



**Karolinska
Institutet**

The health situation of refugee youth in Sweden (and Europe)

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The refugee crisis in Europe is a crisis also for child health...



The logo for ENOC (European Network of Ombudspersons for Children) is displayed within a dark red rectangular box. The acronym "ENOC" is written in large, white, bold, sans-serif capital letters. Below it, the full name "European Network of Ombudspersons for Children" is written in a smaller, white, sans-serif font.

ENOC

European Network of Ombudspersons for Children

SAFETY AND FUNDAMENTAL RIGHTS AT STAKE FOR CHILDREN ON THE MOVE (jan 2016)

- “The sea journey is dangerous for children – about 30% of migrants drowning are children. During the winter, children arrive wet and cold, and many are at risk of hypothermia, causing different illnesses, including pneumonia. Volunteers working at the shores in Greece are now reporting children dying of hypothermia upon arrival. Babies and small children are particularly vulnerable. “

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ENOC

European Network of Ombudspersons for Children

- SAFETY AND FUNDAMENTAL RIGHTS AT STAKE FOR CHILDREN ON THE MOVE
- Upon arrival, children are placed in emergency shelters, designed to accommodate refugee children for just a few days. However, in most countries children stay in these facilities for weeks or even months, without the possibility of receiving education, having any form of privacy or taking part in leisure activities. ...



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Entitlements to health care for refugee children in Europe and Australia

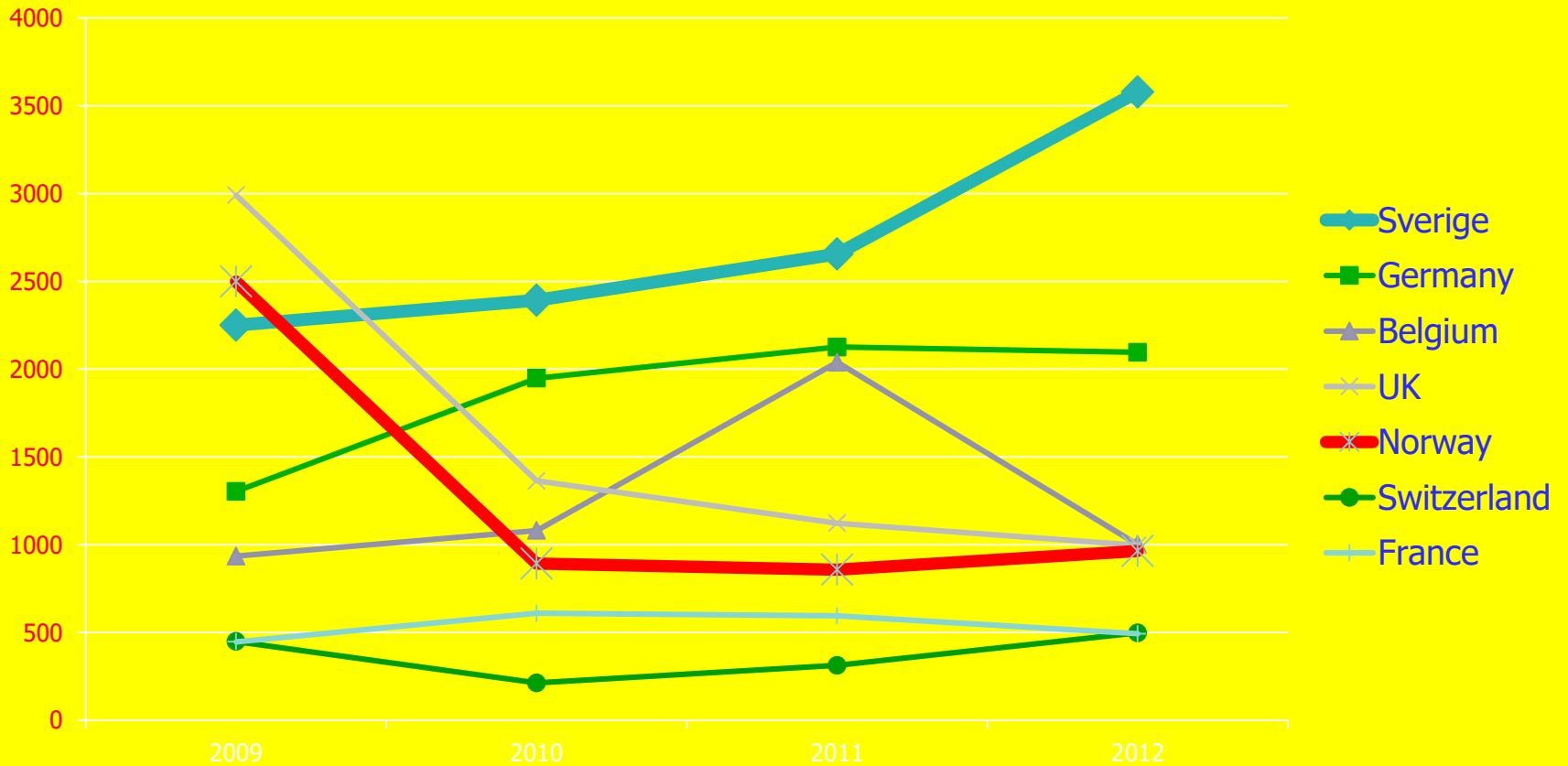
	Equal entitlements	Equal entitlements but in parallel health care scheme	Very unclear, non-existing or restricted entitlements	Special entitlements for unaccompanied children
Children of Asylum Seekers	Austria, Belgium, Croatia, Cyprus, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Luxembourg, Malta, Norway, Portugal, Romania, Spain, Sweden, UK, and Australia	Bulgaria, Czech Republic, Denmark, Estonia, Finland, Lithuania, Netherlands, Poland, Slovenia.	Germany, Slovakia	Belgium, Estonia, Germany, Hungary, Luxembourg, Netherlands, Slovakia, Slovenia, UK.
Children of Irregular Migrants	Belgium, Croatia, Estonia, France, Greece, Italy, Norway, Portugal, Romania, Spain, Sweden.	-	19 European countries and Australia	Belgium, Croatia, Cyprus, Greece, Hungary, France, Ireland, Italy, Malta, Netherlands, Lithuania, UK.



