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FOR REFORMS AND EQUALITY

Migrants and Mental Health

Integration Mapping Research

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Summary

“... the enjoyment of the highest attainable standard of physical and mental health contributes to the full enjoyment of human rights”

Human Rights Council Resolution 26/21, Promotion of the right of migrants to the enjoyment of the highest attainable standard of physical and mental health, (2014)



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The occurrence of mental health disorders amongst migration populations has been evaluated in numerous studies



1. Mental Health and Migration

The process of migration is a complicated and stressful ordeal for all categories of migrants. It always involves leaving one's home country and trying to adapt to a new and different environment, culture, and society. Of course, refugees and persons fleeing their homes are exposed to traumatic events before departure, throughout their journey, and after their arrival in the host state. Indeed, the experiences of migrants themselves may vary substantially amongst different migrant groups, depending on their specific migrant context and the environment in the host country¹.

Once in the host country, together with the stresses of adapting to their new environment, migrants are faced with the insecurities, bureaucracies, and precariousness that their situation brings with it. It has been found that the manner in which states treat migrants strongly influences how well migrants feel in terms of their mental and physical health. This is also true with regards to integration policies and how inclusive they are or otherwise².

It was found by the Migrant Integration Policy Index (MIPEX) that in countries with inclusive integration policies, nationals and non-nationals have similar health outcomes in terms of their reported health. Whilst immigrants living in countries with restrictive immigration policies are much

more likely to suffer from poor health outcomes than nationals³.

The occurrence of mental health disorders amongst migration populations has been evaluated in numerous studies. One review identified a prevalence of depression ranging from 5% to 44% in refugee and migrant groups, compared with a prevalence of 8% to 12% in the general population⁴. Furthermore, studies have also assessed the prevalence of psychotic disorders which were found to be two to three times higher in refugee and migrants than in the rest of the population⁵. In Malta too, the risk of psychosis is higher within the migrant cohort, with an incidence rate of 400 per 100,000 for asylum seekers. It has been found that there is an increased risk of 2.2% of admissions for non-Maltese nationals to the psychiatric inpatient facility of Mount Carmel Hospital⁶.

1 World Health Organisation, Mental health promotion and mental health care in refugees and migrants - Technical guidance, 2018, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf.

2 Juárez, Honkaniemi, Dunlavy, Prof Rostila, Aldridge, Barreto, Katikireddi, *Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis*, Lancet Global Health 2019

3 Migrant Integration Policy Index 2020, Health Strand, <https://www.mipex.eu/health>, last accessed on 14th February, 2022.

4 Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review, Lancet, 2005.

5 Close C, Kouvonen A, Bosqui T, Patel K, O'Reilly D, Donnelly M. The mental health and wellbeing of first generation migrants: a systematic-narrative review of reviews. Glob Health. 2016; Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review, Lancet, 2005

6 Ministry for Home Affairs and National Security, Strategy for the Reception of Asylum Seekers and Irregular Migrants, 2016, <https://homeaffairs.gov.mt/en/MHAS-Information/Documents/Migration%20Policy%20181215.docx>, last accessed on 14th February 2022.



As a consequence, it follows that if restrictive entry and restricted asylum reception policies have a negative effect on mental health, then such policies should be avoided

1.2 Integration Policies and Mental Health

Although migrant-specific policies were not designed to influence migrant health, their role as social determinants of health has been seen to be undisputable⁷. It is therefore important to recognise that a country's overall approach to integration has an important effect on immigrants' mental and physical health. It has been found that refugees who have been living in a host country for over five years have depressive and anxiety disorders that are estimated to have a prevalence of 20% or more than host populations⁸. Such a high prevalence of mental health disorders has been linked to a lack of social integration and unemployment. In fact, several studies have also found that restrictive entry policies were associated with poor mental health conditions, such as depression, anxiety and post-traumatic stress disorder⁹.

