Introducing a trauma-informed perspective into the new Screening Regulation: Policy Recommendations from the Consortium on Refugees' and Migrants' Mental Health (CoReMH)

About CoReMH

Consortium on Refugees' and Migrants' Mental Health (CoReMH[1]) consists of mental health professionals working with people on the move. The goal of CoReMH is to facilitate international cooperation between mental health experts and practitioners in the transit context. Our populations of concern are refugees, migrants, and asylum seekers. We are a group of mental health professionals from the countries that will be impacted the most by the new EU Pact on Migration and Asylum, including Member States (MS) at the EU external borders (Bulgaria, Croatia, Greece, Hungary, & Italy) as well as the countries bordering them (Albania, Bosnia and Herzegovina, Kosovo[2], Serbia, & Turkey). At the time of writing, the Consortium consists of 21 organizations from 10 countries.

Introduction

As mental health professionals working in the transit context, our job extends past the typical professional expectations and requires us to use our privilege to actively advocate for our beneficiaries' wellbeing on several levels. We are called not only to address the mental health symptoms that can arise from displacement and migration, but also to understand and challenge policies and practices that maintain these harmful conditions. The new EU Pact on Migration and Asylum has come about as a response to the unprecedented displacement of people as well as the inadequate common response and frictions between MS that continue to shape the EU and national political landscapes. In this view, the Pact on Migration and Asylum is a set of new and amended regulations that aim to consolidate trust between MS regarding the responsibilities of migration management and to provide flexible mechanisms of solidarity with MS on the front lines of migration flows as well as to increase efficiency of asylum and return procedures. However, when reading the proposal of the new pact on migration and asylum, we recognized this as a situation in which it is incumbent upon us to share our combined expertise and experience in the hopes of informing and shaping a more just, equitable, and humane version of the proposed EU migration and asylum system, which takes into account the right to health of the populations of concern, where mental health is an indivisible component. One of the building blocks of the pact is a **compulsory screening of new arrivals** at the external borders, as well as people apprehended within the territory of any MS. The goal is for them to be swiftly referred towards the applicable procedure, which includes the identification, at the earliest stage possible, of persons who are unlikely to receive protection in the EU. The proposed screening regulation is our main point of concern as mental health professionals as it **contains potential risks for human rights** of the population of concern, **the mental health challenges of which are already recognized** in scientific literature and in practice.

[1] https://www.facebook.com/consortium.coremh

[2] This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Identified Mental Health Concerns

It is our concern that the Screening Regulation has the **potential to elicit practices that might be harmful to the mental health and psychosocial wellbeing** of the population of concern. From our perspectives as mental health professionals, we have identified the following aspects of this regulation as the most challenging:

- ➔ **Location and Conditions of the Pre-Entry Screening**

  The details of how and where new arrivals will be accommodated are extremely ambiguous. Member States are required to prevent the persons concerned from entering EU territory prior to and during the screening, which **increases the likelihood that MS will excessively resort to detention**. In fact, the proposed regulation withholds protections enshrined in the existing Asylum Procedures Regulation, such as the prevention of unnecessary detention, until after the pre-entry screening is concluded.

  The deleterious effects of detention on posttraumatic stress disorder (PTSD), depression and well-being of population of concern, and more profoundly, survivors of torture have been convincingly demonstrated[3]. Studies have shown that even a brief period of detention leads to higher posttraumatic stress, depression, and anxiety symptom levels among refugees and migrants.[4]. Therefore, **resorting to detention** to conduct the pre-screening procedure will likely have a **negative impact on mental health**. This is especially concerning given that conflict-affected populations exhibit a higher prevalence of mental health conditions than the general population[5]. Therefore, the regulation in its current form has the **potential to unnecessarily increase and contribute to the psychological suffering** of vulnerable individuals in the population of concern and to decrease the likelihood of their rehabilitation and recovery. The probable re-traumatization elicited by the setting they are held in (e.g. interrogations and medical checks conducted in detention) may also impact their memory and consequently the assessment of their vulnerability during the screening procedure[6], especially if it is conducted under time-restricted conditions. This can result in unjustified denial of access to asylum claim processing for people

[3] Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, I. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. British Journal of Psychiatry, 188(1), 58–64. https://doi.org/10.1192/bjp.bp.104.007864

Von Werthern, M., Robjant, K., Chui, Z. et al. (2018). The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry 18*, 382. https://doi.org/10.1186/s12888-018-1945-y

[4] Cleveland, J., & Rousseau, C. (2013). Psychiatric Symptoms Associated With Brief Detention of Adult Asylum Seekers in Canada. CanJPsychiatry, 58(7), 409–416.