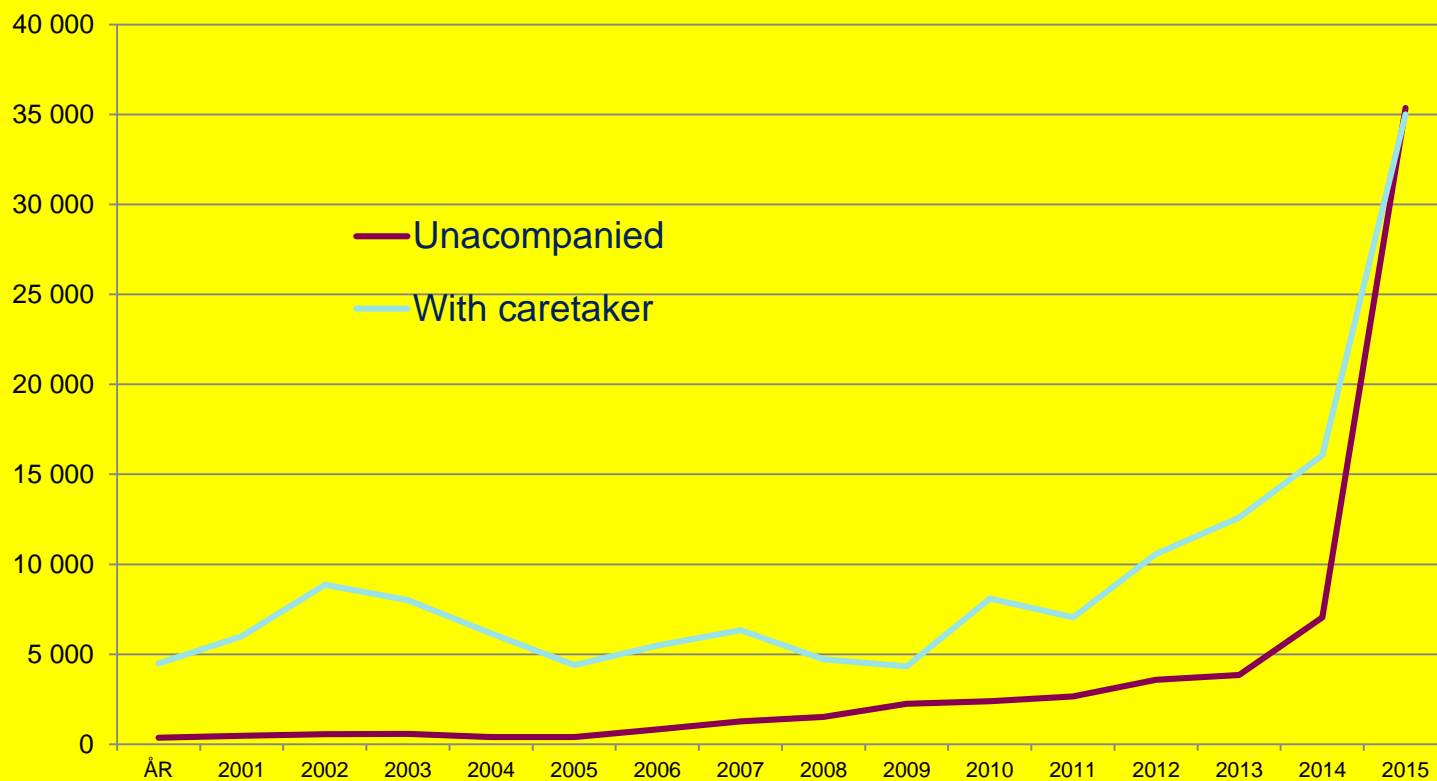
Barriers for accessing care for children in transition/in an irregular situation

