AD HOC QUERY ON 2021.71 CONCEPT NOTE FOR AN EMN INFORM ON MAPPING OF MENTAL HEALTH POLICIES FOR MIGRANTS

Requested by COM on 29 November 2021

Responses from Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Slovakia, Slovenia, Spain, Sweden (23 in Total)

1. Background information

Migrants, including beneficiaries of international protection, may be especially at risk of developing mental health conditions because of stressors they are exposed to before, during, and after the migration process, although their prevalence is highly variable across studies and population groups.[1] These could include at the pre-migration stage; stressors from persecution and extreme hardship that migrants face in the country of origin.[2] Moreover, many migrants take the migration journey alone without access to the support networks they had in their country of origin, and coupled with challenges that some of the migrants (for example, BIPs) might face during the journey depending on the nature and conditions of travel, the (low) level of access to health facilities along the route can leave them less resilient to mental distress.[3] At the pre-migration stage, the process of leaving the country of origin and adapting to a different cultural environment can lead to mental health issues among all groups of migrants,[4] and for BIPs, lack of social integration and unemployment might mean they endure psychological reactions such as hopelessness, fear, anxiety, sadness or anger as well as behavioural and social difficulties including sleep problems, restlessness, social withdrawal, and intrusive memories.[5]

Research has raised concerns regarding barriers and obstacles that migrants often face in accessing mental health services,[6] especially for beneficiaries of international protection, who face a higher incidence of mental health issues compared with the host population and non-refugee migrants.[7] Some of these barriers include: lack of knowledge regarding their health care and their entitlements, fear of discrimination, poor command of the language of the host country, belief systems and cultural expectations, and a lack of trust in professionals and authorities.[8] [9] Early interventions and support (which can form part of mental healthcare policies) can target and minimise those risks. Early interventions and support can take a variety of forms which can include community awareness/ education on mental health conditions, promotion of mental health services/providing information on available support, establishing community centre to promote early detection of symptoms etc.[10]

As stated in the new EU Action plan on integration and inclusion 2021-2027,[11] mental health is critical to migrants' integration. The COVID-19 pandemic has further intensified the mental health risks for migrants and refugees, particularly for those living in insecure situations. Pre-existing stressors were exacerbated, with migrants also experiencing the aggravating factor of being away from home and far from support networks.[12]

[1] MHE& EPHA, 'EU funds for migrants' mental health: some considerations', n.d., https://www.mhe-sme.org/wp-content/uploads/2020/02/EU-funds-for-migrants-MH_considerations_new.pdf, last accessed on 11 November 2021.
[2] Idem, P.3
[3] Idem, P.3
[4] WHO, 'Mental health promotion and mental health care in refugees and migrants', 2018, Copenhagen, WHO

Regional Office for Europe, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf%3Fua%3D1, last accessed on 2 September 2021.
[5] MHE& EPHA, 'EU funds for migrants' mental health: some considerations', n.d., https://www.mhe-sme.org/wp-content/uploads/2020/02/EU-funds-for-migrants-MH_considerations_new.pdf, last accessed on 11 November 2021.
[6] Idem, P.3
[7] WHO, 'Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region', 2016, https://www.ncbi.nlm.nih.gov/books/NBK391045/pdf/Bookshelf_NBK391045.pdf, last accessed on 29 November 2021.
[8] WHO, 'Mental health promotion and mental health care in refugees and migrants', 2018, Copenhagen, WHO Regional Office for Europe, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf%3Fua%3D1, last accessed on 2 September 2021.
[9] WHO, 'Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region', 2016, https://www.ncbi.nlm.nih.gov/books/NBK391045/pdf/Bookshelf_NBK391045.pdf, last accessed on 29 November 2021.
[10] A Transnational Model Of Migrant Mental Health Care With A Human Rights Perspective And A Social Justice Lens, https://www.healthaffairs.org/do/10.1377/hblog20210803.546772/full/, last accessed on 29 November 21.
[11] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Action plan on Integration and Inclusion 2021-2027, Brussels, 24.11.2020 COM(2020) 758 final https://ec.europa.eu/migrant-integration/news/the-ec-presents-its-eu-action-plan-on-integration-and-inclusion-2021-2027 last accessed on 15 September 2021.
[12] IOM, 'Migrants and COVID-19: How to take care of mental health', 2020, https://rosanjose.iom.int/site/en/blog/migrants-and-covid-19-how-take-care-mental-health, last accessed on 2 September 2021.

2. Questions

1. Is there a national strategy/policy in place in Member States that makes reference to migrants' mental health i.e. facilitating access to mental health service and ensuring effective provision of such services? YES/NO. Please explain.

NB 'migrants' refers to third-country national migrants legally residing in the EU and beneficiaries of international protection, as set out in the scope section of the concept note

2. If you answered YES to Q.1, please indicate if this national strategy/policy fell into one of the following categories: Please elaborate in the comment box:
Available choices: Specific strategy/policy, Part of the national health strategy/policy, Part of the national integration strategy/policy, Not applicable

3. Does this policy include a special focus on vulnerable groups of migrants or migrants with specific needs?
Available choices: Yes, No, Not Applicable

4. If you answer YES to Q.3, please indicate which of the following categories (please explain in the comment box):
Available choices: Gender, Age, Disability, Sexual orientation, Specific needs, Not applicable

5. Who are the key actors that provide mental health services to migrants in your Member State?
For each category ticked, please describe in the comment box their responsibilities and involvement in the strategy/policy.
Available choices: National, regional, local authorities, Non-governmental organisations (NGOs), Private sector

6. Have migrants been consulted during the process of policy / strategy development, through migrant organisations / networks or similar? Please explain.

7. What is/are the priority(ies) of the national strategy/policy? Please tick all that apply from the list.
When you click one option please describe how the priority(ies) selected above are implemented in the national strategy. NB the WHO has identified eight key priority action areas for consideration by policymakers regarding the mental health of migrants and refugees in its publication 'Mental health promotion and mental health care in refugees and migrants - Technical guidance', 2008, (https://apps.who.int/iris/handle/10665/342277). The first eight actions included below reflect the WHO priority actions – please refer to the document for further information
Available choices: Promoting mental health through social integration, Clarifying and sharing information on entitlements to care, Mapping outreach services (or setting up new services if required);, Making interpreting services and/or cultural

mediation services available, Working towards integration of mental, physical and social care, Ensuring that the mental health workforce is trained to work with migrants, Investing in long-term follow-up research and service evaluations for service planning and provision, Sharing principles of good practices nationally / across countries, Promoting mental health literacy/ awareness raising, Having programmes on mental health literacy/ awareness raising, Other priority action areas, please specify in the comment box, Not applicable

8. What are the main challenges in terms of access to mental health services to migrants? (Please refer to secondary sources where available).

9. What are the main challenges in the provision of mental health services to migrants? (Please refer to secondary sources where available).

10. In your Member State, have you identified challenges which are specific to certain groups/categories of migrants when accessing mental health services or when being provided with such services? Yes/No. If YES, please specify which groups/categories and elaborate briefly.

11. In your Member State does the access and provision of mental health care depend on the migration status (i.e. family reunification, international protection, etc.) YES/NO. If you answer YES can you please explain what is the different in access and provision of mental health care?

12. Please provide a short description of a maximum of three existing measures that in your Member State have been found to improve effective access to mental health care for migrants (e.g. facilitating affordable and non-discriminatory access, reducing communication barriers)? (Please provide a hyperlink to the initiative if possible).

13. Please provide a short description of a maximum of three existing measures that your Member States considers have improved the effective provision of mental health care to migrants (e.g. training health care providers on culturally-sensitive service delivery)? (Please provide a hyperlink to the initiative if possible).

We would very much appreciate your responses by **22 January 2022**.

3. Responses

[1]

		Wider Dissemination[2]	
	EMN NCP Austria	Yes	1. In Austria, such services are provided by the State only to a limited extent, but do not seem to be specifically tailored to asylum seekers, persons granted international protection or migrants. In general, asylum seekers and persons who have been granted international protection (in the first four months after protection has been granted) are also covered by health insurance within the framework of material reception conditions (Art. 2, Art. 6 para 1 subpara 5 Agreement between the Federal State and the Provinces on Basic Care – Art. 15a Federal Constitutional Act). Through this health insurance there is the possibility of receiving cost subsidies for psychotherapeutic

[1] If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.
[2] A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."

			treatments (cf. https://www.psychotherapie.at/landesverbaende/niederoesterreichischer-landesverband-fuer-psychotherapie/downloads-links/downloads-fuer-psychotherapie-interess; accessed 18 January 2022) or the costs may be covered in their entirety (cf. https://www.psychotherapie-wlp.at/informationen/psychotherapie/finanzierung/kostenuebernahme; accessed 18 January 2022). For unaccompanied minor foreigners, it is intended that they be supported by measures for initial clarification and stabilization, which are intended to serve the psychological consolidation and the creation of a basis of trust. In case of need, psychological support shall also be provided (Art. 7 para 1 Agreement between the Federal State and the Provinces on Basic Care – Art. 15a Federal Constitutional Act). Psychological support for people who have experienced flight, but also for migrants, is offered by a large number of faith-based institutions and NGOs, e.g. Diakonie Flüchtlingsdienst (https://fluechtlingsdienst.diakonie.at/unsere-arbeit/psychotherapie-und-gesundheit; accessed 18 January 2022) or Hemayat (www.hemayat.org/; accessed 18 January 2022), sometimes with the support of interpreters. --- Source: Ministry of the Interior 2. Specific strategy/policy Specific strategy/policy - see answer to Q1 regarding unaccompanied minor foreigners. Part of the national health strategy - see answer to Q1 regarding health insurance as part of the material reception conditions.---Source: Ministry of the Interior

			3. Yes 4. Age Age - for unaccompanied minor foreigners there is a special care offer if required. See answer to Q1.---Source: Ministry of the Interior 5. Non-governmental organisations (NGOs) 6. N/I --- Source: Ministry of the Interior 7. Not applicable 8. There are several challenges in accessing health care for refugees in Austria. According to Kohlenberger et al. (2019), the following barriers to access were mentioned most frequently: • wait and see if the problem gets better on its own • time problems • the waiting lists are too long • lack of knowledge about doctors or therapists • language barriers Two of the five most common access barriers, namely lack of time and long waiting lists, can be especially linked to the access to psychotherapists, as general practitioners and most specialists usually do not keep waiting lists (cf. Kohlenberger,

			J., I. Buber-Ennser, B. Rengs, S. Leitner and M. Landesmann (2019). Barriers to health care access and service utilization of refugees in Austria: Evidence from a cross-sectional survey. Health Policy, 123(9):833–839. Available at: https://epub.wu.ac.at/6876/1/1-s2.0-S0168851018305335-main.pdf; accessed 18 January 2022)). Other challenges for people with a migration background include: lack of knowledge about services or mental illness and its consequences, lack of trust or even negative experiences, the costs of mental health care, religious or traditional factors, the stigmatization of mental health care, family dynamics and the length of stay in the host country or the different expectations of patients and doctors. When designing the services, attention should also be paid to the living situation of the (often socio-economically disadvantaged) people concerned and the resources or hurdles associated with it, by making the services as low-threshold as possible, free of charge and easily accessible in terms of time and space (cf. Weigl, Marion and Gaiswinkler, Sylvia (2019). Blickwechsel – Migration und psychische Gesundheit. pp. 27-31, p. 80. Available at: https://jasmin.goeg.at/1016/1/Endbericht_Blickwechsel.pdf; accessed 18 January 2022). --- Source: Ministry of the Interior 9. The system of material reception conditions in Austria follows a shared responsibility pursuant to Art. 15a Federal Constitutional Act; the Federal Government essentially provides the access to material reception conditions during the admission procedure and the provinces after admission to the asylum procedure. In the federal

			government's area of responsibility, psychological care and counseling measures for foreigners in need of assistance and protection are guaranteed for the entire period in federal care. The following challenges, derived from practical experience, can therefore be mentioned: • On the one hand, the relatively short stay in the federal reception centers makes long-term psychological treatment difficult; on the other hand, symptoms often only appear some time after arrival in the centers. • Communication problems, especially with languages that are not among the "main languages" of people, who are granted access to federal material reception conditions. • Specific and changing psychological stress in the target group, depending on the respective flight routes and the situation in the country of origin. • The causes of psychosocial stress are often taboo, as is the use of psychological support itself. It should be noted that the target group "migrants" as defined above only includes a very small number of people granted access to federal material reception conditions (e.g. persons granted asylum, in the first four months after being granted asylum). Most persons with access to federal material reception conditions do not yet have legal residence status. --- Source: Ministry of the Interior 10. Yes. In the area of federal material reception conditions, the care for psychosocially stressed persons who have experienced gender-based violence, traumatized children and adolescents, and persons who have additional neurological

			abnormalities is particularly challenging. --- Source: Ministry of the Interior 11. In Austria, access to and provision of mental health services does not depend on the residence status of the foreign person: • Asylum seekers and persons who have been granted international protection (in the first four months after being granted protection) are covered by health insurance within the framework of material reception conditions and can therefore claim cost allowance/coverage for psychotherapeutic treatment (see Q1) • As soon as they are no longer covered by health insurance within the framework of material reception conditions, they are either covered by health insurance on the basis of their gainful employment (Art. 4 para 1 General Social Insurance Act) or are covered by health insurance within the framework of unemployment insurance (Art. 40 para 1 Unemployment Insurance Act) and may therefore be entitled to a cost subsidy/coverage of costs for psychotherapeutic treatment • Migrants are covered by health insurance due to their employment (Art. 4 para 1 General Social Insurance Act) or are covered by health insurance within the framework of unemployment insurance (Art. 40 para 1 Unemployment Insurance Act) and may therefore also be entitled to a cost subsidy/coverage for psychotherapeutic treatment • For unaccompanied minor foreigners, there is a special care offer if needed (see Q1), however, the residence status is not considered

			• The support offered by faith-based institutions and NGOs is - as far as can be seen - not dependent on the residence status It should be pointed out that the psychological support of persons obliged to return depends significantly on whether the person concerned is in detention pending removal. For more details see Spiegelfeld, Detention Pending Removal and Alternatives to Detention in Austria, pp. 11-12. Available at: https://www.emn.at/wp-content/uploads/2021/10/emn-national-report-2021-detention-and-alternatives-in-at.pdf; accessed 18 January 2022) --- Source: Ministry of the Interior 12. The following measures are taken to improve access to psychosocial care for the target group of foreigners who need assistance and protection and who are granted material reception conditions: • Clinical health psychologists are employed in most federal reception centers to provide low-threshold access. • The employed psychologists have contacts with specialized facilities and psychiatrists to whom persons with access to material reception conditions can be referred if necessary. • In the case of transfers to the province's material reception conditions, care is taken to refer psychosocially distressed persons to appropriate agencies for further care. --- Source: Ministry of the Interior

			13. In Austria, there are various offers for psychosocial support. The website of the City of Vienna, for example, lists various places where persons with a migration background can seek support in person or reach the support center under a given telephone number. The website also lists the languages offered in each center. Another example is Caritas, which offers two psychosocial support services. SINTEM offers psychotherapy or psychological care, accompanying social work and group counselling on specific topics and, if needed, support through language mediators in psychotherapy. The MIT (Mobile Intervention Team) program offers clinical-psychological individual counselling and also psychoeducational groups, e.g. on the topics of stress management, dealing with crises, trauma, emotion regulation, sleep hygiene, etc. Another target group of MIT are caregivers in the facilities, who have the possibility to take advantage of case consultations or psychoeducation on various topics, either individually or in a team. --- Source: Ministry of the Interior
	EMN NCP Bulgaria	Yes	1. No 2. Not applicable 3. Not Applicable 4. Not applicable

			5. 6. 7. Not applicable 8. 9. 10. 11. 12. 13.
	EMN NCP Croatia	Yes	1. There is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws. The scope of health care for international protection applicants (including the right to

			mental health services) is regulated by the Act on International and Temporary Protection, as well as the Ordinance on the Health Care Standards for Applicants for International Protection and Foreigners under Temporary Protection, amongst other. Within aforementioned Ordinance various vulnerable groups are listed and entitled to health care as follows: persons deprived of legal capacity, children, unaccompanied minors, elderly and infirm persons, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, people with mental disabilities, victims of human trafficking, victims of torture, rape or other psychological, physical and sexual violence, such as victims of female genital mutilation. All of these categories have the right to psychosocial support and assistance in appropriate institutions. Additional effort has been put into strengthening of the quality of living in reception centers with special emphasis on availability of psychosocial support and medical assistance through AMIF financed projects. Beneficiaries of international protection have the same health care protection as Croatian citizens, and health care protection of other migrants is regulated by the Compulsory Health Insurance and Health Care of Aliens in the Republic of Croatia Act and Aliens Act. In the national social welfare framework, rights of the migrants are safeguarded by the Family Act and the Social Welfare Act. Within the Social Welfare Act, it is foreseen that third-country nationals (aliens) and stateless persons with permanent stay in Croatia, as well as beneficiaries of international protection (and family members), third-country nationals who are victims of human trafficking, have the right in social care system as do the Croatian citizens. Therefore, it is possible to conclude that rights and services from the welfare/social care system are granted to most of the migrants under the same conditions as they can be exercised by Croatian nationals. Scope of the services vary on the character of the service. For example, pursuant to the Ordinance on minimum requirements for the provision of social

			services for adults with disabilities this category of persons have the right on various forms of accommodation with various types of assistance, and individual and group psychosocial support. In some of the types of accommodation and assistance services health care services include physical and mental checkups, provision of primary health care services as well as specialist health care services, including mental health care services. In some other types of accommodation and assistance, persons with disabilities are entitled to psychological support and evaluation, among other services. Protection of rights and interests of unaccompanied minors are regulated with Family Act, Social Welfare Act, and Protocol on the Treatment of Unaccompanied Children. Framework regulating protection, care and support is based on the international, European and national standards in order to support and provide necessary assistance to the unaccompanied minors. Social care system is an important part of the whole system put in place in order to ensure the protection of unaccompanied minors as long as they need assistance, including the help from institutions that are specialized in mental health of children and young adults. Unaccompanied minors have the right on psychosocial support being provided from identification and until they leave the country, and professionals and special guardians are specifically educated in the area of psychosocial work with children and young adults. 2. Not applicable There is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws, therefore it may be somewhat considered as a part of a national health strategy/policy – legislative

			framework.Within the national legal framework (Compulsory Health Insurance and Health Care of Aliens in the Republic of Croatia Act, Act on International and Temporary Protection, Ordinance on the Health Care Standards for Applicants for International Protection and Foreigners under Temporary Protection, Family Act, Social Welfare Act, and Protocol on the Treatment of Unaccompanied Children, etc.) as well as other ordinances and AMIF funded projects, references to migrants' mental health, as well as facilitating access to mental health service and ensuring effective provision of such services, are made. 3. Not Applicable There is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws, and vulnerable groups are included within the laws referencing health care provision. 4. Not applicable There is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws, and vulnerable groups are included within the laws referencing health care provision. Following categories are taken into consideration (depending on the status of migrant and the legislation applied) Gender, Age, Disability, Sexual orientation, Specific needs. For an example all vulnerable groups of applicants for international protection are referenced in the relevant Act and Ordinance. Social welfare is an organized activity of public interest for the Republic of Croatia aimed at providing assistance to socially

			vulnerable persons, as well as persons in unfavorable personal or family circumstances, which includes prevention, promotion of change, assistance in meeting basic living needs and support to individuals, families and groups. Direct and indirect discrimination of social welfare beneficiaries is prohibited in accordance with a special law.Pursuant to the Social Welfare Act, unaccompanied children in unfavorable family or personal circumstances, the social welfare system provides assistance in meeting basic living needs and support in order to improve the quality of life and empower beneficiaries and their active inclusion in society. In order to protect the mental health of unaccompanied children, the users are provided with information, identification and initial needs assessment services, counseling and assistance services in order to overcome difficulties and create conditions for preserving and developing personal opportunities. Psychosocial support services are also provided that include rehabilitation that encourages cognitive, functional or social skills, then the early intervention service, which includes professional incentive assistance to children and the service of assistance in inclusion in programs of education and regular education, ie integration. 5. National, regional, local authorities, Non-governmental organisations (NGOs) National, regional, local authorities,The Ministry of Health and The Ministry of Labor, Pension System, Family and Social Policy, are the main national key actors providing mental health services to migrants in Croatia. Their responsibilities are established within national legislative framework and they cooperate with other authorities and third parties in order to provide health care and social welfare services to migrants in need. Public health institutions on a regional and local level) have been designated by the Ministry of Health for the provision of health care for applicants for international protection from the primary health care level to a specialist care for vulnerable groups which, amongst other, includes access to mental health specialist

			if necessary. Non-governmental organisations (NGOs)NGOs like Croatian Red Cross and Medicines du Monde are highly involved in making access to health and psychosocial care available to applicants for international protection in the reception centres on daily basis, and through cooperation with public authorities some projects are funded by AMIF. Depending on the scope of activities as well as projects implemented, NGOs organize consultations for migrants including those that reference psychosocial support. Migrants are entitled to health services which also include mental health services, depending on their status in Croatia. Although, the Ministry of Health is the key stakeholder, few NGOs also provide mental health services not covered by Ministry of Health, e.g. counselling and psychotherapy. 6. There is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws, each legislation, as well as strategy and policy are open for public commentary and suggestions in the later phases of drafting. Some of the stakeholders have also reported that in practice development and plans regarding the quality of life of international protection applicants NGOs working directly with migrants are consulted. 7. Not applicable N/AThere is no national strategy or policy in place in the Republic of Croatia that is exclusively or mainly focused on the migrants' mental health or facilitation of access to mental health services and ensuring effective provision of such services. However, mental health provision for migrants is referenced in several laws.

