JUNE 2018 | MÉDECINS DU MONDE BELGIQUE
With Support of Unicef Office for Croatia

Croatia — Hidden (human) faces of European Union's Dublin regulation from a health perspective.

Médecins du Monde / Kristof Vadino

MÉDECINS DU MONDE
DOKTERS VAN DE WERELD

SOIGNE AUSSI L'INJUSTICE ALSO TREATS INJUSTICE

Project “Invisible emergency – provision of health care assistance to refugee and migrant women and children in Croatia (phase 2)” – supported by Unicef office for Croatia/ implemented by MdM-BE

Launched in January 2018, the main goal of this second project phase is to further ensure primary health and mental health care for asylum seekers in two Croatian AS facilities, with a specific focus on (pregnant) women and children. With a team of two general practitioners, one nurse and two interpreters, “Médecins du Monde-Belgique” (MdM-BE) carries out primary health care consultations in Zagreb and Kutina facilities on a daily basis. The team also conducts official initial medical screening of newly arrived asylum seekers. MdM-BE’s psychologist carries out mental health assessments and individual psychotherapy consultations. In order to ensure provision of an all-inclusive assistance and integrated care, MdM-BE’s community worker offers information, guidance and practical support to asylum seekers/ persons under subsidiary protection/ asylees in accessing their rights (accompanying patients to healthcare institutions; accompanying children asylum seekers for vaccination, etc.). Within the framework of the Project, MdM-BE introduced specialised health services in AS facility Porin Zagreb: gynecologist, pediatrician, psychiatrist and physiotherapist visit the facility one to twice a month each. Through workshops or individual counselling, MdM-BE’s medical team also provides information about prevention of infectious diseases, hygiene, access to healthcare and family planning.

Projekt “Nevidljivi hitni slučajevi – pružanje zdravstvene skrbi izbjeglicama i djeci i ženama migrantima u Hrvatskoj (faza 2)” – proveo MdM-BE uz potporu Unicefovog ureda za Hrvatsku

Glavni cilj druge faze projekta koja je s provedbom započela u siječnju 2018. bio je osigurati nastavak primarne zdravstve zaštite i skrbi za mentalno zdravlje tražitelja međunarodne zaštite na dvije lokacija prihvatilišta za tražitelje azila u Hrvatskoj, sa specifičnim fokusom na žene (trudnice) i djecu. Pomoću tima kojega čine dva liječnika opće prakse, medicinska sestra i dva prevoditelja, “Medecins du Monde – Belgique” (MdM – BE) svakodnevno provodi konzultacije iz primarne zdravstvene zaštite u Zagrebu i u Kutini. Stručni tim također provodi službene inicijalne medicinske procjene novopristiglih tražitelja međunarodne zaštite. Psiholog u MdM-BE timu provodi procjene psihičkog stanja korisnika te individualne psihoterapijske konzultacije. Kako bi osigurao pristup sveobuhvatnoj podršci i integriranoj skrbi, MdM-BE-ov radnik u zajednici pruža informacije, vodstvo i praktičnu pomoć tražiteljima međunarodne zaštite/osobama pod supsidijarnom zaštitom/azilantima u pristupu svojim pravima (prati pacijente do ustanove zdravstvene skrbi, vodi djecu - tražitelje međunarodne zaštite na cijepljenje i sl.). Unutar okvira projekta, MdM-BE je uveo specijalizirane zdravstvene usluge u Prihvatilištu za tražitelje azila “Porin” u Zagrebu: ginekolog, pedijatar, psihijatar i psihoterapeut posjećuju prihvalište jednom do dva puta mjesečno. Kroz radionice ili individualna savjetovanja, MdM-BE medicinski tim također pruža informacije o načinima prevencije infektivnih bolesti, higijeni, pristupu zdravstvenoj skrbi i planiranju obitelji.

Pictures: Renato Pejković and Kristof Valdino
Design: Kuna Zlatica

www.medecinsdumonde.be / www.doktersvandewereld.be

Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person

"In accordance with the 1989 United Nations Convention on the Rights of the Child and with the Charter of Fundamental Rights of the European Union, the best interests of the child should be a primary consideration of Member States when applying this Regulation. In assessing the best interests of the child, Member States should, in particular, take due account of the minor's well-being and social development, safety and security considerations and the views of the minor in accordance with his or her age and maturity, including his or her background. In addition, specific procedural guarantees for unaccompanied minors should be laid down on account of their particular vulnerability."

"The best interests of the child shall be a primary consideration for Member States with respect to all procedures provided for in this Regulation." *(Chapter II, Article 6.1.)*

"Where it is established, on the basis of proof or circumstantial evidence as described in the two lists mentioned in Article 22(3) of this Regulation, including the data referred to in Regulation (EU) No 603/2013, that an applicant has irregularly crossed the border into a Member State by land, sea or air having come from a third country, **the Member State thus entered shall be responsible for examining the application for international protection."** *(Chapter III, Article 13.1.)*

"For the sole purpose of the provision of medical care or treatment, in particular concerning **disabled persons, elderly people, pregnant women, minors and persons who have been subject to torture, rape or other serious forms of psychological, physical and sexual violence**, the transferring Member State shall, in so far as it is available to the competent authority in accordance with national law, transmit to the Member State responsible information on any special needs of the person to be transferred, which in specific cases may include information on that person's physical or mental health. That information shall be transferred in a common health certificate with the necessary documents attached. The Member State responsible shall ensure that those special needs are adequately addressed, including in particular any essential medical care that may be required." *(Chapter VI, Article 32)*

Uredba (EU) br. 604/2013 Europskog parlamenta i Vijeća od 26. lipnja 2013. o utvrđivanju kriterija i mehanizama za određivanje države članice odgovorne za razmatranje zahtjeva za međunarodnu zaštitu koji je u jednoj od država članica podnio državljanin treće zemlje ili osoba bez državljanstva:

"U skladu s Konvencijom Ujedinjenih naroda o pravima djeteta iz 1989. i Poveljom Europske unije o temeljnim pravima, najbolji interes djeteta trebao bi biti primarna briga država članica pri primjeni ove Uredbe. Pri utvrđivanju najboljih interesa djeteta države članice moraju, ponajprije, uzimati u obzir dobrobit i socijalni razvoj maloljetnika, pitanja zaštite i sigurnosti, mišljenje malo ljetnika u skladu s njegovom dobi i zrelošću, uključujući sredinu iz koje dolazi. Osim toga, za maloljetnike bez pratnje zbog njihove posebne ranjivosti trebalo bi utvrditi posebna postupovna jamstva."