- Legal obligation for health care professionals to report "aliens"; Germany and Bulgaria
 - Fear of being recognised and handed over to police/authorities.
 - Lack of funds to implement health care policy (Greece), unclear funding schemes (many countries)
 - Negative attitudes and lack of knowledge of policy among health care professionals
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Asylum seeking unaccompanied minors, 2009-2012, Numbers



Asylum seeking children, Sweden 2001-2015, Numbers



Health status of refugee children at inscription in school in Malmö during the autumn of 2015 (N=1018; Ages 6-18) according to school nurse.

Kling & Hjern, manuscript 2016

Health problem	%
"Urgent" need of care	2.5
Severe mental health problems	4.9
Severe sleeping problems	15.1
Post traumatic stress	11.4
Disability	2.3
Daily medication	5.2
Impaired vision	7.1
Impaired hearing	7.6
Untreated caries	41.8

Mental health of unaccompanied/ separated adolescent refugees; Short term (first 12-18 months)

- Europe: Depression had prevalences of 40-50% in Norway (Oppedal, 2011) Holland (Bean, 2007), Belgium (Derluyn, 2009; Vervliet, 2014) in mainly Somali and Afghan youth. PTSD also very prevalent.
- US: (Geltman et al, 2005) 20% PTSD, low scores on CHQ in "lost boys of Sudan"

Social adjustment of separated adolescent refugees ; Long term

- US: Sack et al (1993); Kampuchean in the US: Quite good at 6 year follow-up
- Norway: Eide(2000), Somali and Afghan refugees; Good social adjustment at 10 year follow up

Psychiatric care (not substance abuse) in refugees who arrived in Sweden as teenagers..

Men (N= 35 000 refugees) Manhica et al, in press

	HR 95% CI
Native Swedish	1
<u>Compulsory psychiatric care</u>	
Unaccompanied Refugees	2.76 (1.86-4.10)
Accompanied	1.89 (1.53-2.34)
<u>All psychiatric hospital admissions</u>	
Unaccompanied Refugees	1.62 (1.34-1.94)
Accompanied	1.37 (1.25-1.50)
Adjusted for age, region of origin, type of municipality and income	

Hospital care for substance misuse among refugees who arrived in Sweden as teenagers.