			8. Main challenges relating to health care in general, and specifically in mental health care relate to cultural and language differences. Cultural and language barriers may influence the accessibility of the mental health provision. 9. Main challenges relating to health care in general, and specifically in mental health care relate to cultural and language differences. Cultural and language barriers may influence the accessibility of the mental health provision and the establishment of trust with the mental health care service provider. 10. Main challenges relating to health care in general, and specifically in mental health care relate to cultural and language differences. It was especially noted in the categories of applicants for international protection and beneficiaries of international protection. Cultural and language barrier may influence the accessibility of the mental health provision and the establishment of trust with the mental health care service provider. 11. YES. Access and provision of mental health care depends on the provision of health care in general which is dependent on the migration status. For an example scope of health care of applicants for international protection is defined by the Ordinance on the Health Care Standards for Applicants for International Protection and Foreigners under Temporary Protection and includes emergency medical care and much-needed treatment for illness and serious mental disorders, while applicants in need of special guarantees, especially victims of torture, rape and other severe forms of psychological, physical or sexual violence, will be provided with appropriate health care related to their specific condition. Health care of migrants who obtained legal

			stay is defined by Compulsory Health Insurance and Health Care of Aliens in the Republic of Croatia Act, beneficiaries of international protection have the same right as Croatian nationals, while irregular migrants have only right on emergency health care, unless a decision on their return has been issued. 12. Health care, including mental health care, is provided by relevant public health and social institutions. However, work of the NGOs in provision of psychosocial support was recognized and with support of MoI various projects were developed. For an example MoI allocated funds for the project "Social services and psychosocial support to applicants for international protection" within AMIF, whose beneficiary is Croatian Red Cross. Also, decision on allocation of AMIF funds was made by the MoI in order to implement project "5P – Disease Prevention, Health Promotion, Psychological Support, Access and Assistance in Health Care for International Protection Applicants" whose beneficiary was Medecins Du Monde. 13. As mentioned in the Q 12. health care, including mental health care, is provided by relevant public health and social institutions. However, work of the NGOs in provision of psychosocial support was recognized and with support of MoI various projects were developed. For an example MoI allocated funds for the project "Social services and psychosocial support to applicants for international protection" within AMIF, whose beneficiary is Croatian Red Cross. Also, decision on allocation of AMIF funds was made by the MoI in order to implement project "5P – Disease Prevention, Health Promotion, Psychological Support, Access and Assistance in Health Care for International Protection Applicants" whose beneficiary was Medecins Du Monde. These are some of the projects implemented in couple of last years, however there are others projects planned/implemented more recently. The Office for Human Rights and the Rights of National Minorities, as the coordinating

			body for the implementation of the inclusion of beneficiaries of international protection, conducts educational and awareness-raising activities for employees of public institutions in key integration departments, including health care. In this regard, within the project INCLuDE - Interdepartmental Cooperation in Empowering Third-Country Nationals, co-financed by the Asylum, Migration and Integration Fund, a training is currently organized for representatives of health institutions from the cities where are located or are likely to be placed beneficiaries of international protection. Training includes education on the specifics of the needs of beneficiaries of international protection in the health care system, given their linguistic and cultural differences, but also the frequent traumatic experiences to which they were exposed. Therefore, the lectures cover relevant factors for establishing first contact and conducting interviews with vulnerable groups. Ways to avoid secondary trauma and other harmful consequences that talking to health professionals can induce were also presented, and the role of language mediators involved during the interview was discussed, as well as the importance of professional conduct.
	EMN NCP Cyprus	Yes	1. NO. There is no formal strategy/policy on national level that makes specific reference to migrants' mental health. However, migrants can use the Services offered by Governmental Mental Health Services for their needs. 2. Not applicable 3. Not Applicable 4. Not applicable

			5. National, regional, local authorities, Non-governmental organisations (NGOs) National, Regional, local authoritiesComment: Mental Health Services of the Ministry of Health provide mental health services to all migrants, when needed.Moreover, for the applicants of international protection who are residing in Kofinou Reception and Accommodation Centre, the Mental Health Services provide specialized services. A doctor visits the facility twice per week, in order to provide necessary support. This action is co-funded by AMIF.Non-governmental organisations (NGOs)Comment: Trained personnel such as social workers, social advisors and/or psychologists, are providing mental health support and services to migrants as per the scope and implementation of certain funded projects. However, individual cases in need of further assistance, shall always be referred to the Governmental Mental Health Services for further assistance and care. 6. There is no formal strategy/policy on national level that makes specific reference to migrants' mental health. However, migrants can use the Services offered by Governmental Mental Health Services for their needs. 7. Not applicable 8. N/A 9. N/A 10. NO 11. No. All migrants, including irregular ones, can use the Services offered by the Governmental Mental Health Services for their needs. The services offered, adapt to

			the special needs of the individual. 12. N/A 13. A one-year AMIF project titled "Provision of Mental Health Services at the Reception and Accommodation Centre for Applicants of International Protection at Kofinou and at the Menogeia Detention Centre" is under implementation from 15 February 2021 to 14 February 2022. The project is co-funded by the EU Asylum, Migration and Integration Fund and the Republic of Cyprus at 90% and 10% respectively The project aims on the provision of mental health services by clinical psychologists to migrants living at the Reception and Accommodation Centre for Applicants of International Protection at Kofinou and at the Menogeia Detention Centre in order to relieve them from psychological pain and problems and to improve their quality of life.
	EMN NCP Czech Republic	Yes	1. Yes. National mental health action plan 2030, specific goal 1.6.5., says that innovative mental health care services, such as those for migrants, should be piloted. 2. Part of the national health strategy/policy 3. No No, there is no specific focus mentioned, and it is not even said that specific services for migrants should be piloted and/or scaled up. It is only stated that resources should be dedicated to piloting of innovative services, and this could include those for migrants. As regards the beneficiaries of international protection who are in the

			governmental integration program, there is an ad-hoc chance for the refugee to draw some limited extra money on psychotherapy or on certain listed medical items outside of the basic general public health insurance scheme (i.e. eyeglasses). 4. Not applicable 5. National, regional, local authorities, Non-governmental organisations (NGOs) 6. No, they were not. 7. Promoting mental health through social integration, Mapping outreach services (or setting up new services if required);, Working towards integration of mental, physical and social care, Investing in long-term follow-up research and service evaluations for service planning and provision, Sharing principles of good practices nationally / across countries, Promoting mental health literacy/ awareness raising, Having programmes on mental health literacy/ awareness raising 8. Even before the Covid-19 pandemic, mental health services had been suffering from a significant shortage on the side of providers. The combination of free-of-charge services and the general lack of specialized professionals together with lacking capacities of specialized facilities lead to a long waiting lists for migrants. The conditions of anti-covid regulations mixed with an extreme pressure on the health system did naturally make the situation even worse. Other main challenges include the following: - low awareness of available services; - need of out-of-pocket payments if uninsured;

			- stigma and low mental health literacy; - lack of encouragement for effective help-seeking. 9. The main challenges related to provision of mental health are similar as in question 7. Additionally, there is a challenge related to language barrier. Also, the commercial health insurance does not sufficiently cover psychiatric services. Other challenges (any possible racism involved, etc.) does not seem problematic. 10. Nothing to add to what was already mentioned. 11. The access and provision of mental health care depends on migration status which then influences if the migrant has commercial health insurance (the access to certain services is limited) or can benefit from general public health insurance scheme. 12. N/A 13. N/A
	EMN NCP Estonia	Yes	1. Yes. In Estonia, the Mental Health strategy has been developed and launched in 2020. Migrants, including refugees, are specifically mentioned among vulnerable groups subject to possible mental health related challenges. The strategy foresees following possible action points: • Front line staff are trained to provide primary support (e.g psychological first

			aid, recognition, referrals etc). • Migrants are trained/supported in being more aware of own mental health and needs. • Services targeted to migrants, should take account of possible mental health needs and the topic to be integrated as much and where possible, incl service design elements with the inclusion of migrant population https://www.sm.ee/sites/default/files/news-related-files/vaimse_tervise_roheline_raamat_0.pdf However, there is no overarching policy framework specifically for the mental health of migrants. Rather, the national health policy is generic. Legal migrants as well as beneficiaries of international protection with a residence permit are obliged to have health insurance, which provides access to health care, including mental health care. The Estonian social security system is based on the principle of solidarity. Health insurance is a system for covering health care expenses incurred to finance the disease prevention and treatment of and purchase of medicinal products and medical devices for insured persons and to pay benefits for temporary incapacity for work and other benefits. An insured person is a permanent resident of Estonia or a person residing in Estonia on the basis of a temporary residence permit or the right of residence or a person legally staying and working in Estonia based on a temporary ground for stay for whom an employer must pay social tax or who pays social tax for themselves. 2. Part of the national health strategy/policy 3. Not Applicable 4. Not applicable

			5. National, regional, local authorities, Non-governmental organisations (NGOs), Private sector In Estonia, the provision of health care services is almost completely decentralized. According to the Estonian Public Health Act, the protection and promotion of mental health should be achieved through a system of state and local government measures. The Estonian system of mental health services is based on the welfare and health care systeminteroperability. Social counselling aimed at people whose independent coping is disrupted due to psychological, social or economic factors, is mainly provided by local authorities. For refugees living in Estonia a similar service is provided through specialized support person service. Social and occupational rehabilitation services are provided to people with the need for support to cope with everyday life due to disability or reduced ability to work. Psychological services are also offered as part of the rehabilitation service. Special care services are provided for people with mental disorders who need guidance, counselling, assistance and supervision.At the heart of the primary care system of the Estonian health care system is a family doctor who is also the first detector of mental health problems. Family doctor assesses the person's mental health, gives the initial diagnosis of mental disorders, provides treatment of mild mental disorders and disease surveillance. In more complex cases, the family doctor can consult a specialist or refer the patient to a specialist. GPs have access to a therapy fund that allows them if necessary, fund the provision of psychological services to patients on its list, for which the patient usually has to pay a small deductible. Psychotherapy services provided outside the health insurance system and psychological counselling services outside the health care system are generally paid for by the person in need, and their regular use over a long period of time can be costly. If a person has a mental health problem, they can go to a psychiatrist, during which the condition of the client is assessed, additional tests are performed, and further treatment prescribed if

			necessary. Psychiatric care is generally free for the insured person, but the availability of the service varies from region to region.Beneficiaries of international protection in Estonia receive counselling in the same psychological setting than other Estonian residents who have health insurance and whose primary health assessor is a family doctor. Everyone living in Estonia and who have health insurance can turn to a psychiatrist without a referral letter.Estonian Refugee Council assesses the general needs of beneficiaries of international protection who have arrived in Estonia if they come to the support person service.https://www.pagulasabi.ee/sites/default/files/pagulaste_brosuur_a5_22lk_14.12.pdf 6. No. A wide range of different authorities and organisations have been consulted during the development of the Mental Health Strategy, but not specifically migrants. 7. Not applicable 8. • The main challenges are the general lack of specialized professional and long waiting times, which is an overall problem in Estonia. • One challenge is also language barriers in case the migrant does not speak Estonian, English or Russian. • Migrants´ low awareness of available services. • Getting a time for a General Practitioner • Communication style of the service providers Based on the daily work of Estonian Refugee Council´s support persons it can be said that Estonian refugees are usually unaware their mental health situation and do not usually seek help themselves. According to the information provided by the Estonian

			Refugee Council the five main obstacles identified among refugees were: • Attitudes of the refugees • Attitudes of the society and the service providers • Low capacity of service providers and lack of cooperation – the service providers who do not specialize in supporting refugees often do not understand their needs. • Language barriers, e.g very limited access to interpretation from Arabic, which entails the need to involve friends, children, relatives as interpreters. • Limited intervention possibilities. https://www.pagulasabi.ee/sites/default/files/pagulaste_brosuur_a5_22lk_14.12.pdf https://www.ibs.ee/wp-content/uploads/2022/01/Uussisserandajate-kohanemine-Eestis-2019-EE.pdf 9. Language barriers and the lack of using high quality interpreting services throughout the services. Lack of specific professionals and their unfamiliarity with certain issues as what is the best therapy for torture victims. 10. No information available. 11. The provision of mental health does not depend on the migration status in the sense that there is no difference if the residence permit was obtained through family reunification or international protection procedure or legal migration channels. At the same time irregularly staying migrants do not have the same access to health care services.

			12. • Providing information to migrants about Estonian healthcare. E.g https://www.workinestonia.com/wp-content/uploads/2020/10/Healthcare-in-Estonia-2020.pdf • Migrants can use the family doctor's helpline, where callers receive round-the-clock advice on simple health problems in Estonian and Russian, instructions for first aid and, if necessary, information on health management issues. From January 2020, the helpline also provides information in English at certain times, initially 2 hours a day, with the potential to increase the volume of the service in the future if the need arises. • The Estonian Refugee Council has increasingly focused on supporting the mental health of refugees. For example they have piloted an online counselling service that is offered to a person in their native language. A leaflet has also been completed by the Refugee Council to help identify signs of mental health problems and how to deal with them further: in Estonian, English, Turkish, Russian, Arabic. https://www.pagulasabi.ee/sites/default/files/pagulaste-vaimse-tervise-voldik_ENG.pdf • Opening the Ülemiste Health Centre which enables a team of experienced specialists from various fields of health care to provide high-quality, evidence-based medical care and primary family medicine services. The website of this family medicine center is marked with the national flag for doctors language skills and, in addition to Russian and English, there are family doctors who agree to receive patients in German, in Norwegian or Finnish. 13. No information available.

	EMN NCP Finland	Yes	1. Yes and no. All legally residing migrants are entitled to universal, mainly cost-free health care in Finland and thus have access to all the same health care services as Finnish-born residents. However, several population-based studies conducted by the Finnish Institute for Health and Welfare (THL) indicate that migrants face several barriers in receiving mental health services in a timely and adequate manner. THL is an independent expert agency working under the Ministry of Social Affairs and Health. Based on these findings, THL has established a nationwide PALOMA Centre of Expertise (PALOMA COE; www.thl.fi/palomaosaamiskeskus) that aims to improve the Finnish health care services for migrant- and especially for refugee-origin residents. The PALOMA COE works in collaboration with several university hospitals and third sector actors, and offers, among other things, free trainings to social and health care professionals, consultations as well as disseminates information and maintains a network with the aim of enhancing mental health care services for migrants in the whole country. The need to improve mental health care services for migrants has also been acknowledged in the national strategy for mental health care (Kansallinen mielenterveysstrategia 2020-2030). The national strategy is a joint effort of the Finnish Institute for Health and Welfare and the Ministry of Social Affairs and Health. The national mental health strategy is carried out in different projects, and one of these projects focuses specifically on migrant mental health in several Finnish municipalities (PASEK project). The PASEK project is also a part of the PALOMA COE. However, both the PALOMA COE and the implementation of the national strategy for mental health via PASEK are project-based initiatives and are mainly built on project funding. The PALOMA COE receives EU funding from the Asylum, Migration and Integration Fund (AMIF) and PASEK from the Finnish government. Some regional work in the PALOMA COE receives permanent funding from the municipality (i.e. refugee outpatient clinic in the city of Tampere) or the university hospital district

			(i.e., PALOMA specialist in Kuopio university hospital), but the nationwide work and its' funding is mostly project-based To Q2: Part of the national health strategy = universal health care. Specific strategy/policy = PALOMA COE and PASEK project in the national strategy for mental health care 2020-2030. 2. 3. Yes Yes and no. No = vulnerable migrant groups are not recognized in the general Finnish mental health care services. Yes = the PALOMA COE focuses on the mental health of refugee-origin migrants and considers the need of traumatized refugees including children, families, and unaccompanied minors. Different organizations that are involved in the PALOMA COE focus on specific migrant groups. The Deaconess Foundation's Centre for Psychotraumatology in Helsinki (a part of PALOMA COE), is a psychiatric clinic, which assesses treats and rehabilitates torture victims and their family members. They treat severely traumatized refugees. The Deaconess foundation in Oulu (a part of PALOMA COE) rehabilitates torture victims in the northern part of Finland. However, although the Deaconess Foundations are a part of the PALOMA COE, their funding – including the funding of torture victim rehabilitation - is project based and it is thus not funded by the Finnish government. In the city of Tampere, there is an outpatient clinic for traumatized refugees that employs currently one refugee mental health expert working in the PASEK project and one clinician working in the PALOMA COE. q3_clarification.docx 4. Specific needs,

			5. National, regional, local authorities, Non-governmental organisations (NGOs), Private sector National actors are responsible for the general Finnish health care service system Regional actors: in some geographical areas the university hospitals or the municipalities provide specific psychiatric services for migrants. For example, the Cross-Cultural Psychiatric Outpatient Clinic in the Helsinki University Hospital and the outpatient clinic for traumatized refugees in the city of Tampere. In the immigration services of Helsinki city, there is a psychiatric team that treats newly arrived refugees. NGOs: for example, SOS Crisis Centre, The Deaconess Foundation, several short term projects in different NGOs that provide preventive services and support for example to vulnerable families (see for example Save the Children Finland's work https://www.pelastakaalapset.fi/kehittamis-ja-asiantuntijatyo/pakolaisuus-ja-lapset-liikkeella/ in Finnish). Private sector: some private practitioners who are specialized in migrant health, among them for example, psychological professionals who have migrated to Finland themselves (see for example Compass Psychology https://compasspsychology.fi/). Private sector services are available to all migrants who can afford them or who have health insurance covering these services. Migrant-origin residents may also have right to occupational health services. 6. In general, when it comes to how mental health care services are organized in Finland, no. However, the PALOMA COE has carried out interviews with migrants in the early stage of building the PALOMA COE, and these interviews have impacted the PALOMA COE's activities (i.e. the content of the PALOMA handbook https://www.julkari.fi/handle/10024/136193 or what themes are covered in trainings). The PALOMA COE has also one employee whose main tasks include communication with migrant-origin residents and migrant organizations.

			7. Promoting mental health through social integration, Clarifying and sharing information on entitlements to care, Making interpreting services and/or cultural mediation services available, Ensuring that the mental health workforce is trained to work with migrants, Sharing principles of good practices nationally / across countries, Promoting mental health literacy/ awareness raising, Having programmes on mental health literacy/ awareness raising Information on Finland and Finnish services in different languages https://www.infofinland.fi/ The InfoFinland website is published by the City of Helsinki, and it is funded by the state and the InfoFinland member municipalities.Some initiatives and statements that aim to improve the use of professional interpreters, i.e. https://mieli.fi/uutiset/maahanmuuttajien-ja-pakolaistaustaisten-kanssa-tyoskentelevat-ammattilaiset-vetoavat-paattajiin-laadukas-tulkkaus-on-turvattava-kaikissa-maahanmuuttajataustaisten-asiointitilanteissa/THL PALOMA COE: https://thl.fi/en/web/migration-and-cultural-diversity/contact/paloma-center-of-expertise-in-refugee-mental-health-workTHL TUULI project Mental Health for Migration: Psychoeducation and Mental Health Promotion for Newly Arrived Refugees / THL https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/mielenterveytta-maahantuloon-maahan-tulevien-psykoedukaatio-ja-mielenterveyden-tukeminen-tuuli- 8. Lack of low access, integrative mental health services, for example, public free-of-charge psychological and psychiatric services without doctors’ referrals. Language barriers, lack of using professional interpreters in health care services Public mental health care services are scarce in general and specialized psychiatric services are hard-to-reach -> residents do not know where to go and what type of services are available and for whom. General lack of knowledge on the Finnish service system.

			Negative experiences on mental health services, treatment and mental health professionals and thus lack of trust. Negative experiences on other professionals, such as police, child protection services, integration and migration officers -> situations get easily complicated and problems cumulate For references, see for example: THL PALOMA Handbook https://www.julkari.fi/bitstream/handle/10024/136193/7.8.PALOMA_KA%cc%88... THL Developing the health examination protocol for asylum seekers in Finland: A national development project (TERTTU) https://www.julkari.fi/bitstream/handle/10024/138298/URN_ISBN_978-952-34... THL Survey on Well-Being among Foreign Born Population FinMonik research https://thl.fi/en/web/thlfi-en/research-and-development/research-and-pro... Immigrants' mental health service use compared to that of native Finns: a register study https://pubmed.ncbi.nlm.nih.gov/31542796/ Immigrants underrepresented in mental health services and rehabilitation https://thl.fi/en/web/thlfi-en/-/immigrants-underrepresented-in-mental-h... 9. Language barriers and the lack of using high quality interpreting services throughout the services. Professionals’ unfamiliarity with certain issues, for example, psychological traumatization and the treatment of trauma-related symptoms, health of torture survivors, racism and minority stress, patients’ and professionals’ different ideas on the causes and treatment of psychiatric problems as well as lack of culturally sensitive treatments.