"Pri provedbi svih postupaka iz ove Uredbe, **najbolji interes djeteta primarna je briga država članica**." *(Poglavlje II, Članak 6.1.)*

"Kada se utvrdi na temelju dokaza ili dokaza na osnovu indicija kako je navedeno u dva popisa iz članka 22. stavka 3. ove Uredbe, uključujući podatke iz Uredbe (EU) br. 603/2013, da je podnositelj zahtjeva pri dolasku iz treće zemlje nezakonito prešao granicu države članice kopnom, morem ili zrakom, za razmatranje zahtjeva za međunarodnu zaštitu **odgovorna je država članica u koju je na taj način ušao**." *(Poglavlje III, Članak 13.1.)*

"Samo za osiguranje zdravstvene skrbi ili liječenja, posebno za **osobe s invaliditetom, starije osobe, trudnice, maloljetnike i osobe koje su bile mučene, silovane ili izvrgnute drugim teškim oblicima psihološkog, fizičkog ili spolnog nasilja**, država članica koja obavlja transfer odgovornoj državi članici dostavlja sve informacije, s kojima nadležno tijelo raspolaže u skladu s nacionalnim pravom, o svim posebnim potrebama osobe koja se čiji se transfer obavlja, koje u posebnim slučajevima mogu uključiti informacije o fizičkom i mentalnom zdravlju te osobe. Te se informacije prenose u obliku zajedničkog zdravstvenog certifi kata kojem se prilažu odgovarajući dokumenti. Odgovorna država članica osigurava da su te potrebe na odgovarajući način zadovoljene, uključujući posebno svaku bitnu medicinsku skrb koja može biti potrebna." *(Poglavlje VI, Članak 32)*

Human faces of Dublin in Croatia

SYMBOLS ON MAP + TIMELINE:

DURATION OF ASYLUM PROCEDURE ///
TRAJANJE POSTUPKA ZA ODOBRENJE MEĐUNARODNE ZAŠTITE

TRANSFER (DUBLIN) /// PREMJEŠTAJ (DUBLIN)

REJECTED OFFICIAL APPEAL AGAINST TRANSFER (DUBLIN) /// ODBIJENA SLUŽBENA ŽALBA NA POSTUPAK PREMJEŠTAJA (DUBLIN)

DETAILED MEDICAL DOCUMENTATION NOT SENT WITH PATIENT DURING TRANSFER ///
PACIJENT PREMJEŠTEN BEZ POPRATNE MEDICINSKE DOKUMENTACIJE

HOSPITALISATION /// HOSPITALIZACIJA

UNDER MEDICAL TREATMENT ///
POD MEDICINSKIM TRETMANOM

PLANNED SURGERY ///
PLANIRAN OPERATIVNI ZAHVAT

PREGNANCY /// TRUDNOĆA

SEVERE MENTAL HEALTH PROBLEMS ///
ZNAČAJNO NARUŠENO MENTALNO ZDRAVLJE

POLICE VIOLENCE/HUMILIATION ///
NASILNO/PONIŽAVAJUĆE POSTUPANJE POLICIJE

DISABILITY /// INVALIDITET

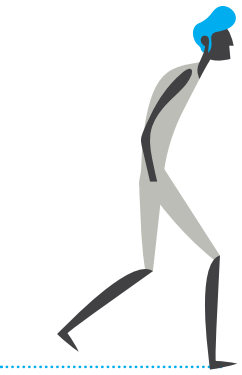
REQUEST FOR ASYLUM REJECTED /// ODBIJEN ZAHTJEV ZA ODOBRENJE MEĐUNARODNE ZAŠTITE

SUBSIDIARY INTERNATIONAL PROTECTION ///
SUPSIDIJARNA MEĐUNARODNA ZAŠTITA

TRAVEL /// PUTOVANJE

DURATION OF ASYLUM PROCEDURE ///
TRAJANJE POSTUPKA ZA ODOBRENJE MEĐUNARODNE ZAŠTITE

TRANSFER TO CROATIA AND DURATION OF ASYLUM PROCEDURE IN CROATIA ///
TRANSFER U HRVATSKU I TRAJANJE POSTUPKA ZA ODOBRENJE MEĐUNARODNE ZAŠTITE U HRVATSKOJ



24 YEAR OLD MAN FROM SYRIA

Diagnosis

Marfan syndrome suspicion.
(Genetic disorder that affects the body's connective tissue.)

MdM support in Croatia

MdM-BE arranged with the Croatian Ministry of Interior for the patient's complete medical documentation to be sent by Austrian authorities (and also directly contacted health institutions/hospitals in Austria). Based on this documentation, MdM organised referrals to a range of specialists in order to re-evaluate his health condition before considering surgical procedure (support includes communication with specialists, arranging appointments and accompanying/translation on the day of examination). During this process the initial diagnosis was rejected and he was diagnosed with severe case of scoliosis and suspected neurofibromatosis (multisystem genetic disorder) with additional specialised diagnostics procedures still ongoing. When he received subsidiary protection, MdM-BE supported him in registering with the general practitioner and still continues to support him by arranging appointments with specialists and accompanying/translation on the day of specialist examinations.

Asylum procedure in Croatia

Granted subsidiary protection in July 2017.

Stay in Austria

Hospitalisation + Planned surgery

The official appeal for suspension of decision on transfer to Croatia from Austria was rejected in his case (his health condition/disease as well as planned surgery were not taken into account by the court)

Left Syria

Marfan syndrome suspicion.
(Genetic disorder that affects the body's connective tissue.)

11/2015 - 10/2016
Stay in Austria

10/2016 - 07/2017
Asylum procedure in Croatia

07/2017
Granted subsidiary protection

2015

10/2015
Left Syria

2016

2017

2018

41 YEAR OLD MAN AND 40 YEAR OLD WOMAN FROM IRAQ

Diagnosis

Husband / Disability

Leg amputated - after a bomb attack in Iraq (old prosthesis cracked in half and put together with the pieces of duct-tape) - as well as diabetes.

Wife / Severe burns and limb impairment

Suffered severe burns on the face and limb impairment after a bomb attack in Iraq.

