route, can leave migrants less resilient to mental distress which can lead to the development of mental health problems.

Upon arrival, migrants may encounter distressing situations such as detention in camps, deportation, multiple and complex administrative challenges, denial of basic services and protection such as housing, education and employment, leading to poverty, discrimination, and social exclusion.⁴ The environment in reception centres can be unsuitable and unsafe. In addition, women migrants and unaccompanied children are at a heightened risk of experiencing human rights abuses - including human trafficking, exploitation, torture, and discrimination –

through their journey to the EU, as well as in reception centres upon arrival.

Migrants who experience such conditions and do not receive appropriate support may endure 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.

It is important to note that most migrants experience normal responses to adversity that should not be pathologised as individual conditions, but rather be seen as the effects of human mobility highlighting the significance of the social, political, cultural, spiritual and economic determinants of mental health and well-being.⁵ With the right support, including social interventions, people can overcome such mental distress. Many migrants however may come from countries where mental health is not acknowledged or is understood differently, hence the need for flexibility and adaptability of the support provided. Supporting and caring for the mental health of migrants requires responses which go beyond biomedical interventions and are person-centred and culturally sensitive.

Our concern is that many migrants and refugees face barriers to accessing adequate mental health care and support.

⁴ MSF (2017), Traumi ignorati – Richiedenti asilo in Italia: un'indagine sul disagio mentale e l'accesso ai servizi sanitari territoriali, http://archivio.medicisenzafrontiere.it/pdf/Rapp_Traumi_ignorati_180716.pdf

⁵ Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/234/88/PDF/N1823488.pdf?OpenElement>

2.2. International legal framework

All persons, irrespective of their status and nationality, are entitled to their fundamental rights including the right to the highest attainable standard of physical and mental health as stated in **article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)**.

General Comment No.14 from the Committee on Economic, Social and Cultural Rights confirms that the right to health entails the right to access health care, which is available, accessible, acceptable and of good quality. The General Comment also states that governments must ensure that “health facilities, goods and services are accessible to all, especially the most vulnerable or marginalised sections of the population, in law and in fact, without discrimination on any of the prohibited grounds”.⁶ It thus also applies to undocumented migrants who may fear repercussions if they seek mental health care.

In addition to the right to health articulated above, other legal documents such as the **United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)** include further relevant obligations. The UN CRPD requires countries to ensure the protection and safety of people with disabilities, including psychosocial disabilities, in situations of risk, e.g. situations of armed conflict, humanitarian emergencies, and natural disasters.

⁶ <https://www.refworld.org/pdfid/4538838d0.pdf>

The Committee on the Rights of Persons with Disabilities has also addressed the fact that the EU has failed to take a human rights-based approach to its migration policies. It recommended the EU to ‘mainstream disability in its migration and refugee policies (...) and also recommended that the European Union issues guidelines to its agencies and member States that restrictive detention of persons with disabilities in the context of migration and asylum seeking is not in line with the Convention on the Rights of Persons with Disabilities’.⁷

At EU level, the **Reception Conditions Directive** establishes common standards of living for asylum seekers such as access to health care, including mental health care. It states that “the reception of persons with special needs should be a primary concern for national authorities in order to ensure that such reception is specifically designed to meet their special reception needs.” The directive also obliges member states to ensure that asylum seekers have access to necessary health care, including “at least, emergency care and essential treatment of illnesses and of serious mental disorders.” and “appropriate mental health care where needed.”

⁷ Committee on the Rights of Persons with Disabilities, Concluding Observations on the initial report of the European Union, 2015, CRPD/ C/ EU/CO/1, § 35.

While EU funding is often used to boost capacities – especially regarding reception and integration - designing sustainable projects that fit into existing public health structures appears to be difficult. For mental health to be treated as a complementary issue there is a need for generating political will in Brussels and for Member States to develop strategies that can guarantee a long-term, coherent approach to improving migrants' health.

Crucially, the consequence of not knowing the objectives, uses, and impact of EU funding is that investments in migrants' mental health are fragmented and insufficient, at worst resulting in structures that lead to segregation rather than building the capacity of national mental health systems and local communities.

Some considerations that can be useful for the use of EU funds for migrants' mental health are:

1. Strive for complementarity between EU funding and national funding streams and existing initiatives to contribute to the sustainability of implemented projects.

It is not a rare case that the communication between various national authorities involved in the administration of EU funds is very uncoordinated. In addition, some public authorities do not connect with civil society. Such lack of coordination can affect the sustainability of projects, as the number of EU funds and their flexibility in terms of project content requires a high level of coordination to ensure that objectives and outputs are building on one another. Member States without a strategy outlining how EU funding supplements or reinforces national initiatives run the risk that projects will be discontinued without follow-up.



2. Any mental health project for migrants should fit within a national mental health strategy and simultaneously build the capacity of the national / regional mental health system by involving regions and municipalities in projects.

Many Member States have not yet developed a national mental health strategy. A clear national strategy could allow the different stakeholders involved in the implementation of EU funds to align to a same direction. Adding to a lack of national mental health strategies, state-run systems are often unable to cope with rising demands for mental health services, both from local populations still struggling in the aftermath of the economic crisis and soaring unemployment, and from new arrivals. EU funds for projects related to migrants' mental health could simultaneously build the capacity of national / regional mental health systems.

3. Use EU funds to build capacity in the community rather than developing separate silos of services for migrants.

This can be done by:

- a. providing training on mental health to all front-line workers interacting with migrants, including in reception centres;
- b. addressing geographical, cultural and linguistic barriers through the provision

of mobile services, interpreters, and culturally appropriate care and support that recognises individual needs;

- c. strengthening access to community-based services, including employment and education services;
- d. considering ways to enable a more effective involvement of civil society organisations in accessing EU funds, e.g. by earmarking certain amounts for this purpose under direct management. Making them dependent on national authorities / as subcontractors weakens their impact and role as service providers and experts working at the local level.

4. Scale up mental health as an integral part of funding related to migrants; this would oblige Member States to report more thoroughly on the mental health initiatives funded and their impact on the target group(s).

In addition, EU funding for mental health should include services for undocumented migrants. Migrants are often able to get in contact with services once they receive an official status but access to the health system remains challenging if not impossible for undocumented migrants.

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