



EWSI & migrant mental health: healthcare policies across the EU and the impact of COVID-19

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The European Website on Integration (EWSI)

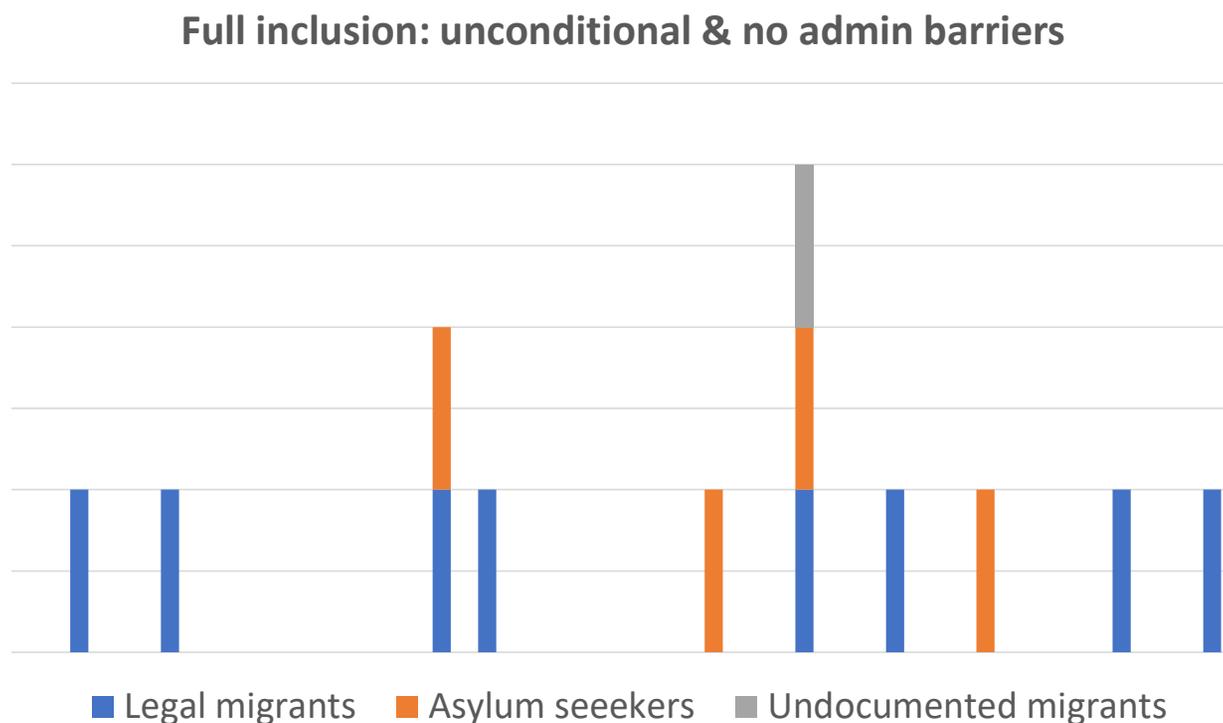
- Coordinated by the Migration Policy Group (MPG) in conjunction with the European Commission (DG HOME)
- Network of [country coordinators](#)
- EWSI [analyses](#): recent topics, chosen according to EC priorities each year, include:
 - Healthcare policies (2022)
 - COVID-19 and migrant (mental) health (2022)
 - Digitalising migrant integration services during the COVID-19 pandemic (2022);
 - Mapping key migrant-led organisations across the EU (2021);
 - Integration of migrant women (2018).

Analysis 1: Healthcare policies

- **Rights and support** for migrants to access health system
- Legal migrants, asylum seekers, undocumented migrants
- Comparison between **2019 (pre-Covid)** and **2022 (“post”-Covid)**

Inclusion in the health system (EU27 - 2022)

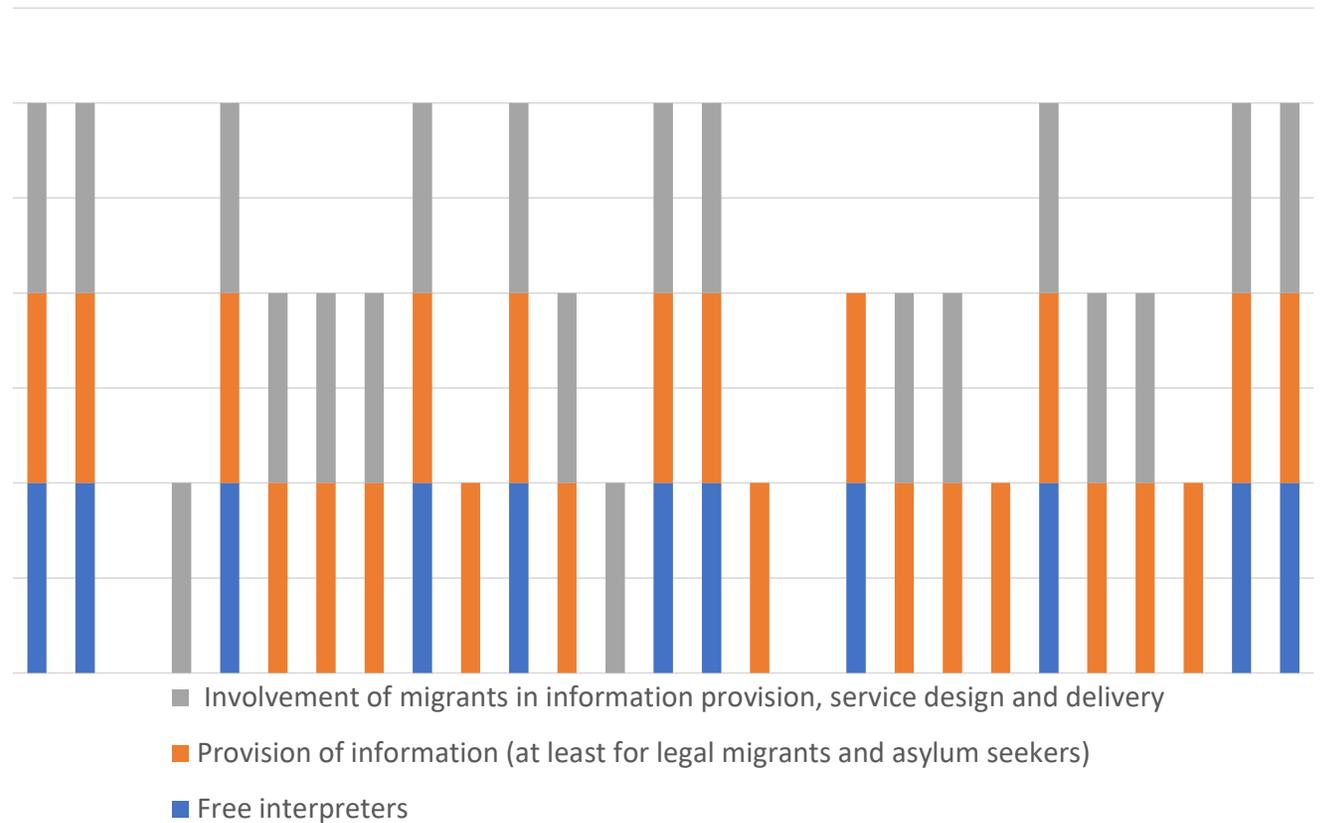
- Full inclusion for:
 - Migrants (8/27)
 - Asylum seekers (4/27)
 - Undocumented (1/27)
- No access to healthcare based on length of residence, residence permit, emergency only, documents required, etc.