			The available mental health care resources do not meet the need of residents -> professionals work under pressure and do not always have the time and flexibility to treat migrant-origin patients who might need more time, interpreter-assisted appointments, and flexibility in how the treatment plans or psychiatric assessments are carried out. For references, please see above. 10. YES. Refugee-origin residents. Certain nationalities are at a higher risk to developing mental health symptoms i.e. people of Kurdish origin https://thl.fi/en/web/thlfi-en/-/immigrants-underrepresented-in-mental-h... 11. The most important status is that of having a legal permission to stay in Finland. People who receive international protection are entitled to special social and health care services in the first years after moving to Finland at least in some municipalities. The concrete services vary in different municipalities. 12. THL PALOMA COE: https://thl.fi/en/web/migration-and-cultural-diversity/contact/paloma-ce... National mental health strategy: PASEK project (short description in Finnish only https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kansa...) 13. No information available.
	EMN NCP	Yes	1. There is no specific national strategy for migrants. However, measures and actions targeting all those most in need of access to mental health care take into account the

	France		specific situation of migrants who are among the most difficult to reach. Submitted on 28 June 2018, the Mental Health and Psychiatric Road Map is consistent with the objectives of the National Health Strategy. It sets the course for a structural and systemic transformation of the field of mental health and psychiatry. The aim is to offer high-quality, coordinated and diversified responses to meet and adapt to the needs of each user. Its objectives include early identification and care of psychological disorders and prevention of suicide, improving access to care and support, improving living conditions, social inclusion and citizenship of people living with mental disorders. This roadmap responds to these challenges by implementing a comprehensive plan setting out 37 very concrete actions, along three lines: 1. Promoting mental well-being, early prevention and detection of psychological suffering, and prevention of suicide; 2. Ensure coordinated care pathways supported by accessible, diversified and high-quality psychiatry; 3. Improving living conditions and social inclusion and citizenship of people with mental disabilities. A review of this roadmap was published on 21 January 2022: many actions were launched in 2021, in particular to better reach out to audiences furthest away from the devices, in particular UAMs (all nationalities) and migrants. From 25 May to 10 July 2020, a national consultation called Le 'Ségur de la santé' brought together the Prime Minister, the Minister for Solidarity and Health, and representatives of all our French health system. This consultation covered various subjects such as organising care in the regions, investment, digital health, combating health inequalities, psychiatry, research, but also the health of the elderly and people with disabilities. Among the measures announced, it was decided, in particular, to strengthen the

			provision of psychiatric and psychological support for the population, in particular following the consequences of the Covid 19 crisis, which highlighted the psychological vulnerability of many people. The signing of territorial mental health contracts in early 2021 and the implementation of territorial mental health projects from the end of 2020 marked a new stage in the territorial structuring of psychiatry and mental health. One year after this consultation, it was decided to continue the deployment of psychological support measures for the psychiatry population and professionals and the acceleration of the mental and psychiatric health roadmap is one of the priority transformation axes. As regards migrants, as a complement to the roadmap, the **Vulnerability Plan** was presented by the government in May 2021 and aims to strengthen the response to vulnerabilities of asylum seekers and refugees. This plan proposes, in particular, to ensure that the actions set out in the plan are properly coordinated with other existing general schemes, in particular territorial mental health projects and local mental health councils. The Regional Health Agencies (ARS) must develop information for migrant people on facilities for access to care, identify medical, medical and social facilities and other structures dedicated to the care of vulnerable people, in order to create a health pathway for migrants, and to enable earlier identification and better orientation of the public concerned. The measures: — Organisation of a medical check-up at the OFII for asylum seekers to detect vulnerabilities — Better dissemination of translated resources on access to care (developed during the health crisis and lockdown period) — Mobilisation of permanent access to health care (PASS) and precarious mobile psychiatry teams (EMPP), which provide counselling and psychological care for

			precarious groups and advice and training for professionals in the social field; — Development of partnership agreements between these arrangements and the accommodation and support facilities; encourage links between these accommodation and support facilities for asylum seekers and specialised psychotrauma care facilities, such as with the MSPs (links have already been developed with one third of the MPEs at national level) — Reinforcement of resources for prevention and care structures for migrants by an additional EUR 10 million at the end of 2020 for EMPP and EUR 6 million for mobile PASS — Development of health interpreting for migrants — Early identification of health problems of persons accommodated in the national reception system — Resettled public: since the beginning of 2020 IOM doctors have carried out a thorough medical medical examination of the persons selected before their departure for France, and steps have been taken by operators to speed up access to health rights and allow an initial medical examination to be carried out as soon as they arrive in France under the ordinary law. 2. Part of the national health strategy/policy 3. Yes see the Vulnerability plan in Q1 4. Gender, Age, Disability, Sexual orientation, Specific needs all vulnerable migrants are concerned 5. National, regional, local authorities, Non-governmental organisations (NGOs),

			Private sector private sector is less concerned, e.g. liberal practices for persons with open rights to health system and followed by their general practitioner.Many asylum actors note that the state of mental health of beneficiaries of international protection (BIP) has deteriorated. This raises the question of how to support this particularly vulnerable and precarious audience.The Mental Health and Psychiatry Assises held in September 2021 provided an opportunity to reflect on the future of mental health care. Initiatives are designed to establish a dialogue between professionals in the field of integration and the Ministry of Solidarity and Health to help improve support and guidance for BIP on mental health and psychiatry issues. (ex Webinaire organised by the association FTDA and Reloref — Refugee Employment and Housing Network co-financed by the European Union and the Ministry of the Interior — 6 December 2021).Concerning the regional authorities: see regional psycho-trauma centres and the ARS coordination role in Q1. On 19 January 2022, the General Directorate for Foreign Nationals in France (DGEF) and the Interministerial Delegation for reception and integration of refugees (DIAIR) launched a national call for projects on the integration of legally resident foreigners and intended to remain there on a long-term basis. One of the actions mentioned in this call for projects specifically concerns BIP and access to dams care in the field of mental health, including spychotraumatic care and specific vulnerabilities linked to the exile pathway. For the NGO actions : Primo Levi, Essor, etc. see Q13 6. in France, integration policy is therefore decentralised in relation to the foreigners concerned. The DIAIR develops 3 inclusive facilities: Territorial contracts for the reception and integration of refugees (CTAIR) with territorial diagnostics and taking into account specific features, Refugees, info, which is a collaborative, place-based and translated application, and the Academy for the participation of refugees, which

			aims to train refugees and enable them to integrate decision-making bodies. 7. Clarifying and sharing information on entitlements to care, Mapping outreach services (or setting up new services if required);, Making interpreting services and/or cultural mediation services available, Ensuring that the mental health workforce is trained to work with migrants 8. — Large territorial difference in the supply of care — saturated devices (waiting times of several months for medical and psychological centres, etc.) — — Find doctors who speak foreign languages (or health devices using professional interpreting) — Representation of certain people/cultures with regard to mental health care (need to accompany this path) — Early diagnosis — Medical interpreting, cultural mediation 9. — Social workers are not sufficiently trained and medical and psychological centres and other devices are overwhelmed. — Care not implemented or too limited in time because the length of care is too short since linked to the place and duration of accommodation, and the removals of migrants lead to the end of the monitoring process (risk of disruption of care pathways). — Support facilitated with health professionals trained in interculturality (adherence to the care of the assisted patient).

			10. • Difficulties for victims of trafficking in human beings; • Homeless people who do not receive social support that would be able to direct them to care; • Persons with mental disabilities. Overall, the challenge lies more particularly on the care supply side (in the sense of a clear lack of structures offering psychological and psychiatric care in the long term) than on the side of groups/migrants. 11. All migrants regulary staying in France have the same access whatever immigration status 12. — Some reception facilities have created in-house psychological cells to respond to needs and to address the lack of local partnerships (ex. the association FTDA) — Mapping of structures and partnerships with local mental health councils: There are many professionals trained in the reception, guidance and treatment of people who have been exposed to traumatic events throughout France. The aim of the 12 regional psychotraumatic centres is to provide places for special counselling and/or consultations for people who are victims of psychotraumatism, regardless of the nature of the trauma experienced (physical or psychological, the result of an accident, violence, abuse, etc.) or the populations concerned (children, adults, civilians, military staff, with disabilities, migrants, etc.). These specialised centres (and any departmental antennae) bring together teams of professionals trained in the Psychotrauma: they are able to offer the care best suited to the patient's personal situation. — Specific communication devices have been developed (French-speaking sub-Saharan Africa, bilingual health booklets offered in 15 languages (ex. Albanian,

			English, Arabic, Bengali, Chinese, DARI, Spanish, Georgian, Urdou, Roumanian, Russian, Tamil, Turkish), communication and dialogue materials for migrants and health and social professionals, see the app Refugies.Info (see above Q13) or Orspere-Samdarra which is a national observatory on mental health and social vulnerabilities supported in particular by the Ministries of Health, Social Cohesion, the Regional Health Agency, and many other institutional actors, the Observatory offers resources (training, study days, coordination, animation films, guides, etc.) for professionals, those concerned (mental health, precariousness, migration) and the general public. It also includes research on issues related to these themes and on innovations that go through mental health or social intervention. The main objective of Orspere-Samdarra is to ensure that vulnerable groups are better taken into account and taken care — health and social — of vulnerable groups. The team works to contribute to a better understanding and recognition of the knowledge of people's experiences (mental health, precariousness and/or migration), and is available to accompany innovations in the field of social intervention and mental health. This observatory has developed a tool platform — multilingual resources for people in vulnerable situations (health professionals, social workers, interpreters, mediators, volunteers, associations, teachers, etc.) as well as for those affected, in vulnerable situations, or in search of documentation on issues related to mental health. More than 80 languages are available. (https://www.orspere-samdarra.com/ressources/outils/?search-query 13. 1. Creation of a 'mental health first aid' training for social workers such as mental health first aid (to enable a reading grid for certain symptoms of mental suffering, pre-sorting work before referral to regional psycho-trauma centres — 10 today, soon 15) (www.pssmfrance.fr): Two years after their launch in

			France, the First Secours in Mental Health are developing rapidly, with over 10,000 trained first-aiders crossing in mid-September 2021. The validity of the PSSM programme was well received by the public authorities, which took over the target of 60,000 first-aiders trained in 2023 at the Mental Health and Psychiatry Assises. 2. The National Resource and Resilience Centre (CN2R) is intended for all victims of collective accidents, especially for terrorist acts. This centre is intended in particular to consolidate the state of knowledge in the field of psychological trauma and to improve psychological care arrangements. It is intended to promote, stimulate and support local initiatives in the service of exposed persons. One of the first actions is to carry out a national mapping based on regional psychotraumatic centres. The CN2R mobilises its expertise on psychotrauma to foster the realisation of national solidarity towards Afghan refugees. The CN2R provides care professionals with a range of resources deemed useful to enable effective action to be taken, in particular to create and maintain links with the refugee with information on access to care for people exiled in France, the use of professional interpretation in health and a non-exhaustive list of associations. 1. The DIAIR has created a collaborative, territorialised and translated phone app (refugee. info) with a focus on health and mental health to provide migrants with the information needed to access care and to find out about the programmes in the different cities. Under the territorial contracts for the reception and integration of refugees (CTAIR), a focus has been placed on mental health in several French cities (Clermont Ferrand: creation of a mental health centre for refugees, following the same model as a structure set up in Lyon, Nantes, Lyon: recruitment of a mental health professional as part of the

			team to accompany migrants). The DIAIR also offers training for social workers, in particular with the help of the Primo Levi care centre, which hosts people who have been victims of torture or political violence in their country of origin, regardless of their administrative status in France. For professionals and volunteers working in connection with exiled people, the Primo Levi training helps to better identify the background to the difficulties encountered and to offer appropriate care for this audience. Since 2002, more than 5,000 professionals from a wide range of backgrounds have been trained through the approved training centre. 2. — Specialised care centres: • The Primo Levi Centre is the most important structure in France specifically dedicated to the care of victims of torture and refugee political violence in France. Established in 1995, a law association of 1901, recognised as being of general interest, it hosts more than 350 people from more than 40 different countries each year. These people are provided with psychological, medical and physiotherapy care, as well as social and legal support. • Since 2007, the Essor Health Centre in Villeurbanne, and since 2020 the Essor Centre 63 in Clermont-Ferrand, set up by the COSI Refugee Forum Association, have been helping those who are suffering psychological exile and victims of intentional violence and torture. Both structures deal with trauma resulting from intentional persecution and violence in a context of exile and social and legal precariousness. They offer free individual and family consultations for adults, adolescents and children over the age of 6. Their missions: Medical consultations; Psychological and psychotherapeutic, individual and family monitoring; Physiotherapy sessions; Art sessions with predominantly music therapy; Prevention and training activities. • The Frantz Fanon Centre for Care and Resources aims to increase access to mental care for people in exile living in the Occitanie region. It follows from the observation

			shared by six associations, Médecins du Monde, adages, the SOS Group, La Clède, Espélido and La Cimade, that the pathway of care for people in exile is too often chaotic because of many shortcomings: lack of sufficient capacity of specialised care devices (or even lack of such devices), lack of training for professionals in the diagnosis and treatment of psychotraumatic syndrome and other exile mental disorders, and lack of possibilities for professional interpretation. In a holistic view of the person, health care is closely linked to the context of social and administrative vulnerability in which the patient finds himself, as well as the political context in which the care takes place. The Centre proposes two actions: a care centre for Gard and Hérault patients and a regional resource centre for professionals.
	EMN NCP Germany	Yes	1. No. In Germany the surveillance and provision of mental health services for migrants falls within the jurisdiction of the 16 federal states. Therefore, no federal strategy/policy is in place. The German Federal Government supports the federal state governments in their efforts to provide equal access to health care through specific measures/projects. 2. Not applicable Although there is no federal strategy concerning the provision of mental health services to migrants, the federal government supports the 16 federal state governments through supplementary measures. For example, the federal government has fostered a strong cooperation between the federal and state governments and private sector stakeholders for a national actionplan on integration. The actionplan included a project which aim was to identify the special medical needs of migrants.

			3. Not Applicable 4. Not applicable 5. Non-governmental organisations (NGOs), Private sector, 6. At this point, no information can be provided, since these measures fall within the jurisdiction of the 16 federal states. 7. Not applicable Please answer to Q1. 8. Germany´s health policy is aimed at providing all population groups with equal access to health care. This applies regardless of nationality or residence status. Language barriers or the lack of information on the health care system can prevent the access to health care. The federal government supports the federal states and local governments in their efforts to overcome these obstacles. The federal government has created and provided multiple multilingual measures to improve health literacy and make the health care system more accessible for everyone. Easily accessible information on the health care system leads to a higher access and ultimately to sufficient health care. 9. At this point, no information can be provided, since these measures fall within the jurisdiction of the 16 federal states. 10. No. The German Federal Government has no knowledge about challenges of specific groups when accessing mental health services.

			11. No. All population groups, regardless of nationality or residence status, may receive the necessary medical assistance and/or treatment in the case of illness. 12. The German Federal Government aims at providing the necessary access to mental healthcare to all migrants. Exemplary, the Federal Government encourages this through the following measures: • Assumption of interpreting costs within the framework of the Asylum Seekers' Benefits Act according to § 6 paragraph 1 AsylbLG (AsylbLG = Asylum Seekers' Benefits Act) • Amendment to the Ordinance on the Admission of physicians accredited by a statuory health insurance (SHI) by introducing an authorisation provision in section 31 (1) sentence 2 of the Ordinance on the Admission of SHI-accredited physicians: Admission committees were obliged to authorise suitable physicians, psychotherapists and psychosocial institutions to provide outpatient psychotherapeutic and psychiatric treatment upon request. The aim is to improve the care situation of asylum seekers and refugees in particular need of protection who are recipients of benefits under section 2 of the Asylum Seekers' Benefits Act (AsylbLG) and who have suffered torture, rape or other forms of psychological or physical violence. • Project to improve health and primary-care surveillance in reception and accomodation centres for asylum-seekers in Germany (www.pri.care) Furthermore, the federal states guarantee medical care for beneficiaries of international protection in accordance with the relevant provisions of state law. 13. At this point, no information can be provided, since these measures fall within the jurisdiction of the 16 federal states.

	EMN NCP Greece	Yes	1. YES. There is a national policy regarding migrants' mental health which focuses on the promotion of mental health and the promotion of social integration of migrants with mental health problems. The policy consists of the development of specialized community mental health services and residential services for minors and adults with mental health problems, the interconnection of mental health services with existing social services and advocacy actions targeting stigma and discrimination. The policy will be funded by the upcoming EU structural funds. 2. 3. No 4. Not applicable 5. Non-governmental organisations (NGOs) 6. n/a 7. Not applicable 8. The recruitment of mental health professionals for the provision of services in border areas, the availability of interpreting services and the interconnection of specialized mental health and social services. 9. The public perceptions regarding the influx of migrants, the identification of mental health problems, the recruitment of mental health professionals for the provision of services in border areas, the availability of interpreting services, the introduction of a

			humane regime in refugee camps, and the interconnection of services . 10. The provision of specialized mental health services for migrants with severe mental disorders and the integration of migrants with conduct disorders in mainstream services and the community pose specific challenges 11. n/a 12. Community Psychosocial Workforce (CPW) EPAPSY as a direct partner of the UN High Commissioner for Human Rights (OHCHR) started as from November 2019 implementing a programme of psychosocial community intervention under the title "Community Psychosocial Workforce", co-funded by the European Union. Community Psychosocial Workers (CPWs) make up a specially trained workforce of refugees and asylum seekers that provides core psychosocial support to other refugees and asylum seekers in their mother tongues. The group which aims at bridging the gap between community and professional/institutional provision of mental healthcare, is supervised by specialized psychologists and social workers. https://www.epapsy.gr/en/provision-of-psychosocial-support-to-refugees/ 13. Training of field workers in issues regarding psychosocial aspects of the integration of asylum seekers and refugees. It is addressed to field workers employeed by municipalities which participate at the Cities Network for Integration. The project lasted for the whole 2021, there participated 126 field workers from all over Greece who were trained online in different topics. The training was delivered by Babel Day Centre, a mental health unit for migrants and refugees operating in Athens since 2007 https://www.cnigreece.gr/en/news/the-babel-day-center-

			seminars-have-been-successfully-completed/ Survivors 2 (MsF) Survivors2 is a group of experts-by-experience living in Greece, who come together to speak out for the rights and recognition of survivors of torture and cruel/inhumane treatment.. All Survivors2 members are either current or former beneficiaries of MSF's rehabilitation clinic for victims of torture based in Athens. The projects runs under Medicins Sans Frontiers https://msf.gr/en/survivorssquared Information addressed to refugees living in Greece on the psychosocial aspects of the Pandemic Covid-19 (in 6 languages). The project runs under Babel Day Centre https://covid19refugeesinfo.gr
	EMN NCP Hungary	Yes	1. There is no national strategy in place in Hungary that makes reference to beneficiaries of international protection's mental health but based on Section 1) paragraph 34 of the Government Decree 301/2007 (XI.9.) on the implementation of the Act LXXX of 2007 on Asylum, asylum seekers with special needs are entitled to – in the light of their individual situation and on the basis of a specialist's opinion – health services, rehabilitation, psychological and clinical psychotherapy, as well as psychotherapeutic treatment for free of charge if it is justified by their health condition.Based on the Government Decree 301/2007 (XI.9.) on the implementation of the Act LXXX of 2007 on Asylum if the refugee or beneficiary of subsidiary protection is not covered by any social security system, (s)he is entitled to health care services, including rehabilitation, psychological and clinical psychotherapy, as well as psychotherapeutic treatment, for six months from the date of the decision on his/her recognition.

