PHYSICAL AND MENTAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA - NEW TRENDS, OBSERVATIONS, CHALLENGES AND RECOMMENDATIONS

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PUBLISHED BY:
Médecins du Monde ASBL - Dokters van de Wereld VZW
Rue Botanique 75, 1210 Bruxelles, Belgium

Office in Croatia
Ulica Svetog Mateja 123, 10000 Zagreb, Croatia

Email: info@medecinsdumonde.be
www.medecinsdumonde.be
www.facebook.com/MdMCroatia

AUTHORS:
Sunčica Lazanski
Antoana Silov
Ante Župić

DESIGN: ACT Printlab d.o.o.

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IMPRESSUM

CONTENTS

According to the Office of the United Nations High Commissioner for Refugees (UNHCR), 103 million people worldwide are currently forcibly displaced because of persecution, conflict, violence, violations of human rights on the grounds of race, ethnic or religious origin, sexual orientation or gender expression. Among them, there are 4.9 million applicants for international protection (APIs).[1] Pursuant to the provisions of the International and Temporary Protection Act[2] of the Republic of Croatia, an applicant for international protection is "*a third-country national or stateless person who declares their intention to apply for international protection until the decision on the application becomes enforceable*".

The purpose of this publication is to report on current migration trends, specific characteristics and health needs of applicants for international protection, as well as to provide recommendations and propose necessary mechanisms for improving the wellbeing and quality of life of this population group.

This publication is based on the first-hand experience of the *Médecins du Monde ASBL - Dokters van de Wereld VZW*" (MDM-BELGIQUE) expert team and their work with applicants for international protection accommodated in the Reception Centre for Asylum Seekers in Zagreb - accommodation facility where most applicants for international protection in the Republic of Croatia are housed. Physical and mental health data collected from the reported symptoms and diagnostic assessment conducted by physicians, psychiatrists and psychologists were used in this report. In the first part of the publication, we will briefly look at the current context, migration trends and the healthcare of applicants for international protection. The second part gives a more detailed analysis of the state of mental health and current needs related to mental health care of applicants for international protection in the Republic of Croatia.

1 https://www.unhcr.org/refugee-statistics/

2 Official Gazette 70/15

INTRODUCTION

I. APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA

Applicants for international protection in the Republic of Croatia often come from war-torn countries, and they experienced persecution and/or living in dangerous living conditions before embarking on often risky and dangerous migration journey. Many applicants for international protection have tough and often traumatic experiences on their travel. However, the experiences they come with are not the only, and sometimes even not the main cause of their difficulties. Much of the emotional suffering in this population is often associated with the uncertainty over whether they will be granted international protection, existential insecurity and concern about the future. Although their reactions to uncertainty, stress and traumatic events are normal and expected, and most of the people on the move population deals with them in a way that does not interfere with their everyday functioning, for some people they are so strong that they significantly impair their ability to function and take care of themselves and/or their family, as well as their ability to cope with difficult situations, everyday stressors and dangers on their journey. Therefore, taking care of the physical and mental health of applicants for international protection is important not only to temporarily relieve their suffering, but also to protect over the long term the overall health and functioning of individuals and groups in search of security, who hope to become part of the community as they arrive in a new country.

The Republic of Croatia shares borders with Bosnia and Herzegovina to the south, Serbia to the east, Italy to the west and Hungary and Slovenia to the north. It is also one of the first countries people on the move arrive to as they enter the European Union. By the time they reach the European Union, many of them have already been exposed to difficult living conditions and extremely stressful situations. The exhausting migration journey that usually lasts between several months and several years leaves many of them with deteriorated physical and mental health. Their search for security and stability is marked by fear and concern about the future, and the lengthy migration process is full of insecurity, uncertainty, and sometimes life-threatening situations that pose a serious risk to physical and mental health. Such experiences can lead to physical injuries, discontinued treatment of chronic and acute illness, anxiety and/or depressive symptoms, acute stress reactions and post-traumatic stress disorders. Many applicants for international protection were exposed to injuries and/or violence in their country of origin and/or on their journey, witnessed threatening situations or experienced the loss of family members, and both short-term and long-term separation from close family members. These experiences are risk factors that can lead to deterioration of their physical and mental health.

In accordance with the Law on Compulsory Health Insurance and Health Care for Foreigners in the Republic of Croatia[3] and the International and Temporary Protection Act[4], applicants for international protection in the Republic of Croatia are entitled to health services that include "*emergency medical assistance and urgent treatment of diseases and serious mental disorders*", including maintaining vital functions, methods to stop bleeding, treatment of infectious diseases, shock,

3 Official Gazette 28/20

4 Official Gazette 70/15 and 127/17

poisoning, injuries, chronic diseases and conditions (where any delay in getting care at the first sign of symptoms increases the immediate or subsequent risk of lasting disability, further damage or death), dental care and treatment of serious mental disorders.

Within the provisions of Article 9 of the Ordinance on Health Care Standards for Applicants for International Protection and Foreigners under Temporary Protection, the scope of rights to healthcare for vulnerable groups has extended, and *"persons deprived of legal capacity, children, unaccompanied children, elderly persons, seriously ill persons, persons with disability, pregnant women, single parents with minor children, persons with mental health disabilities and victims of human trafficking, survivors of torture, rape or other psychological, physical and sexual violence, such as female genital mutilation survivors, are entitled to adequate health care"*. In addition, children under 18 years of age and pregnant women using antenatal care or new mothers who need postnatal care are entitled to the same scope of services as the insured persons under compulsory health insurance. The aforementioned vulnerable groups are also entitled to psychosocial support and assistance in appropriate institutions.[5]

In some European countries such as Slovenia, Hungary, Romania, Switzerland, Sweden and Austria, applicants for international protection are guaranteed the right exclusively to emergency medical assistance and dental care, while hospital treatment is free of charge if the treatment cannot wait and if hospital admission had been authorized by a doctor. In some countries, such as France, access to full medical coverage is guaranteed to applicants for international protection after three months' stay. In Germany, this minimum period is longer and lasts 18 months. Once this period expires, applicants for international protection are guaranteed the same rights as German nationals who claim social benefits, while until then, they can get free medical care only in case of emergencies. On the other hand, in countries such as Bulgaria, Spain, Italy, Greece and Serbia, the legal framework allows applicants for international protection to exercise the same health coverage rights as their citizens. However, in practice, applicants for international protection in general face many challenges in accessing healthcare, primarily due to the relatively poor state of healthcare systems in some countries, but also additional administrative, financial, cultural and language barriers.[6]

Considering the vulnerability of applicants for international protection and their exposure to poor living conditions, dangerous situations and traumatic experiences before, during and after their migration journey, MDM-BELGIQUE advocates for their right of access to all health and mental health services equivalent to those enjoyed by the Croatian citizens in order to preserve their health, abilities related to everyday functioning and quality of life, as well as the integration capacities once they are granted international protection.

5 Narodne novine broj 28/2020

6 https://asylumineurope.org/

® Renato Pejkovic

2022: NEW MIGRATION TRENDS - CHANGED COUNTRIES OF ORIGIN AND INCREASED DEMANDS FOR HEALTHCARE SERVICES

In 2021 and 2022, the number of applicants for international protection in the Republic of Croatia saw exceptional growth, followed by a steady increase in the number of applicants from countries such as Burundi, Cuba and the Russian Federation, who previously made up a tiny proportion of new arrivals. At the same time, the number of international protection applicants from the Middle East region dropped in the past year, apart from a surge in Kurdish migrations from Iraq and Turkey, as well as Afghan arrivals. In 2020, there were 1,932 applications for international protection in Croatia, compared to 3,039 applications in 2021. A sharper rise is observed in 2022, with a total of 12,872 registered applicants for international protection.[7] The figures below (*Figure 1*) show a major increase in international protection applicants in the Republic of Croatia. The increasing numbers in international protection applicants were particularly remarkable in 2022, which exceeded the total number of applications for international protection in the past 7 years in the Republic of Croatia.

