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Mental Health Europe's

**Report on impact of regulations
on migrants with
psychosocial disabilities**

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Mental Health and Migration
Impact of Regulations on Migrants with Psychosocial
Disabilities
A Mental Health Europe Study

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Background

Migration is an integral part of inclusive societies. Migrants and refugees encounter various stress factors and intersecting challenges that negatively affect their physical and mental health. These stressors can be experienced at various stages of the migration process. For example, in the country of origin in situations such as war and forced displacement, along migratory routes such as the crossing of the Mediterranean Sea, and during challenging reception conditions at the country of destination with long periods of legal limbo. They not only exacerbate existing mental health problems but may also trigger new ones. While people living in vulnerable situations are more likely to experience increased mental health risk factors, they are also less likely to experience mental health protective factors. Migrants and refugees are more likely to bear an unequal burden and are also less likely to receive tailored mental health support.

In Europe the COVID-19 pandemic, the war in Ukraine, the climate crisis, and the rising cost of living and so forth, have had a significant impact on the mental health of people living in vulnerable situations including migrants and refugees, which was already an issue of concern well before the polycrisis. While policies on migration may not focus explicitly on mental health, the connection between migration, asylum, and mental health is a significant aspect that policymakers and professionals in the field should consider. Asylum procedures and conditions in reception centres, access to holistic and person-centred services, integration, among others all impact the mental health and wellbeing of migrants. At present, due to the flaws and injustices in the European Union's (EU) asylum system and wide margin of manoeuvre for Member States to handle migration, uniform support and services to address the social and health determinants (including mental health) does not exist for this population group.

This study sets out to identify the impact of regulations and policies affecting migrants with psychosocial disabilities. It mainly refers to the European Union Pact on Asylum and Migration Proposal and the impact of the proposal on screening regulations regarding vulnerable adults. It investigates how the proposal meets the human rights approach set forth in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Moreover, to shine a spotlight on the current mental health needs of migrants, this piece also conveys the current concerns regarding the European Union approach to migrants and refugees.

The purpose of this document is to facilitate for the specific and intersectional needs of migrants and refugees to be met through a human rights and psychosocial approach to mental health. Negotiations on the Pact on Migration and Asylum are entering their final phase, as the European Commission, Council and Parliament try to reach an agreement and the final adoption of the complete package is expected by April 2024.¹ The case for urgent action is clear. Concrete initiatives and resources are required to respond to the unique challenges faced by migrants and refugees. The EU and Member States must implement a comprehensive, multi-sectoral approach to mental health, strengthen systems, including the EU asylum system, and mobilise different stakeholders to implement integrated mental health promotion, prevention, and support at all levels.

¹ The Council of the EU and the European Council, 'Migration and asylum pact', available at: <https://www.consilium.europa.eu/en/policies/eu-migration-policy/eu-migration-asylum-reform-pact/#:~:text=The%20reform%20of%20the%20common,as%20well%20as%20secondary%20movements>

What is the EU Pact on Migration and Asylum?

The EU Pact on Migration and Asylum² (the Pact) is a set of regulations, policies and recommendations in the areas of migration, asylum, integration, and border management. The Pact serves to dictate the EU's agenda on migration, address and bridge longstanding political deadlock among Member States on reforming the EU's asylum and migration policy for numerous years.

According to the European Commission, the Pact proposed in September 2020, is designed to “*manage and normalise migration for the long term, providing certainty, clarity and decent conditions for people arriving in the EU. It also seeks to establish a common approach to migration and asylum that is based on solidarity, responsibility, and respect for human rights*”.³ Before the European elections in June 2024, the European Commission, Council and Parliament are aiming to reach an agreement on the Pact on Migration and Asylum key reforms.

Nevertheless, while the Pact leaves some room for Member States of mutual solidarity to receive incoming forced migrants in times of crisis, it also risks deepening protracted situations⁴ and refoulement.⁵ The 2020 Pact seems to confirm that for those hoping to find shelter in the European Union, it is unlikely that the climate will become more welcoming anytime soon. One of the building blocks of the Pact is a compulsory screening of new arrivals at the external borders, as well as of people apprehended within the EU territory. The proposals aim to swiftly refer arrivals towards the applicable procedure, including identifying persons who are unlikely to receive protection in the EU at the earliest stage possible.