MdM support in Croatia

Patient (husband) was constantly complaining to MdM-BE medical team about the inability to walk properly with highly damaged prosthesis and a heavy back pain as a consequence, for which he was taking analgesics on a daily basis. His movement was limited to his room and the floor where he was accommodated. Even walking to the restaurant of the Asylum seekers facility was extremely painful. This all led to deterioration of his mental health. Since *„health care of applicants shall include emergency medical assistance, and necessary treatment of illnesses and serious mental disorders (Article 57(1) LITP)"*, MdM-BE contacted private companies and a number of international/non-governmental organisations while seeking out for donations which would cover the cost of the new prosthesis for him. Croatian Red Cross finally paid for it in May 2017. Patient is also diabetic and is under regular control and monitoring by MdM-BE team.

Stay in Holland

Departure from Croatia to Holland (smuggling) in July 2017.
Sent back to Croatia in December 2017. Police violence/humiliation in Holland before transfer.

Stay in Austria

Left Iraq

Husband
Leg amputated -after a bomb attack in Iraq (old prosthesis cracked in half and put together with the pieces of duct-tape) - as well as diabetes.
Wife
Suffered severe burns on the face and limb impairment - after a bomb attack in Iraq.

Stay in Croatia

Asylum procedure in Croatia.

01/2016 - 10/2016
Stay in Austria

10/2016 - 05/2017
Asylum procedure in Croatia

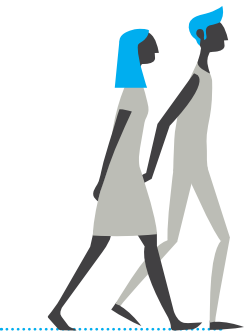
07/2017 - 12/2017
Departure and stay in Holland

04/2018
Second asylum request rejected

2016 2017 2018

12/2015
Left Iraq

12/2017 - 04/2018
Asylum procedure in Croatia



14 YEAR OLD BROTHER AND 16 YEAR OLD SISTER FROM SYRIA

Diagnosis

Under treatment for tuberculosis.

MdM support in Croatia

Since patients did not mention their previous health issues to MdM team during initial examination and since MdM team did not receive official medical documentation from Sweden authorities, patients did not receive medical treatment immediately after their transfer to Croatia. However, in May 2017, MdM team referred to specialised health care one 9 year-old boy from the AS facility Porin in Zagreb. The child was hospitalized with initial diagnosis of cancer. However, after one month, further tests revealed that it was spinal tuberculosis. Apart from accompanying the boy's family to hospitals and required examinations during the whole period (especially MdM's psychologist and doctor), MdM-BE intensely cooperated with the national epidemiology services for implementation of preventive measures regarding tuberculosis in the AS facility Porin. Purified Protein Derivative (PPD) testing was thus organized for 64 children accommodated in the facility at the time. Among children tested, the children who hyper-reacted to PPD testing were referred for further examinations and among them, the 14 years and 16 years old brother and sister were diagnosed positive to tuberculosis at the beginning of August 2017. After their hospitalisation, MdM team continued monitoring that they took properly their therapies every day and accompanied them to different control tests and check-ups.

Stay in Sweden

Hospitalisation + Medical treatment for tuberculosis

Their official appeal for suspension of decision on transfer to Croatia from Sweden was rejected (health state and the fact that they were under medical treatment in Sweden for tuberculosis was not taken into account by the court for suspension of their transfer to Croatia).

Detailed medical documentation not sent with patient during transfer.

Asylum procedure in Croatia

Granted subsidiary protection in March 2018.

Left Syria

09/2015 - 10/2016
Stay in Sweden

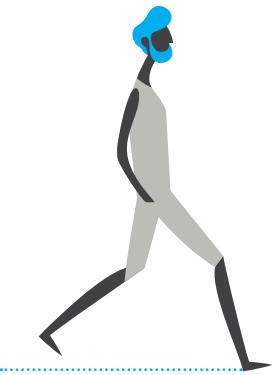
10/2016 - 07/2017
Asylum procedure in Croatia

03/2018
Granted subsidiary protection

2015 2016 2017 2018

08/2015
Left Syria

10/2015
Sent back to Croatia



38 YEAR OLD MAN FROM TURKEY

Diagnosis

Suicidal behaviour, depression and posttraumatic stress disorder (PTSD) after being victim of torture

MdM support in Croatia

MdM psychologist and interpreter waited for patient at the Zagreb airport on the day of his arrival. He was immediately accompanied to the Psychiatric hospital "Sveti Ivan" Zagreb, where he was examined by psychiatrist and considered stable enough to be accommodated in the AS facility Porin in Zagreb. MdM-BE psychologist (and psychiatrist once a month) follows him on daily basis.
However, psychiatric emergencies had to be contacted two times:
- At the end of August 2017 when MdM-BE team was on retreat, emergency service was called and the patient was taken to the Psychiatric hospital. MdM team was contacted subsequently to ensure that he has sufficient supply of medications for the prescribed therapy.
- At the end of October 2017, MdM-BE psychologist and the colleague from the Croatian Red Cross intervened during new suicide attempt, when he was threatening to kill himself with a knife pressed against his neck. Emergencies were called once again and MdM-BE team was contacted to organise his transport back to AS facility Porin after he was hospitalised for one day. He further receives therapy from MdM-BE medical team. It can be noticed that the patient's mental state largely improved when he started working (he received employment authorisation nine months after submitting his request for asylum - as prescribed by the Law).

Stay in Switzerland

Hospitalisations in psychiatrist hospital + Suicide attempts

First suicide attempts in February 2017 after he received a negative decision regarding his asylum request in Switzerland and was to be transfered to Croatia. Hospitalisation in psychiatrist hospital.

Second suicide attempt in March 2017 after he saw the police in psychiatric hospital and was afraid that they were there to pick him up.