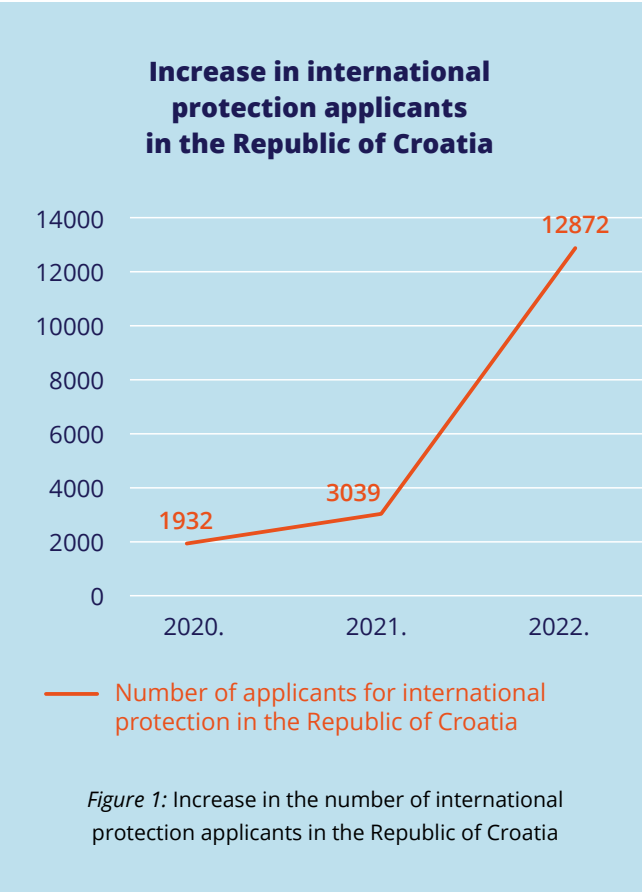

Figure 1: Increase in the number of international protection applicants in the Republic of Croatia

7 https://mup.gov.hr/pristup-informacijama-16/statistika-228/statistika-trazitelji-medjunarodne-zastite/283234

The increase in arrivals of international protection applicants is also followed by the trend of shorter average stay in the Reception Centre. Although staying for short periods often suggests that people may reach the country of destination sooner, in practice, it often comes with a weakening focus on protecting one's own health and wellbeing during the transit period. Therefore, a part of the applicant population often does not sufficiently access mental health services. The analysis carried out at the time of preparing this report on the length of stay of the applicants for international protection in the Reception Centre for Asylum Seekers in Zagreb has shown that the mean length of stay (most common value, i.e. duration) is only 1.5 days. With dozens of inbound and outbound applicants for international protection on a daily basis, identifying individuals in need of support and helping them has never been more challenging.

In 2022, and especially in early 2023, there has been a significant increase in the number of returns of applicants for international protection under the Dublin III Regulation.

Below, we will briefly explain the context and circumstances in the applicants for international protection countries of origin, as the experiences they have in their country of origin may also have a profound impact on their physical and mental health as well as on the patients/clients' treatment plan. We will then discuss the application of the Dublin III Regulation in the context of applicants for international protection in the Republic of Croatia.

RUSSIAN FEDERATION

In the first quarter of 2022, as a result of the Russian aggression against Ukraine, a number of international protection applicants arrived from the Russian Federation. Because of the potential risk of the Russian mobilisation order as well as disagreement with the government actions, an increasing number of families, single men, and activists applied for international protection in Europe. Given the Russian Federation's historically close ties to Serbia, many of them first came to the Republic of Serbia after leaving their homes in Russia, and then entered the European Union through the Republic of Croatia. Compared to the routes taken by people from the Middle East and Africa, their journey is shorter and usually takes between a few days and a few months.

Applicants for international protection from the Russian Federation are more likely to seek professional help for their physical and mental health. It is safe to assume that the reasons for this are better health literacy, previous contact with mental health professionals, less stigma related to mental health disorders and seeking professional help, and belief that there is support available for the problems they are facing. The peculiarity of applicants for international protection from the Russian Federation is that they tend to stay longer in Croatia in a relatively higher percentage than applicants from other countries. In counselling sessions, it is often observed that they talk about loss and mourning, concern for their loved ones who had to stay in their country, and concern for the Ukrainian and Russian people affected by the war. Stress caused by perceived prejudice and stigma against the Russian Federation nationals is also present, as well as stressors implied by adaptation to new environment.

BURUNDI

According to the Global Poverty Index, Burundi ranks as the poorest country in the world. Over 90% of the population lives in rural areas. Poor living conditions in this country are also reflected in the adverse impacts of climate change, as most of the population is reliant on increasingly drought and flood-stricken crops. The political and ethnic context is also unfavourable, with the existence of two ethnic groups, of which the Tutsi are marginalised, oppressed, and are also among those forced to leave their homes. In addition, the election crisis erupted in Burundi a few years ago, and all these factors certainly contributed to the increase in the number of people leaving the country.

As this group of applicants for international protection usually does not stay long in the Reception Centre for Asylum Seekers in Zagreb, it has been observed that they mostly need healthcare services and psychological support due to physical injuries sustained during their journey, or reported traumatic events experienced in their country of origin, including sexual and gender-based violence, threats of genital mutilation or forced marriage. The mental health problems experienced in this context are addressed by crisis interventions, which are then followed by a trauma-informed approach.

CUBA

Since 2021, there has been a significant increase in the number of persons originally from Cuba who come to Croatia to seek international protection after the large protests in July 2021 in which more than 1,000 protesters were arrested and sentenced to jail terms, which came amid rising inflation rates and migration restrictions imposed by the United States. All of the above contributed to the rise of poverty rates in a country that has been hit by waves of poverty even before the pandemic period. Since Cuban citizens do not require a visa to travel to Russia, many of them fly to Russia first, which allows them to enter Serbia under the visa-free regime and then travel to Croatia. As for their physical and mental health problems, it has been observed that applicants for international protection from Cuba are less likely to seek psychological help and support. When they ask for support, it is mostly related to separation from the family members who stayed in their country of origin, a sense of responsibility related to the situation of their family in the country of origin and acute stress reactions. This can be explained by the fact that displaced persons from Cuba mostly flee their country for political and economic reasons. Possible protective factor for displaced persons coming from Cuba is that they tend to share their difficulties in groups and with other people of the same culture.

DUBLIN III REGULATION

The Dublin III Regulation has been in force as of July 2013. It establishes the criteria and mechanisms for determining which single State is responsible for examining an application for international protection lodged by a third-country national or a stateless person in one of the countries implementing the Dublin III Regulation. According to the Dublin III Regulation, only one European country should be responsible for examination of the application of an applicant for international protection. The Dublin III Regulation thus provides legal ground to return people to the European country where they first applied for international protection. However, the current system is facing significant challenges across Europe due to major national differences in granting international protection, differences regarding reception conditions, social protection rights and access to the labour market for applicants for international protection[8]. Experts have cited concerns that the Dublin procedure is exacerbating delays in international protection application processing and, in many cases, it even leads to separating people from their families and loved ones. Furthermore, in some cases, the Dublin III regulation procedure has exposed people with serious health problems to further risks because Member States have not exchanged information on the health needs of applicants for international protection during the transfer[9].

8 Brekke et Brochmann (2015). Stuck in Transit: Secondary Migration of Asylum Seekers in Europe, National Differences, and the Dublin Regulation. *Journal of Refugee Studies*, *2*, 146 – 162.