What is the UN Convention on the Rights of Persons with Disabilities?

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty adopted in 2006 which reaffirms that all persons with disabilities must enjoy all human rights and fundamental freedoms. The convention promotes the rights of persons with disabilities and underlines that all persons with disabilities have the right to participate in civil, political, economic, social, and cultural life of the community. The adoption of the UNCRPD has also had implications for mental health systems as the Committee on the Rights of Persons with Disabilities in charge of monitoring compliance with this convention, has stated in its jurisprudence that institutionalisation and non-consensual commitment and/or nonconsensual treatment, seclusion and restraint carried out on the basis of actual or perceived impairment, disability or health condition – such as mental health problems or psychosocial disabilities – violates human rights.

The UNCRPD has changed the way we understand disability, including psychosocial disability. This important change is referred to as a paradigm shift: from a biomedical model to a psychosocial model of mental health. The UNCRPD requires moving mental health services away from coercive, overly

² European Commission, ‘Migration and Asylum Package: New Pact on Migration and Asylum documents adopted on 23 September 2020’, Available at: https://commission.europa.eu/publications/migration-and-asylum-package-new-pact-migration-and-asylum-documents-adopted-23-september-2020_en

³ European Commission, ‘What is the New Pact on Migration and Asylum of the EU?’, https://home-affairs.ec.europa.eu/policies/migration-and-asylum/new-pact-migration-and-asylum_en#:~:text=What%20is%20the%20New%20Pact,process%20for%20the%20European%20Union.

⁴ This is when refugees are trapped in a state of limbo: while it is not safe for them to return home, they also have not been granted permanent residence to stay in another country either.

⁵ Refoulement refers to the forcible return or expulsion of individuals to a country where they may face persecution, serious harm, or a threat to their life or freedom.

medicalised, and isolating practices towards systems which respect people's human rights, are community-based, supportive and empower people with psychosocial disabilities to live independently. The UNCRPD was signed and ratified by the European Union and by all its Member States, placing an obligation on those responsible to comply and protect the rights of persons with disabilities, including psychosocial disabilities. This also requires national legislations on mental health to be more socially and less medically oriented and in line with the UNCRPD.

Towards an approach on asylum in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

Regulations and policies in the areas of migration have far-reaching consequences on how human beings are treated when entering EU territory and the ability for humanitarian actors to deliver assistance to migrants. While regulations, policies and recommendations in migration, may not have explicit focus on mental health, the connection between migration, asylum and mental health is a significant aspect that policymakers and professionals in the field ought to consider. Addressing mental health issues in migration and enhancing disability inclusion by reducing or eliminating barriers and/or providing additional special measures, should primarily correspond with the UNCRPD framework. In short, the UNCRPD is imperative also in the context of asylum reforms to enhance mechanisms for identifying and addressing individual needs and vulnerabilities linked to mental health and psychosocial disabilities.

While mental health generally has been receiving more visibility, there is certainly a lot to be done for a human rights-based approach to be applied consistently and effectively. Generally, the need to assess and address the needs related to the vulnerability of asylum seekers is widely accepted, as part of the migration process,⁶ although implementation of such practices is not guaranteed. For example, this depends on whether Member States interpret and enact agreed-upon measures. As a powerful tool to help fulfil the rights of people with disabilities, including persons' mental health problems and psychosocial disabilities, the UNCRPD sets forth approaches that also apply to the way screening regulations are designed and implemented to ensure the inclusion and protection of refugees. Below we outline the relevant UN CRPD articles.