Men (N= 19 000 refugees) Manhica et al, Manuscript

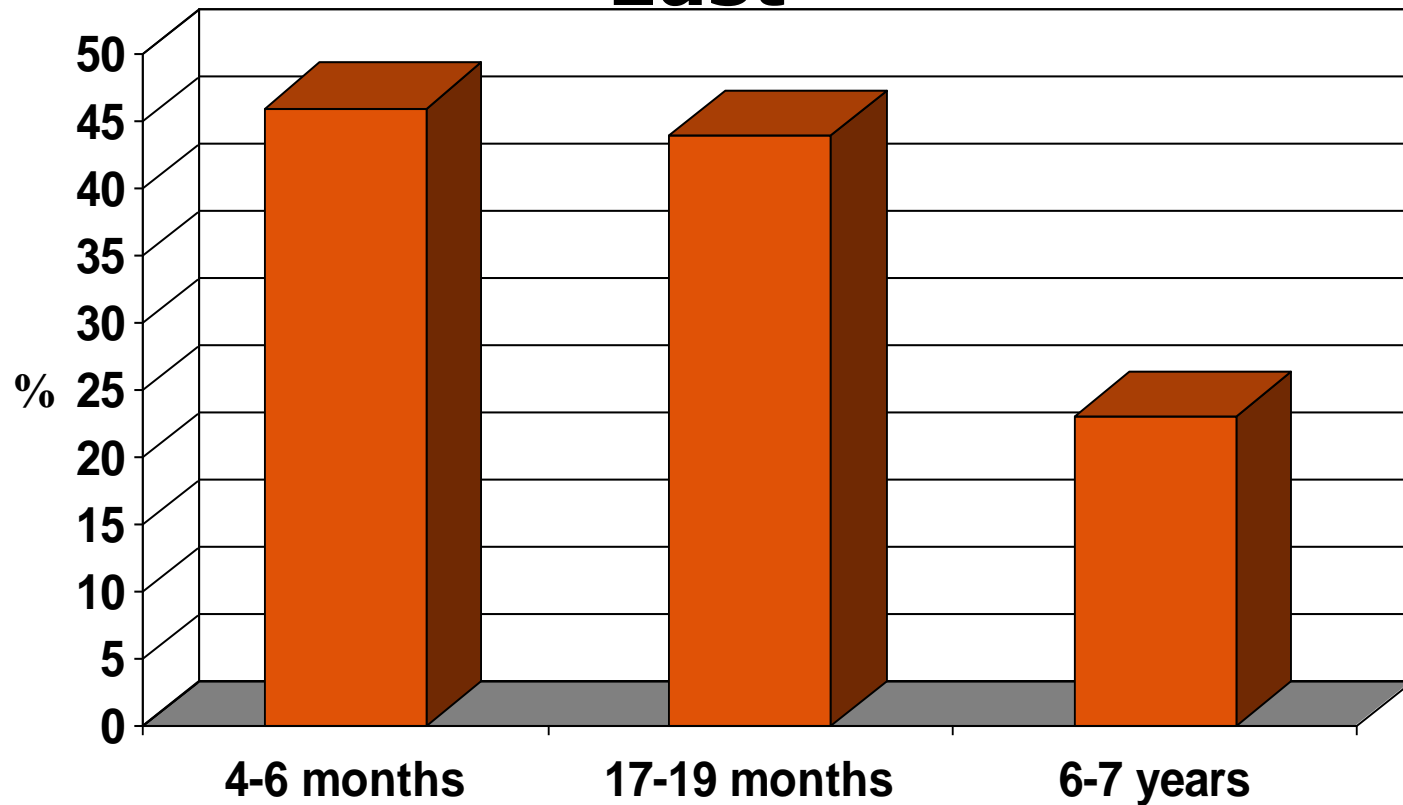
	Residency	HR 95% CI	
Native Swedish		1 (=	
Unaccompanied refugees	0-5 yrs	0.61	0.37-1.02
	6-10 yrs	1.67	1.29-2.47
	11+ yrs	1.78	1.35-2-34
Accompanied refugees	0-5 yrs	0.80	0.67-0.96
	6-10 yrs	1.35	1.14-1-61
	11+ yrs	1.59	1.33-1.91
Adjusted for age, region of origin, type of municipality and income			

Hospital care for substance misuse among refugees who arrived in Sweden as teenagers. Women (N= 16 000 refugees)