9 Fratzke (2015). Not adding up: The fading promise of Europe's Dublin System. Brussels: Migration Policy Institute Europe. Available at: https://www.migrationpolicy.org/research/not-adding-fading-promise-europes-dublin-system

A higher transfer rate of applicants for international protection from the EU Member States to the Republic of Croatia under the Dublin III Regulation was observed in 2022, and rose further in the first quarter of 2023. The Croatian Ministry of Interior statistics reveal that between 1 January to 31 December 2022 there were 167 transfers in Croatia (*Figure 2*), mostly from Germany (89), Austria (36) and Switzerland (18)[10].

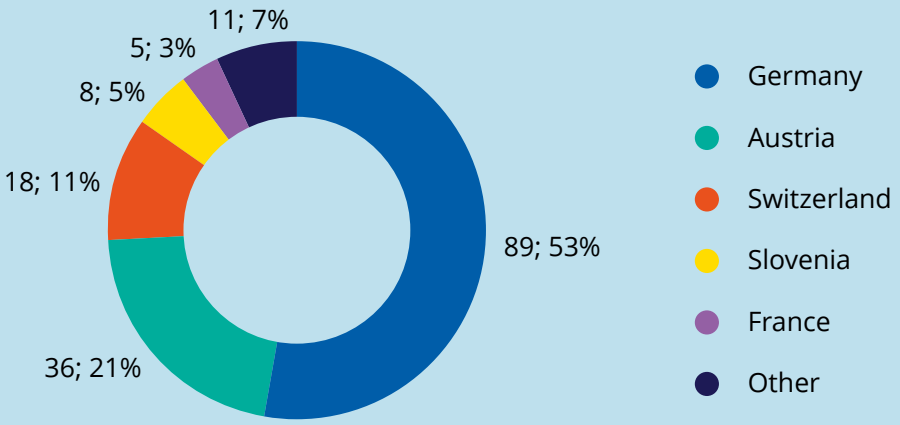

Figure 2: Transfers in to Croatia from EU Member States under the Dublin III Regulation in 2022 (N=167)

MDM-BELGIQUE reported that, as early as in 2018, there was a number of patients returned from Austria, Germany, the Netherlands, Slovenia and Switzerland suffering from serious (e.g. cancer and Marfan syndrome) and chronic illnesses (diabetes, cardiovascular diseases) and persons expressing severe deterioration in their mental health (PTSD, psychosis, chronic depression, postpartum depression)[11]. Similar situations were observed in 2022 and early 2023. In many cases persons with serious illnesses were transferred with no medical documentation, which delayed the continuity of treatment and care for the most vulnerable applicants for international protection who came to the Republic of Croatia under the Dublin III Regulation.

10 https://mup.gov.hr/pristup-informacijama-16/statistika-228/statistika-trazitelji-medjunarodne-zastite/283234

11 Delescluse, J., Mujkanović, J., Silov, A. (2018). Croatia – Hidden (human) faces of European Unions' Dublin regulation from a health perspective. Médecins du Monde ASBL, Zagreb.

III. PHYSICAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA

In general, applicants for international protection are in good physical health because they are predominantly younger people. However, patients with severe acute and chronic diseases (such as oncology patients, patients with serious chronic diseases, patients in need of surgery, patients in need of postoperative care, patients with bone fractures, patients with severe mental disorders, pregnant women and new mothers, patients with infectious diseases such as scabies or coronavirus, patients with disabilities and children with chronic diseases and/or developmental difficulties) require daily and systematic on-site care in cooperation with local public health institutions. Between August 2020 and end of 2022, female patients accounted for 43% of the total MDM-BELGIQUE medical consultations, and children and minors accounted for 29%, which indicates a high percentage of women and children in the total population seeking international protection in the Republic of Croatia (Figures *3 and 4*).

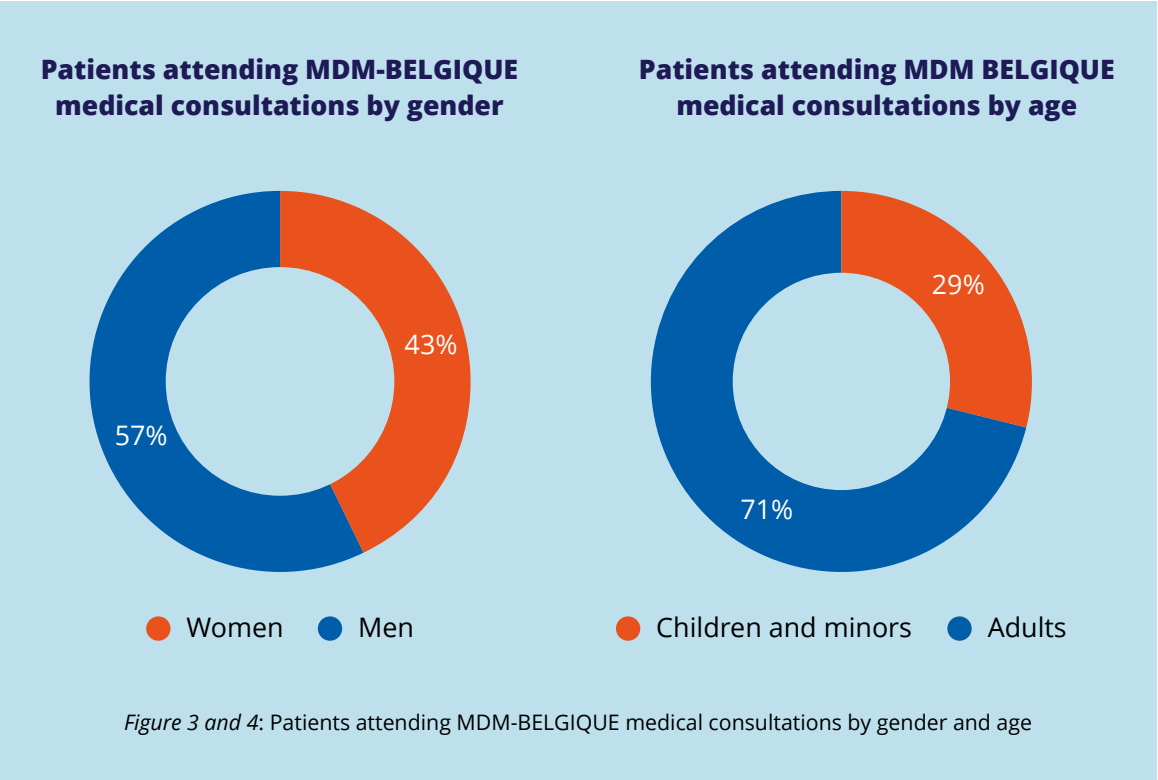

Figure 3 and 4: Patients attending MDM-BELGIQUE medical consultations by gender and age

Conditions and pathologies reported by the international protection applicants to the medical team at the Reception Centre for Asylum Seekers in Zagreb *(Figure 5)* included skin problems (22%), diseases of the respiratory system (12%), musculoskeletal injuries (11%) and mental health problems (8%). The interdisciplinary work of physical-and mental health professionals revealed a large number of persons with psychosomatic symptoms resulting from exposure to high levels of stress and traumatic events experienced by this population.