[Non-Discrimination \(Article 5\)](#)

Under article 5, the UNCRPD stipulates that everyone is equal before the law. As such, governments should outlaw all forms of discrimination on the basis of disability and ensure effective protection against disability discrimination. Here, governments should ensure that reasonable and specialised in needs-oriented accommodation is available for disabled people. Moreover, specific measures are often needed to create equality for people with disabilities, including mental health problems and psychosocial disabilities, in practice and are permitted under the Convention.

What does this mean for migration policies?

This article underlines that persons with disabilities should not be discriminated against in any phase of the migration process, including screening. This includes ensuring that individuals with psychosocial disabilities have equal access to information, services, and opportunities throughout procedures.

⁶ EASO (2021), Vulnerability in the context of applications for international protection, available at: <https://op.europa.eu/en/publication-detail/-/publication/6d8c0c45-77e6-11eb-9ac9-01aa75ed71a1/language-en>

The Regulation aims for the screening process to take place as ‘short a period as possible’,⁷ and permits a maximum duration of 5 days (10 days in exceptional situations) in rare, difficult cases or situations. Perhaps the most serious disadvantage of this fast-track system is the increased risk of procedural errors and mishandling asylum claims. Strict time constraints can lead to protection needs of applicants being overlooked, while their access to legal aid and their ability to properly exercise their right to appeal negative decisions are limited.⁸ Such screening processes are a primary point of concern since they contain potential risks to the human rights and mental health of migrants.

The screening regulations also foresee a so-called vulnerability assessment. Under article 21 of the current Reception Conditions Directive, Member States are required to consider the specific situation of vulnerable persons such as “*minors, unaccompanied minors, disabled people, elderly people, ... persons with serious illnesses, persons with mental disorders and persons who have been subjected to ... other serious forms of psychological, physical or sexual violence...*”⁹ in national law during implementation. Upon analysis, contrary to the UNCRPD, this provision applies language in line with the biomedical understanding of disability and mental health.¹⁰ Moreover, the request for authorities to make examinations upon mere observation of “*immediately identifiable physical or mental disability*”, risks the diversity of persons with disabilities being overlooked and resulting in de facto discrimination.¹¹ For persons with mental health problems and psychosocial disabilities, proper screening vulnerability checks can be complex and require time and adequate numbers of trained professionals and accessible support, including staff that are gender-, disability- and culturally sensitive and qualified interpreters. They must be conducted in a suitable and safe environment to avoid further harm to the well-being and dignity of individuals who have already faced immense difficulties and are exposed to increased mental health risk factors.

In the EU migration process, this article makes clear the need for screening procedures that are inclusive, accessible, and free from discrimination, ensuring that individuals with psychosocial disabilities are afforded equal opportunities and protection.

[Reasonable Accommodation \(Article 2\)](#)

Overlapping with article 5 of the UNCRPD, article 2 explicitly embeds the concept of reasonable accommodation within the principle of non-discrimination. The article recognises reasonable accommodation as vital for persons with disabilities to enjoy and exercise rights on an equal basis with others.

[What does this mean for migration policies?](#)

⁷ Proposal COM(2020) 612 final of the European Commission of 23 September 2020 for a Regulation of the European Parliament and of the Council introducing a screening of third country nationals at the external borders and amending Regulations (EC) n. 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/8 available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020PC0612>, p. 13.

⁸ European Council on Refugees and Exiles (2019), ‘Border Procedures: Not a Panacea’, available at: <https://ecre.org/policy-note-border-procedures-not-a-panacea/>

⁹ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down or the reception of applicants for international protection (recast), Available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN>

¹⁰ Mental Health Europe (2023), ‘Promoting understanding of the Psychosocial Model of Mental Health’, available at: <https://www.mhe-sme.org/mhe-releases-psychosocial-toolkit/>

¹¹ Proposal COM(2020) 612 final of the European Commission of 23 September 2020 for a Regulation of the European Parliament and of the Council introducing a screening of third country nationals at the external borders and amending Regulations (EC) n. 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/8 available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020PC0612>