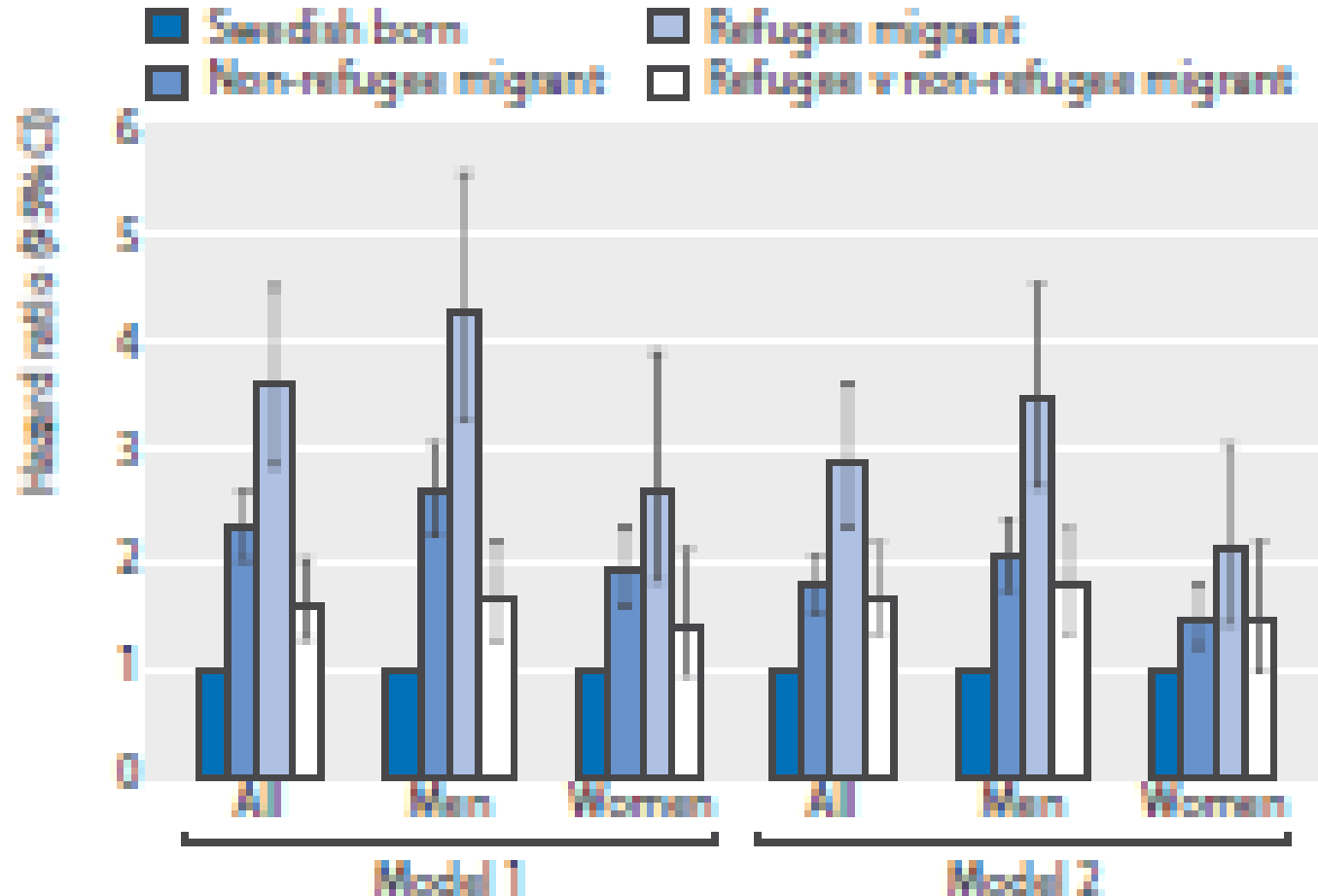
Manhica et al, Manuscript

	Residency	HR	95% CI
Native Swedish		1	
Unaccompanied refugees	0-10 yrs	0.38	0.15-0.91
	11+yrs	0.78	0.28-1.73
Accompanied refugees	0-10 yrs	0.34	0.26-0.46
	11+yrs	0.58	0.32-0.93
Adjusted for age, region of origin, type of municipality and income			