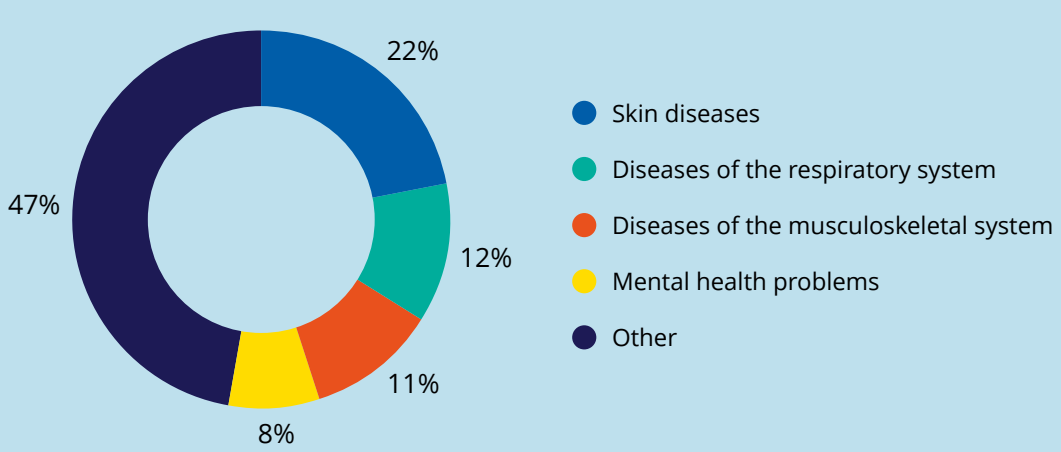

Figure 5: The most common diseases among applicants for international protection in Croatia in the period from 1 August 2020 to 31 December 2022 – MDM BELGIQUE medical consultations

Furthermore, pregnant women accounted for about 15% of the consultations provided by the medical team at the Reception Centre for Asylum Seekers in Zagreb (177 pregnant women in total in the period from 1 August 2020 to 31 December 2022).

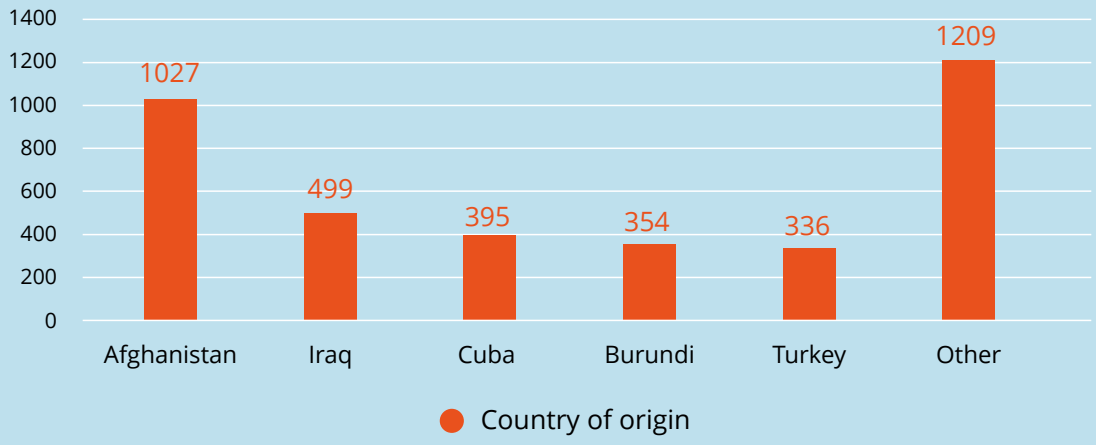

Figure 6: Countries of origin MDM-BELGIQUE medical consultations from 1 August 2020 to 31 December 2022 (shown in the frequency distribution).

IV. COVID-19 PANDEMIC AND ITS IMPACT ON THE PHYSICAL AND MENTAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA

COVID-19 pandemic and anti-epidemic measures were unexpected factors that impacted both physical and mental health of people around the world, including applicants for international protection. According to the World Health Organization, the COVID-19 pandemic has caused a significant increase in mental health problems in the general population.[12] In accordance with the national epidemiological measures, all newly-arrived applicants for international protection had to self-isolate (initially for 14 days, then 10 and finally for 7 days), which required from them extraordinary ability to cope with extra stress caused by the situation which required many significant adaptation mechanisms. Regular monitoring of applicants' physical and mental health during their stay in the Reception Centre self-isolation area urged the MDM-BELGIQUE team to reallocate their resources and adapt the way of taking care of the applicants' physical and psychological health. Regular physical and mental health triage of applicants in self-isolation also involved asking them about their current and past physical and mental health problems while measuring their body temperature/checking symptoms during daily monitoring visits (at times, more than 250 persons were in self-isolation simultaneously). If their healthcare needs required examination and treatment, appropriate care and accompaniment to the relevant public health institutions were arranged. Providing psychological support to the applicants for international protection during their mandatory self-isolation period (while the need for support was more pronounced) represented a challenge in which the main obstacles were the impossibility of face-to-face sessions with the psychologist, the possible lack of a mobile phone or the applicant's resources for telephone consultations, and the lack of privacy for talking to psychologist or psychiatrist. Daily communication with applicants for international protection during their stay in the isolation area revealed pronounced difficulties with symptoms of anxiety and depression, and sleep disorders. Self-isolation was particularly difficult for people who had previously experienced traumatic events in confined spaces, as well as individuals and groups who experienced traumatic events just before arriving to the Reception Centre (e.g. traffic accidents, serious injuries and witnessing fatalities on their journey). Group support and treatment at the time was limited to crisis interventions, which additionally narrowed down the possibilities of providing adequate psychological support to applicants for international protection in the Republic of Croatia during the pandemic period.

12 https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

IV. MENTAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA

FACTORS AFFECTING THE MENTAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION

Research has shown that applicants for international protection are at higher risk of developing mental disorders compared to the general population[13]. Reasons for this can be found at different stages of migration - pre-migration, transit and post-migration phase[14].

It is recognised that applicants for international protection and refugees are particularly vulnerable and exposed to stressful and traumatic experiences in all three migration phases. Exposure to stressors and traumatic experiences is often cumulative and the prevalence of post-traumatic stress disorder (PTSD) in the population of applicants for international protection and refugees is therefore higher than in the general population, often in comorbidity with depression and anxiety[15].

Of the total number of applicants for international protection who underwent a psychological assessment (*screening*) (in which CORE-10 or PROTECT questionnaires were used) during the reporting period, 43% of applicants were estimated to have low levels of psychological distress (CORE-10), or they showed low levels of psychological vulnerability (PROTECT). 41% of them scored medium levels and only 16% scored high levels of psychological distress or psychological vulnerability. Taking into account the life context of the applicants for international protection population, their experiences and the appropriate respondent sampling (respondents were not selected randomly, but some were included in the screening and/or psychological support, either on their own initiative, or the whole MDM-BELGIQUE medical team or other organisations/institutions working with the psychological team detected a potential need for psychological support), the above data confirmed psychological resilience in this population and the need for specialised mental health services for only a fraction of the applicants for international protection population.

13 Ryan DA, Kelly FE, Kelly BD. Mental health among persons awaiting an asylum outcome in Western countries. Int J Ment Health. 2014;38(3):89–111)

14 Wessels, W.K. (2014). The Refugee Experience: Involving Pre-migration, In Transit, and Post migration Issues in Social Services.

15 Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. Lancet. 2005 Apr 9-15;365(9467):1309-14. doi: 10.1016/S0140-6736(05)61027-6. PMID: 15823380.

MENTAL HEALTH PROBLEMS IN THE POPULATION OF APPLICANTS FOR INTERNATIONAL PROTECTION DETECTED THROUGH SCREENING AND PROVISION OF PSYCHOLOGICAL SUPPORT

The most common mental health problems detected while providing support to applicants for international protection include normal reactions to stressors, experiences and life circumstances to which this population is exposed at different stages of their journey. It must be noted that most of the applicants for international protection staying in the Republic of Croatia have not completed their journey and reached their final destination in which, if they get there, an exhausting and uncertain procedure awaits them again in which their request for international protection will be reviewed. It is also important for us to note that these are problems that they are themselves extremely motivated to work on and that in most cases are naturally reduced with the development of basic prerequisites for security, stability, successful integration process and social support network.