Specific studies have found that poor mental health outcomes are associated with policies relating to temporary protection regimes versus permanent statuses, restrictive

versus open border controls and detention versus free movement¹⁰.

As a consequence, it follows that if restrictive entry and restricted asylum reception policies have a negative effect on mental health, then such policies should be avoided. In those instances where the restrictive approach is being used then these should be implemented alongside migration measures to protect the mental health of migrants. Furthermore, since beneficial mental health outcomes can also be linked to generous documentation policies, then states should aim to improve their documentation or regularisation policies¹¹.

1.3 Accessing Care

Irrespective of whether stressors occurred before departure, during the journey or in the host country, refugees and

7 Juárez, Honkaniemi, Dunlavy, Prof Rostila, Aldridge, Barreto, Katikireddi, Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis, *Lancet Global Health* 2019.

8 Bogic M, Njoku A, Priebe S. Long-term mental health of war-refugees: a systematic literature review. *BMC Int Health Hum Rights*. 2015.

9 Momartin S, Steel Z, Coello M, Aroche J, Silove DM, Brooks R, A comparison of the mental health of refugees with temporary versus permanent protection visas, *Medical Journal Australia*, 2006.

10 Johnston V, Allotey P, Mulholland K, Markovic M, Measuring the health impact of human rights violations related to Australian asylum policies and practices: a mixed methods study, *BMC International Health and Human Rights*, 2009; Reijnveld SA, de Boer JB, Bean T, Korfer DG, Unaccompanied adolescents seeking asylum: poorer mental health under a restrictive reception, *The Journal of Nervous and Mental Disease* 2005; Steel Z, Silove D, Brooks R, Momartin S, Alzuhairi B, Susljik I, Impact of immigration detention and temporary protection on the mental health of refugees, *British Journal of Psychiatry*, 2006.

11 Juárez, Honkaniemi, Dunlavy, Prof Rostila, Aldridge, Barreto, Katikireddi, Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis, *Lancet Global Health* 2019.

migrants can suffer from mental disorders and would need to access professional mental health services. Access to medical services for migrants has been shown to be problematic, and these issues are common to all migrants¹².

These include legal barriers such as limited or no entitlement to free care and free medication, and practical barriers such as language problems, lack of information and stigma associated with mental health disorders¹³. It has also been recognised that the different perceptions of illness and stigma discourage and prevent migrants from accessing health care¹⁴. These problems become exacerbated for irregular or undocumented migrants whose access to free care is extremely limited,

if available at all, and who would be extremely reluctant to access any services for fear of deportation.

There can also be structural barriers that can make access to healthcare more difficult. These include the lack of capacity and human resources, and the difficulty in adapting to the increased needs of growing migrant populations in host countries.

This report will briefly outline the legal and policy framework regarding the right to access mental health services. It will also report on the types of mental health services available in Malta, whilst also highlighting any specific services offered to migrants and any specific problems that came to light during the desk research and interview phase. Finally, the report contains a list of recommendations to improve the service and the mental well-being of migrant service-users.

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12 World Health Organisation, Mental health promotion and mental health care in refugees and migrants - Technical guidance, 2018, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf

13 Interview with migrant health care practitioner dated 20th February 2022.

14 University of Uppsala, *Mig-HealthCare Project, Migrants' access to health care in Europe – A literature Review*, 2018.

In 2017, the European Committee for Social Rights had asked Malta to submit more information, in its next national report



More concretely, the United Nations adopted the Sustainable Development Goals (SDGs) in 2015 as a universal action to end poverty and to ensure that by 2030 all people enjoy peace and prosperity. SDG 3 calls for good health and well-being. Specifically, SDG 3.4 quotes “*reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and **promote mental health and wellbeing***” by 2030²¹.