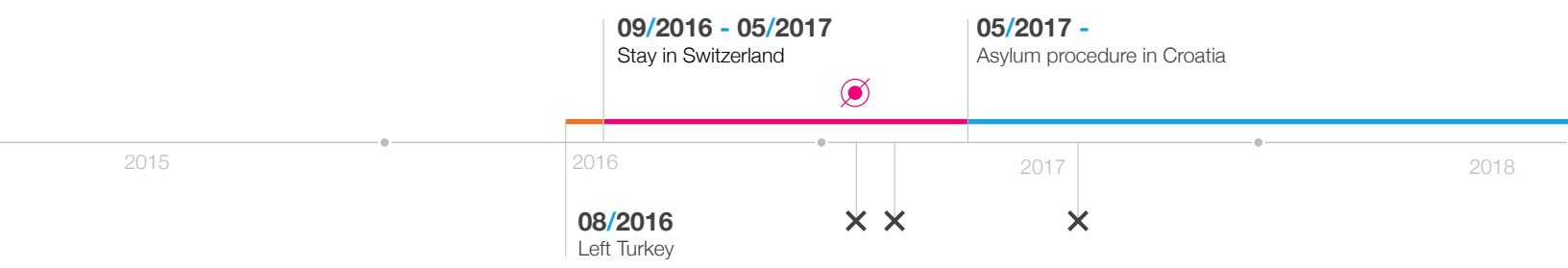
Asylum procedure in Croatia

Third suicide attempt
in September 2017.

Still waiting for decision regarding international protection.

Left Turkey

After being victim of torture.



✕ SUICIDE ATTEMPT

23 YEAR OLD WOMAN FROM SYRIA

Diagnosis

Three months pregnancy. Depression and anxiety due to transfer, separation from husband and previous miscarriage two years before this new pregnancy.

MdM support in Croatia

According to the Law, pregnant women asylum seekers in Croatia do not benefit from any specific medical treatment based on their condition. They are entitled to emergency care, care at childbirth and post-natal care. MdM team thus provided regular pre-natal care as well as psychotherapy due to the high levels of stress and depressive symptomatology.

Asylum procedure in Croatia

Transferred to Croatia when she was three-months pregnant. Her husband was not transferred with her and they were separated (official explanation for this separation was absence of a “legal” marriage certificate). She was also separated from her sister and nephews who stayed in Switzerland.

Stay in Switzerland

Departure from Croatia to Switzerland

Departure from Croatia to Switzerland via Italy (smuggling) in March 2017 (8 months of pregnancy).

Left Syria

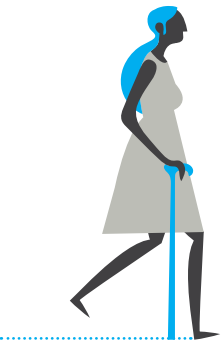
10/2015 - 10/2016
Stay in Switzerland

10/2016 - 03/2017
Asylum procedure in Croatia

2015 2016 2017 2018

09/2015
Left Syria

03/2017
Departure from Croatia to Switzerland



42 YEARS-OLD KURDISH WOMAN FROM IRAQ

Diagnosis

Disabled (uses walking device for walking) after being a collateral victim of a bomb attack

MdM support in Croatia

Medical consultations, purchase of small orthopedic support device and provision of mental health support.

Stay in Austria

Police violence/humiliation in Austria before transfer.

"In September 2016, the police knocked on our doors at 6:00 AM and told us that we urgently have to go to Vienna with them. In Vienna, we spent two days with little food and no healthcare. The police took our mobile phones."

Asylum procedure in Croatia

Asylum request rejected in October 2018. She appealed to Court.

Left Iraq

She was a collateral victim of an Islamic State of Iraq and the Levant (ISIL) bomb attack on a neighbouring house (Christian family). The roof of her house fell on her. Her family arranged for her to go to surgery in India (where they had relatives) and she got a hip endoprosthesis. She spent two years in bed, unable to walk. In 2013, her brother was killed in Iraq. When she psychologically recovered, she and her family decided to leave Iraq.

10/2015
Left Iraque

12/2015 - 09/2016
Stay in Austria

09/2016 -
Asylum procedure in Croatia

10/2017-
Asylum request rejected

2015 2016 2017 2018

Other cases noticed:

FAMILY FROM AFGHANISTAN

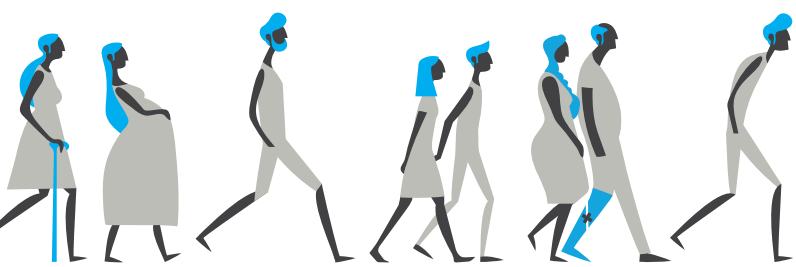
transferred from Austria after more than two years of staying there. Father was transferred alone with children (nine and one years old). Mother was hospitalised in Austria due to her suicide attempt that preceded the transfer and was afterwards transferred to Croatia.

WOMAN (28) FROM SYRIA

transferred with her child (one year old) and husband from Slovenia, after more than 18 months of staying there. She suffered from postpartum depression and was included in MdM psychiatric and psychotherapeutic treatment due to suicidal thoughts and depressive symptomatology during her stay in Croatia.

MAN (25) FROM IRAQ

transferred from Switzerland. He is treated for psychotic disorder and he is not able to function without specialized care so the permanent accommodation in psychiatric hospital is required.



Dublin— a legal and legitimised transfer flow inside the european union

In Croatia, applicants for international protection are accommodated in the Asylum Seekers facilities (hereinafter: AS facilities) in Zagreb and Kutina. In June 2018, Croatia counted about 375 asylum seekers/applicants for international protection in the Country. Despite the official closure of the so-called „Balkan route“, migration flow is still active combining a “formal flow” (asylum seekers transfered to Croatia from Austria and other European countries - Germany, Sweden, and Switzerland - invoking the Dublin III Regulation) and an “informal” flow, with migrants mostly victims of smuggling transiting from Bosnia-and-Herzegovina/Serbia to Slovenia. Recently, two groups of asylum seekers (in total 79 persons) were also transfered under the „resettlement programme“ from Turkey to Croatia (Syrian origin) - in November 2017 and January 2018.

The “Dublin” flow of transfers from EU countries to Croatia massively started in August 2016 (and slightly reduced from January 2018). Statistics on “the last country traversed/resided in before Croatia” derived from the data collected during MdM medical consultations between January-May 2018 show that: 23,9% of medical consultations were conducted with patients who were in Austria before they were transferred to Croatia; 23,1% with patients who were in Germany before they were transferred to Croatia; 23,1 % with patients who were in Serbia before coming to Croatia; and 6,7% with patients who were in Bosnia and Hercegovina before coming to Croatia).