With regard to the above-mentioned context, the recorded symptoms of people who ask for psychological support most often correspond to symptoms of adjustment disorders, reactions to stress, increased anxiety and depressive symptoms, mourning and post-traumatic disorders in people who, in addition to the other described external and situational stressors, also experienced traumatic experiences (in the country of origin and/or during the migration journey). Difficulties may be identified on the emotional and motivational level, the cognitive level, the level of vital instincts, and in some cases, they have an impact both on their social relationships and everyday functioning. The following section discusses results of the short analysis of the most common mental health problems detected by working with applicants for international protection who have requested psychological support, in terms of symptoms and content (topics). Sleep disorders are highly prevalent in this population. They are often paired with excessive agitation and/or nightmares, especially for people who experienced traumatic events. Such individuals often complain of recurrent, distressing memories of the traumatic experience, and they often report social withdrawal, which serves some of them to avoid possible reminders of a traumatic experience *(triggers)*. A smaller number of individuals experience *flashbacks*. Exceptionally, symptoms of dissociation have also been observed.

On the emotional level, a feeling of irritability or anger is often observed, followed by intense feelings of fear and sadness that in some beneficiaries reach the level of pronounced depressive moods. In some cases, emotional numbness can occur. Grieving is often a theme in working with applicants for international protection who manage to achieve longer-term treatment, since mourning follows the loss of loved ones, previous self-image and/or the life they had before leaving their country.

On the cognitive level, applicants for international protection often report attention and concentration problems, as well as memory problems. Serious concerns about the future and ruminating thoughts associated with previous experiences and losses are also among the most common symptoms.

In terms of will, motivation and physiological instincts, problems with sleep, are mostly followed by a significant lack of interest, motivation and willpower. Significantly depleted energy levels, feeling tired or exhausted come next among the most common difficulties, followed by changes in appetite. Suicidal ideations can occasionally occur, but suicidal intentions or attempts are rare.

In terms of their social functioning, the observed problems include social withdrawal, distrust (especially in trauma survivors) and problems in relationships caused by pronounced irritability, anger and low frustration tolerance.

When providing psychological support, the topics on which the work will focus vary, depending on whether it will involve applicants

for whom Croatia is a transit country or those who stay in the Reception Centre for Asylum seekers in Zagreb for a long time, as they wait for a final decision on their application for international protection.

Most psychological interventions have been elaborated in contexts significantly different from those of migration. The need to for their adaptation becomes particularly clear in the context of transit countries, which, above all, significantly limits the time available for working with individuals and groups often affected by a lasting crisis, unprocessed trauma, and in fear for their own existence and future.

The specificities of this context and population require flexibility in approach and limit the scope of treatment goals. In practice, the main topics individuals get psychological support for are dealing with uncertainty, fear of their own future and security, worrying about safety and future of their family members' and loves ones who stayed in threatening living conditions or with whom they have lost contact. Another common topic for preserving mental health is working around rebuilding and preserving hope. Grief that follows after losing a loved one, losing contact or people who have been left behind or are no longer alive, is also one of the important topics. The same goes for adapting to new environments and life situations, as well as coping with stress that is often caused by change. Furthermore, relationship problems (with a partner or relationships in general) is also another topic since they are often impacted by stress and trauma. While working with couples with children or single parents, focus is often put on the parenting topic.

These topics, as well as many others, are usually intertwined and occur simultaneously.

PROVIDING SPECIALISED SERVICES - INDIVIDUAL PSYCHOLOGICAL COUNSELLING AND PSYCHIATRIC CARE

In the period between August 2020 and the end of December 2022, a total of 1563 individual psychological consultations were provided to 675 applicants for international protection at the Reception Centre in Zagreb. Women accounted for 48% (*Figure 7*), and children and minors accounted for only 7% of the total population attending consultation (*Figure 8*). Most psychological counselling clients were from Afghanistan (42%), followed by Iran (10%), Iraq (6%), Cuba (5%) and Burundi (4.5%) (*Figure 9*).

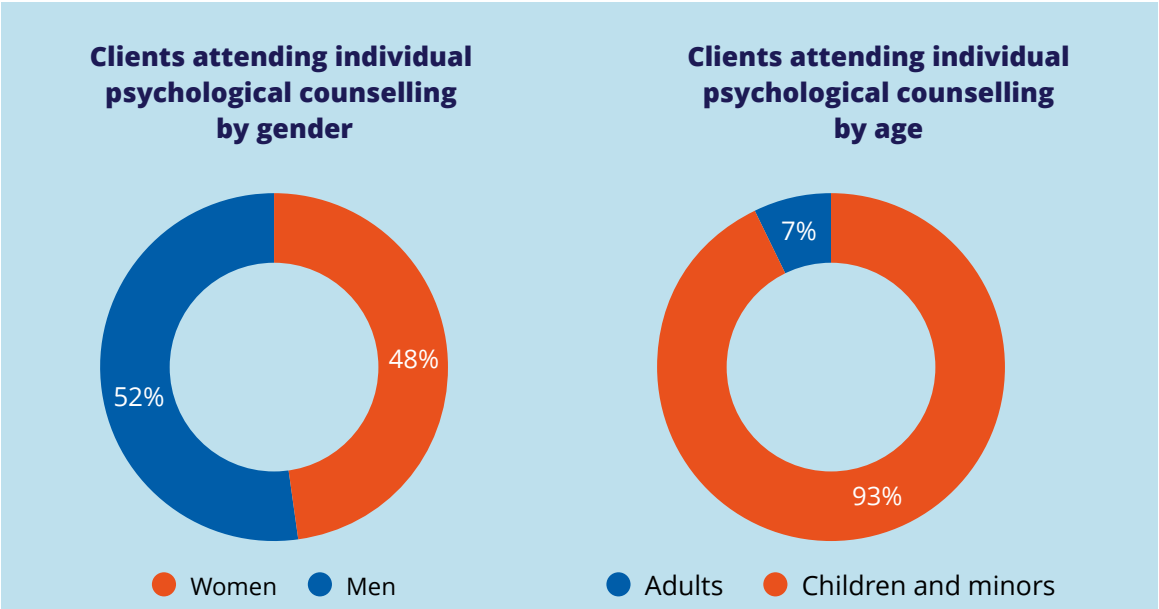

Figure 7 and 8: Gender and age distribution of clients attending individual psychological counselling

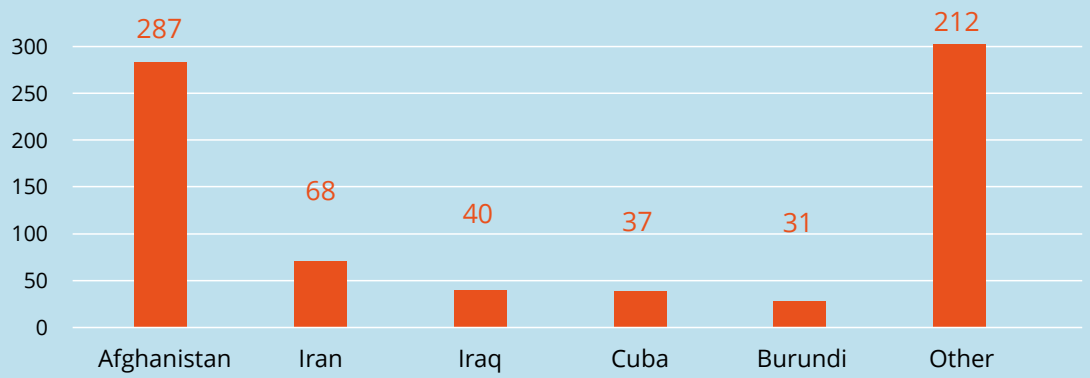

Figure 9: Clients attending individual psychological counselling by country of origin (shown in the frequency distribution)

In the analysed period from January 2022 to the end of July 2022, a total of 66 psychiatric assessments were provided to 62 patients, while in the period from August 2020 to the end of December 2022, a total of 282 psychiatric assessments were provided to 230 patients. Considering the large number of people who were accommodated at the Reception Centre during this period, we can certainly say that specialised mental health services were needed for only a few applicants for international protection.