Article 2 refers to the principle of providing reasonable accommodations to ensure equal enjoyment of rights. In the context of screening, this may involve adjusting procedures or providing support to accommodate the needs of individuals with psychosocial disabilities during the screening process. During such extended periods of time, asylum seekers are at risk of being held in de facto detention, therefore, it is essential that the proposal ensures the swift transfer of people from border facilities to appropriate accommodation, regardless of their status, while waiting for a full and fair assessment.¹²

Overcrowded or inadequate living conditions¹³ can negatively affect mental health.¹⁴ Irrespective of whether an individual has mental health problems or psychosocial disabilities, *“many detainees suffer psychological and physical effects as a result of their detention”*¹⁵ and therefore *“detention should be a last resort to be used in specific and limited circumstances only”*.¹⁶

[Accessibility \(Article 9\)](#)

Concerning accessibility and effective communication, article 9 of the UNCRPD underscores that people with disabilities have the right to access all aspects of society on an equal basis with others including the physical environment, transportation, information and communications, and other facilities and services provided to the public. Appropriate steps should involve developing and monitoring standards and guidelines for public services and facilities to ensure that the services are accessible. For example, provide accessibility training for frontline professionals to further promote inclusive practices, enhance of quality standards and support fair procedures in line with international (and EU) standards.¹⁷

[What does this mean for migration policies?](#)

Screening regulations should centre on the diverse needs of refugees with psychosocial disabilities, providing accessible communication formats and physical environments to ensure their full participation in the screening process.

To ensure accessibility and tailor-made solutions providing quality support and respect for human rights, co-creation is essential. This refers to the collaborative process of involving various stakeholders, including citizens, communities, experts, and organizations, in the development and design of policies.¹⁸ Ensuring more meaningful cooperation with civil society, including migrant led

¹² International Rescue Committee (2021), ‘Joint NGO Policy Brief on the Screening Regulation Proposal’, available at: https://eu.rescue.org/sites/default/files/2021-05/Screening%20Policy%20Brief_0.pdf

¹³ Reuters (2022), ‘Netherlands must bring asylum centres up to EU standard, court says’, available at: <https://www.reuters.com/world/europe/court-orders-dutch-state-bring-asylum-centers-up-eu-standard-2022-10-06/>

¹⁴ EASO (2021), ‘Consultations with Applicants for International Protection on Mental Health A participatory approach supported by Member State authorities and civil society’, Available at: https://euaa.europa.eu/sites/default/files/publications/Consultations_with_Applicants_for_International_Protection_on_Mental_Health.pdf

¹⁵ UNHCR (2012), ‘Detention Guidelines’ paragraph 63 on the special needs of asylum-seekers with disabilities, available at: <https://www.refworld.org/pdfid/503489533b8.pdf>

¹⁶ M.M Mentzelopoulou & N. Barlaoura European Parliament ResearchService (2023), ‘Detention of migrants A measure of last resort’, available at: [https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI\(2023\)753926](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2023)753926)

¹⁷ EUAA (2022), EUAA Asylum and Reception Operational Response Catalogue, available at: <https://euaa.europa.eu/euaa-asylum-and-reception-operational-response-catalogue>

¹⁸ Mental Health Europe (2023), ‘Toolkit on Co-Creation’, available at: <https://www.mhe-sme.org/mhe-releases-co-creation-toolkit/>

organisations, experts and particularly persons with lived experience, in the design, implementation and monitoring of policies to reflect the rights-based and psychosocial approach needed in society. In conjunction, training on accessibility should extend to stakeholders involved in designing such provisions.

As previously indicated, accessibility also corresponds with, accommodations along with transport, information and communication and access to services. In screening processes, information about the procedures, rights, and responsibilities should be provided in accessible formats, considering the diverse needs of individuals with mental health problems and psychosocial disabilities. Intersectionality must be addressed comprehensively by centring the individual and considering factors such as age, disability, race, education level, religion, geographical barriers, whilst ensuring the process is culturally-, disability- and gender-sensitive. For example, a migrant experiencing mental health problems may be less likely to disclose specific information due mental health stigma or because they do not understand the procedure or trust asylum authorities.