Through its work, and especially initial health examinations of newly arrived asylum seekers, MdM-BE recorded a number of cases of patients transferred from Austria, Germany and Switzerland with a severe illness (cancer and Marfan syndrome, for instance), chronic illness (diabetes, cardiovascular disease, etc.), mental health problems (PTSD, deep depression, post-partum depression, etc.) and high state of pregnancy. **A majority of them saw their appeal to court in these countries rejected despite invoking their disease, severely bad mental health state or pregnancy during a court procedure.**

Based on MdM-BE observations, bad health condition was not a criterion taken into account to suspend transfer procedures. As long as the person was “fit to travel” on paper (sometimes with medical escort) and/or court considered that she/he would receive healthcare in destination country, transfer was conducted. **It is important to notice that under the Dublin III Regulation individual health state is not a binding criterion to suspend the transfer.** Health state might be recognised in cases of **relationship of dependency (Para 16 of the Preambule of the Dublin III Regulation:** “In order to ensure full respect for the principle of family unity and for the best interests of the child, the existence of a relationship of dependency between an applicant and his or her child, sibling or parent on account of the applicant’s pregnancy or maternity, state of health or old age, should become a binding responsi-

bility criterion. When the applicant is an unaccompanied minor, the presence of a family member or relative on the territory of another Member State who can take care of him or her should also become a binding responsibility criterion" as further elaborated in Articles 6, 8 and 16 of the Dublin III Regulation). It can also be noticed that for different cases, detailed medical documentation was not sent with patient during transfer.

Dublin—humanly (il)legitime?: The severe impact of transfers on mental health of asylum seekers

The experiences before, during and after the process of migration influence the prevalence of specific mental health problems of children, adolescent and adult asylum seekers.

The risk factors are various and often include cases of multiple traumatic events that preceded the forced abandonment of the country of origin and a migration experiences that include exhausting travel conditions, exposure to violence and risks from various types of exploitation and extortion, uncertainty, and the inadequacy of available protection and necessary medical assistance. Study of the mental health of asylum seekers in Serbia suggests that 96% of asylum seekers population was forced to leave their home country; 81% witnessed murder or death due to violence; 73% experienced lack of access to medical assistance and 22% witnessed rape or sexual abuse in their country of origin.[1]

Post-migration sources of stress for asylum seekers include a lengthy, complex and unpredictable process of request for international protection (which in most cases results in a sense of helplessness and uncertainty), the separation from family members who have remained in their country of origin, migration-related losses, financial difficulties and inadequate living conditions in facilities for asylum seekers, language barriers, social and cultural differences, limitations of legal regulations and the lack of acceptance from the local community that affect the process of employment, integration and the social status of asylum seekers.

Post-migration stressors are often the most relevant risk factors in developing or aggravating mental-health disorders. Loneliness, feeling of dependency, lack of control, lack of available activities and lack of the sense of meaning at destination/"transit" country as well as worries about the future and intensive fear of deportation were among the most commonly reported of these factors. All these factors strongly influence the sense of identity, dignity, self-esteem, established social roles and family relations of asylum seekers, and thus their capacity to successfully integrate and contribute to the community of the host country. A study conducted on Afghan and Iraqi asylum seekers in Netherlands concluded that a lengthy asylum process, which can intensify abovementioned stressors, was more likely to result in mental-health disorders than adverse life events at the country of origin.[2,3] In Croatia, at the end of 2016, a survey was conducted on a sample of asylum seekers located in the Asylum seekers facility in Zagreb. During the screening process 80,3% of the participants achieved a result which indicated that they were at risk of developing mental health problems.[4]

The relocation by the application of the Dublin III regulation, which in many cases includes the police arrest of asylum seekers preceding the enforced transfer (and for some of them even some days in detention), often represents an additional risk factor for mental health of asylum seekers as it disturbs established routine and social networks that are a prerequisite for successful recovery from psychological trauma, normal social functioning and successful integration process. Most worrying cases are transfers of persons separated from their families (for instance pregnant women separated from her husband and the rest of the family), persons with highly impaired mental health conditions (psychotic disorders, suicidal risk, postpartum depression, posttraumatic stress disorder), persons that have applied for asylum prior to transfer and spent more than two years waiting for the response in the country from which they are transferred, persons who have had scheduled surgical procedures and persons transferred even for a second or third time. By consequence, events that resemble previous traumatic experiences have strong chances to result in re-traumatisation and the strengthening of the symptoms of depression, anxiety, psychosis and posttraumatic stress disorder.

Mental health problems of adult asylum seekers transferred from Austria, Germany, Switzerland, Sweden, Netherlands, Luxembourg, Finland, Slovenia, Belgium and France who have requested psychological support from MdM team in Zagreb AS facility during years 2017 and 2018 include symptoms of depressive disorder (insomnia, lack of energy, lack of motivation, apathy, inability to maintain concentration, hopelessness, negative self-perception, suicidal thoughts), tension, restlessness, high levels of stress, feelings of uncertainty and loneliness, anxiety disorder, panic disorder, adjustment disorder, acute stress disorder, various posttraumatic reactions (nightmares, mistrust, irritability, recurrent intrusive thoughts and traumatic images). There have also been cases of psychotic disorders, postpartum depression, post-traumatic stress disorder and suicide attempts. Stress and traumatic experiences can also lead to various psychosomatic symptoms or substance abuse in an attempt to cope with high levels of stress.

[1] Vukčević, M., Dobrić, J., Purić, D. (2014) Study of the Mental Health of Asylum Seekers in Serbia. UNHCR The UN Refugee Agency, Belgrade.
[2] Laban, J. C., Gernaat, H., Komproe, I., Schreuders, B., De Jong, J. (2004) Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in The Netherlands. The Journal of Nervous and Mental Disease 192: 843-51.
[3] Sandalio Naranjo, R. (2018) Life After Trauma: The Mental-Health Needs of Asylum Seekers in Europe. The Online Journal of the Migration Policy Institute.
[4] Stanković, N. (2017) It is all good now or maybe not? - Mental health screening of refugees and other migrants. Master's thesis. Faculty of Humanities and Social Sciences, University of Zagreb.