			2. national asylum laws: Act LXXX of 2007 on Asylum and Government Decree 301/2007 (XI.9.) on the implementation of the Act LXXX of 2007 on Asylum 3. No 4. 5. 6. No. 7. Not applicable 8. Lack of information about mental health services (for example, in the country of origin, it is a taboo to have a mental health issue). 9. Lack of interpreters and cultural mediators during the mental health services. 10. No 11. No 12. There are no new measures in this field. 13. Hungary has not introduced new measures to improve the effective provision of mental health; however, it is worth to mention that in 2020, one reception officer took part in two training modules of EASO on reception of vulnerable persons and the

			training modules contain information about provision of mental health care to asylum seekers. The reception officer received a certificate from EASO authorising her to train social workers on the module at national level.
	EMN NCP Ireland	Yes	1. Yes there are 3 relevant strategies in place: 1. Connecting for Life. Ireland's National Strategy to Reduce Suicide 2015-2020 (extended to 2024) Connecting for Life is Ireland's national strategy to reduce suicide 2015-2020. Connecting for Life sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. Connecting for Life is based upon current national and international evidence in relation to effective suicide prevention strategies. The implementation structures for Connecting for Life place a strong emphasis on evaluation and research. The strategy therefore contributes both to the national and international knowledge base concerning suicidal behaviour and helps to shape and guide the provision of preventative strategies and services in the future. In November 2020, Connecting for Life, Ireland's National Strategy to Reduce Suicide was extended to 2024. The extension of Strategy aims to further advance and embed many already-established local implementation structures throughout the country. 17 local Connecting for Life Action Plans which were in place in 2020, will also be extended and updated to reflect a new national implementation plan. The current implementation plan for the Strategy runs from 2020 to 2022. The plan has been informed by the findings of the 2019 independent Interim Strategy Review of the implementation of the strategy, and continuous consultation with implementation partners, stakeholders and government departments. Asylum seekers, migrants and refugees are included as part of the priority groups

			identified in the Connecting for Life (2015-2020) strategy. The strategy identifies the priority groups as facing particular challenges to their mental health and wellbeing, including, for example, stresses of acculturation and dislocation, discrimination, and trauma or abuse. Migrants, refugees and asylum seekers have been targeted in the following Strategy goals: • Goal 1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups. • Goal 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups. The defined outcomes of the strategy also centre on priority groups: • Reduced suicide rate in the whole population and amongst specified priority groups • Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups. 1. Sharing the Vision: A Mental Health Policy for Everyone Sharing the Vision: A Mental Health Policy for Everyone is the successor strategy to 'A Vision for Change' strategy that was launched in 2006. Sharing the Vision was launched in June 2020 and focuses on better outcomes for people experiencing mental health difficulties to bring about tangible changes in their lives and achieve better results. While a universal approach is taken in this policy, there is an acknowledgement that additional work is necessary to promote positive mental health and build resilience among specific priority groups who are considered 'at risk'. Priority groups that were identified in the Connecting for Life (2015-2020) strategy are acknowledged in this policy, including asylum seekers, migrants and refugees. Sharing the Vision recognises the need for tailored interventions which address the needs and support

			the priority groups, for example, targeted campaigns and preventative outreach work. The following recommendations are made in the policy regarding priority groups: • The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups. • The HSE should consult with service users, family, carers and supporters, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individual's needs and preferences. 1. The HSE Second National Intercultural Health Strategy 2018-2023 This Health Service Executive (HSE) Second National Intercultural Health Strategy (NIHS) provides a comprehensive and integrated approach to addressing the many, unique, health and support needs experienced by the increasing numbers of service users of diverse ethnic and cultural backgrounds who live in Ireland. The first National Intercultural Health Strategy (2007- 2012) was the first to be developed in Ireland. The strategy outlines the challenges that migrants face, their needs and targeted recommendations are made in relation to migrants' mental health. Page 66 and 67 of the Strategy tackle mental health of migrants and suggest the following actions: • Work towards development of a comprehensive model in respect of provision of culturally competent assessment and treatment that is tailored to the unique mental health needs of vulnerable service users from diverse ethnic and cultural backgrounds and with a range of unique care needs. • Continue to address the mental health needs of people living in direct provision accommodation, as outlined in the McMahon report (2015). • Continue to encourage the active participation of inter-agency groups, with

			particular attention to provision of support to refugees and asylum seekers in the resettlement communities phase. • Promote provision of programmes that support staff in dealing appropriately and effectively with service users who have experienced trauma. • Continue to support delivery of specialised services to service users who have experienced torture and related trauma. • Promote and support research into the mental health needs of service users from minority ethnic communities. Other actions in the Strategy which target migrants (in certain cases they are included in the broader category of minority ethnic communities) include: • Work with relevant organisations to explore and tackle the issue of mental health stigma among minority ethnic communities and the promotion of psychological wellbeing. • The implementation of the HSE's commitment for the introduction of a programme of mental health awareness training for staff in direct provision accommodation to enable staff to recognise mental health issues, to take steps to improve mental health awareness and to know how to contact appropriate services. • Support and progress actions of the LGBTI+ National Youth Strategy 2018-2020 that have particular relevance to young service users from diverse ethnic and cultural backgrounds. • Implement the recommendations of the report, 'Middle-Aged Men and Suicide in Ireland' (2018), which includes an explicit focus on men of diverse cultures and ethnicities. • Work towards development of a comprehensive model in respect of provision of culturally competent assessment and treatment that is tailored to the unique mental health needs of vulnerable service users from diverse ethnic

			and cultural backgrounds and with a range of unique care needs • Develop targeted interventions in line with government and related obligations, within resource constraints, including those outlined in the McMahon report (2015), and commitments set out in the Irish Refugee Protection Programme. 2. Part of the national health strategy/policy The three strategies are standalone strategies. However, these strategies align with each other, but also to a number of other strategies including: •The Migrant Integration Strategy: A Blueprint for the Future 2017-2020 (extended to 2021)•The National Traveller and Roma Inclusion Strategy 2017–2021 •LGBTI+ National Youth Strategy 2018-2020 (extended to 2021) (migrants referred to)•Better Outcomes, Brighter Futures 2014–2020 (refers to migrant children in different situations (e.g. those living in Direct Provision) as a vulnerable group who need targeted supports. •Third National action plan on women peace and security•Under preparation: National Action Plan Against Racism (NAPAR). Mental health is a key issue under consideration by the independent Anti-Racism Committee tasked with drafting the NAPAR. 3. Yes Connecting for Life. [Q4 OTHER] Ireland’s National Strategy to Reduce Suicide focuses more on groups which are known to be more at risk of suicide based on age/gender/disability/sexual orientation as opposed to breaking down migrant groups. Connecting for Life Strategy identifies asylum seekers, migrants and refugees as part of the priority groups.Sharing the Vision: A Mental Health Policy for Everyone [Q4 OTHER] includes a specific focus on asylum seekers and refugees.Second National Intercultural Health Strategy [Q4 ALL CATEGORIES] has a

			strategic objective to address health inequalities relevant to service users in relation to oral health, sexual health, reproductive health, children and young people, LGBTI+, disability, men, mental health and palliative care. [Q4 OTHER] The Second National Intercultural Health Strategy strategy also includes a specific focus on : undocumented migrants, asylum seekers, refugees and victims of human trafficking. 4. 5. National, regional, local authorities, Non-governmental organisations (NGOs) a. CONNECTING FOR LIFE IRELANDS NATIONAL STRATEGY TO REDUCE SUICIDE The Health Service Executive and the Department of Children, Equality, Disability, Integration and Youth are specifically involved in delivering services to migrants. National implementation structures, most notably the National Cross Sectoral Steering and Implementation Group, continue to coordinate different government departments and (departmental) strategies. This Steering and Implementation Group was established to support the implementation of Connecting for Life and comprises of high-level representatives from Government Departments and key state agencies. The Group monitors and evaluates implementation over time and provides clear communications channels across Government. The HSE National Office for Suicide Prevention (NOSP) remains the named provider of cross-sectoral support for implementation of Connecting for Life. Various government departments and agencies, have made commitments to lead, support or contribute to the specific actions outlined in the strategy. b. SHARING THE VISION: A MENTAL HEALTH POLICY FOR EVERYONEThe National Implementation Monitoring Committee (NIMC) was established to oversee implementation of the policy and monitor progress at national level and strategically across the HSE. This structure takes account of actions and outcomes relating to 'all-of-government' – not just those within the remit

			of the health service. The NIMC was established with service user and peer representation to roll out the recommendations within this policy and has representation from the statutory, voluntary and community sectors.The NIMC Steering Committee is chaired by an independent person who can provide the leadership to ensure delivery of the Policy. A high-level, multi-sectoral approach was proposed, which oversees the HSE Implementation Group, the HSE and other implementing bodies on an ongoing basis and obtains regular implementation reports across all actions. The NIMC requires expert advice and input from several departments, agencies and other partners at various stages. In order to achieve the most efficient and effective delivery of the Implementation Plan, Specialist Groups and a Reference Group of Service Users and Families supports the work of the NIMC Steering Group. NIMC Steering Committee members were selected from a core group of departments and agencies primarily responsible for delivery of policy actions, with other departments/agencies invited to attend as necessary. As outlined in the policy, there is also specialist expertise provided by the service user, advocacy, drug/addiction, youth mental health and professional sectors representing the delivery of mental health services at the various levels of specialisation (these may input at Specialist Group and Reference Group level).More information is available here: https://www.gov.ie/en/publication/8f821-national-implementation-and-monitoring-committee-steering-committee/c. HSE SECOND INTERCULTURAL HEALTH STRATEGY The strategy is implemented by the HSE. The HSE National Social Inclusion Office holds a remit for the health of vulnerable groups, including migrants. However, a 'whole organisation approach' has been used for the Strategy where responsibility is shared across different HSE divisions under the coordination of the HSE National Social Inclusion Office. There is a particular Commissioning Team aligned to Mental Health. Various cross government strategies contain specific actions assigned to the HSE in respect of the health status, experiences and

			outcomes of members of minority ethnic communities across the country. In addition to the central HSE actors, partners from the community and voluntary sector with service user representatives from diverse ethnic and community groups support with, and input into the implementation of the Strategy. The HSE National Social Inclusion Office also works with Government Departments/agencies:• The Department of Children, Equality, Disability, Integration and Youth;• Department of Health;• Department of Justice;• Department of Housing, Planning, Community and Local Government;• Department of Social Protection;• Department of the Taoiseach; and• TUSLA (Child and Family Agency).The following non-governmental organisations, among others, are also funded to provide services on behalf of the HSE to support the implementation of the intercultural health strategy: • Akidwa • Cairde• Capuchin Day Centre• Spirasi • First Fortnight• Dublin City Community Co-operative.The HSE National Social Inclusion Office also engage in partnerships with third-level partners and organisations at EU level, and, for example, between the North of Ireland and the Republic. Third level partners are engaged on a research basis and EU level organisations through information sharing and providing updates. 6. 1. a. Connecting for Life Ireland’s National Strategy to Reduce Suicide The development of Connecting for Life, Ireland's national strategy to reduce suicide 2015-2020, was a collaborative and inclusive process. Some of the most important contributions to the development of Connecting for Life came from the public consultation process. The HSE National Office for Suicide Prevention (NOSP) received 272 submissions from people and organisations, which included members of the general public, people who have used services and their families, professional bodies

			and community interests and organisations. However, migrant groups are not represented on the Policy Advisory Group, the Strategic Planning Oversight Group or the Engagement Advisory Group. 1. b. Sharing the Vision: A Mental Health Policy for Everyone Yes, migrant organisations were included in the development of this policy through written submissions. The policy was informed by a major stakeholder consultation process undertaken by the Oversight Group and supported by the Department of Health. Over 1,200 individuals representing service users, peer workers, carers, health workers, managers, family members, community and voluntary sector groups, and staff, among others, who attended five stakeholder sessions (similar to town hall type meetings) at various locations throughout Ireland. The work of the Oversight Group was further guided by a Reference Group established to connect with a wider group of experts as the policy proposals were evolving. This included representatives of clinical bodies, NGOs and service user organisations, who met to discuss the framework and feedback from the stakeholder process. The consultation process was also informed by a review by the Oversight Group of existing policies and reports with mental health-specific recommendations. To avoid duplication and maintain consistency, the Group made reference to and supported relevant recommendations from a range of key documents. Written submissions to Oireachtas Committee included submissions from organisations representing minority groups and migrants, such as Cairde, the Migrant Rights Centre. 1. c. The HSE Second National Intercultural Health Strategy Yes, migrants were consulted during the process of strategy development. Migrants were involved in the consultation process, with asylum seekers particularly strongly represented during consultations. The consultation involved three main stages: • engagement with community networks and divisions within the HSE;

			• thematic analysis of submissions; • and endorsement and sign off. 56 written submissions were received during the consultation process. 41 of these responses were from HSE services or government agencies, 10 were from NGOs, 4 were from academic experts and 1 from a service user. Eight key themes were identified upon analysis of submissions: • access to good quality intercultural healthcare services; • equality, non-discrimination and human rights; • interpreting and translation services; • cross-cultural communication and cultural competence of staff; gender-based violence, including FGM and other harmful practices; • community participation and service user participation and consultation; • data and building the evidence base on intercultural health; • and implementation of the second NIHS. More details of the submissions received can be found at https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultur.... The consultative work for this strategy built on the previous engagement with migrant women in the development of the previous National Intercultural Health Strategy 2007-2012. The previous strategy included: • a series of individual interviews with migrants, among others, • a number of focus groups were, many of which were facilitated by NGOs active in the field of ethnic minority health. • a survey which covered 270 migrant workers from nine communities was conducted aiming to capture service users viewpoints. 7. Promoting mental health through social integration, Clarifying and sharing

			information on entitlements to care, Making interpreting services and/or cultural mediation services available, Working towards integration of mental, physical and social care, Ensuring that the mental health workforce is trained to work with migrants, Investing in long-term follow-up research and service evaluations for service planning and provision, Other priority action areas, please specify in the comment box NOTE Q7 REFERS TO HSE SECOND NATIONAL INTERCULTURAL HEALTH STRATEGY ONLYOTHER: Targeted services to service users; Collaboration with other partners.1. PROMOTING MENTAL HEALTH THROUGH SOCIAL INTEGRATION• Ensure people from migrant communities are enabled to avail of social prescribing services in order to promote social connectedness, facilitate integration and improve health & wellbeing.2. CLARIFYING AND SHARING INFORMATION ON ENTITLEMENTS TO CARE (INCLUDING MENTAL HEALTH SERVICES);• Provide information in accessible, culturally responsive ways, including information on issues such as eligibility and entitlements.• Develop and roll out, in collaboration with Cáirde, an interactive mobile app to support migrants in accessing health services• Produce and disseminate an accessible document that facilitates orientation to health services and their usage in Ireland3. MAKING INTERPRETING SERVICES AND/OR CULTURAL MEDIATION SERVICES AVAILABLE (INCLUDING MENTAL HEALTH SERVICES);• Progress recommendations of the Report of the HSE Working Group to Develop a Model for the Implementation of Trained Interpreters in the Irish Healthcare System (2018)• Finalise an appropriate model for the phased implementation of interpreting provision across the HSE.• Provide training to staff in working effectively with interpreters• Promote uptake of the resource, Guidelines to Support Communication in Cross-cultural General Practice Consultations (2012)• Implement the recommendations from RESTORE, the European research project on communication in cross-cultural consultations within healthcare settings.•

			Provide training to interpreters working in palliative care and other services where particularly sensitive communication is required.4. WORKING TOWARDS INTEGRATION OF MENTAL, PHYSICAL AND SOCIAL CARE• Many of the strategic actions in the Strategy focus on health overall, rather than solely on mental, or physical health or social care. 5. ENSURING THAT THE MENTAL HEALTH WORKFORCE IS TRAINED TO WORK WITH MIGRANTS• Engage with third level institutions and professional bodies to ensure that intercultural awareness is built into under-graduate and post-graduate training for health and social care professionals. (These resources are available to mental health services staff but not specifically targeted at them.)• Develop an intercultural health awareness online training programme. (Note that three modules are currently available on www.HSELanD.ie with a fourth module in development focusing on mental health and wellbeing.)• Review, update where necessary, and promote previously published resources for staff, including: the Emergency Multilingual Aid; the Lost in Translation resource, On Speaking Terms: Good Practice Guidelines for HSE Staff in the Provision of Interpreting Services (2009); and Guideline for Communication in Crosscultural General Practice Consultations (2012) • Review usage and update the HSE's Health Services Intercultural Guide (2009), and related app, with particular attention to content relating to cultural and religious norms around death and dying, with a view to further circulation• Work with relevant organisations to develop anti-racism and intercultural core competencies for youth workers in order to ensure that organisations are better equipped to support minority ethnic young people• Promote provision of programmes that support staff in dealing appropriately and effectively with service users who have experienced trauma• Train healthcare staff to be aware of violence against women in their practice, providing space for safe disclosures by women in their care and access to referral for services to protect women and children from further harm• Provide guidance and support to GPs and other health

			professionals in providing appropriate, effective care to migrants.6. INVESTING IN LONG-TERM FOLLOW-UP RESEARCH AND SERVICE EVALUATIONS FOR SERVICE PLANNING AND PROVISION• Promote and support research into the mental health needs of service users from minority ethnic communities• Develop an identifier throughout the HSE to collect data on access, uptake and referral rates for minority ethnic groups so that cultural or ethnic needs can be identified and accommodated• Collect and publish disaggregated data (by sex and complemented by grounds of age, ethnicity, disability) to inform policies and programmes and address inequities• Develop a prioritised programme of research in respect of minority ethnic health7. TARGETED SERVICES TO SERVICE USERS• Continue to support the delivery of specialised services to service users who have experienced torture and related trauma8. COLLABORATION WITH OTHER PARTNERS • Work with relevant organisations to explore and tackle the issue of mental health stigma among minority ethnic communities and the promotion of psychological wellbeing 8. NGO have highlighted challenges as follows: AkiDwA (2020) highlights the vulnerability of migrant women to mental health issues and problems accessing appropriate services. Research into the experiences of migrant women, mainly international protection applicants residing within the Direct Provision system of accommodation, finds that language can be a major barrier to accessing healthcare, particularly mental health care services, where the diagnosis relies heavily on oral communication. Access to interpretation in primary care, counselling and psychotherapy services is identified as a challenge. Migrant women may have insufficient knowledge or skills to navigate the mainstream system. Gender-specific roles within the family are also highlighted, with women often being expected to cope and to support others. Cultural understandings of mental health can act as barriers to migrant groups accessing services, as participants spoke of taboos, stigma and

			shame (Cairde, 2015; AkiDwA, 2020). The importance of the provision of culturally sensitive services is stressed (Cairde, 2015; AkiDwA, 2020). Migrant Rights Centre Ireland has highlighted how the pandemic has exacerbated isolation among the migrant community, with the closure of face-to-face youth service provision and drop-in support centres having huge impact on some young people's mental health. AikiDwA (2020) Lets Talk: Mental Health Experiences of Migrant Women. Available at https://akidwa.ie/wp-content/uploads/2020/01/LetsTalk2.pdf Bojarczuk, S., Marchelewska, E. and M. Prontera (2015) Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations. Available at: CAIR_001_Document_P7.pdf (cairde.ie) The Sub-Committee on Mental Health - Interim Report on Covid-19 and its effect on Mental Health Services in the Community - July 2021 (oireachtas.ie) 9. AkiDwa (2020) find that service providers perceive the mental health concerns o refugees and asylum seekers to be more complex than those of the general population. The research highlights particular challenges in relation to: PTSD, trauma, depression, anxiety, isolation, separation from families, loss and grief. Service providers highlighted that language barriers can make it difficult to communicate critical health information, sometimes compounded by inadequate interpretation services, which can lead to misunderstandings about diagnosis or treatment. Cairde (2015) and AkiDwA (2020) find that the mainstreamed system can be difficult to navigate. Cairde (2015) finds that if ethnic minority people decide to seek professional mental health support, many tend to look for professionals from their own ethnic and/or cultural background. The research also finds that service providers identified bureaucracy of the system as a significant barrier to minority communities

			attending services, including: the manner of referral; limited consultation time available; waiting lists; and rigidity of appointment schedules. Private mental health services are costly (Cairde, 2015). 10. No information available 11. People living in Ireland for at least one year are considered by the HSE to be 'ordinarily resident' and are entitled to either full eligibility (Category 1) or limited eligibility (Category 2) to health services (including professional mental health services). If an IP applicant acquires refugee status, they have the same rights as Irish citizens. People who have not been resident in Ireland for at least one year must satisfy the HSE that it is their intention to remain for a minimum of one year in order to be eligible for health services. Dependants of such individuals must also contact the HSE to confirm their eligibility. Category 1 - People with Medical Cards Over 30% of people in Ireland have medical cards. Medical Cards allow people to get a wide range of health services and medicines free of charge. Category 2 - People without Medical Cards People without medical cards can still access a wide range of community and hospital health services, either free of charge or at reduced cost. The mental health services for refugee and asylum applicants is in the remit of the generic catchment-based psychiatry community mental health teams. Capacity to increase effective treatment of Post-Traumatic Stress Disorder (PTSD) for vulnerable clients has been piloted in 2021.* Specialised treatment for trauma and victims of torture is available through the NGO Spirasi *

			CPD training on Narrative Exposure Therapy and Using Imagery to effectively treat PTSD within Cognitive Behaviour Therapy 12. **1. The development of services specific to the needs of certain migrant groups** SPIRASI. Provides counselling to migrants who have been victims of torture. Psychology Service for Refugees and Asylum Seekers, Balseskin Reception Centre CPD courses for Psychologists to increase workforce capacity in the effective treatment of Post-Traumatic Stress Disorder (PTSD) for vulnerable clients. **2. Development of the 'About the Irish Health Service' Guide**. The guide is in three parts; Part 1 gives information on how to access different types of health care in mental health, the services that are free and how the GP, Pharmacy and hospital systems work. Part 2 gives information about specialist services (dental treatments, eye tests, hearing aids, vaccinations) and some of the staff you may meet in the health system. Part 3 advises what to do in an emergency. Available in: English, English/Albanian, English/Arabic, English/Bulgarian, English/Farsi, English/French, English/Georgian, English/Kurdish, English/Pashto, English/Polish, English/Portuguese, English/Romanian, English/Somali, English/Spanish, English/Urdu. Below is a poster with QR codes, these are codes that can be scanned by a smart phone, which bring you to the booklet 'About the Irish Health Service'. There are 15

			QR codes on the poster, one for each language. About the Irish Health Service poster with QR codes in 15 languages **3. Development of a multilingual mobile friendly website, Health**Connect.ie, The aim of this website is to improve minority and vulnerable communities' access to local health services including mental health services. The project was developed by Cairde and funded by the National Social Inclusion Office, HSE under the Dormant Accounts Action. The information platform not only describes health services available in Ireland, including GP practices, hospitals, maternity and women's health and mental health but it also enables an immediate connection to relevant services available in user's area of residence. The website is linked with Google maps where those services are tagged thus the user can instantly see what's available in his/her locality and can easily obtain addresses, opening hours and other contact details. 13. 1. Health Services Intercultural Guide https://www.hse.ie/eng/services/publications/socialinclusion/interculturalguide/interculturalguide.pdf This Guide was developed in response to an expressed need by healthcare staff across a range of cultural backgrounds for knowledge, skills and awareness in delivering care to people from backgrounds other than their own. To this end the Guide profiles the religious and cultural needs of twenty-five diverse groups who are being cared for in healthcare settings. These groups comprise twenty-one religious groups, 3 ethnic/cultural groups and people without religious belief. 2. Intercultural Awareness E Learning Programme available to all HSE staff. Modules: • Inclusive Practices