The figure below (*Figure 10*) shows psychiatric diagnoses and their frequencies:

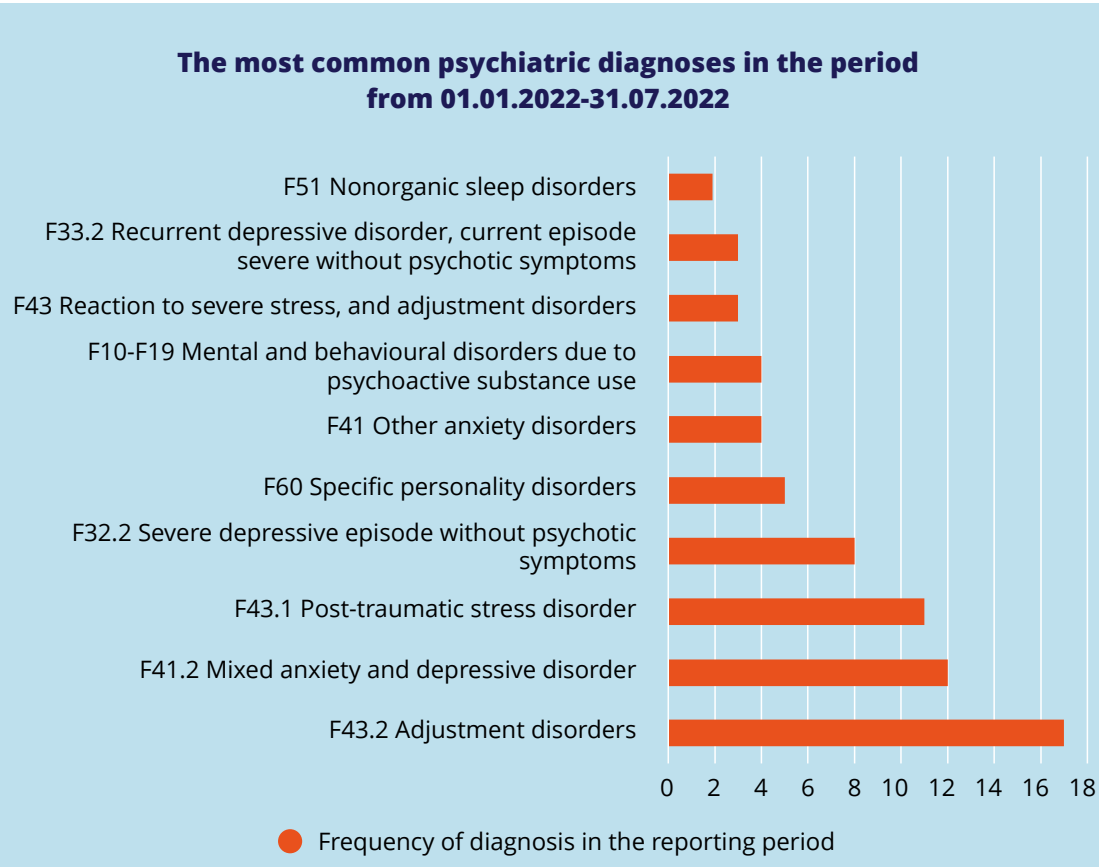

Figure 10: The most common psychiatric diagnoses from 1 January to 31 July 2022

It is evident from the data that the most frequent psychopathological conditions are precisely reactive conditions, which occur as a natural reaction to prolonged stress, crisis and to the extremely stressful demands of adaptation to new and constantly changing challenges of the environment and situations that are, as a rule, caused by forced migrations. It is important to note that, in general, these are reversible conditions that are expected to naturally end with strengthening the sense of security, stability and predictability, which is extremely difficult to nurture in the context of chronic uncertainty and limited environmental support.

MENTAL HEALTH OF APPLICANTS FOR INTERNATIONAL PROTECTION IN THE CONTEXT OF THE APPLICATION OF THE DUBLIN III REGULATION

Due to disparities in living standards, labour market conditions, existing communities and available support network, as well as disparities in rights and access to public services in the EU member states, applicants for international protection often continue their journey from the country where they first applied for international protection to countries such as Germany, France, Switzerland and Austria. Continued movement extends the migration phase, deepening the uncertainty about the future and insecurity, exposure to the risks associated with the migration process, the lack of necessary protection and access to medical care.

However, the transfer of persons under the Dublin III Regulation from countries such as Austria, Germany and Switzerland to the country in which they first expressed their intention to seek international protection could take even a greater toll on their mental health. In fact, most of these are involuntary transfers, which may be preceded by arrest, or even several days of detention. In addition, these transfers interrupt the established routine, social networks and a minimal sense of security in the lives of applicants for international protection, which is a precondition for recovery from trauma and successful integration. The situation is particularly worrying for transfers in which people are separated from their family as well as transfers of persons with severe mental health disorders (such as psychotic disorders, PTSD, suicidal risk) and physical illnesses. Applicants for international protection who experience events similar to previous traumatic experiences are at higher risk of retraumatisation and exacerbation of existing symptoms of depression, anxiety and PTSD. In addition, the prolongation of the waiting period for the final decision on their application for international protection, and thus the uncertain future, may pose a greater risk for the development of psychiatric disorders than extremely stressful events to which applicants for international protection were exposed in their country of origin.[16]

According to data collected by MDM-BELGIQUE, mental health problems among adult applicants for international protection transferred from Austria, Germany, Switzerland, Sweden, the Netherlands, Luxembourg, Finland, Slovenia, Belgium and France, who asked for mental health support in 2017 and 2018 in the Reception Centre in Zagreb, included symptoms of depressive disorders (insomnia, lack of energy, apathy, concentration problems, hopelessness, negative self-image, suicidal thoughts), tension, restlessness, feeling of insecurity, loneliness, anxiety, panic attacks, adjustment disorders, acute stress disorders and symptoms of post-traumatic stress disorder (PTSD)[17].

Applicants for international protection transferred to the Republic of Croatia under the Dublin III Regulation report more pronounced depressive symptoms and lower subjective quality of life, as well as lower levels of satisfaction with their sense of security related to the future. Given the nature of the transfer under the Dublin III Regulation, which implies

16 Silove (1997). Anxiety, depression and PTSD in asylum-seekers: Assocations with pre-migration trauma and post-migration stressors. The British journal of psychiatry: the journal of mental science, 170, 351-7.

17 Delescluse, J., Mujkanović, J., Silov, A. (2018). Croatia – Hidden (human) faces of European Unions' Dublin regulation from a health perspective. Médecins du Monde ASBL, Zagreb.

a longer administrative procedure related to international protection application, as well as an interruption of the integration process, and even retraumatisation caused by forcible transfer and separation from their family members, relatives and loved ones, such results are not surprising[18].

SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender and/or gender expression. It is rooted in gender inequality, the abuse of power and harmful norms.[19] Sexual violence is a form of gender-based violence and it encompasses any sexual act, attempt to obtain a sexual act or unwanted sexual comments directed at another person using force or coercion. It can be committed by any person regardless of their relationship to the victim, in any setting. Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, sex trafficking, sexual enslavement, forced circumcision, castration and forced nudity. Both sexual and gender-based violence (SGBV) pose exceptional problems in communities and families around the world and can cause serious psychological trauma to those affected. However, in the context of migration, SGBV experiences are particularly though and often life-threatening for survivors. Their migrant journey and the living conditions on the way make vulnerable groups (especially women travelling alone, children and unaccompanied minors) more exposed to SGBV, due to less support and protection. Moreover, research shows that refugee women are more affected by violence than any other women's population in the world.[20]

Staying in temporary shelters, abandoned buildings or overcrowded refugee camps can also lead to an increase in SGBV cases. It is not uncommon for women to leave their country of origin with their abusive partner or husband, who has the necessary financial resources for their journey. In these conditions, when their lives and the lives of their children are at stake, they often decide to go with their partners until they arrive in a country safe enough to report sexual and gender-based violence. As they enter Croatia, which is one of the first-entry EU member states, with tight laws that better protect survivors of gender-based violence, the MDM-BELGIQUE mental health team is continuously recording an increase in reported cases. However, it is assumed that the number of reported cases of violence against women is much lower than the actual number of cases.

The role of the MDM-BELGIQUE mental health team is to ensure a safe place where talking about such experiences will not lead to further retraumatisation. This process involves multiple sessions and crisis interventions in which a trauma-informed approach is applied.

According to Chynoweth et al.,[21] men in transit also experience sexual violence. Due to cultural differences, differences in emotional expressions between men and women and strong patriarchal values that men bring from their countries of origin, there are very few reported cases. Even if they decide to report, especially if the event happened a while ago, it is limited to the psychological team, and therefore, it is necessary to work to reduce the stigma surrounding SGBV among the male population so that they can get better care.

At the Reception Centre for Asylum seekers in Zagreb, the relevant protocol describes how sexual and gender-based violence survivors get help. The protocol includes a multidisciplinary team at the Reception Centre and different forms of institutional support and cooperation with other institutions outside the Centre.

18 Silov, A., Gerčar, A., Raguž B. (2019). Nearing a point of no return? Mental health of asylum seekers in Croatia. Médecins du Monde ASBL, Zagreb.

19 https://emergency.unhcr.org/entry/60283/sexual-and-gender-based-violence-sgbv-prevention-and-response

20 Refugee Council (London) Vulnerable Women's Project, "The Vulnerable Women's Project, Refugee and Asylum Seeking Women Affected by Rape or Sexual Violence, Literature Review", 2009.

21 Chynoweth SK, Buscher D, Martin S, Zwi AB. Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study. 2020;37(9-10)

PEOPLE ON THE MOVE LGBTQIA+ POPULATION

LGBTQIA+ is an abbreviation for lesbian, gay, transgender, bisexual, queer, intersex, and asexual persons.[22] The plus sign represents people with diverse SOGIESC[23] who identify using other terms. At the Reception centre, persons with different sexual expressions and identities get various forms of psychological support. The role of the MDM-BELGIQUE team is to provide a safe space with zero tolerance for violence, intolerance, hatred or discrimination policy.

Almost every person on the move who identifies as LGBTQIA+ experiences double or multiple vulnerabilities. Minority stress is a chronic level of stress caused by prejudice, discrimination, lack of social support and other factors experienced by stigmatised gender non-conforming individuals or groups. The minority stress framework[24] postulates that LGBTQIA+ persons have more distressing experiences due to their sexual and/or gender identity. Different types of minority stress can be distinguished: internalised stigma, concealment of sexual orientation and/or gender identity, expectations of discrimination and rejection by others, and actual experiences of discrimination and violence. All of the described components of minority stress have been repeatedly shown to contribute to heightened mental health burdens of LGBTQ + populations in comparison with non-LGBTQIA+ populations.[25]

In the context of international protection for LGBTQIA+ persons, the application itself often requires applicants to revisit their traumatic experiences and their identity. Proof of identity could be problematic for transgender persons, as some may have changed gender and/or no longer identify as a gender listed on the accepted ID documents. Not all individuals can identify openly as LGBTQIA+ because of internalised shame or cultural understanding of their sexuality and/or gender identity, which puts them at higher risk of developing mental health problems. According to Hopkinson et al.,[26] LGBTQIA+ people on the move are at significantly greater risk of mental health problems because they face multiple levels of oppression.

People on the move who had to leave their own countries precisely because they identify as LGBTQIA+ population were often exposed to physical and/or verbal abuse, threats of violence, torture, discriminatory practices and possible life-threatening and health risks. Many of them report concealing their true identities on their migration journey, or feel urged to hide their identity from members of their own family and external and internal groups they crossed paths with on their journey.

Many among LGBTQIA+ beneficiaries consulting members of the MDM-BELGIQUE mental health team report multiple mental health problems. Due to persecution, endangering their life or wellbeing, condemnation, and discrimination in their own countries, many have developed post-traumatic, anxiety and depressive symptoms, and the length and uncertainty of the migration journey is often another risk factor that may cause further deterioration of the existing mental health issues. It is worth noting that LGBTQIA+ persons are at higher risk of experiencing violence in their countries of origin and on their migration journey[27]. Therefore, it is of no surprise that working with this population has shown an increased prevalence of PTSD, depressive disorder, anxiety disorders, social avoidance, isolation, social phobia, markedly impaired self-image and many other difficulties in functioning. Despite all these difficulties, an increase in numbers of LGBTQIA+ persons seeking psychological support and demonstrating high levels of resilience,

22 https://gaycenter.org/about/lgbtq/

23 An acronym for sexual orientation, gender identity, gender expression and sex characteristics

24 Meyer, I. H. (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36(1), 38–56

25 Golembe, J., Leyendecker, B., Maalej, N. *et al.* Experiences of Minority Stress and Mental Health Burdens of Newly Arrived LGBTQ* Refugees in Germany. *Sex Res Soc Policy* 18, 1049–1059 (2021)

26 Hopkinson R.A., Erickson-Schroth L., Keatley E., Glaeser E. Persecution Experiences and Mental Health of LGBT Asylum Seekers (2016) Journal of Homosexuality 64(12)

27 Shaw A., Verghese N. LGBTQI+ Refugees and Asylum Seekers: A Review of Research and Data Needs (2022) https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQI-Refugee-Review-Jul-2022.pdf

psychological availability for counselling and developed mechanisms of self-protection and survival has been observed.

For all the above-mentioned reasons, sensitivity is very important in providing psychological support to this extremely vulnerable group of applicants for international protection.

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V. CHALLENGES AND BARRIERS TO ACCESSING PHYSICAL AND MENTAL HEALTH SUPPORT BY APPLICANTS FOR INTERNATIONAL PROTECTION IN THE REPUBLIC OF CROATIA

- Short length of stay affects the applicant for international protection's willingness to seek medical services and treatment. Understandably, most applicants for international protection who find themselves in this situation are focused on reaching their destination country as soon as they can, which usually means that their stay in transit countries will be as short as possible. Not knowing the intended length of stay of applicants for international protection accommodated in the Reception Centre can pose a challenge in creating a treatment plan and defining main topics, interventions and processes that will be the focus of the treatment. For the same reason, mental health services provided to applicants for international protection are often focused on empowering the person, helping them focus on and build on existing resources (both internal and external). Furthermore, psychoeducation on mental health, and mental health issues specific to the context of migration, as well as the importance of seeking timely assistance and support in their destination countries constitute an integral part of the treatment. It is worth mentioning that an additional barrier to mental health care in the applicant for international protection population is the lack of continuity of care throughout their journey. The reasons behind this are often the lack of human resources, short length of stay in transit countries, and the lack of cooperation and exchange of information among mental health professionals across the migration route.

- In addition to the rising numbers of international protection applications and shorter length of their stay in the Reception Centre, their demographic determinants have also changed. Due to the new migration trends related to countries of origin and languages that applicants for international protection speak, language barriers still present a major barrier. The challenge in hiring translators for French, Kurdish, Spanish and Russian languages in some cases resulted in inequalities in access to physical and mental health services among applicants for international protection. In the case of some African languages, it was not possible to find professional interpreters and support was only possible with the help of family members or friends, which, due to lack of privacy, greatly limited the quality of work carried out by the medical and mental health

team. The language barrier was particularly challenging in cases where hospital treatment was needed and the applicants for international protection often had significant communication problems with hospital staff.