Mental health of child refugees and asylum seekers

Médecins du Monde / Renato Pejković

Definition of traumatic event includes exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend; threatened death of a family member or friend (the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s).[5]

The population of child asylum seekers in Croatia mostly consists of children from violence and war-affected areas of the world. During their journey to Europe, most of them experienced various stressors and/or traumatic events that may include risky transportation conditions, extreme cold or warm weather, lack of food or water, lack of adequate clothing, footwear and access to medical care and/or exposure or witnessing to extortion, violence or death. Such experiences can represent traumatic events or extraordinary situations which, especially if accumulated, can pose great risk to mental health of children.

A systematic review of studies concerning the mental health of refugee children residing in Western countries found that studies (depending on definition and methodology) determined levels of post-traumatic stress disorder from 19 to 54%, depression from 3 to 30%, and varying degrees of emotional and behavioral problems among refugee children.[6]

Trauma during childhood and adolescence can lead to future disorders by influencing child's maturation and development process. Depending on the number, nature, and pattern of traumatic events, 27% to 100% of children, especially those exposed to sudden, unexpected, man-made violence, can develop post-traumatic stress disorder. Others may experience a range of PTSD symptoms, behavior disorders, anxiety, phobias, and depressive disorders.[7]

Post-migration environment can have at least as much impact on mental health as pre-migration and migration factors.[8] *Refugee children must adjust to a new language, society and culture, school systems and peer groups. It is also important to emphasize that communities into which refugee children are settling are often hostile and discriminatory towards asylum seekers and refugees. "Many families face devastating separations (Rousseau et al., 2004), while some also suffer impaired parenting and attachment relationships as a result of parents' distress and subsequent emotional unavailability (Frye & D'Avanzo, 1994; Howard & Hodes, 2000)." "Facing such challenges over a protracted length of time takes its toll on many refugee children as even those who are resilient are likely to have their resources overwhelmed." (p. 53).*[9]

In this light, Dublin III regulation by which children and their families get transferred from one host country to another, often after lengthy and unsolved process of application for international protection and a long period of integration efforts (which often include learning the language of first host country, employment of parents, living in assigned apartments, established connections with peers, local community and formal and informal support systems) has a significant negative effect on mental health and adaptation mechanisms of children who are asylum seekers in Europe.

In AS facilities in Croatia, mental health problems of children for which parents contacted MdM team included regressive symptoms (such as bed wetting, loss of age appropriate verbal skills), sleeping problems, loss of appetite, anxiety, startle response to sudden noise, fear, anger and aggressive responses to peers and/or family members, as well as increased withdrawal and concentration problems for adolescents. MdM team organized the necessary support in collaboration with external experts, but due to the lack of trained staff, experts and translators, the mental health of refugee children and asylum seekers remains one of the biggest challenges in organizing a sustainable and comprehensive support system for asylum seekers, not only in Croatia, but in the rest of Europe and worldwide.

[5] American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders (5th ed.) Washington, DC
[6] Bronstein, I., Montgomery, P. (2011) Psychological Distress in Refugee Children: A Systematic Review. Clinical Child and Family Psychology Review, March 2011, Volume 14, Issue 1, pp 44–56
[7] Schwarz, E., Perry, B.D. (1994) The post-traumatic response in children and adolescents. Psychiatric Clinics of North America, 17 (2): pp.311-326
[8] Porter, M., Haslam, N. (2005) Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons: A Meta-Analysis. JAMA The Journal of the American Medical Association 294(5): pp.602-12
[9] Henley, J., Robinson, J. (2011) Mental health issues among refugee children and adolescents. Clinical Psychologist 15 (2011) pp.51–62

Médecins du Monde considers that:

Best interests of the child, pregnant women and persons with physical/mental health problems shall be a primary consideration for Member States regarding transfers procedures under Dublin III Regulation.

Health needs of asylum seekers represent invisible emergencies that can easily be treated before they escalate into irreversible complications. Access to basic primary care and early on-site treatment is not only beneficial for asylum seekers but also cost-efficient in the long-term as it reduces demand for emergency care by providing cheaper and more effective primary care. Early treatment is also important for tackling and protecting against the deterioration of mental health due to pre-existing traumas from war and conflict as well as from travels and transfers in Europe.

As a basic human right, ensuring complete access to healthcare for children and pregnant women asylum seekers in all European Union Members States should be immediate priority.

Médecins du Monde smatra da:

U postupcima premještanja prema uredbi Dublin III, primarna briga država članica Europske unije trebao bi biti najbolji interes djece, trudnica i osoba s zdravstvenim/mentalnim teškoćama.

Zdravstvene potrebe tražitelja međunarodne zaštite su neprepoznati hitni slučajevi koji se mogu jednostavno riješiti prije nego što se stanje nepovratno zakomplicira. Pristup primarnoj zdravstvenoj zaštiti i ranim intervencijama na licu mjesta nije koristan samo za tražitelje međunarodne zaštite, već je i dugoročno financijski isplativ jer smanjuje potrebu za korištenjem usluga hitnih službi, osiguravajući primarnu skrb koja je jeftinija i učinkovitija. Rana intervencija važna je i zbog očuvanja i prevencije narušavanja mentalnog zdravlja uslijed izloženosti tražitelja međunarodne zaštite traumatskm iskustvima u ratu i sukobima, kao i tijekom putovanja i premještaja po Europi.

Kao temeljno ljudsko pravo, osiguravanje pristupa kompletnoj zdravstvenoj zaštiti za djecu i trudnice – tražitelje međunarodne zatite u svim zemljama članicama Europske unije predstavlja neodgodivi prioritet.

Médecins du Monde / Kristof Valdino

Asylum seekers patients demographic and health/clinical data in Croatia

In total, MdM-BE received 623 patients for 2054 general practitioners' medical consultations (average of 3 consultations per patient). The majority of patients were between 20 and 24 years old (16% of patients). The average age of the received patients was 25 years old (with the youngest patient being one week old). With regards to women and children: 32 % of the medical consultations were conducted with women; 8,20% with children between 0-4 years and 14,45% with children between 5-14 years old.