			• Working with Others Refugees, Protection Applicants and Trauma 3. The HSE National Social Inclusion Office Translation Hub https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-socia... The National Social Inclusion Office supports various areas of Translation and Interpretation. • Translation and Interpreting • Multilingual resources • Mobile health apps
	EMN NCP Italy	Yes	1. The Italian National Health Service is structured in such a way as to ensure, to all registered citizens, services free of charge, excluding any co-payment, provided on the national territory by public or private accredited structures. The Italian health system also guarantees non-EU citizens irregularly present on the national territory, who are entitled to receive urgent and essential care with the issue of a code called STP (foreigner temporarily present). Specifically for the mental health of migrants, in Italy with a ministerial decree of 3 April 2017, published in the Official Gazette (General Series No. 95 of 24-4-2017), the Guidelines on interventions for the assistance, rehabilitation and treatment of mental disorders of refugees and persons who have suffered torture, rape or other serious forms of psychological, physical or sexual violence, including any specific training and refresher programmes aimed at health personnel, were adopted, implementing Article 27 paragraph 1 bis of Legislative Decree No. 18/2014. There is still no uniformity of application on the national territory; consequently, there are regional differences. Certainly, the definition of the guidelines represents an important starting point as

			they configure a tool to be able to try to guarantee a uniform intervention to refugees who have suffered violence and torture, through a multidisciplinary approach. The guidelines provide for a pathway of assistance to victims, from early detection, which is not always easy in this type of situation, to rehabilitation. The guidelines also provide for adequate training of the health professionals involved. The National Institute for Health Promotion of Migrant Populations and Poverty Eradication (INMP) was established in 2007 by decree of the Ministry of Health, in application of Article 1, paragraph 827, of Law no. 296 of 27 December 2006. The INMP has "built" a socio-assistance model integrated between medical disciplines and the professionalism of anthropology, psychology with an ethno-psychiatric orientation and transcultural mediation in the health field, with the commitment to face, within the National Health Service, the health challenges related to the health of the most vulnerable groups, through a transcultural and person-oriented approach. 2. Part of the national health strategy/policy 3. Yes 4. The above-mentioned guidelines foresee a path of assistance to victims, refugees who have suffered violence and torture starting from the early detection, not always easy, of this kind of situations, up to rehabilitation. 5. National, regional, local authorities, Non-governmental organisations (NGOs) In our country, the network of services for the mental health of migrants is offered at the level of the Regional Health System (SSR) by the Local Health Authorities (ASL) through the Mental Health Departments, i.e. the set of structures and services whose

			task is to take charge of the demand related to the treatment, assistance and protection of mental health within the territory defined by the Local Health Authority (ASL).At the national level, the INMP is a public structure, of the National Health System (NHS), which carries out prevention and treatment activities with a dedicated psychiatry and clinical psychology service.Finally, third sector organisations. 6. NO 7. Not applicable 8. The main problems encountered are linked to social issues, i.e. precariousness of reception, lack of/delayed registration with public services, i.e. residence, health system registration. This is accompanied by communication difficulties. 9. The main challenge is cultural. We must work on training health workers on the importance of a multidisciplinary model needed to deal with the social and health complexities posed by these populations. Training on the need to approach migrants with a holistic person-oriented approach, which involves "active listening" and respect for diversity and is implemented through multidisciplinary and transcultural teams, which include medical staff as well as psychologists, social workers, anthropologists and transcultural mediators with specific expertise. 10. Certain categories have specific problems linked to a lack of compliance, a lack of continuity of care, such as homeless people, people with multiple pathologies, and people with complex post-traumatic stress disorder.

			11. NO 12. 1. Services with direct access and open to all regardless of whether they have a permit, residence, etc. (e.g. . (e.g. https://www.inmp.it/ita/Rete-Nazionale/WikInmp). 2. Services with proximity medicine activities to meet needs directly on the territory. 3. Services with good availability of trained mediators 13. Services with good availability of trained mediators
	EMN NCP Latvia	Yes	1. No. There is no dedicated national strategy or policy towards migrant mental health. The availability of health care services including mental health in Latvia is regulated by the Medical Treatment Act. It states that state-funded health care services may be also received by third country nationals with: 1) the permanent residence permits; 2) a stateless person to whom the status of the stateless person; 3) a refugee or person to whom the subsidiary protection; 4) asylum seekers. Since May 2021, mentioned groups have the possibility receive State funded psychological and psychotherapeutic assistance to mitigate the consequences of the Covid-19 pandemic for mental health. Mental counseling is available for patients with

			depression and certain diagnoses to deal with stress-related disorders, neurotic spectrum disorders and eating disorders. The doctor will determine the required duration of treatment up to 10 state-paid visits. 2. Not applicable 3. Not Applicable 4. Not applicable 5. National, regional, local authorities, Non-governmental organisations (NGOs) In order to receive a consultation from a state-paid specialist, a referral from a family doctor is required. State-paid psychological counseling is provided by clinical and health psychologists, clinical and health psychologists with further education in psychotherapy and psychotherapists. There is a list of specialists who provide the state-paid counseling. There are up to 12 NGOs counseling mental health needs. Society "Shelter "Safe House"" provides psychotherapist service for third-country nationals (up to 5 hours per month). 6. N/a 7. Other priority action areas, please specify in the comment box In Latvian National development plan for years 2021-2027 migrant children are mentioned as a priority to help them integrated into society - mostly language courses and mental assistance. 8. Mental health became one of major agenda points only due to Covid-19 pandemic.

			At the moment migrants as a group is not mentioned in strategies and policies, the major attention is paid to children mental health, risk of suicide, burnout at work, depression, dementia. At this point there is too early to evaluate challenges, because the state-paid mental counseling is available only starting from May 2021. 9. There is much more information about asylum seeker mental health due to the reason that asylum seekers in most cases are accommodated in reception centre. There are guidelines for staff of the Asylum Seekers Center on what to do if you are suspected of having mental health problems. This information should be passed to the medical staff on site. Medical staff on site make decision to send person to specialist, but in many cases asylum seekers refuse such assistance. This help is state-paid for asylum seekers. If there is a need for any special assistance, the decision is made case by case. 10. Yes. In Latvian National development plan 2021-2027 migrant children are mentioned as a priority to help them integrated into society - mostly language courses and mental assistance. 11. Yes. Holders of temporary residence permit have no option for state-paid mental health assistance. Only self-paid or health insurance could provide mental health care. The availability of health care services including mental health in Latvia is regulated by the Medical Treatment Act. It states that state-funded health care services may be also received by third country nationals with: 1) the permanent residence permits;

			2) a stateless person to whom the status of the stateless person; 3) a refugee or person to whom the subsidiary protection; 4) asylum seekers. 12. 1) Before 2021 there was lack of availability of State-paid mental health services for third-country nationals. 2) Communication barriers, especially migrant children successful integration in school. 3) Mental assistance for migrant children. 13. There is a guidelines for staff who are working with asylum seekers in reception centre. One of challenges could be to explain and ability to argue to asylum seekers for medical staff on site that mental health is important and there is a need for help. The reason could be language and cultural barrier.
	EMN NCP Lithuania	Yes	1. No. Migrants legally residing in Lithuania and having compulsory health insurance participate in the general health system. For this reason, there is no specific national strategy or policy document focusing exclusively on migrants' mental health. The country's Mental Health Strategy aims to strengthen the mental health of the population and provide comprehensive assistance to people with mental and behavioural disorders and their families. This document also focuses on reducing the social exclusion of vulnerable groups, improving their integration into the community and stopping the spread of myths and stigmas associated with membership in vulnerable groups.[1] Although the Mental Health Strategy does not specify which groups are considered vulnerable, other laws of the Republic of Lithuania, such as the Order Approving the Action Plan to Improve Social Inclusion for 2020-2023,

			considers immigrants and foreigners who have been granted asylum in Lithuania as vulnerable groups.[2] Furthermore, Lithuania's Migration Policy Guidelines - the main migration document of Lithuania - do not mention the mental health of migrants.[3] However, integration policy documents show that authorities address migrants' mental health. For instance, the Action Plan for 2015-2017 on the Implementation of Foreigners Integration Policy highlights the need to promote integration of foreigners through psychological counselling.[4] The Action Plan for 2018-2021 on the Integration of Foreigners into Society reiterates this notion, stressing that more than half of asylum seekers express the need for psychological support. This document attempts to respond to the current situation by providing third-country nationals with increased access to psychological services and psychological counselling.[5] Finally, migrants' mental health topic is also addressed in the national programme of the 2021-2027 Asylum, Migration and Integration Fund, highlighting the need to improve healthcare for third-country nationals, including the psychological services necessary for the successful integration of foreigners.[6] Furthermore, according to the Description of the Procedure of Provision of State Support for the Integration of Persons Who Have Been Granted Asylum, the Refugee Reception Centre provides psychological support services to beneficiaries of international protection during their initial integration period at the Centre.[7] Authorities, taking into account the specific needs of a migrant who received asylum, also draw up an individual integration plan providing third-country nationals with necessary services, such as psychological counselling, and ensuring their accessibility in the territory of the municipality after the end of the migrants' stay at the Refugee Reception Centre.[8] [1] https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.295147

			[2] https://e-seimas.lrs.lt/portal/legalActPrint/lt?jfwid=mmceoebhr&documentId=63d84ec2236911ea8f0dfdc2b5879561&category=TAD [3] https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/fdd7ab00899c11e39d2dc0b0e08d5f21/asr [4] https://www.e-tar.lt/portal/lt/legalAct/ee908ca090d211e4bb408baba2bdddf3 [5] https://www.e-tar.lt/portal/lt/legalAct/cc845690052311e9a5eaf2cd290f1944 [6] https://www.pmif.lt/en/announcements/the-national-programme-of-the-2021-2027-asylum-migration-and-integration-fund-is-being-developed [7] https://www.e-tar.lt/portal/lt/legalAct/5c01c030913d11e69ad4c8713b612d0f/pYhHmClNKF [8] https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/4855cf550fe611ebbedbd456d2fb030d?jfwid=nq76mp2mz 2. Not applicable 3. Not Applicable 4. Not applicable 5. National, regional, local authorities, Non-governmental organisations (NGOs), Private sector In Lithuania, the main institutions providing psychological health services to migrants are health facilities located in municipalities and mental health centres. According to the Law on Health Insurance, third-country nationals legally residing in Lithuania and paying compulsory health insurance contributions receive healthcare services,

			including psychological assistance, through the same procedure as other people living in Lithuania. The Compulsory Health Insurance Fund covers psychological assistance services and, as a result, receiving these services does not entail additional costs to migrants.Non-governmental organisations also provide free psychological counselling to foreigners. Currently, the Lithuanian Red Cross Society migration centres in Kaunas and Klaipėda and the Vilnius Archdiocese Caritas migration centre in Vilnius, among many services, provide migrants with psychological consultations. Activities at these centres are financed by the Asylum, Migration and Integration Fund. In addition, Migration Information Centre "I Choose Lithuania" provides free psychological consultations in English and Russian languages to foreigners residing in Lithuania and facing integration difficulties. During their integration period at the Refugee Reception Centre, migrants granted asylum and residing at the Centre have access to psychological counselling services.Finally, third-country nationals legally residing in Lithuania always have an option to turn to private psychologists and paid psychological counselling. 6. When drafting foreigners' integration documents, Lithuanian authorities consult with non-governmental organisations that work directly with migrants. At the same time, the foreigners' integration documents, like the Action Plan for 2018-2021 on the Integration of Foreigners into Society, build on academic studies that allow policymakers to assess the most challenging obstacles to the effective integration of migrants. The above-mentioned document cites a study revealing foreigners' who received asylum in Lithuania views on the social integration programme in the country. According to it, more than half of the respondents (56.9 %) expressed the need for psychological support.[1] Responding to insights in the academic field, the Action Plan for 2018-2021 on the Integration of Foreigners into Society sets the goal of improving access to social and health services for third-country nationals,

			including psychological counselling. [1] https://socmin.lrv.lt/uploads/socmin/documents/files/pdf/12124_sppd-pabegeliu_socialines_integracijos_tyrimas2013.pdf 7. Not applicable Although Lithuania does not have a separate strategy for the mental health of migrants, the Mental Health Strategy lists the following priority areas for the whole population: respect for human rights; modern, patient-friendly services; the balance between the development of the biopsychosocial model; promoting autonomy and participation; treatment of minor mental health conditions in non-specialised healthcare facilities; mental health promotion and prevention of mental disorders; strengthening the role of patients, their families and the non-governmental sector. 8. The provision of psychological services to migrants generally faces the same problems that characterise the whole Lithuanian health system. European Union (EU) studies show that Lithuania spends much less on health protection than other EU countries. In 2017, Lithuania's spending on health was 6.5 % of gross domestic product, the fifth lowest in the EU.[1] This situation poses challenges for all Lithuanian citizens, including migrants, to access healthcare services.[2] As a result, studies conducted in Lithuania find that the development of high-quality psychological, psychotherapeutic and psychosocial services is still insufficiently addressed in the country.[3] In general, the state of public health services affects the quality of psychological services provided to migrants because healthcare facilities and mental health centres face a scarcity of human resources. The lack of human resources limits the availability of psychological consultations. Furthermore, not every specialist working

			in these facilities has the competencies necessary to provide psychological counselling in a foreign language to third-country nationals, while mental healthcare facilities do not employ translators. This situation makes it even more difficult for migrants speaking only in their native language to obtain psychological counselling. [1] https://ec.europa.eu/health/sites/default/files/state/docs/2019_companion_en.pdf; Page 71. [2] https://ec.europa.eu/health/sites/default/files/state/docs/2019_chp<english.pdf; Page 3. [3] http://hrmi.lt/wp-content/uploads/2020/06/ZmogausTeisesLietuvoje_galutinis.pdf; Page 138. 9. Both foreigners' integration documents[1] and academic research[2] identify the language barrier between migrants and healthcare professionals as the main challenge restricting access to psychological counselling for migrants. Another challenge is cultural differences existing between migrants and professionals providing psychological services. For example, sometimes migrants arrive in Lithuania from countries where psychological services are not deemed worthwhile. At the same time, professionals providing psychological services lack intercultural competencies to understand and accept the cultural differences that arise with people of different nationalities. The lack of such competences in healthcare facilities makes it difficult to consult people from other cultures and provide them with the necessary psychological health services. Finally, the issue of gender is also challenging, as it is not acceptable for men in some cultures to seek assistance from a female psychologist, which in turn reduces the range of professionals able to assist

			migrants. [1] https://www.e-tar.lt/portal/lt/legalAct/cc845690052311e9a5eaf2cd290f1944 [2] https://socmin.lrv.lt/uploads/socmin/documents/files/pdf/12124_sppd-pabegeliu_socialines_integracijos_tyrimas2013.pdf 10. Yes. Although no research has been carried out on this issue, interviewed professionals who provide psychological counselling to migrants have identified the following challenges: (I) in terms of the accessibility of psychological health services, the majority of migrants looking for these services have a higher education degree, while the same does not apply for third-country nationals who do not have higher education and often have a negative view of the services provided by psychologists; (II) migrant men are more determined to seek psychological health services than migrant women. On the other hand, when assessing the availability of psychological services, migrants often point to a lack of accessible information in foreign languages, which would make it possible to learn in detail about psychological counselling in healthcare facilities and mental health centres. Migrants who speak only their native language create the most challenges for health care specialists because translators do not work in healthcare facilities and mental health centres, while the specialists working in these facilities lack competencies to provide advice in another language than English or Russian. 11. There is no difference in psychological services provided by health institutions and mental health centres to third-country nationals legally residing in Lithuania under compulsory health insurance. However, foreigners granted asylum receive psychological counselling during their integration period at the Refugee Reception Centre.

			12. **Reduction of communication barriers between migrants and healthcare professionals**. To implement this measure, the Action Plan for 2018-2021 on the Integration of Foreigners into Society sets out the objective of providing training to promote the integration of foreigners while also developing knowledge of the Lithuanian language of foreigners.[1] **Provision of psychological counselling services**. In three operating migrant centres, among other available services, migrants have the opportunity to receive psychological consultations. Psychological counselling is also available in English and Russian at the Migration Information Centre "I Choose Lithuania". [1] https://www.e-tar.lt/portal/lt/legalAct/cc845690052311e9a5eaf2cd290f1944 13. **Improving the qualification of health care staff.** As part of the 2018-2021 Action Plan for the Integration of Foreigners in Society, this measure is implemented by training healthcare workers, enhancing workers' knowledge about different cultures, reducing stereotypes and developing respect for diversity and equality of attitudes.[1] [1] https://www.e-tar.lt/portal/lt/legalAct/cc845690052311e9a5eaf2cd290f1944
	EMN NCP Luxembourg	Yes	1. No. Each citizen is entitled to social aid (family benefits, pensions, reimbursement of medical fees, incapacity for work, etc.). The social security system is financed by the contributions of the insured and the public authorities. Contributions are paid to the Joint Social Security Centre (Centre Commun de la Sécurité Sociale – CCSS). The state provides free basic health coverage to all citizens and legally residing

			foreigners, and cross-border workers who contribute to the social security system. Coverage includes most treatment by the general practitioner or specialists, any laboratory tests, prescriptions, and hospitalisation. Access to mental health service is linked to the enrolment with the social security services - mandatory for any person engaged in salaried professional activity in Luxembourg. Enrolling with the CCSS provides employees or self-employed workers with health and maternity insurance, pension insurance, accident insurance and long-term care insurance. Thus, any person engaged in a salaried activity is entitled to health insurance benefits through the Health National Fund (CNS). The Health National Fund (CNS) covers the private sector. Dependent family members are covered by the main policyholder's insurance in Luxembourg and entitled to health insurance coverage as co-insured parties, provided that they are not already personally enrolled themselves. The main policyholder's health insurance coverage extends to their spouse/ partner; relatives by blood or marriage up to the 3rd degree who, in the absence of a spouse or partner, belong to the main policyholder's household ; children conferring entitlement to family allowance; children under 30 years of age whose resources do not exceed the guaranteed minimum income (REVIS) for a single person. If the legal resident is unemployed s/he can voluntary registering in the Joint Centre of Social Security. To be eligible for voluntary health insurance, the applicant : • must be at least 18 years old; • must not otherwise be eligible for health insurance; • must reside in Luxembourg or in an EU, EEA or Switzerland; • must not owe any social security contributions for voluntary insurance to the CCSS. The applicant in this case must pay a monthly contribution and has a waiting period

			of three months before benefiting of the coverage. Currently, the monthly contribution for voluntary health insurance is EUR 126,39. Both applicants of international protection (AIPs) and beneficiaries of international protection (BIPs) are covered by the National Health System (Caisse Nationale de Santé - CNS). Applicants of international protection (AIPs) are covered through the voluntary health insurance and the contributions are paid by the National Reception Office (Office National de l'Accueil). When filing an application for international protection, the AIP takes out voluntary health insurance with the CNS through ONA, which pays the monthly contribution for the duration of the application procedure. As soon as an application for international protection is submitted, there is a three-month probationary period before the AIP has the right to subscribe to the CNS. During this waiting period, all AIP register to the CNS with a voluntary health insurance which is paid (on a monthly basis) by the National Reception Office (Office National de l'Accueil – the ONA). Moreover, all AIPs are provided with medical assistance through vouchers issued by the National Reception Office. Medical aid includes the payment of costs resulting from consultations with general practitioners and specialists, hospitalisation and surgical treatment, pharmacy costs and other medical prescriptions. In the case of chronic or long-term illnesses, the health service AIPs attached to the Health Directorate of the Ministry of Health may grant special assistance. From the moment CNS membership becomes effective, therefore after the three-month probationary period, AIPs must pay their own medical bills and drugs at the pharmacy. In order to support AIPs to better cope with medical expenses, the ONA transfers an advance for medical expenses. As soon as a person is granted the refugee status or subsidiary protection status, social monitoring is provided by the social office of the place of residence of the

			recognized refugee. Membership fees for the CNS for people benefiting from refugee status or subsidiary protection are covered by the National Solidarity Fund (Fonds National de Solidarité – FNS). To promote their integration, the social offices are supported by services approved by the Ministry of the Family, Integration and the Greater Region. It is worth mentioning that for the AIPs, there are specific support measures to provide mental health care from their arrival. Indeed, supervising staff such as nurses, social workers or psychologists ensure the first contact with the new arrivals. Depending on their medical needs, residents are referred to a dedicated medical center where several doctors from the Luxembourg Health Directorate provide medical services for AIPs who are not (yet) covered by the CNS. This medical facility functions like a dispensary; if needed, medication can be given on site. If necessary, the patient can also be referred to specialists, to the medical laboratory or to the hospital for imaging. In addition, each AIP will be seen within 2 weeks by a doctor at the medical-social center for the detection of vulnerability but also for the detection of transmissible diseases such as tuberculosis or hepatitis and for the update of vaccinations if necessary. The personalized follow-up can include, if necessary, psychological, medical or social follow-up, referral to existing services: Mental Health Ligue (e.g. victims of trauma). Furthermore, AIPs have a right to psychological / psychiatric support as soon as they arrive in the first reception facilities. In fact, a dedicated service is provided through a collaboration agreement established by the National Reception Office with the Red Cross: an ethno-psychological team responsible for screening people suffering from mental disorders and for setting up monitoring outside the accommodation structure in close collaboration with actors in the mental health network. In addition, specific training is available and compulsory for the staff working in

			accommodation structures on the subjects of trafficking in human beings, female genital mutilation, LGBTI people, first aid in mental health and post-traumatic stress disorders in order to enhance their skills in this field. The supervisory staff are made aware of the early recognition of vulnerabilities (psychological and/or psychiatric disorders in particular). AIPs who need it are referred to existing services: Mental Health Ligue, CHNP Ettelbrück (Arabic-speaking hotlines) and specialized associations. Once a person is granted refugee or subsidiary protection status, the social follow-up is ensured by the Social Office of the municipality where the person resides. 2. Not applicable 3. No 4. Not applicable 5. National, regional, local authorities, Non-governmental organisations (NGOs) The key actors providing mental health services to migrants in Luxembourg are the following : National, regional, local authorities (such as the health service AIPs attached to the Health Directorate, Mental Health Ligue, CHNP, social offices of the municipalities) and NGOs. 6. No. 7. Not applicable 8.