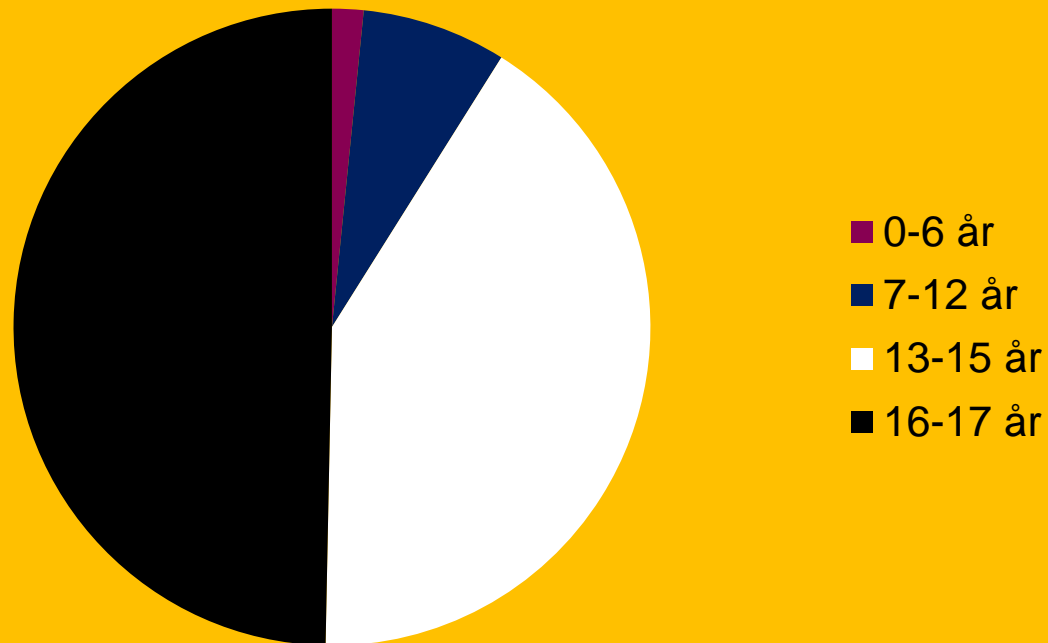
Poor mental health and time in Sweden in refugee/asylum seeking children from Chile and the Middle East



Hazard ratios for hospital admissions with a diagnosis of schizophrenia and other nonaffective psychotic disorders by refugee status and gender. Hollander et al BMJ 2016



Age distribution of unaccompanied minors in Sweden jan-april 2016



UN Convention of the Rights of the Child

- “For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”
 - But...the UN Convention of the Child does not mention how age should be assessed when unknown.
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Why do asylum seekers lack proof of age/ birthdate?

- Many countries of origin are "failed states" (Somalia, Afghanistan etc) where it has not been possible to register births during many years.
 - In a war situation and in a dictatorship it can be difficult to obtain official documents
-

Advantages of being a minor as an asylum seeker in Sweden (1)

- Are under special protection according to the UN Convention of the Child
 - In Sweden this implies some kind of substitute parenting in group homes or foster care
 - Right to education during the asylum seeking period
-

Advantages of being a minor as an asylum seeker in Sweden(2)

- Special treatment during the asylum inquiry
 - Can have their asylum application handled in the second country of settlement (The Dublin convention shouldn't be applied to them in Sweden)
 - Deportation should not be carried out unless a caretaker in the country of origin has been identified
-

EU directives

- “It is the applicant who has the burden of proof to show that he / she is a minor. This is according to the EU Resolution on unaccompanied minors (97 / C 221/03) .”
 - According to EU-directive (2005/85/EG) member states can use medical age assessment to determine age in asylum seekers.
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Practice

Country	Wrist; X-ray	Clavicle; X-ray	Teeth; X-ray	Psycho- social
Finland	+		+	
Norway	+		+	
Denmark	+		+	
Holland	+	+		
Germania	+		+	
UK				+
Belgium	+	+	+	
Ireland				+

European controversy

- Forensic doctors in 27 European countries assess age in asylum seekers based on x-rays of wrist and teeth.
 - The European Academy of Pediatrics, national paediatric and medical societies in several countries, the network of the European Children's Ombudsmen and many NGO*s have advocated against these methods because of their low precision in determining age around the crucial 18 year mark.
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Refugee policy in Sweden 2015-2016

- This is the Swedish prime minister and his coalition partner in nov 2015 declaring that Sweden closes the border for people without proper ID. And that medical age assessment should be used more often.