Reflecting the overall demographic structure of asylum seekers in Croatia, a majority of medical consultations were carried out with patients from Syria (20,7%), followed by patients from Afghanistan (17,5%), Iran (13,6%) and Iraq (12,7%). Statistics about "the last country traversed/resided in before Croatia" reflect migratory flows observed in Croatia since the fall 2016 and most recently new trend observed since spring 2018. They combine the "Dublin" transfer flow from the European Union countries to Croatia (23,9% of medical consultations were conducted with patients who were in Austria before Croatia; 23,1% with patients who were in Germany) and the "green-borders" crossing flows from the neighboring countries with a raise of persons coming through Bosnia and Hercegovina since spring 2018 (from Bosnia and Hercegovina for 6,7% of medical consultations and from Serbia for 23,1% of medical consultations).

Asylum seekers examined by MdM-BE's general practitioners (to be distinguish from diagnoses observed during psychiatric/psychological evaluations) in Croatia suffered mostly from psychological symptoms/diseases (14,1%), respiratory symptoms/diseases (13,9%), musculoskeletal symptoms/diseases (12,2%), digestive symptoms/diseases (11,7%) and skin symptoms/diseases (11%).

Data was collected through the system of electronic patient records ("Dossier de Patient Informatisé") during the 2054 general practitioners' medical consultations (including initial medical health examination of newly arrived asylum seekers) conducted by MdM-BE in the AS facilities "Hotel Porin" in Zagreb and Kutina, between 01st of January and 31st of May 2018. Diagnoses were recorded using the International Classification of Primary Care codes (ICPC-2 codes), based on patient's' complaints, symptoms and health assessments during MdM-BE medical consultations.

Demografski i zdravstveni/klinički podaci o pacijentima – tražiteljima međunarodne zaštite u Hrvatskoj

MdM-BE zaprimio je ukupno 623 pacijenta za 2054 konzultacije kod liječnika opće prakse (u prosjeku 3 konzultacije po pacijentu). Većina pacijenata je bila u dobi od 20 do 24 godine (16%). Prosječna dob pacijenata je 25 godina (pri čemu je najmlađi pacijent bio star sedam dana). Statistički podaci o ženama i djeci pokazuju iduće: 32% medicinskih konzultacija koristile su žene; 8,20% djeca u dobi 0-4 godine i 14,45% djece u dobi od 5 – 14 godina.

S obzirom na cjelokupnu demografsku strukturu tražitelja međunarodne zaštite u Hrvatskoj, većina medicinskih konzultacija provedena je s pacijentima iz Sirije (20,7%), zatim Afganistana (17,5%), Irana (13,6%) i Iraka (12,7%). Statistički podaci o "posljednjoj zemlji kroz koju su prošli/boravili prije Hrvatske" odražavaju migracijske struje koje su u Hrvatskoj opažene od jeseni 2016. godine, kao i najnovije trendove od proljeća 2018. godine. Oni predstavljaju kombinaciju struje koja prati premještanja prema "Dublinu", a kreće se od zemalja Europske unije prema Hrvatskoj (23,9% medicinskih konzultacija provedeno je s pacijentima koji su prije Hrvatske boravili u Austriji; 23,1% s pacijentima koji su boravili u Njemačkoj) i struje koji prati prelazak "zelenih granica" u susjednim zemljama, pri čemu se povećao broj osoba koje dolaze preko Bosne i Hercegovine od proljeća 2018. godine (6,7% medicinskih konzultacija provedeno je s pacijentima iz Bosne i Hercegovine i 23,1% s pacijentima iz Srbije).

Tražitelji međunarodne zaštite koji su pregledani od strane MDM-BE liječnika opće prakse u Hrvatskoj (ovo treba razlikovati od dijagnoza koje su uočene tijekom psihijatrijskih i psiholoških procjena) većinom su iskazivali psihičke simptome/bolesti (14,1 %), teškoće disanja/bolesti dišnog sustava (13,9 %), muskuloskeletalne simptome/bolesti, probavne teškoće/bolesti (11,7%) i simptome kožnih bolesti (11%).

Podaci su prikupljeni putem elektronske baze podataka o pacijentima (Dossier de Patient Informatisé) tijekom provedbe 2054 medicinske konzultacije od strane Mdm-Be liječnika opće prakse (uključujući inicijalni zdravstveni pregled novopristiglih tražitelja međunarodne zaštite) u prostorima Prihvatilišta za tražitelje azila "Hotel Porin" u Zagrebu i u prihvatilištu u Kutini, između 1. siječnja i 31. svibnja 2018. Dijagnoze su postavljene prema međunarodnoj klasifikaciji primarne zdravstvene zaštite (ICPC-2) na temelju izjava samih pacijenata, simptoma i zdravstvenih pregleda tijekom MdM-BE medicinskih konzultacija.

Framework of rights regarding medical/health care of applicants for international and temporary protection, asylees, foreigners under subsidiary protection, foreigners under temporary protection and irregular migrants in croatia

Access to health care for asylum seekers/applicants for international protection in Croatia is limited. According to the Article 57 of the "Law on International and Temporary Protection" which entered into force on 02 July 2015 (amended on 13 December 2017), applicants for international protection have free-of-charge access only to "emergency medical assistance and necessary treatment of illnesses and serious mental disorders".

Médecins du Monde / Kristof Valdino

LAW ON INTERNATIONAL AND TEMPORARY PROTECTION
– **LITP** (Official Gazette 70/15 and 127/2017)
– entered into force on 02 July 2015
and amended on 13 December 2017 (amendments)

REGULATION ON THE CONTENT OF MEDICAL EXAMINATION OF ASYLUM SEEKERS, ASYLEES, FOREIGNERS UNDER TEMPORARY PROTECTION AND FOREIGNERS UNDER SUBSIDIARY PROTECTION
– **RCME** (Official Gazette, 39/08)
– entered into force on 04 April 2008

LAW ON MANDATORY HEALTH INSURANCE AND HEALTH CARE FOR FOREIGNERS IN THE REPUBLIC OF CROATIA
– **LMHIHC** (Official Gazette 80/13 and 15/2018)
– entered into force on 01 July 2013
and amended on 02 February 2018 (amendments)

Access to health care

According to Article 17 of the LMHIHC, among foreigners who have access to health care in the Republic of Croatia are:

/ Asylum seeker (also Article 52(1) LITP)
/ Foreigner under temporary protection (also Article 83(1) LITP)
/ Asylee (also Article 64(2) LITP)
/ Foreigner - family member of an asylee
/ Foreigner under subsidiary protection (also Article 64(2) LITP)
/ Foreigner - family member of a foreigner under subsidiary protection
/ Foreigner illegally residing in the Republic of Croatia.