			In Luxembourg, access to mental health services for migrants is ensured financially and logistically upon entry into the country. As mentioned, a Red Cross ethno-psychological Unit screens and treats migrants upon their arrival in the first reception centre. Thereafter, the patient is transferred to the psychological network (Liewen Dobaussen, Réseau Psy, Ligue d'Hygiène mentale) of the country or to the psychiatrist according to the need. A major challenge is that migrants do not have a clear comprehension on the functioning of the health system in Luxembourg, especially those migrants that do not master any of the official languages or English. Additional challenges are: • the long waiting times in order to book a consultation, • the costs of the consultation (in case it is not free or done with an agreed specialist), • the language of the consultation; often a translator is required and is not available at the moment of the consultation leading to the poor image that mental health has among the migrant population. Frequently, patients refuse such treatment either out of misunderstanding or misapprehension of the care process. 9. One of the main problems confronted by migrants is the communication with the care provider, psychologist, psychotherapist, psychiatrist, etc., especially in relation to migrants who do not speak one of the official languages (Luxembourgish, French or German) or English. A translator can always be present, but this request is not systematically made by the patient or the doctor.

			Some health care providers do not want to take care of migrants, because consultations are often more time-consuming, due to the translation time, and because it is difficult to establish a doctor-patient relationship of quality and trust with a translator. On the other hand, the lack of health professionals such as psychologists and especially psychiatrists, as well as an increase in demand for mental health consultation during the pandemic, make access to services difficult with (sometimes) long waiting times. Furthermore, this topic is sensitive/taboo in many cultures; In this sense, working with focus discussions groups is strongly advised in order to introduce the topic among migrants. 10. Yes, irregular migrants do not have the same access to health services. They only have limited access to mental health services through the Médecins du Monde. For being covered by a voluntary health coverage as explained in Q.1, in Luxembourg, they do not need a certificate of domicile issued by the municipality to insure themselves. It suffices to have a proof of payment of housing fees, a certificate issued by a person in a regular situation that makes a declaration on behalf of a person in an irregular situation that lives with them, or a certificate issued by an NGO that works in the area of migration. It should be noted that this is an administrative practice used as a measure of last resort. Without a stable income, these persons cannot benefit from voluntary optional health insurance. It can also be noted that beneficiaries of a suspension of removal for medical reasons benefit from medical care and that the health service AIPs of the Health Directorate provides consultations to rejected AIPs. 11. Yes. See answers to Q.1 and Q.10. People with legal residence status have more

			possibilities/facilities to access health care. Rejected AIPs and irregular migrants may also benefit of free consultations from the Mental Health Ligue. 12. 1. In order to guarantee access to mental health care for migrants, the care circuit is explained to AIPs by the supervisors to ensure continuity of care over the long term if necessary. 1. An agreement with psychological associations (Liewen Dobaussen, Réseau Psy, Ligue d'Hygiène mentale) has been drawn up to facilitate access to mental health care. This agreement resulted in an increase in the number of psychologists and psychiatrists as well as consultations in the presence of translators. 1. A similar agreement has also provided illegal migrants with access to mental health consultations with Médecins du Monde. 13. 1. Patients have the right to communicate with their physician in the language of their choice. To ensure this, the Luxembourg Red Cross has a service called "Intercultural Interpretation" which provides interpretation in 25 languages allowing doctors to communicate with their patients in their mother tongue. This service is not free, it costs 40 euros per hour plus the translator's travel expenses (http://www.croix-rouge.lu/de/formulaire-de-demande-dun-interprete/). 1. The Red Cross has an ethno-psychological team to detect possible vulnerabilities of the AIPs as early as possible, to ensure adequate care and assistance and to ensure the transfer to the health system, especially to

			specialist doctors. For this reason, some applicants are accommodated in structures, which are taken care of by this ethno-psychological team. 1. For new arrivals, the health service AIPs of the Health Directorate is available and offers medical consultations with a medical team. Furthermore, ONA is currently working on a long-term project of elaborating a network of partnership with targeted organization specialized in medical and mental support.
	EMN NCP Malta	Yes	1. YES – The National Mental Health Strategy, published July 2019. It recommends the involvement of workplaces in early identification, support and referral for persons presenting with mental illness, with a focus on supporting migrant workers who may not have a local family support network. It recommends the strengthening of links with consular services, agencies, NGOs and civil society entities working with migrants and to improve access to interpretation and cultural mediators. The Mental Health Strategy maintains the tenet that mainstream services should be supported to provide for needs of migrant persons rather than providing a separate parallel service. 2. Specific strategy/policy 3. No 4. Gender 5. National, regional, local authorities

			6. The Mental Health Strategy's aim was to provide a quality mental health service to all persons with a mental health problems. Although the strategy acknowledged the particular needs of migrants, the advice given was that all persons would access the same service and no distinction is made between service users. At that point no consultations were done with migrants themselves. 7. Promoting mental health through social integration, Clarifying and sharing information on entitlements to care, Mapping outreach services (or setting up new services if required);, Making interpreting services and/or cultural mediation services available 8. Migrants often live in situations of uncertainty and may not recognize the need to seek help early enough prior to escalation of symptoms. They may not know where to seek help or the topic of mental distress may be a taboo in certain cultures. In some cases due to shattered experiences following reaching a destination in Europe migrants resort to alcoholism or substance abuse 9. The main challenges refer to cultural and linguistic issues. Health professionals may not understand certain behaviours of how the migrant expresses his feelings, thoughts or actions. Moreover the language barrier may impede a clear way of explaining treatment, hospital stays or other recommendations. 10. The majority of migrants accessing mental health services are males both from detention services and those living in the community. 11. NO - All persons requiring such care, regardless of status are given access to mental health care.

			12. 1. Provision of cultural mediators 2. Training for healthcare professionals on cultural competence 3. Delivery of health information sessions to migrants about healthcare services and other health related topics 13. Training on Cultural Competence to health professionals and inclusion of a session on mental health within the Diploma in Education and Cultural Mediation at the university of Malta to candidates who wish to become cultural mediators
	EMN NCP Netherlands	Yes	1. Yes, in the Netherlands, reference is made towards mental health of residence permit recipients in the New Integration Act that took effect in 2022. That is, municipalities will conduct an examination of personal circumstances including physical and mental health as part of the so-called 'broad intake' in order to develop a personalized plan for the integration and participation process.[1] However, there is no overarching policy framework specifically for the mental health of migrants. Rather, the national health policy is generic. Legal migrants as well as beneficiaries of international protection with a residence permit are obliged – like all Dutch residents- to have health insurance in the Netherlands, which provides access to health care, including mental health care.[2] There are certain initiatives/programmes financed by the the Ministry of Public Health, Welfare and Sports (Ministerie voor Volksgezondheid, Welzijn en Sport – VWS) that specifically concern migrants. Certain (mental) health care providers focus on migrants as their

			clientele, for example by offering services given by professionals with the same cultural or language background.[3] In addition, in the case of migrants with a refugee background national expertise centers and certain NGO's aim to support the access to, and provision of, (mental) health care to this vulnerable group. See Q3 below for further details. [1] Government Gazette (Staatscourant), 2021, no. . [2] Dutch Central Government (Rijksoverheid), 'Geestelijke Gezondheidszorg' (Mental health care), https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg, last accessed 9 December 2021. [3] This information was provided by Pharos on 7 January 2022. 2. Part of the national integration strategy/policy In the Netherlands, reference is made towards mental health of residence permit recipients in the New Integration Act that took effect in 2022. That is, municipalities will conduct an examination of personal circumstances including physical and mental health as part of the so-called 'broad intake' in order to develop a personalized plan for the integration and participation process. However, there is no overarching policy framework specifically for the mental health of migrants (see Q1). 3. No 4. Not applicable 5. National, regional, local authorities, Non-governmental organisations (NGOs), Private sector, NB: In the Netherlands, the health care system is subject to market function.

			Therefore, private health care institutions are the primary provider of health care services, including mental health care, to all Dutch residents.Private sector (health care providers and insurers)- As mentioned in Q1, migrants are obliged to have health insurance in the Netherlands and are therefore entitled to the same (mental) health care as Dutch citizens. The General Practitioner (GP) is the first-line responsible for supporting patients with mental health issues, together with a mental health professional working at the GP office. If necessary, GP's can refer patients to providers of general (basis) or specialized (gespecialiseerd) Mental Health Care (Geestelijke gezondheidszorg –GGZ). For those migrants that do not have health insurance, specific regulations and policies are in place for medically necessary healthcare, including mental health care. - It should be noted that there are mental health care providers that focus on delivering adequate and culturally sensitive care for vulnerable groups (such as migrants and people with a refugee background); for example, I-psy and several smaller institutes that focus on intercultural mental health care. In general, most migrants are treated for mental health problems on the local level by their family doctors and mental health nurses. Most regional mental health institutes provide care to migrants as long as they speak the Dutch language. Until the end of 2021, the government did not finance interpreters in case migrants did not speak the Dutch language. Because of this, certain mental health care institutions were reluctant to provide treatment to people with a language gap (both refugees and other migrants). Since the beginning of 2022, the use of professional translators in mental health care will be covered by health insurance (note that this does not apply to other health care yet). Finally, there are some highly specialized institutes that work on a national level, and that focus on trauma treatment and dealing with traumatized refugees (e.g. ARQ Centrum 45, the Psychotraumacenter of the Reinier van Arkel mental health institute and the 'GGZ de Evenaar', which is a unit of the Mental Health Institute Drenthe that also has special programmes for

			youth). Central authorities- The Ministry of Public Health, Welfare and Sports (Ministerie voor Volksgezondheid, Welzijn en Sport – VWS) is responsible for developing the national health strategy. It aims to stimulate equal access and provision of health care to all people, including vulnerable people such as migrants. The Ministry does so by subsidizing relevant institutes and expertise centres such as the national Centre of Expertise on Health Disparities 'Pharos' (for further elaboration on Pharos, see below under 'NGOs'). The Ministry of VWS also develops policies for so-called accessibility contributions (beschikbaarheidsbijdragen) to make mental health care more accessible for all; an example of an organization with such an accessibility contribution is the aforementioned ARQ National Psycho-trauma Centre (for further elaboration on ARQ, see below under 'NGOs'). - The Ministry of Social Affairs and Employment (Ministerie van Sociale Zaken en Werkgelegenheid –SZW) is responsible for the national strategy on integration and participation of residence permit holders, which includes their physical and mental health (see also Q1 above). Local authorities (municipalities)- The New Integration Act took effect in 2022. Based on this act, municipalities conduct an examination of personal circumstances including physical and mental health as part of the so-called 'broad intake' in order to develop a personalized plan for the integration and participation process.- For beneficiaries of international protection (i.e. holders of a residence permit), the responsibility for the development and implementation of integration, participation, and physical and mental health care policies lies with the individual municipalities. This also means that the approach to facilitating the mental health of residence permit holders is not uniform and can differ across municipalities. However, there are (national) programmes and initiatives to assist municipalities in facilitating adequate health care for this vulnerable migrant group (see below under 'NGOs' for further elaboration).- The municipalities are also responsible for the provision of youth and health services to all children (i.e. through the municipal youth health care

			services (jeugdgezondheidszorg –JGZ)). This also applies to holders of a residence permit below the age of eighteen, including unaccompanied minors (UAMs). Within this framework there is some specific attention for vulnerable minors in the broad sense, but not specifically for migrants. Because of the localized and decentralized system, the level of care may again differ across municipalities. NGO's (mostly concerning vulnerable migrants such as refugees)The nationally recognized Centre of expertise on Health Disparities 'Pharos' (see also Q1) aims to support municipalities and professionals to provide equal access and deliver adequate (mental) health care to vulnerable migrants through its programme 'Migrants and Health' (Migranten en gezondheid). It does so a.o.t. through the publication of information and tools and online knowledge platforms, training for professionals and so-called 'key persons' (see Q5 below), and by offering support and advice to (local) authorities in developing adequate policies related to the (mental) health care for people with a refugee background). In cooperation with the Dutch General Practitioners Association (Nederlands huisartsengenootschap – NHG), Pharos also sets up a special website for migrants (huisartsmigrant). Pharos is recognized as the national Centre of expertise on Health Disparities, and it is partly subsidized by the Ministry of VWS. Various other (national) NGO's and programmes exist that aim to facilitate equal access to and effective provision of health care for migrants with or without a refugee background, mostly through research, knowledge sharing, and training and consultation. Some examples are:- The ARQ National Psycho-trauma Centre aims to improve the provision of psycho-social support to refugees, (former) asylum seekers, and vulnerable migrants. It does so through its Knowledge Centre Migrants (kenniscentrum migranten), which engages in research, training, and knowledge sharing in order to optimize the quality and effectiveness of mental health care available to these vulnerable groups, as well as the detection and prevention of mental health issues among these migrants. In addition, ARQ manages a specialized

			diagnostics and treatment centre for complex trauma, which a.o.t. offers care to migrants and refugees (Centrum 45). - The Dutch Refugee Council (Vluchtelingenwerk) has established training programmes for refugees to increase their mental resilience, to prevent and detect mental health issues, and provide information about mental health and the Dutch healthcare system (e.g. MindFit for adults and MindPower for adolescents). The Refugee Council implements these trainings on behalf of municipalities. - Many other programmes aimed at the prevention of mental health problems among refugees exist. A recent guide to such programmes can be found on the website of Pharos: https://www.pharos.nl/kennisbank/gids-preventieve-interventies-psychische-gezondheid-voor-vluchtelingen/. Other relevant organisations:- The National Research and Innovation Institute for Healthcare, ZonMW, facilitates in the development and application of knowledge in mental healthcare practice. Mental healthcare for migrants falls within the scope of several of the ongoing programs of ZonMW, commissioned by the Ministry of VWS and the Ministry of Justice and Security (Ministerie van Justitie en Veiligheid – JenV). Research programs focus on the development of new expertise concerning problems that specifically affect migrants. Within the action/implementation programs, local authorities and care providers are supported in offering the right kind of care at the right moment and place. - The national advice bureaus 'Movisie' and Verwey-Jonker Institute (among others responsible for the Knowledge Institute Integration and Society) support (health) care professionals, volunteers, businesses, municipalities and ministries regarding social issues (including integration and care for people with a refugee background). Sources:Dutch Federal Government (Rijksoverheid), 'Mental Health Care' (Geestelijke Gezondheidszorg - GGZ), https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg, last accessed 9 December 2021. CAK Regelingen (CAK Regulations), 'Subsidy regulation

			medically necessary health care for the uninsured' (Subsidieregeling medisch noodzakelijke zorg aan onverzekerden), https://www.hetcak.nl/zakelijk/regelingen/regeling-onverzekerden, last accessed 10 January 2022. 'I-Psy', https://www.i-psy.nl, last accessed 10 January 2022. Information provided by Pharos on 7 January 2022; see also GGZ Drenthe, Geestelijke Gezondheidszorg De Evenaar, ´Cultuursensitieve (trauma)behandeling jeugd´, Cultuursensitieve (trauma)behandeling jeugd - De Evenaar (ggzdrenthe.nl), last accessed on 20 January 2022.Information provided by the Ministry of Health, Welfare and Sport (Ministerie voor Volksgezondheid, Welzijn en Sport - VWS) on 7 January 2022. Pharos, 'Gezondheidszorg statushouders in de gemeente' (health care residence permit holders in the municipality), https://www.pharos.nl/infosheets/asielzoekers-vluchtelingen-statushouders-gezondheidszorg-statushouders/, last accessed 6 January 2022. GGD-GHOR Nederland, 'Publieke gezondheidszorg asielzoekers' (public health care asylum seekers), https://ggdghor.nl/thema/publieke-gezondheid-asielzoekers/, last accessed 6 January 2022. 'Huisartsmigranten.nl' (general practitioner migrants), http://www.huisarts-migrant.nl/, last accessed 6 January 2022. House of Representatives (Tweede kamer), 'Vaststelling van de begrotingsstaten van het Ministerie van Volksgezondheid, Welzijn en Sport voor het jaar 2022', https://www.rijksoverheid.nl/ministeries/ministerie-van-volksgezondheid-welzijn-en-sport/documenten/begrotingen/2021/09/21/xvi-volksgezondheid-welzijn-en-sport-rijksbegroting-2022, last accessed 9 December 2021. National Psychotrauma Centre (ARQ Nationaal Psychotrauma Centrum), 'Kenniscentrum migranten' (knowledge center migrants), https://www.arq.org/, last accessed 6 January 2022.Dutch Refugee Council (Vluchtelingenwerk Nederland- VWN), 'MindFit: Focus op mentale gezondheid'(MindFit: focus on mental health), https://www.vluchtelingenwerk.nl/nl/mindfit-focus-op-mentale-gezondheid, last

			acessed 6 January 2022Movisie, 'Vluchtelingen' (refugees), https://www.movisie.nl/vluchtelingen, last accessed 6 January 2022. 6. In general migrants have not been consulted during the process of national policy or strategy development. In relation to the new Integration Act, a panel of migrants was consulted (in general terms, not specifically in relation to the mental health aspect in the broad intake by municipalities as explained in Q1). Also the NGO Dutch Refugee Council (Vluchtelingenwerk, VWN) was engaged in a general way, and additionally an internet consultation took place which offered the possibility to organisations to provide input on the act. It is unknown to what extend migrants have been consulted in the policy development on the local level. It is however clear that the national expertise centre Pharos tries to stimulate municipalities to involve migrants in social integration and public health programs.[1] E.g. Pharos stimulates the involvement of residence permit holders in the development and implementation of (mental) health care policies for vulnerable migrants such as refugees. For this purpose, Pharos has developed a practical manual/ guide for municipalities on how to actively engage residence permit holders in these processes.[2] [1] This information was provided by Pharos on 7 January 2022. [2] Pharos, 'Actieve rol statushouders' (active role residence permit holders), https://www.pharos.nl/kennisbank/actieve-rol-statushouders/, last accessed 6 January 2022.