- The number of newly-arrived applicants for international protection in 2022 quadrupled compared to the same reporting period in 2021 (from 3,039 arrivals in 2021, the number of new arrivals increased to 12,872 arrivals in 2022). Such an increase in the number of applicants for international protection with a very high transit dimension resulted in a very large number of initial medical examinations carried out by MDM-BELGIQUE in the first half of 2022, as well as additional administrative work of making appointments for medical tests, specialist examinations and transportation planning and scheduling, many of which eventually had to be cancelled because persons (even those with acute conditions) left Croatia before the scheduled appointments. Among newly-arrived applicants for international protection, there is still a large share of women, children, patients with chronic diseases or severe conditions, children with developmental delays, persons with mental health problems as well as persons with disabilities – persons who usually stay longer in the Reception Centre. As a result, there is an increase in workload for the MDM-BELGIQUE team, as the organisation helps newly-arrived applicants for international protection with their access to the initial medical examination and access to healthcare, as well as dispensing prescribed medicines, planning and providing transportation and accompaniments, as well as supporting them to preserve their mental health and get psychosocial support.

- Women and girls applicants for international protection continue to face a lack of specialised paediatric and gynaecological care, given the possibility of referring them to local outpatient care services is largely limited as the whole country sees a shortage of these specialists.

- In the light of the specific conditions of the migration journey, which include poor nutrition and difficult access to oral hygiene, a large number of applicants for international protection are in need of dental care. Given that there are very few dental clinics that are willing to see applicants for international protection, through cooperation with the Health Centre Zagreb - Centar, MDM - BELGIQUE managed to help those in need of dental care to prevent the number of emergencies and more complex interventions. Making regular dental appointments is a demanding task for MDM-BELGIQUE in addition to organising transportation and accompanying a large number of patients - especially in conditions of a limited number of employees.

- The coronavirus pandemic has turned into an extraordinary challenge and added to the workload of the MDM-BELGIQUE medical team and the Reception Centre staff, requiring flexibility and adaptation of living and working conditions in accordance with the recommended preventive and epidemiological measures. A total of 5,569 people (including 122 COVID-19 patients) went through the area for preventive isolation in the Reception Centre in Zagreb in the period from March 2020 to 31 December 2022, for whom it was necessary to organise daily medical examinations, tests and, if necessary, the distribution of medicines and treatment. The work model was continuously adapted to the changing conditions in the Reception Centre and systematically changed and protocolised in relation to epidemiological measures and recommendations.

PROFESSIONAL STRESS OF NON-GOVERNMENTAL ORGANISATIONS (NGOS) EMPLOYEES WORKING WITH APPLICANTS FOR INTERNATIONAL PROTECTION

As a separate challenge, we would especially like to highlight the exhaustion of staff involved in working with applicants for international protection in the Republic of Croatia. Long-term exposure to a significantly increased workload due to significantly increase of applicants for international protection and the coronavirus pandemic has caused high levels of stress among employees.

NGOs are often faced with a high turnover of professional team members, mainly due to the high level of professional stress and precarious working conditions associated with project-based funding. All of the above may result in the absence of staff during the selection process for new team members, loss of expertise, high rates and extended sick leave among employees, but also adding on the workload to other members of the team.

Working with vulnerable persons and groups such as severely ill people, survivors of torture or gender-based violence who experienced severe traumatic events involves constant exposure to human suffering and crisis situations, and risks of different forms of chronic stress including burnout, compassion fatigue and vicarious trauma in the workplace.

Research on occupational stress among aid workers indicates an increased risk of developing symptoms of anxiety, depression, post-traumatic stress disorder and various physical illnesses[28]. A survey with 754 respondents working in the aid industry on the Global Development Professional Network found that 79% of aid workers experienced mental health issues, and 93% believe these to be related to their work.[29]

All of the above points to the need to find a way to adapt the financing of the work of non-governmental organisations to the changing situation on the labour market, inflation rates and the growing number of needs, service users and their demographic determinants. It is also important to consider ways to adapt the nature of project financing that instills a sense of insecurity in NGO employees by extending project periods. Finally, adequate support should be given to people working in the NGO sector by helping them maintain their physical and mental health by offering psychotherapy and staff supervision as needed.

28 Liza Jachens (2018). Job stress among humanitarian workers. JOUR

29 https://www.theguardian.com/global-development-professionals-network/2015/nov/23/guardian-research-suggests-mental-health-crisis-among-aid-workers

CONCLUSIONS AND RECOMMENDATIONS

New migration trends highlight the need to adapt the approach to protection of physical and mental health in a specific transit-related context. Besides greater flexibility in the work of mental health professionals, the existing interventions and practices need to be explored in order to scientifically establish best practices and their further development and harmonise their implementation throughout the transit route. The transit context underlines the need to increase the availability of mental health services required by applicants for international protection who stay in the country for a short time. Introducing psychological screening as a regular practice in mental health care wherever possible, bearing in mind the variability (and sometimes even unpredictability) of the demographic determinants of the applicants for international protection, ensures that as many applicants as possible are screened in the shortest time possible and that they receive the appropriate and timely support - having in mind that early treatment prevents the development of severe mental health disorders. Psychiatric examinations and treatments need to be more accessible. To ensure continuity of both psychiatric and psychological care, networking between mental health professionals needs to be encouraged across Europe.

There is still a compelling need to reduce the applicants' waiting time until they are granted international protection and to extend their rights. For those seeking international protection who are waiting for a decision on their application for international protection in the Republic of Croatia, this almost without exception implies a long period of uncertainty that is difficult to endure, for which research shows is a significant risk factor for mental health.[30]. Therefore, it is important to shorten and harmonise the decision-making process related to applications for international protection at the European Union level, provide further education to the staff who implement it on the specifics of working with populations with post-traumatic symptoms and consider the possibility of involving mental health professionals in the interviews with applicants for international protection.

Furthermore, it is essential to review the system, transfer criteria and the consequences of transfers under the Dublin III Regulation, having in mind the length of stay in the first country of admission and the adverse impact of transfers on physical and mental health and wellbeing of applicants for international protection (particularly vulnerable groups and persons with diseases). In cases they are returned, it is imperative to ensure continuity of care to applicants suffering from an illness, and make sure their medical records are sent to the relevant country. Medical records mostly stay in the country from which the person is transferred, even in cases of serious physical and mental illness.

New trends have also created the need for organisations and systems to develop more flexible ways of adapting to new and changing migration trends, raising number of applicants for international protection and to language barriers, so that they are able to organise timely interventions, conditions

30 Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A Systematic Review of Factors Affecting Mental Health and Well-Being of Asylum Seekers and Refugees in Germany. Frontiers in psychiatry, 12, 643704.

for receiving and informing applicants for international protection, and protect their physical and mental health. An understaffed team amid an increase in the number of applicants for international protection may have an adverse impact on their care, but also on members of staff - primarily reflected in an increased risk of cumulative stress, burnout, fatigue, frequent sick leaves and taking a toll on physical and mental health in the workplace.

In conclusion, the MDM-BELGIQUE's position is that the scope of rights of all applicants for international protection in the Republic of Croatia should be further extended, so that this population is entitled to primary health-care services equivalent to those enjoyed by the Croatian citizens. It is also important to continue with early interventions to provide continued, quality, preventive and curative care for their physical and mental health and prevent long-term health problems caused by poor living conditions, long-term stress and difficult circumstances to which this vulnerable group is generally exposed.

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