Applicants for international and temporary protection (Hereinafter: applicants)

OBLIGATIONS RELATED TO MEDICAL CARE

Article 52(3)/4 LITP prescribes that „Applicants are obliged to undergo a medical screening ".

SCOPE OF RIGHTS

Article 57(1) LITP stipulates that „**health care of applicants shall include emergency medical assistance, and necessary treatment of illnesses and serious mental disorders**."

Article 12 RCME stipulates:
"Health safety of asylum seekers includes:

1.
The right to emergency medical care and emergency transportation at the discretion of the physician and the right to emergency dental assistance. Getting a replacement tooth is only possible in cases where it is medically urgent.

2.
The right to necessary treatment at the physician's discretion, which includes:

MAINTENANCE OF VITAL FUNCTIONS, STOPPING MAJOR BLEEDING OR PREVENTING BLEEDING;

PREVENTION OF SUDDEN DETERIORATION OF HEALTH THAT COULD CAUSE PERMANENT DAMAGE TO CERTAIN ORGANS OR VITAL FUNCTIONS;

TREATMENT OF SHOCK;

RESPONSE TO CHRONIC DISEASES AND CONDITIONS, NEGLECTING WHICH WOULD MMEDIATELY OR LATER CAUSE A DISABILITY, OTHER PERMANENT DAMAGE OR DEATH;

TREATING FEVER AND PREVENTING THE SPREAD OF INFECTION THAT COULD LEAD TO SEPSIS;

TREATMENT OR PREVENTION OF POISONING;

TREATMENT OF BONE FRACTURES OR SPRAINS AND OTHER DAMAGE WHICH REQUIRES INTERVENTION OF DOCTORS;

MEDICINES FROM A VALID LIST OF DRUGS THAT ARE PRESCRIBED FOR THE TREATMENT OF CONDITIONS REFERRED TO IN THIS ARTICLE.

3.
The right to health care of women – women in labour and those who just gave birth should be provided medical care, nursing care, midwives, medicines, bandages and all means for treatment."

Article 57(2) LITP stipulates that „Applicants who need special reception and/or procedural guarantees, especially victims of torture, rape or other serious forms of psychological, physical or sexual violence, **shall be provided with the appropriate health care** related to their specific condition or the consequences of those offences."

*Article 52(5) LITP prescribes that a **foreigner under transfer** shall have the rights and obligations referred to in Article 52 (right to health care and obligation to undergo a medical screening) until handover is effected to the responsible state member of the European Economic Area.*

COSTS

Article 57(4) LITP: „The costs of the health care referred to in paragraphs 1 and 2 of this Article and the medical screening referred to in Article 52, paragraph 3, point 4 of this Act (*all quoted above*) shall be borne **by the ministry responsible for health care**."

Médecins du Monde / Renato Pejković

Asylees and foreigners under subsidiary protection

OBLIGATIONS RELATED TO MEDICAL CARE

According to Articles 13 and 14 RCME, the provisions of RCME relating to the medical screening of applicants apply to medical screening of asylees and foreigners under subsidiary protection.

SCOPE OF RIGHTS

Article 69(1) LITP: „Asylees and foreigners under subsidiary protection shall exercise the right to health care pursuant to the regulations governing health insurance and health care of foreigners in the Republic of Croatia."

According to Article 21(1) of LMHIHC, asylee and foreigner under subsidiary protection, and foreigners – family members of an asylee or a foreigner under subsidiary protection **have the right to healthcare to the same extent as a person covered by mandatory health insurance.**

COSTS

Article 69(2) LITP: „The costs of health care of the persons referred to in paragraph 1 of this Article **shall be paid from the State Budget of the Republic of Croatia**, under the item of the ministry responsible for health care."

Foreigners under temporary protection

OBLIGATIONS RELATED TO MEDICAL CARE

According to Article 83(2) LITP, the obligations prescribed in Article 52, paragraph 3 of LITP shall be applied to foreigners under temporary protection. This includes obligatory medical screening.

SCOPE OF RIGHTS

Article 87(1) LITP stipulates that „Health care for foreigners under temporary protection includes **emergency medical assistance** and, for vulnerable groups, appropriate medical and other assistance. “

COSTS

Article 87(2) LITP: „The costs of the health care referred to in paragraph 1 of this Article **shall be paid from the State Budget of the Republic of Croatia**, under the item of the ministry responsible for health care.“

Foreigners without status / irregular migrants

OBLIGATIONS RELATED TO MEDICAL CARE

According to Article 12 of the Ordinance on Accommodation in the Reception Centre for Foreigners, Official Gazette 66/13, from 04 June 2013, medical screening is mandatory for all new arrivals to the Reception Centre for Foreigners.

SCOPE OF RIGHTS

According to Article 24(1)(2) LMHIHC, foreigner illegally residing in the Republic of Croatia, who is accommodated in the Reception Centre for Foreigners or whose deportation has been postponed or to whom a deadline for return has been set has the right to **emergency medical assistance.**

COSTS

According to Article 19 of the LMHIHC, Republic of Croatia will cover from the State Budget provision of health care for foreigner illegally residing in the Republic of Croatia, who is accommodated in the Reception Centre for Foreigners or whose deportation has been postponed or to whom a deadline for return has been set.

(**Note**: According to Article 24(3) LMHIHC, the costs of health care of foreigners illegally residing in the Republic of Croatia shall be paid by the foreigners themselves, and if this is not possible **THEN** the costs shall be paid from the State Budget.)

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Acronyms and abbreviations

AS	Asylum seekers
EU	European Union
ICPC	International Classification of Primary Care
ISIL	Islamic State of Iraq and the Levant
LMHIHC	Law on Mandatory Health Insurance and Health Care For Foreigners In The Republic Of Croatia
LITP	Law on International and Temporary Protection
MdM-BE	Médecins du Monde - Belgique
MoU	Memorandum of Understanding
NOS	Not Otherwise Specified
PPD	Purified Protein Derivative
PTSD	Posttraumatic stress disorder
RCME	Regulation on the content of medical examination of asylum seekers, asylees, foreigners under temporary protection and foreigners under subsidiary protection
UNICEF	United Nations Children's Fund
UNHCR	The UN Refugee Agency