[5] Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *Lancet, 365(9467)*, 1309–1314. https://doi.org/10.1016/S0140-6736(05)61027-6.

Giacco, D., Laxhman, N., & Priebe, S. (2018). Prevalence of and risk factors for mental disorders in refugees. *Seminars in Cell and Developmental Biology, 77,* 144–152. https://doi.org/10.1016/j.semcdb.2017.11.030

[6] Herlihy, J., & Turner, S. W. (2007). Asylum claims and memory of trauma: sharing our knowledge. British Journal of Psychiatry, 191, 3–4. https://doi.org/10.1192/bjp.bp.106.034439

Vukčević Marković, M., Kovačević, N., & Bjekić, J. (2021). Refugee Status Determination Procedure and Mental Health of the Applicant: Dynamics and Reciprocal Effects. Frontiers in Psychiatry, 11(January), 1–5. https://doi.org/10.3389/fpsyt.2020.587331

who would meet the criteria if assessed in the regular procedure and under less threatening conditions, and can ultimately lead to refoulement.

➔ **Duration of and Resources for the Screening Procedure**

CoReMH welcomes the intention of the regulation to ensure that persons with special needs are identified at an early stage and as swiftly as possible, so that their reception and procedural needs are taken into account in determining the appropriate procedure. However, we are concerned with the lack of specificity regarding **which authorities and professionals will carry out the screening** and **what standards they will be held to**. The lack of details and precision in the provisions regarding health and vulnerability checks, in striking contrast with provisions concerning identification and security checks, effectively allows national authorities to generate different interpretations. As such, **no meaningful standards for professional qualifications or training requirements are established** by the regulation as it is presently written. There is a clear risk, with such vague provisions, of perpetuating and justifying existing uneven standards and criteria, ultimately resulting in sub-standard practices in assessment and identification of vulnerabilities in MS with high caseloads.

Further, the **duration of the screening procedure may reinforce** the aforementioned **negative impacts on mental health**. While the procedure is intended to be short, which we find commendable, the experiences in countries like Greece and Italy, where a similar approach has been tested, suggests that this expectation is unlikely to be met in practice[7,8]. In reality, the introduction of a pre-screening phase often results in a backlog of cases and a protracted detention or quasi-detention experience for those seeking protection. There is a body of evidence showing the negative effects of longer asylum procedures, delays, and uncertainties on refugees and migrants' mental health and well-being, which highlights the importance of the matter in question[9].

➔ **Assessment of Vulnerabilities**

Firstly, the way that the provision is formulated creates a **possibility to overlook a person's vulnerabilities where these are not immediately externally presented**, which is often the case

[7] AIDA, Country Report Greece, 2019 Update, June 2020, 107. retrieved from https://asylumineurope.org/wp-content/uploads/2020/07/report-download_aida_gr_2019update.pdf on 26 April 2021

[8] Eleftherakos, C., van den Boogaard, W., Barry, D., Severy, N., Kotsioni, I. and Roland-Gosselin, L., 2018. " I prefer dying fast than dying slowly", how institutional abuse worsens the mental health of stranded Syrian, Afghan and Congolese migrants on Lesbos island following the implementation of EU-Turkey deal. Conflict and health, 12(1), pp.1-11.

[9] Laban, C. J., Gernaat, H. B. P. E., Komproe, I. H., Schreuders, B. A., & De Jong, J. T. V. M. (2004). Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands. Journal of Nervous and Mental Disease, 192(12), 843–851. https://doi.org/10.1097/01.nmd.0000146739.26187.15

Laban, C. J., Komproe, I. H., Gernaat, H. B. P. E., & de Jong, J. T. V. M. (2008). The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. Social Psychiatry and Psychiatric Epidemiology, 43, 507–515. https://doi.org/10.1007/s00127-008-0333-1

Steel, Z., Silove, D., Bird, K., & McGorry, P. (1999). Pathways from War Trauma to Posttraumatic Stress Symptoms Among Tamil Asylum Seekers, Refugees, and Immigrants. Journal of Traumatic Stress, 12(3). https://doi.org/10.1023/A:1024710902534.

for symptoms of trauma and mental health concerns. The vagueness of the stipulation can lead to MS refraining from systematically assessing vulnerabilities. This is particularly concerning in the light of the existing and well documented lack of systematic and effective mechanisms for the identification of vulnerabilities as well as the inadequate resources for that purpose in many MS[10,11]. Secondly, there is no mention of **culturally appropriate practices**, the absence of which can influence the accuracy and credibility of the vulnerability assessment outcomes.