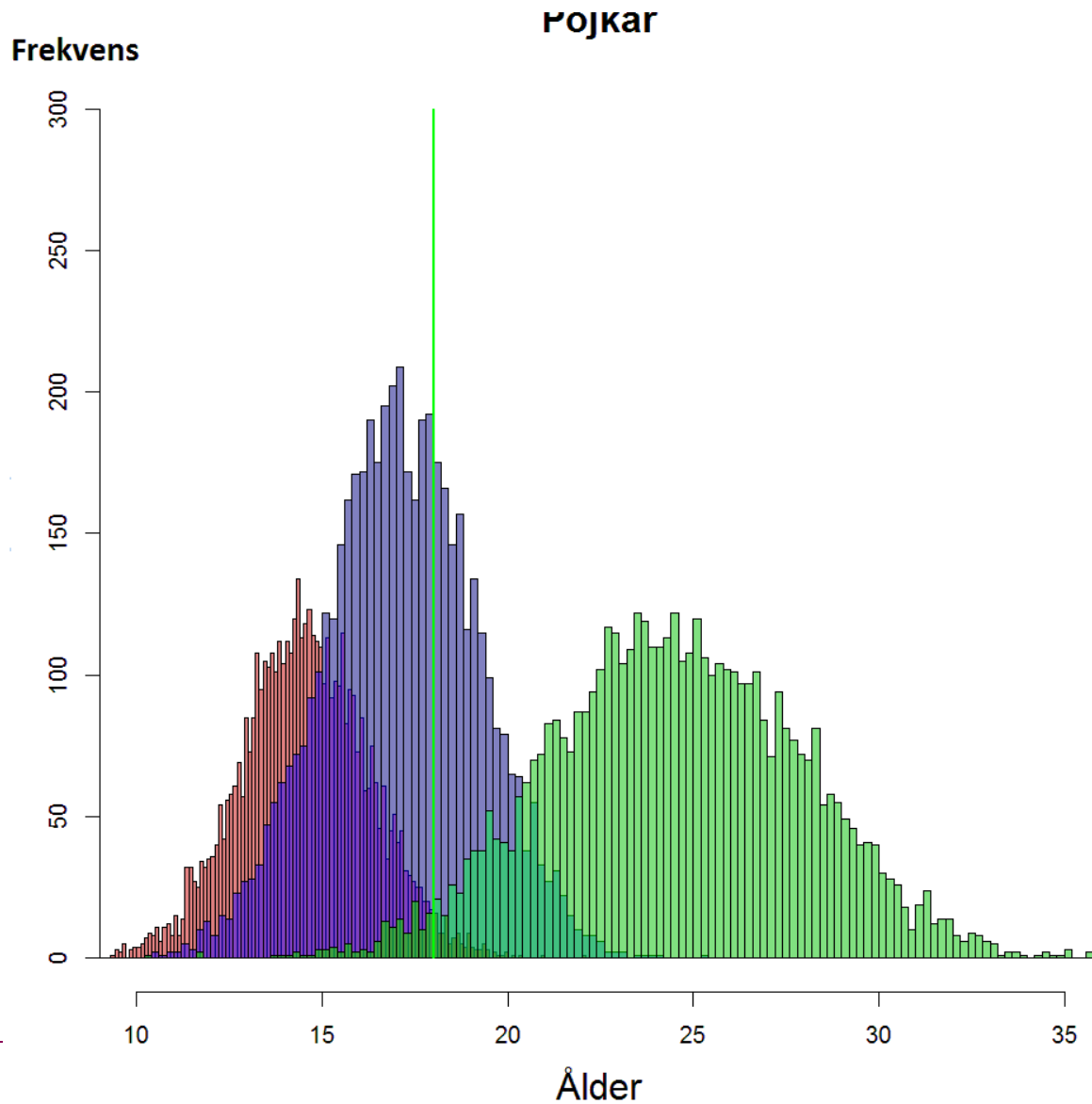


+ a number of other policy changes with the intention to put Sweden in the forefront of the "race to the bottom" for refugee rights.

The future of age assessment according to the Swedish National Board of Health and Welfare



Skeletal maturity in knees in boys



Conclusions:

- Refugee children are at increased risk for mental health problems, primarily in the short term, but to a lesser extent also in the long run.
- Many newly settled refugee children need dental care.
- Some newly settled refugee children have disabilities and/or chronic disorders and need specialised care.
- The majority of European countries and Australia restrict care for children in transition/ in an irregular situation.
- Medical age assessment is used as a political tool in many European countries.
- Political decisions frame living conditions and access to health care for newly settled refugee children.



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