The outbreak of the COVID-19 pandemic led to an increase in the use of digital tools as part of the asylum procedure. While the use of such technologies was imposed as an urgent need to limit human contact, such tools are likely to remain.¹⁹ For migrants, digital barriers may contribute to their exclusion and impede their opportunity to enjoy specific rights and safeguards in the asylum process under EU law. For example, digital booking systems can result in delays when seeking support from healthcare professionals for those requiring alternatives such as in-person booking due to lack of access to digital tools, bad signal, or limited data. Personal interview by videoconferencing or telephone may not be suitable to all applicants. While remote personal interviews could be preferred in some cases (e.g., obstacles relating to travel), it may not be ideal for those with low digital literacy. Therefore, specific needs should be a primary factor to assess whether a remote interview or hearing through a case-by-case evaluation:²⁰ with a focus on the self-determination and agency of the applicant. More generally, there is a need to address the digital divide and invest in digital literacy among the migrant population, especially for migrants in vulnerable situations.

In connection to accessible information and navigating available support mechanisms, the mental health literacy of migrants and refugees is crucial for empowering individuals to understand, recognise and address mental health concerns. Limited mental health literacy can limit opportunities for migrants and refugees to actively be involved in decisions about their health and care, impeding their self-determination and agency. On the other hand, enhanced mental health literacy can foster supportive environments within communities, to promote awareness and reduce mental health stigma. As such, increasing mental health literacy can assist in mental health promotion, prevention, early intervention and increased mental health support, which will ultimately result in better mental health outcomes.

Overall, accessibility barriers can impact application for the normal asylum procedure alongside immediate psychological care and support. Addressing such inequities is essential to make sure migrants with mental health problems and psychosocial disabilities can enjoy protection and assistance on an equal basis.

[Freedom from exploitation, violence and abuse & Statistics and data collection \(Article 16 & 31\)](#)

¹⁹ AIDA (2022), 'Digitalisation of asylum procedures: risks and benefits', available at: <https://asylumineurope.org/comparative-reports/>

²⁰ UNHCR (2020), 'Key Procedural Considerations on the Remote Participation of Asylum-Seekers in the Refugee Status Determination Interview', available at: <https://bit.ly/3rLgT6b>, p. 4.

People with disabilities including psychosocial disabilities are more likely to experience exploitation, violence, and abuse, especially girls and women.²¹ Article 16 of the UNCPRD calls for legislative, administrative, social, educational, and other measures to be established to protect persons with disabilities from all forms of exploitation, violence, and abuse. Moreover, to prevent all forms of exploitation, violence, and abuse appropriate forms of support for persons with disabilities, their families, and caregivers must be taken, and all facilities and programs designed to serve persons with disabilities should be effectively monitored by independent authorities.

Additionally, article 31 of the UNCPRD emphasises the importance of collecting and maintaining statistical information about persons with disabilities to ensure their inclusion and equal participation in society. Here the significance of (disaggregated) data in formulating and implementing policies to promote the rights and wellbeing of persons with disabilities is stressed.

What does this mean for migration policies?

Guaranteeing effective independent oversight and accountability through improved monitoring mechanisms are essential for protecting human rights, preventing abuse, ensuring transparency, and continuously improving migration policies and practices in the European Union. While the need to assess and address needs of the vulnerability of asylum seekers is a widely accepted as part of migration processes,²² implementation of such practices many not always follow. For example, in 2020, the German Red Cross reported a lack of systematic identification of disabilities when refugees first arrive in Germany: risking the ability for applicants to prove their protection claim in the asylum procedure.²³ To support this monitoring, mechanisms must be enforced that are genuinely transparent and fully independent from the national authorities to contribute to a continuous process of accountability. Mechanisms must also be systemised in the asylum process that collect (health, including mental health) equality data, disaggregated by indicators on multiple grounds of discrimination, and harmonise EU data collection.

In line with the UNCPRD, individuals undergoing the asylum process and their wider communities should be provided information and education on how to avoid, identify, and report instances of exploitation, violence, and abuse. Specific to the screening processes, persons with mental health problems and psychosocial disabilities should be informed in an accessible way about their rights and how to report any mistreatment. To capture intersectionality, data should also be recorded disaggregated by sex, disability, age and other grounds.