➔ **Monitoring of Fundamental Rights**

The monitoring mechanism, called for in Article 7, will be established and run by the MS that it seeks to monitor, with only general guidance from the Fundamental Rights Agency. This is concerning as it can compromise the independence of the monitoring mechanism. Given the vagueness throughout this regulation, and in particular with regards to the location(s) where the pre-entry screening should be conducted, there is a possibility that screening will be carried out in many locations, and in time constricted conditions. Therefore, the **effectiveness of investigations regarding the violation of fundamental rights** in relation to the pre-screening procedure as well as **ethical and professional standards of the vulnerabilities' assessment**, remain **highly questionable**.

Recommendations

It is important to bear in mind that by the time the persons of concern are interacting with the envisioned screening procedure, they will have likely already experienced a litany of traumatic events and violence both in their country of origin and on the route[12]. It is of the utmost importance to take this into consideration and shape the procedure through a trauma-informed lens. Therefore, CoReMH calls for the improvement of this regulation. Specifically, based on the body of knowledge on refugees' and migrants' mental health and the long-term individual and societal costs of policies and practices not taking mental health into account, as well as with the aim of protecting the human rights of the population of concern, we provide the following recommendations.

- **Expand and strengthen the existing standards** for reception conditions and procedural guarantees for vulnerable groups **during the screening procedure**; mandate and support MS in their uniform application;
- Mandate the **assessment of vulnerability(ies) in all cases** and provide a **minimum standard for the procedure**; the minimum standard for the assessment procedure should be defined in

[10] https://helsinki.hu/wp-content/uploads/From-Torture-to-Detention-angol-WEB.pdf

[11] https://fra.europa.eu/sites/default/files/fra_uploads/fra-august-2016-monthly-migration-disability-focus_en.pdf

[12] Carswell, K., Blackburn, P., & Barker, C. (2009). The Relationship Between Trauma, Post-Migration Problems and the Psychological Well-Being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry*, *57*(2), 107–119. https://doi.org/10.1177/0020764009105699

Purić, D., & Vukčević Marković, M. (2019). Development and validation of the Stressful Experiences in Transit Questionnaire (SET-Q) and its Short Form (SET-SF). *European Journal of Psychotraumatology*, *10*(1). https://doi.org/10.1080/20008198.2019.1611091

consultation with experts in relevant fields, such as disability, mental health, and child and adolescent development;

- Mandate a **universal standard and support MS 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;
- Secure 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;
- 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;
- Secure **independent monitoring and evaluation of the vulnerability screening procedure** as well as of the care services provided to persons with recognized vulnerabilities;
- **Require MS to include members of civil society**[13] who are actually working directly with people on the move, including mental health professionals, **in the independent monitoring mechanism** and secure access to them, as well as resources;
- Enforce a **monitoring mechanism that is genuinely transparent** and **fully independent** from the national authorities in order to contribute to a continuous process of accountability.

List of signers:

1. ARCT – Albanian Rehabilitation Center for Trauma and Torture
2. ARM-BG – Association on Refugees and Migrants
3. Center for community services PUZ
4. CESIE
5. Cordelia Foundation for the Rehabilitation of Torture Victims
6. Greek Forum of Refugees
7. HumanRights360
8. KRCT – Kosova Rehabilitation Center for Torture Victims
9. Mavi Kalem
10. Médecins du Monde - Belgium – Croatia mission
11. Médecins du Monde - Belgium – Bosnia and Herzegovina mission
12. MSYD – Association of Assistance Solidarity and Support for Refugees and Asylum-Seekers
13. PIN – Psychosocial Innovation Network
14. RCT Zagreb – Rehabilitacijski centar za stres i traumu
15. SCS Aelle Il Punto Onlus
16. Society for Psychological Assistance
17. Solidarity Now
18. Syn-Eirmos NGO

[13] DeBono, D., 2018. In defiance of the reception logic: The case for including NGOs as human rights monitors in the EU's policies of first reception of irregular migrants. Peace and Conflict: Journal of Peace Psychology, 24(3), p.291.