			7. Mapping outreach services (or setting up new services if required);, Making interpreting services and/or cultural mediation services available, Working towards integration of mental, physical and social care, Ensuring that the mental health workforce is trained to work with migrants, Sharing principles of good practices nationally / across countries, Promoting mental health literacy/ awareness raising Different elements as mentioned above come back in several programmes/initiatives that relate to mental health of migrants. Please note that not all of these are focussed on migrants only (rather, on equal access to health care in general and on the integral approach to (mental) health). Some examples as mentioned by the Ministry of Health, Welfare and Sport are: - Mapping outreach services: in the Netherlands, municipalities are responsible for organising health care outreach for those who need care. Currently, there is a national subsidiary for establishing a neighbourhood-level outreaching social care provider, i.e. the District Municipal Health Provider (Wijk-GGd'er). - Making interpreting services available: From January 2022, the costs for an interpreter will be reimbursed through a specific premium within the new financing system for mental health care (Zorgprestatiemodel). - Working towards integration of mental, physical, and social care: In most Dutch General Practitioner (GP) offices, a primary mental healthcare provider is also available (the so-called POH-GGZ). Furthermore, various vision- and discussion papers emphasize the importance of integration and collaboration between mental, physical and, social care. - Ensuring that the mental health workforce is trained to work with migrants: Training the mental health work force to work with migrants is a focus point in the work of the aforementioned research and expertise institutes and NGOs (see Q4). - Sharing principles of good practices: The sharing of good practices is a continuous effort. For example, the programme by ZonMW (see Q4) 'Grip on Incomprehension' (grip op onbegrip) has good practice sharing as a

			primary goal. In addition, the Association of Dutch Municipalities (Vereniging van Nederlandse Gemeenten -VNG) also aims to do this by focusing on government subsidized social care.- Promoting mental health literacy/ awareness raising: An example is the campaign "Hey, it's okay", initiated by the Ministry of VWS, which promotes acceptance of and talking about mental health issues. Sources:Information provided by the Ministry of Health, Welfare and SportNational Research and Innovation Institute for Healthcare (ZonMW), 'Wijk GGD-der' (District Municipal Health Service Provider), https://www.zonmw.nl/nl/onderzoek-resultaten/geestelijke-gezondheid/verward-gedrag/wijk-ggder/, last accessed 6 January 2022. 'Zorgprestatie model GGZ en FZ' (health care premium model mental health care and forensic care), https://www.zorgprestatiemodel.nl, last accessed 6 January 2022.National Research and Innovation Institute for Healthcare (ZonMW) 'Grip op onbegrip' (Grip on incomprehension), https://www.zonmw.nl/nl/onderzoek-resultaten/geestelijke-gezondheid/grip-op-onbegrip/, last accessed 6 January 2022. Dutch Central Government (Rijksoverheid),'Hey, het is oké' (Hey, it's okay), https://www.heyhetisoke.nl/over-de-campagne, last accessed 6 January 2022. 8. The main challenges as found in reports are: Cultural obstacles Cultural obstacles may also hinder access to mental health care. Studies find that mental health issues are often less recognized as health issues by resident permit holders themselves because they primarily interpret health concerns as issues of a physical nature. Stress is therefore not always considered to be a health issue. In some cultures, psychological issues are considered as taboo and are associated with stigma. Therefore, these migrants will be more reluctant to share their problems or go look for help.[1]

			Knowledge about services Lack of knowledge about the available mental health services can also obstruct access. From a migrant's perspective, lack of knowledge about the possible treatments and unfamiliarity with the western health care system can reduce usage of these services.[2] From a professional's perspective, a lack of a uniform procedure for accessing mental health care in the Netherlands obstructs the guidance of migrants to mental health care. [3] Costs Costs of mental health care can form a factor which affects access to mental health care. In the Netherlands, people need to pay obligatory insurance costs, and as soon as health care services of specialist care are called upon, one has to pay the first part of the costs (the so called ´own contribution´). The expenses that are made above the own contribution are paid by the insurance company. This own contribution and the travel costs can induce expenses for residence permit holders, in addition to obligatory insurance costs.[4] This can be a challenge especially for migrants due to e.g. having a lower income[5], though health care benefits exist. Practical issues Psychological health care is often not readily available due to long waiting lists.[6] This is a general challenge for all citizens in the Netherlands, not only for migrants.[7] Language barriers Migrants can experience language barriers while attempting to find access to health services.[8]

			Transferring medical information Because of the introduction of the privacy law ´Algemene Verordening Gegevensbescherming´ (the General Data Protection Regulation) in 2018, transferring medical information from a reception center to the municipality is difficult. When someone in the asylum procedure obtains a residence permit and moves to a certain municipality, the person has to build a new medical record.[9] This privacy law also obstructs the sharing of indications of mental health problems between different organizations. These obstructions make it harder for case workers to see if someone would need additional help. [1] Regioplan, 'Gezondheid en participatie' (Health and participation), 2019; Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020 en Nidos, Pharos, Jeugdzorg Nederland, 'Jeugdhulp voor vluchtelingen' (Youth care for refugees), 2020, onderzoeksrapport-Jeugdhulp-voor-vluchtelingen-27032020-1.pdf (pharos.nl). [2] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. [3] Pharos, Kennisplatform Integratie & Samenleving, 'De rol van gezondheid bij inburgering van statushouders' (The role of health with integration of statusholders), 2019. [4] Regioplan, 'Gezondheid en participatie' (Health and participation), 2019; Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020 en Nidos, Pharos, Jeugdzorg Nederland, 'Jeugdhulp voor vluchtelingen' (Youth care for refugees), 2020, onderzoeksrapport-Jeugdhulp-voor-vluchtelingen-27032020-1.pdf (pharos.nl). [5] See for information on loan differences: CBS, ´ Hoe verschillen arbeid en

			inkomen naar migratieachtergrond?´, Hoe verschillen arbeid en inkomen naar migratieachtergrond? (cbs.nl), last accessed on 20 January 2022. [6] Ibid. [7] Inspectie Gezondheidszorg en Jeugd, ´ Toezicht op aanpak wachttijden geestelijke gezondheidszorg (ggz)´, https://www.igj.nl/zorgsectoren/geestelijke-gezondheidszorg/wachtijden-in-de-ggz, last accessed on 18 January 2022. [8] Ibid. [9] Regioplan, 'Gezondheid en participatie' (Health and participation), 2019. 9. Language barrier Psychological therapy requires a certain level of mutual understanding, which is aided if the patient and the treating professional share the same language. There are not many care providers who offer psychological help in foreign languages.[1] When the therapy is held in a different language, a professional translator is often needed. Since 1 January 2012, compensation for translators was cut back, which reduced the usage of translators. For health care providers and the client, costs of a translator are sometimes too high.[2] However, a motion was passed in the House of Representatives requesting the government to clarify the advantages and disadvantages of the manner in which the financing of translators is currently conducted in the Dutch health care system.[3] Local and regional care providers can decline residence permit holders who are not yet sufficiently proficient in the Dutch language. [4] From January 2022, however, the costs for a translator will be reimbursed through a specific premium within the new financing system for mental health care ("Zorgprestatiemodel"). Organizations of healthcare providers, insurers and patients have agreed on a set of terms and conditions on when a lingual translator is deemed

			necessary for the provision of good-quality mental healthcare. Cultural differences In various cultures, it is accepted to deal with negative experiences by not thinking or talking about these experiences, but by talking about the future. Traditional talking therapy could therefore lead to retraumatization in certain cases.[5] Expectations of health care The Dutch provision of care might be very different from the care that the migrants are used to in their country of origin. This can lead to the experience of disappointment on the part of the migrant. In certain cases, migrants feel that they are not taken seriously, because they expected to get medication when they are not, for instance.[6] [1] Pharos, Kennisplatform Integratie & Samenleving, 'De rol van gezondheid bij inburgering van statushouders' (The role of health with integration of statusholders), 2019. [2] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. [3] House of Representatives, 'Motie van de leden Paulusma en Bikker', Vergaderjaar 2021–2022, 35 925 XVI, nr. 50, Motie van de leden Paulusma en Bikker over de bekostiging van de tolkenvoorziening (1).pdf. [4] Pharos, Kennisplatform Integratie & Samenleving, 'De rol van gezondheid bij inburgering van statushouders' (The role of health with integration of statusholders), 2019. [5] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. [6] Ibid.

			10. In the report 'Youth care for refugee' by Nidos, Pharos and Jeugdzorg Nederland, certain challenges were found especially for refugee youths.[1] The scope of the report concerns both UAM with and without a residence permit. It is not clear whether the challenges below are particularly relevant for UAM with a residence permit in line with the scope of this EMN Inform. Access to mental health care is affected by the fact that informal and formal networks might not be involved in the access to treatment. However, this is important. If refugee youths do find an organization and apply for mental health care, the organization could deny them care because there are different contra-indications which make it difficult to start therapy. These include lacking a guarantee that they can finish their treatment (for instance, because they move reception facilities a lot), absence of a residence status, (experienced) lack of stability to start therapy, or complexity of experienced problems in general. Additionally, mental health issues are often not recognized by refugee youths or they do not consider it a priority. Young refugees may also be hesitant to access mental health care due to concerns about the intake procedure. However, access to mental health for young refugees is aided through the presence of translators in youth care and Youth Mental Health Care (Jeugd GGZ). Provision of mental health care is affected by the fact that available care and solutions are not always suitable to the needs of refugee youths. Professionals might not be able to relate to the problems experienced by young refugees. Care providers might refer them to Youth Care Plus (Jeugdzorg Plus). This is a closed form of youth care which is meant for children who cannot be helped with lighter forms of care.

			Nevertheless, the child must pose a danger to him/herself or to others in order to go to Youth Care Plus. A lack of adequate treatment can lead to deterioration of a young refugee's condition. There is still only a limited number of institutions available that has expertise in the field of intercultural assistance. The minor is dependent on the offer of organisations with expertise that is available in the municipality of residence.[2] [1] Nidos, Pharos, Jeugdzorg Nederland, 'Jeugdhulp voor vluchtelingen' (Youth care for refugees), 2020, onderzoeksrapport-Jeugdhulp-voor-vluchtelingen-27032020-1.pdf (pharos.nl). [2] This information was provided by Nidos on 19 January 2022. 11. No. 12. The following measures are considered by a variety of organizations in reports mentioned in the footnotes: Keypersons (sleutelpersonen) as mentioned by researchers of the Verwey-Jonker Instituut and Pharos: key persons are migrants with a residence permit that are trained by the Dutch organization Pharos and Public Health Service (Gemeenschappelijke Gezondheidsdienst, GGD) in municipalities. In a rising number of municipalities, key persons are available to help migrants with a residence permit to find their way in the care system in the Netherlands. Key persons can support the status holders with going to the doctor and getting psychological help. [1][2],[3] The importance of early identification of mental health problems as mentioned by Regioplan and Pharos: Professionals that work and guide third-country nationals

			should ask in the beginning and getting to know each other phase about mental health problems. More importantly though, they should be alert during the course of the years if any problems will surface. They should not only focus on what they said in the beginning, because it can change and the trust is not yet built.[4] For this purpose, also a list of questions (protect questions) is developed by Pharos to help identifying refugees with mental health problems where they are not talking about easily.[5] The municipality also has to take into account mental health issues during the first intake, as part of the tailored integration process based on the new integration Act.[6] Pharos mentioned the following measure in a list of useful tools/information sources: An overview of health care institutions: The Knowledge Center Migration (Kenniscentrum Migranten) of the National Psycho-trauma Center (ARQ) has developed a 'Social Map' which provides an overview of institutions that provide intercultural GGZ and social support. [7] [1] Pharos, ´Ínfosheets, sleutelpersonen´, https://www.pharos.nl/infosheets/sleutelpersonen-gezondheid-migranten/, last accessed on 10 January 2022. [2] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. [3] Gruijter, M. de, et al (2020), De inzet van sleutelpersonen in de inburgering. Utrecht: Verweij Jonker Instituut. [4] Regioplan, 'Gezondheid en participatie' (Health and participation), 2019, retrieved from, last accessed 8 December 2021. [5] Pharos, ´Vroegsignalering psychische klachten en protect vragen´, https://www.pharos.nl/infosheets/asielzoekers-vluchtelingen-statushouders-vroegsignalering-psychische-klachten-en-protect-vragen/, last accessed on 10

			January 2022. [6] Art. 14 and 15 Integration Act 2021 (Wet Inburgering 2021). [7] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. 13. • The Program Health care for refugees (Zorg voor vluchtelingen, ZonMW) as mentioned by Pharos: a programme of 4 years that consists of a variety of innovative projects, financed by the government. For example, a project focusses on the development of a ICT-audio tool that assists in the communication between Syrian nationals and health care professionals. The communication was considered difficult and a challenge in providing for the needed care. The tool should assist in asking questions, without an interpreter, about stress and other issues such as anxiety.[1] • The interculturalisation of professionals working in health care as mentioned in a report by Pharos. Ethnic diversity leads to more mutual recognition between care providers and migrants and leads to more attention and expertise about people with a different background. An example is the Generieke Module Diversiteit (General Module Diversity) of 2018 for professionals working in health care that focuses on handling cultural diversity of patients with a migration background.[2] • Narrative Exposure Therapy (NET): a therapy for people with multiple traumatic experiences. It both has an exposure and visual component. In this therapy, you make a timeline so there is an overview of the experiences. Simultaneously, it shows that these experiences are in the past and that you are now safe. NET integrates the fragmented life story of a patient in the biographic memory while also giving meaning to the experiences. According to an interviewee for the report ´ Youth care for refugees´ by Nidos, Pharos and

			Jeugdzorg Nederland, it is a suitable therapy for migrants, as it is focused on people who have experienced several traumatic experiences.[3] [1] ZonMw, ´Psychosociaal functioneren bij Syrische statushouders: incidentie en schaalbare (vroeg-) signalering met een mobiel audio-instrument (SCALES-S)´, Psychosociaal functioneren bij Syrische statushouders: incidentie en schaalbare (vroeg-) signalering met een mobiel audio-instrument (SCALES-S) - ZonMw, last accessed on 10 January 2022. [2] Pharos, 'De weg naar psychische hulp' (The road to psychological help), 2020. [3] Nidos, Pharos, Jeugdzorg Nederland, 'Jeugdhulp voor vluchtelingen' (Youth care for refugees), 2020, onderzoeksrapport-Jeugdhulp-voor-vluchtelingen-27032020-1.pdf (pharos.nl).
	EMN NCP Poland	Yes	1. Presently, in Poland there is no national strategy that makes reference to migrants' mental health. At the same time all persons in need of psychiatric care in Poland can get free psychiatric services, regardless of their nationality or insurance status (Mental Health Care Act). 2. Not applicable 3. Not Applicable 4. Not applicable 5. National, regional, local authorities

			6. N/A 7. Not applicable 8. - 9. - 10. Special mental health needs have been identified in Poland for the group of internationally protected persons. Therefore, in the course of the individual integration programme foreigners may benefit from specialist counselling, including psychological counselling. 11. Both beneficiaries of international protection and other foreigners covered by health insurance in Poland may benefit from psychological support in mental health clinics. The rules of granting health care services to foreigners applying for international protection are set out in the Act of June 13, 2003 on granting protection to foreigners in the territory of the Republic of Poland (Journal of Laws of 2016 item 1836 as amended). Health care provided to asylum seekers in Poland is not based on universal health insurance. Legislation in force in Poland provides asylum seekers with access to medical care financed from a separate budget remaining - in the case of most health care benefits - at the disposal of the Head of the Office for Foreigners. This budget provides funding for the prevention and treatment of this group of patients. The scope of eligibility for medical and psychological care is in the case of asylum

			seekers the same as the scope of eligibility for publicly funded health care benefits provided to persons covered by compulsory or voluntary health insurance. The exception to the above rule is treatment and rehabilitation in sanatorium which are excluded from the catalogue of services provided free of charge to asylum seekers. Medical/ psychological care for persons applying for protection in the territory of the Republic of Poland is determined by the Polish law, and is the same for foreigners, and Polish citizens including basic medical care, diagnostics, specialized care, hospital treatment, calendar vaccination of children. Foreigners use the same medical facilities available to Polish citizens, have access to the same diagnostic, and therapeutic methods including surgery procedures, receive free medicines, and dental care. Due to the aforementioned, main challenges in terms of access to mental health services to migrants as well as main challenges in the provision of mental health services to migrants depend on assumptions and policies of National Health Fund. Moreover, pursuant to the Act of 12 December 2013 on foreigners, a foreigner admitted to a guarded detention center or arrest for foreigners is immediately subjected to medical examination and, if necessary, sanitary procedures. All persons in guarded centers and arrests for foreigners are provided with health care, financed by the Border Guard. Access to medical assistance (basic and specialist) in guarded centers for foreigners does not differ in terms of the access procedure (access to specialist assistance in several stages) and its quality from the medical assistance from which Polish citizens benefit. Psychologists and psychiatrists are available to foreigners. 12. Already in 2013, the Border Guard made a decision to profile guarded centers according to the categories of people placed there (single men, single women, unaccompanied minors, families, including families with children). Thanks to this, it

			was possible to adjust the conditions in specific centers to the needs of a given category of people (this was particularly important in the case of centers dedicated to families with children and unaccompanied minors). The above was also important in the context of the identification and diagnosis of the needs of the above-mentioned categories of people and ensuring, inter alia, adequate psychological care. In 2015, the necessary procedure algorithms were developed and implemented in all guarded centers, in particular the "Rules for the Border Guard to Deal with Special Treatment Aliens". These rules, updated in 2019, define not only the algorithm for dealing with the identification of a person with special needs (based on psychological and medical assistance, including the help of specialists), but also establish a system on the basis of which such identification is carried out. The above-mentioned rules were accompanied by another tool in the form of observation sheets in the fall of 2017, in which both the social worker and the guard, as well as the medical staff, can enter their comments and observations about the foreigner. The purpose of the sheets is to be able to collect information that may help in the identification of the foreigner's needs in one place, from various observers. In 2017, the Border Guard, together with the non-governmental organization "We give children strength", took steps to introduce a policy of preventing and counteracting harm to foreign children staying in such centers in guarded centers. As part of the policy of protecting children from harm, a document was developed under the name "We protect children in guarded centers", containing "Intervention procedures in the event of child abuse in guarded centers". It is an algorithm for dealing with suspected child abuse in a guarded center, including the definition of child abuse and emotional abuse. The procedures described therein relate to the situation of identifying the threat of harm to the child by the child's / parent's guardian, suspicion of committing a crime by the child's / parent's guardian, harming the child by an officer / employee of a guarded center, harming a child by a peer and

			providing him / her with appropriate assistance, e.g. in psychological. Moreover, the algorithm for identifying and dealing with a minor victim of trafficking in human beings for Police and Border Guard officers ", which was developed as part of the work of the Group for Supporting Victims of Trafficking in Human Beings, established as part of the Team for Preventing Trafficking in Human Beings, operating under the Ministry of Interior and Administration. This algorithm was updated in 2020 and it is used by officers of the Border Guard and the Police in everyday service as well as for training purposes. In addition to legal and practical regulations, in particular, it launches a support program under the National Center for Crisis Intervention, supervised by the Ministry of Interior and Administration, and implemented in practice by non-governmental organizations. The program provides legal, psychological and social assistance for victims. 13. Shaping the competences of officers / employees of guarded centers for foreigners in the field of identification of persons from vulnerable groups takes place as part of regular workshops / trainings / consultations conducted by Border Guard training centers, as well as external entities. These workshops / trainings / consultations are aimed at improving the skills of officers and employees (including psychological staff particularly) of the Border Guard in the identification of persons placed in guarded centers for foreigners who need special care due to the fact that they may be victims of violence , torture, rape and other serious forms of mental, physical or sexual violence. As a complement to the above, there are trainings that expand knowledge in the field of practical use of the principles set out in the Istanbul Protocol when performing activities with foreigners that are possibly victims of torture or victims of other forms of violence and trainings in the field of the techniques of communicating with such persons. The trainings are done in the framework of the cooperation with the UNHCR

			Office in Warsaw.
	EMN NCP Slovakia	Yes	1. There is no national strategy/policy in the Slovak Republic that makes references to migrants´ mental health. However, a reform is underway. The main aim of the reform is to ensure human, modern and accessible mental health care for all inhabitants of the SR. Special attention has to be paid to vulnerable groups where we can count minors, seniors, persons with disabilities, unemployed people, children in foster care, minorities and also migrants. Within preparing the policies in the mental health area one of the strategic goals is to remove specific barriers which could hinder these groups from effective use of mental health care services. Novelty of this reform is the multidisciplinary and inter-sectorial(ministerial) cooperation of experts providing mental health care services. This is also in line with WHO recommendations. The current reforms financed from the Recovery and Reconciliation Plan can be divided into 5 groups: • Coordinated and inter-ministerial cooperation and regulation (creation of superior body and creation of superior professional organisations) • Accessible social-health care with the focus on community solutions (increase of the capacity of professional personnel, creation of psycho-social centres, creation of a network of psychiatric stationaries, detention facilities, specialised centres, e.g. for Autism Spectrum Disorder, etc.) • Modern diagnostic and therapeutic methods (realisation of an epidemiologic study in the area of mental disorders, standardisation and re- standardisation of psycho-diagnostic methods, creation of a central database of these methods, humanisation of departments in institutional care) • Modern education of personnel (education of experts in health services and

			outside of the ministry of health bearing in mind the current needs and trends from abroad) • Diminution of the negative impacts of Covid 19 pandemics (creation of a National helpline to support mental health during pandemics) Mental health prevention which is important in avoiding mental health issues, long-term hospitalisation and reduction of chronical mental health disorders has to be mentioned as well. National Mental Health Programme represents a strategic programme of the mental health care system development. It reflects the current era needs, defines values, principles and measures on the basis of which the mental health reform should be performed. In this regard, on 24 February 2021 a Governmental Counselling Body for mental health was created. The Body is responsible for the elaboration of the National Mental Health Programme. Until the end of 2022 a Law on Psychological Activities and Psychotherapy should be adopted. The aim of the Law is the creation of inter-ministerial chamber of psychologists and inter-ministerial regulation of psychological activities and psychotherapy which should result in better systematization and availability of psychological services. 2. Part of the national health strategy/policy 3. No No, it refers only to vulnerable groups in general. Migrants as specific group is not defined. 4. Not applicable

			5. Non-governmental organisations (NGOs) Currently mental health services in the SR are provided only by NGOs. This concerns NGO Slovak Humanitarian Council which provides psychological care to three groups of migrants within 3 projects supported by the AMIF programme: - Rifugio – the project facilitates the integration of persons with granted international protection status among others also by means of psychological intervention and counselling (https://www.crz.gov.sk/data/att/3091513.pdf)- KOMPAS III – the project aims at provision of dignified life conditions for persons placed in police detention facilities, including provision of psychological care when needed. (https://www.crz.gov.sk/data/att/4334366_dokument1.pdf)- Effective services for asylum applicants in the SR III – the aim of the project is to provide complex care and supplementary support (which is not provided by the state) for asylum applicants in the SR, including psychological care with a special attention to vulnerable groups. . (https://www.crz.gov.sk/data/att/3087774.pdf) 6. Since the national strategy/policy is not developed yet, no consultation occurred. 7. Promoting mental health through social integration, Clarifying and sharing information on entitlements to care a) Promoting mental health through social integration – should be part of the Integration Policy of the SRb) Clarifying and sharing information on entitlements to care – information on entitlements of migrants and beneficiaries of international protection to care are regulated by the Act No. 580/2004 Coll. – Act on health insurance as amended by the Act No. 95/2002 Coll. on insurance as amended. 8. As stated by relevant state institutions (Ministry of Health of the SR, Migration

			Office of the Ministry of Interior of the SR) and cooperating NGO (Slovak Humanitarian Council) the challenges are: • Language barrier • Stigmatization, insufficient knowledge on mental health issues and the possibilities of help provision • Availability and accessibility of experts in the area of mental health • Adoption of the strategic document on migrants´ mental health and its implementation into practice 9. As stated by relevant state institutions (Ministry of Health of the SR, Migration Office of the Ministry of Interior of the SR) and cooperating NGO (Slovak Humanitarian Council) the challenges are: • Language barrier • Insufficient information on the side of service providers about the target group and its specificities • Early intervention from the side of professionals providing services for clients • Continuous provision of services regardless of the availability of EU Funds • Referral of persons with mental health issues to professionals mainly when they personally do not agree/do not cooperate/are not aware of the severity of their state • Mistrust in such services and their cost 10. No. 11. Yes, applicants for international protection are provided only with emergency

			health care. Beneficiaries of international protection are persons covered by public health insurance, so their care is provided and covered in the scope of public health insurance. Migrants with any type of residence permit are covered either by public health insurance (when e.g. employed or self-employed) or should have commercial health insurance. As for the provision of services under question 5 this does not depend on the migration status. 12. The measures can be derived only from the projects implemented and described under question 5. These are: • provision of services to migrants free of charge • presence of interpreters whenever it is needed • provided services focused on vulnerable groups of migrants primarily 13. Apart of the measures mentioned in question 1 when implemented in practice they could help to improve the effective provision of mental health care services also to migrants, potential measures which can improve the provision of services are also so called „recommended procedures ". Recommended procedures were approved in September 2020 and are effective since 1 December 2020 and they were prepared within the project of the Ministry of Health of the SR entitled "Elaboration of recommended and standard procedures when undertaking prevention and early intervention in relation to migration of third-country nationals in Slovakia". Specifically, these are: Recommended procedure when undertaking prevention in relation to emergency

			events/situations in the area acute and chronic post-traumatic stress disorder The aim of this recommended preventive procedure is to improve availability and performance of prevention, availability and quality of the follow -up health care according to EBM (Evidence Based Medicine) among adult patients, specifically migrants and refugees of different groups (older than 18 years of age) after events with traumatic potential, suffering from acute stress disorder/reaction (ASD/R). Early recognition of risk factors and symptoms of ASD and PTSD is a key for correct routing of migrants and refugees to specialised and effective treatment. Prevention according to this procedure should support decrease of inequalities, increase of preventive measures which have direct impact on decrease in costs for health care while not applying preventive procedures and support to international agreements and basic human rights and freedoms. Recommended procedure when undertaking prevention in relation to to emergency situations and events in the area mental illness and mental health The aim of this recommended preventive procedure is to improve the availability and performance of prevention availability and quality of the follow -up health care according to EBM (Evidence Based Medicine) among adults – migrants and refugees of different groups patients (older than 18 years of age) with a risk to develop mental illness. The recommended procedures reflect some of the vulnerable groups (PTSD, pregnant women, asylum applicants, etc.) and they were prepared in cooperation with experts who have experiences with work with migrants. Their implementation in practice however will be seen in later stage.