In summary, Article 16 of the UNCPRD underscores the importance of protecting persons with disabilities from exploitation, violence, and abuse. EU migration processes and screening procedures should be strengthened to prevent harm, be sensitive to mental health, gender and age aspects, provide education and information, and be subject to effective monitoring by independent authorities.

²¹ Mailhot Amborski MA, Bussi eres EL, Vaillancourt-Morel MP, Joyal CC (2021) ‘Sexual Violence Against Persons With Disabilities: A Meta-Analysis’, available at: <https://pubmed.ncbi.nlm.nih.gov/33657931/>

²² EASO (2021), Vulnerability in the context of applications for international protection, available at: <https://op.europa.eu/en/publication-detail/-/publication/6d8c0c45-77e6-11eb-9ac9-01aa75ed71a1/language-en>

²³ Red Cross EU Office (2020), ‘Unseen?! Refugees with disabilities in Germany’, available at: <https://redcross.eu/projects/unseen-refugees-with-disabilities-in-germany>

Other concerns regarding the EU approach to migrants and refugees

Double standards in practice

In 2022, the EU Temporary Protection Directive²⁴ was triggered by the EU for the first time in response to the unprecedented Russian invasion of Ukraine to offer quick and effective assistance to people fleeing the war. The Directive, extended for up to three years, allows for those fleeing the war in Ukraine to be granted temporary protection in the EU, providing access to residence permits, education and the labour market. This by default excludes marginalised communities such as stateless people and non-Ukrainian refugees based in Ukraine²⁵ exposing the double standards and discrimination inherent in Europe's refugee responses.²⁶

Alongside the lack of inclusive humanitarian support for persons with disabilities, the war in Ukraine exposes the inconsistency in EU migration procedures and systematic discrimination at national level. The war has laid bare racial inequalities,²⁷ with examples of countries denying asylum to some migrants of different nationalities and ethnicities fleeing Ukraine, contrary to international laws and EU strategies such as the Anti-Racism Strategy.²⁸ For instance, the Danish government has been accused of discriminatory measures: in 2018, the Danish parliament and government introduced controversial plans to end “Ghettos” through means such as forced evictions. “Ghettos” have been classified as areas where more than 50% of residents are from non-western ethnicities, where there are low employment and education attainment.²⁹ In 2022, this law was amended to grant individuals fleeing Ukraine access to now empty housing (due to evictions).³⁰

Experiencing racism can increase the likelihood of developing or experiencing worsening mental health problems. Being denied shelter has obvious impacts on mental wellbeing. The stark contrast in response to the 2015 refugee crisis compared to the Ukraine crisis has also been underlined not only in policy but in the media. Numerous reports on the war also included racist and xenophobic commentary from major news outlets.³¹

²⁴ Council Implementing Decision (EU) 2022/382 of 4 March 2022 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32022D0382>

²⁵ Human Rights Watch (2023), ‘Ukraine Response Shows Principled Approach Possible Put Values into Practice on Rule of Law, Cost-of-Living, Migration Policies’, available at: <https://www.hrw.org/news/2023/01/12/eu-ukraine-response-shows-principled-approach-possible>

²⁶ Reilly R and Flynn M (2022), ‘The Ukraine Crisis Double Standards: Has Europe’s Response to Refugees Changed?’, available at: <https://www.globaldetentionproject.org/the-ukraine-crisis-double-standards-has-europes-response-to-refugees-changed>

²⁷ March 2022, UN news, ‘UNHCR chief condemns ‘discrimination, violence and racism’ against some fleeing Ukraine’, <https://news.un.org/en/story/2022/03/1114282>

²⁸ European Commission, EU Anti-racism Action Plan 2020-2025, available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/eu-anti-racism-action-plan-2020-2025_en