Support to access the health system (EU27 - 2022)

- Support:

- Interpreters (11/27)
- Info (23/27)
- Migr. involv. (20/27)



Changes (2019-2022)

Inclusion has **slightly increased** for all 3 groups since 2019, particularly when considering changes introduced in response to new arrivals from Ukraine.

- In Bulgaria, as of 2022 temporary protection holders can access the healthcare system and are covered - for their first 90 days after arrival - by health insurance paid for by the state
- In the Czech Republic, as of 2022 Ukrainian citizens granted temporary protection have full access to public health insurance.

Support has increased marginally for each of the 3 groups: in many countries the situation has not changed, or one type of support has been introduced while another has been taken away.

Analysis 2: COVID-19 and migrant (mental) health

- Questionnaire 1 on mental health: 100 expert respondents across the EU-27
- Questionnaire 2 on general health: 89 expert respondents across the EU-27
- How - if at all - did TCNs' use of existing (mental) health support services change as a result of COVID-19?
- What challenges existed in their access to such services during COVID-19?
- What kind of difficulties were experienced by practitioners working to support them?

Q1: How has the mental health TCNs, including refugees, been affected by the COVID-19 pandemic in your country? Please list 3 key words or phrases.

Respondents were asked to list three key words to describe the effect of the COVID-19 pandemic on the mental health of TCNs. The word **'isolation'** appeared most frequently, (appearing in 20% of responses) followed by 'anxiety' (18%), 'depression' (15%) and 'stress' (15%).



Q2: How has the use of mental health services by TCNs been affected by the COVID-19 pandemic in your country? Please explain in 2 - 3 sentences.

32% responses mentioned difficulties with accessing online mental health support during the COVID-19 pandemic, due to such issues as:

- no or limited internet connection in accommodation centres;
- no interpreter availability;
- no translated information;
- no private space in which to access online consultations;
- no support for the use of complicated, unfamiliar online tools.

Other responses mentioned a general lack of mental health support affecting all citizens including TCNs, as well as long waiting lists for therapy sessions and **the erasure of community support systems** - essential to TCN wellbeing - due to lockdown restrictions.

Q3: How did health authorities adapt to the specific mental health needs of TCNs during the COVID-19 pandemic? Please provide at least one example.

The majority of respondents said that they did not know of any such adaptation in their country, with most support being offered at the civil society level.

Examples of good practices by health authorities include the following:

- **Ireland:** Department of Health partnered with an NGO to offer [free counselling sessions](#) to vulnerable groups, including TCNs. Those arriving from Ukraine are now an additional priority target group.
- **France:** close coordination between the Working Group on Social Health, the *Office national de l'Accueil* and different national stakeholders led to targeted mental health support measures for TCNs.
- **The Netherlands:** information on [stress and parenting during the COVID-19 pandemic](#) was made available by the National centre of expertise on health disparities in Arabic, Dutch, English, Farsi, Somali, Tigrinya and Turkish.
- **Luxembourg:** a state-recruited team of psychologists provided psycho-education and advice on the detection and management of mental health issues among asylum seekers living in accommodation centres.
- **Latvia:** TCNs could access a [state-funded psychological support programme](#) on referral by a GP. This was not well publicised in migrant communities, though, and patients faced very long waiting lists.
- **Malta:** Government published [a mental health guide in English](#) to actors working with TCNs. These actors then translated the guide into the relevant migrant community languages.

How to ensure effective access to early diagnosis of mental health concerns?

- Grant equal and full access to health services.
- Provide migrants with needed support to access health services (e.g. language support, information, tools for web access).
- Remove some of the existing barriers for health practitioners (lack of resources & insufficient understanding of migrants' health needs).
- As some of the good practice examples show, collaboration with NGOs can be a good way to promote better understanding of concerns and to facilitate service delivery with a wider reach.

Thank you!

Access EWSI: https://ec.europa.eu/migrant-integration/home_en

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