	EMN NCP Slovenia	Yes	1. The right to treatment in Slovenia is regulated by the Health Care and Health Insurance Act. Article 23 of this Act stipulates that compulsory health insurance covers the costs of treatment of mental illness 100%. Those who have been granted international protection (refugees and subsidiary protection) are entitled to compulsory health insurance. In addition to the above, persons with a permanent residence permit in Slovenia, persons with a temporary residence permit (e.g. persons holding a temporary residence permit on the basis of an employment contract or family members on the basis of an employed family member) and foreigners who are studying or continuing their education in the Republic of Slovenia. For Slovenian citizens and foreigners, access to mental health services is sometimes difficult due to a lack of adequate staff. To improve access to those services, the National Assembly of the Republic of Slovenia adopted the Resolution on the National Mental Health Programme 2018-2028 (RNMHP18-28). The RNMHP18-28 under its specific Goal 1: 'Promotion of mental health and prevention of mental health difficulties in children and minors in educational institutions and in local environments' under its Measure 7 mentions: The development and implementation of programmes for vulnerable groups of young people, among them also minorities and migrants. Under its specific Goal 3: 'Assuring access to interdisciplinary teams and services for the treatment of children and minors with mental health difficulties and their families at the level of primary health care and in cooperation with social, family and educational services' within Measure 3: 'Active recognition and providing support to especially vulnerable children and minors and the preparation of protocols to implement such activities', migrant children are mentioned among the groups that Centres for mental health of children and adolescents will proactively provide assistance to.

			2. Part of the national health strategy/policy 3. Yes 4. Age 5. National, regional, local authorities, Non-governmental organisations (NGOs) Slovenia provides basic health care to all refugees and migrants. Children and minors and young adults up to the age of 26 (if they are students involved in a regular school process) are provided with the same level of health care as citizens of Slovenia (More information available at: https://www.nijz.si/sl/zdravje-beguncev-in-migrantov). Persons with subsidiary protection and refugee status have the right to compulsory health insurance, and they can also arrange supplementary health insurance providing a higher level of health services at their own expense. Psychiatrist (once a week) provides psychiatric support for asylum seekers in asylum home. Asylum seekers can also ask for an interpreter to accompany them to a health appointment, if they wish.https://www.nijz.si/sites/www.nijz.si/files/uploaded/health_literacy_booklet_-_slovenia_-_english_za_splet.pdf Non-governmental organisations provide specialised counselling to migrants regarding their integration process, among them also access to health services. They also provide psychosocial counselling and assistance to migrants. 6. All relevant non-governmental organizations in Slovenia working in the field of mental health participated in the drafting of the RNMHP18-28.

			7. Promoting mental health through social integration, Mapping outreach services (or setting up new services if required);, Working towards integration of mental, physical and social care, Ensuring that the mental health workforce is trained to work with migrants, Promoting mental health literacy/ awareness raising -Promoting mental health through social integration: RNMHP18-28 places great importance on the promotion of mental health and the prevention of stigma, and the integration of all persons with mental health problems, with special emphasis on the vulnerable, which also includes migrants.-Mapping outreach services (or setting up new services if required): RNMHP18-28 establishes a network of mental health centers at the primary health level according to regional principles. The National Institute for Public Health (NIPH) has set up a publicly accessible interactive folder showing local mental health services (available at: http://www.zadusevnozdravje.si)-Working towards integration of mental, physical and social care: RNMHP18-28 is designed to be interdisciplinary and to establish integrated cooperation in the local environment in the field of health and social care and in the field of education for children and minors.-Ensuring that mental health staff is trained to work with migrants: The biggest obstacle to improving access to mental health services is the lack of suitably qualified staff, so RNMHP18-28 pays great attention to increasing the number of health workers and additional education and training to work with individual vulnerable groups, including migrants.- Promoting mental health literacy / awareness raising and Having programmes on mental health literacy / awareness raising: In Slovenia, the health literacy of the general population, especially vulnerable and marginalized groups, is at a very low level. Therefore, RNMHP18-28 pays great attention to education and awareness programs aimed at both professionals and the general public. In addition to professional institutions, mental health education and awareness programs are also provided by non-governmental organizations, especially for marginalized groups, who may sometimes have personal

			reservations about official institutions. 8. Different studies confirm that the initial diminishment of rights for migrants/refugees in Slovenia was a starting point for the gradual disintegration of the universal health-care principle, which has in the last two decades lead to the diminishment of rights also for other residents (in Lipovec Čebron and Pistotnik, 2018). The inadequacy and poor accessibility of healthcare for migrants/refugees is also reflected in Migrant Integration Policy Index Research (MIPEX), a recently published comparative analysis of migrants' access to healthcare, which ranked Slovenia at the penultimate place among 38 other countries, alongside Croatia and Latvia. (Lipovec Čebron et al., 2016). The biggest obstacle to adequate access to mental health services is the long waiting times for both migrants and Slovenian citizens. (https://www.cakalnedobe.si/storitve/psihiatricna-ambulanta) Sources: IPOVEC ČEBRON, Uršula, PISTOTNIK, Sara (2018): Migrants/refugees in Slovene healthcare : many open questions and some possible answers. In: RAJKOVIĆ IVETA, Marijeta (ed.), KELEMEN, Petra (ed.), ŽUPARIĆ-ILJIĆ, Drago (ed.). Contemporary migration trends and flows on the territory of Southeast Europe. Zagreb: FF press. Pp. 161-180. LIPOVEC ČEBRON, Uršula, KERŠIČ-SVETEL, Marjeta, PISTOTNIK, Sara (2016): Zdravstveno marginalizirane - "ranljive" skupine : ovire v dostopu do sistema zdravstvenega varstva in v njem. In: FARKAŠ-LAINŠČAK, Jerneja (ed). Ocena potreb uporabnikov in izvajalcev preventivnih programov za odrasle : ključni izsledki kvalitativnih raziskav in stališča strokovnih delovnih skupin. Ljubljana: Nacionalni inštitut za javno zdravje, pp. 14-25.

			9. One of the most significant issues in the provision of health care services to migrants are language barriers, as the analysis of barriers in the MoSt project (see heading 13 of the report) (Lipovec Čebron, 2021) revealed that both health care professionals and foreign nationals are confronted with language barriers to health care. The findings of a pan-Slovenian questionnaire on this topic are also quite indicative, as among the 564 surveyed health care workers, 94% reported having contact with patients who do not speak or understand any Slovene. In research, many healthcare workers admitted they face difficulties in communication with people who speak languages unknown to them. As a result, linguistic and cultural barriers arise hindering communication between the healthcare workers and those migrants/refugees who do not understand Slovene. (Lipovec Čebron and Pistotnik, 2018). In the field of mental health, the biggest obstacle for both migrants and other residents is the lack of psychiatrists and clinical psychologists, as this number does not meet the needs of the population. (https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/mira_resolucija_ang_splet.pdf) Challenge is also that migrants in distress exercised violence on social workers and health personnel. Sources: LIPOVEC ČEBRON, Uršula, HUBER, Ivanka (2021). The evaluation of cultural competence in healthcare : why is the introduction of qualitative approaches so needed?. Andragoška spoznanja, 20, year, 27, no. 2, pp. 123-140, Available at: https://revije.ff.uni-lj.si/AndragoskaSpoznanja/article/view/10185. LIPOVEC ČEBRON, Uršula, PISTOTNIK, Sara (2018): Migrants/refugees in Slovene

			healthcare : many open questions and some possible answers. In: RAJKOVIĆ IVETA, Marijeta (ed.), KELEMEN, Petra (ed.), ŽUPARIĆ-ILJIĆ, Drago (ed.). Contemporary migration trends and flows on the territory of Southeast Europe. Zagreb: FF press. Pp. 161-180. 10. No. 11. No. 12. Adoption of the RNMHP18-28 national mental health program and the implementation of series of measures to improve access to mental health services, raise health literacy and address the stigmatization of all groups of vulnerable populations. (https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/mira_resolucija_ang_splet.pdf) Establishment of a network of mental health centers at the primary health level. Increasing the number of enrolment vacancies for specializations in psychiatry and clinical psychology. 13. Several projects have been implemented in Slovenia to improve cooperation with migrants. We would like to highlight the preparation of the manual Catalogue of Knowledge for working in programs in the fields of consulting, advocacy, and psychosocial assistance to migrants, asylum seekers, refugees and foreigners: https://e9192261-c434-4751-8405-

			d838df5e9886.filesusr.com/ugd/ed3eb1_bffedb448fab4c0caadeb6c944d2cf47.pdf There were also many trainings, partly related to migrants: • First cultural competence educational programme for healthcare workers in Slovenia entitled Developing the Cultural Competences of Healthcare Professionals. The course was piloted in 2016 for 41 healthcare professionals in three healthcare centres as part of the project Towards Better Health and Reducing Inequalities in Health – Together for Health, coordinated by the National Institute of Public Health. The 20-hour course took place in different locations across the country and 485 healthcare workers and other professionals working in primary-level health care attended the 13 cycles in 2018 and 2019 (Lipovec Čebron and Huber, 2021). Several other training courses were organised, but they were shorter and non-continual. One such example was a training course entitled A Patient Doesn't Speak Slovenian! A Challenge for Healthcare Professionals in Slovenia, held in 2017, which also included themes from the field of cultural competence (more at: http://multilingualhealth.ff.uni-lj.si/). Another related educational training course was Cultural Competence, Doctor–Patient Communication, and Minority Health, which took place in 2018 as a summer school. The course was organised by the National Institute of Public Health within the framework of the project Model Community Approach to Promote Health and Reduce Health Inequalities in Local Communities (MoST). More about the MoST project is available at https://www.nijz.si/sl/most-model-skupnostnega-pristopa-za-krepitev-zdravja-in-zmanjsevanje-neenakosti-v-zdravju-v-lokalnih (Lipovec Čebron and Huber, 2021). • Based on available data, it can be assumed that there is only one course within the accredited programmes of medical faculties and faculties of health sciences in Slovenia that could be described as engaging with cultural

			competences - http://www.vzsce.si/si/projekti/494 the College of Nursing in Celje has collaborated between 2016 and 2018 in an international Erasmus + project entitled Multicultural Care in European Intensive Care Units – MICE (http://mice-icu.eu/). They have also produced a monograph entitled Intercultural care in health care http://www.vzsce.si/si/knjiznica-in-zalozba/571 (Lipovec Čebron and Huber, 2021). • To further address the issue of all-embracing inequity in healthcare the Standard for Equity in Health Care for Migrants and Other "Vulnerable Groups" was translated and adapted to the Slovene context within the project "Towards Better Health and Reducing Inequalities in Health – Together for Health". The project was led by the National Institute of Public Health Slovenia and financed by the Norwegian Financial Mechanism 2009–2014. The Standard was developed by Task Force on Migrant-Friendly and Culturally Competent Healthcare (TF MFCCH) and is aimed at monitoring and measuring equity in healthcare for certain populations as well as at "providing the opportunity for staff and services to question what they do, why they do it, and whether it can be done better" (HPH Task Force MFH 2014 in Lipovec Čebron and Pistotnik, 2018). A part of this Standard is a self-assessment tool for healthcare institutions with which they are encouraged to evaluate the level of equity and inclusion that they are providing in relation to migrants/refugees and other marginalized groups. The project webpage is available at: http://www.skupajzazdravje.si • In asylum home, psychiatrist regularly gives lectures to social workers and health personnel on communication with mental patients, migrants in distress. Non-governmental associations occassionally organise courses for different groups of professional workers, but this is done primarily on a project-based basis and such

			courses are not systematically integrated into the curricula of different professional profiles. Sources: LIPOVEC ČEBRON, Uršula, HUBER, Ivanka (2021). The evaluation of cultural competence in healthcare : why is the introduction of qualitative approaches so needed?. Andragoška spoznanja, 20, year, 27, no. 2, pp. 123-140, Available at: https://revije.ff.uni-lj.si/AndragoskaSpoznanja/article/view/10185. LIPOVEC ČEBRON, Uršula, PISTOTNIK, Sara (2018): Migrants/refugees in Slovene healthcare : many open questions and some possible answers. In: RAJKOVIĆ IVETA, Marijeta (ed.), KELEMEN, Petra (ed.), ŽUPARIĆ-ILJIĆ, Drago (ed.). Contemporary migration trends and flows on the territory of Southeast Europe. Zagreb: FF press. Pp. 161-180.
	EMN NCP Spain	Yes	1. YES. The health legislation was modified in 2018 to grant universal access to the National Health System in Spain. Currently, Article 3 of Law 16/2003, of May 28, on the cohesion and quality of the National Health System states that all persons with Spanish nationality and foreigners who have established their residence in Spanish territory are holders of the right to health protection and health care. Likewise, article 3 establishes that foreign persons not registered or authorized as residents in Spain have the right to health protection and health care under the same conditions as persons with Spanish nationality.

			The aforementioned assistance will be charged to public funds provided that said persons meet all of the following requirements: a) Not having the obligation to prove the obligatory coverage of the health benefit by another means, by virtue of the provisions of European Union law, bilateral agreements and other applicable regulations. b) Not being able to export the right to health coverage from their country of origin. c) No having a third party obliged to pay. Therefore, irregular migrants and applicants/beneficiaries of international protection can access the portfolio of public health services in Spain, (https://www.sanidad.gob.es/profesionales/prestacionesSanitarias/CarteraDeServicios/ContenidoCS/Home.htm), including mental health services on equal terms with Spanish citizens, without prejudice to the fact that some autonomous communities may develop complementary initiatives in the exercise of their constitutional powers in health matters. There are also some specific measures: • Reception entities have staff specialzed in social intervention, social education, social work and psicology. Psychological care includes emergency and crisis interventions; mediation in conflict situations; referrals to other entities or group sessions for psychological support, among others. • Within the National Reception System for International Protection there are some vacancies for applicants and beneficiaries of international protection with

			special vulnerabilities, for example, with mental health problems. However, these are not meant to be centers in which the beneficiaries will be able to treat their disease but places where they will be able to live and receive support. Royal Decree 162/2014, of March 14, which approves the operating regulations and internal regime of the detention centers for foreigners establishes that the centers must have a health care service with availability of the necessary personnel, instruments, and equipment for the permanent and urgent care of the beneficiaries. After entering the center, foreigners will be examined by the health care service of the center, to find out if they suffer from physical or mental illnesses or if they are drug addicts in order to arrange the appropriate treatment. If given the type of illness or condition of the beneficiary the doctor advises that he/she should be admitted to the hospital, the director of the center will adopt the necessary measures to put the advice into effect, informing the judge or court in charge of the beneficiary's case. In addition, there will be the necessary dependencies for the stay of interned foreigners for whom the doctor has advised the separation from the rest of the interned. This measure will be immediately communicated to the competent judge for the control of the stay of foreigners in the center. Moreover, the Instruction 2/2014 of the General Commissariat for Aliens and Borders establishes an anti-suicide protocol for detention centers. It foresees preventive measures for detainees who are kept isolated, measures for detainees with self-

			injuries or other suicidal tendencies, as well as procedures when a suicide attempt has taken place. 2. Part of the national health strategy/policy 3. Yes 4. Age, Specific needs The age or particular situation of each foreigner can be taken into account to implement specific health measures. 5. National, regional, local authorities 6. Information not available 7. Other priority action areas, please specify in the comment box Spain’s priority is to gran universal access to healthcare, including mental health. This way, migrants who arrive in Spain and need it, will receive healthcare. 8. ... 9. Q8 y Q9 One of the main challenges is being able to anticipate certain behaviors such as suicide. In this sense, it is also a great challenge to detect and treat mental illnesses in time. 10. NO

			11. NO 12. SEE Q1 13. • Universal access to healthcare • Healthcare in international protection procedures, in reception centers and foreign detention centers. SEE Q1
	EMN NCP Sweden	Yes	1. Today national guidelines deal with different aspects of mental health such as for example depression, suicide, addiction and schizophrenia. In 2020 the National Board of Health and Welfare and the Public Health Agency were given an assignment from the Government to develop a national strategy for mental health and suicide prevention. The new policy shall be ready in 2023. In Swedenc, all health care including mental health care is the responsibility of the regions (21 regions). Each region has its own political management, which is appointed through regional elections every four years. In law and regulations it is stated that everyone living in the region is entitled to health care but the organisation and provision of care varies between the regions. Instead of "migrants", specific actions/evaluations often refer to or focus on newly arrived people, which means asylum seekers and beneficiaries of international protection as well as their family members but not legal migrants in general (see for

			example evaluation by the National Board of Health and Welfare). It is mentioned that newly arrived people often can have a need of mental health care due to earlier experiences. 2. Not applicable 3. Not Applicable 4. Not applicable 5. National, regional, local authorities 6. A wide range of different authorities and organisations have been consulted during the work with the new national policy on mental health. 7. Not applicable 8. The challenges differs between the different regions of Sweden, which makes it hard to draw national conclusions. 9. There are differences between the different regions. Access to translation can be a problem. According to a report from National Board of Health and Welfare, time constraints can also be a problem. If only shorter visits are scheduled it is hard to have time enough to realy get to the sensitive perts such as mental health. Beneficiaries of international protection are granted temporary residence permits, but mental health services are often of a more long-term nature. Temporary residence

			permits (compared to permanent permits) can make it harder for beneficiaries of international protection to feel safe, which can also reduce the effect of mental health care measures.This has been the subject of studies from for example the Swedish Red Cross. Separation from family members who remain in the country of origin (or another country) can also have a negative effect on the effects of mental health care. The education of the staff also varies. 10. Newly arrived refugees or beneficiaries of international protection often have mental health issues such as depression or sleeping problems. 11. No. In Sweden everyone with a residence permit valid longer than one year is registered in the population registry and thereby entitled to health care on the same conditions as everyone else living in the country. Refugees and beneficiaries of international protection and most categories of legal migrants get residence permits valid more than 12 months. Asylum seekers, who are often included in the national reports on this subject, are entitled to care that cannot wait and are also entitled to a health check upon arrival. Asylum seekers are generally not part of the population registry as their status is still under consideration. 12. For health care in general it has been the experience that a higher number of newly arrived people come to health checks if free public transportation (e.g., a bus ticket) is included in the appointment. 13. A new national policy on mental health and suicide prevention will be presented in 2023.

****