²⁹ February 2022, Euro-Mediterranean Human Rights Monitor, ‘Disguised Racism: Denmark’s Discriminatory, Punitive and Counterproductive Ghetto Package’ available at: <https://euromedmonitor.org/uploads/reports/GhettoPackageEN.pdf>

³⁰ May 2022, The Guardian, ‘Denmark accused of racism after anti-ghetto law adapted for Ukrainians’, available at: <https://www.theguardian.com/world/2022/may/02/denmarkaccused-racism-anti-ghetto-law-ukraine-refugees>

³¹ 2022, The Washington Post, ‘Opinion: Coverage of Ukraine has exposed longstanding racist biases in Western media’, <https://www.washingtonpost.com/opinions/2022/02/28/ukraine-coverage-media-racist-biases/>

Following the disproportionate treatment, the European Parliament in March 2022 called on EU countries to also admit non-Ukrainian nationals fleeing the conflict, irrespective of nationalities.³² The increased attention, solidarity and policy interventions in response to displacement from Ukraine, demonstrated the value of simpler procedures, rapid access to a protection status, allowing people to work as soon as possible so they can contribute to society, and freedom of movement which allows family unity and a fairer distribution of responsibility across EU Member States.³³

Key Recommendations

To ensure the specific and intersectional needs of migrants and refugees are met through a human rights and psychosocial approach to mental health, Mental Health Europe calls for the EU, Member States, local authorities, and relevant stakeholders to:

- Ensure all measures on migration comply with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and international standards. The psychosocial model of mental health should be applied at all times;
- Improve existing policies on migration to rapidly progress towards and invest in human rights compliant and equitable mental health care systems. Mental health services should be developed in co-creation with migrants and refugees (including those with psychosocial disabilities) and stakeholders including NGOs and community based organisations;
- Expand and strengthen the existing standards for reception conditions and procedural guarantees for vulnerable groups during the screening procedure; mandate and support Member States in their uniform application;
- Mandate the assessment of vulnerabilities in all cases and provide a minimum standard for the procedure; the minimum standard for the assessment procedure should be defined in consultation with experts in relevant fields, such as disability, mental health, and child and adolescent development;
- Introduce a universal minimum standard of care and support to be provided to third country nationals pursuant to the identification of vulnerabilities, in view of their physical and mental health;
- Provide a universal standard and support Member States to deploy a sufficient number of adequately trained staff to carry out the vulnerability identification process and ensure the presence of appropriately trained interpreters and cultural mediators during the assessment process. Ensure staff that are gender-, disability- and culturally sensitive trained.
- Set a high standard of monitoring and supervision in order to prevent biases and distortions in the screening procedure as well as burn-out of staff. Secure independent monitoring and evaluation of the vulnerability screening procedure as well as of the care services provided to persons with recognized vulnerabilities. Establish monitoring standards and guidelines for public services and facilities to ensure accessible services;

³² European Parliament resolution of 1 March 2022 on the Russian aggression against Ukraine, available at: https://www.europarl.europa.eu/doceo/document/TA-9-2022-03-01_EN.html

³³ ECRE (2023), Editorial: Migration Pact Agreement Point by Point, available at: <https://ecre.org/editorial-migration-pact-agreement-point-by-point/>

- Improve mental health literacy through mental health awareness campaigns, the development of resources (e.g. toolkits) for migrants and refugees as well as relevant professionals and stakeholders;
- Ensure that discrimination is addressed at all levels, with migrants and refugees being provided equal support through equitable measures;
- Enforce a monitoring mechanism that is transparent and fully independent from the national authorities in order to contribute to a continuous process of accountability.

Conclusions

We have a long way to go for the EU asylum and migration processes to support mental health protective factors rather than exacerbating mental health risk factors by strengthening protection systems through a human right and person-centred approach. Unfortunately, migrants' mental health, although affected by the entire migration experience, often remains an afterthought. A comprehensive approach to migration must ensure migrants and refugees with psychosocial disabilities and mental health problems, can access tailored support. As migration pressures continue to mount, it is a high time for investments to take a whole-of-society response and not compromise on human rights.



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