2.2.1 Applicability

The Charter of the European Union (*hereafter*, The Charter) has binding legal force in the European Union and its Member States. It should be noted that the Charter is only applicable in so far as the particular Member State is applying European Union law. In many instances, and with the development of the Area of Freedom Security and Justice, the Common European Asylum System and European Union immigration policy, it is more and more likely that the Charter would be found to be applicable in cases relating to the implementation of European law in individual Member States. This means that individual rights under the Charter can be enforced directly in Maltese courts if such breaches arise from the exercise of any European Union law or policy.

On the other hand, Malta did not ratify the additional protocol in the European Social Charter relating to the system of collective complaints²². The collective complaints system is a procedure which allows international and national organisations of employers and trade unions,

other international non-governmental organisations (NGOs), and national NGOs to submit complaints alleging the unsatisfactory application of the Charter.

2.3 National Framework

In 2019, the Ministry for Health published *A Mental Health Strategy for Malta 2020-2030*²³ which has at its core the aim to promote and protect the mental health and well-being of all. The document was published after a national consultation process that highlighted the need for change and a coordinated response and direction. The document outlines actions which include initiatives to prevent mental ill-health, investment in facilities and in human resources, and the creation of a service framework that would work towards leaving no one behind within the meaning of the SDG goals.

The Mental Health Act²⁴ regulates the provision of mental health services, care and rehabilitation whilst promoting and upholding the rights of people suffering from mental disorders. The rights of people subject to voluntary or involuntary treatment are outlined in Part II of the Act. These include the right to information, the right to an informed consent, and the right to appoint a responsible carer.

The Act provides that persons with a mental disorder have the right to exercise all civil, political, economic, and social rights irrespective of national or ethnic origin. They also have the right to be informed of their rights and how to exercise them within 24 hours of admission to a licensed

21 UNDP, Goal 3 Good Health and Well-Being <https://www.undp.org/sustainable-development-goals#good-health>, last accessed on 14th February 2022.

22 Additional Protocol to the European Social Charter Providing for a System of Collective Complaints (ETS No. 158), ETS No. 158, <https://rm.coe.int/168007cdad>, last accessed on 14th February 2022.

23 Ministry for Health, *A Mental Health Strategy for Malta 2020-2030*, July 2019 https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf, last accessed on 14th February 2022.

24 Mental Health Act, CAP 525 <https://legislation.mt/eli/cap/525/eng>, last accessed on 14th February 2022.

facility or on receiving a treatment order in a form and language they understand. The Act does not provide for the entitlement to inpatient or community treatment or medication for different types of migrant groups.

It follows that entitlement to mental health services is dependent on the right access to mainstream health services determined by one's migration status in Malta. Asylum seekers are entitled to emergency healthcare and essential treatment of illness and of serious mental disorders. Refugees and their family members have access to state medical services, including mental health services, free of charge in the same manner as Maltese citizens are. Those medications and non-core medical services that are not free to Maltese would not be free to refugees. Beneficiaries of Subsidiary Protection are only entitled to core medical services²⁵.

Failed asylum seekers and undocumented migrants are only entitled to life saving medical assistance. Those migrants with Temporary Humanitarian Protection or Specific Residence Authorisation (SRA) are entitled to state medical care. Victims of human trafficking are entitled to emergency medical care and psychological care²⁶. It is particularly unclear due to the fact that on first applying for a single work permit, third-country national workers are required to submit proof of a comprehensive health-insurance policy²⁷. However, the third-country national

Refugees and their family members have access to state medical services



is not required to do this on the annual renewal of his or her single work permit²⁸. There are no clear provisions as to what healthcare entitlements a third-country national is entitled to once they are working in Malta and paying national insurance.

2.3.1 Mental Health and Migrant-Related Policies

Two main policy documents were drawn up to address the needs of the migrant population. These are the *Strategy for the Reception of Asylum Seekers and Irregular Migrants* (2016),²⁹ and the *Integration Equals Belonging – Migrant Integration Strategy and Action Plan – Vision 2020* (2020)³⁰.

The *Strategy for the Reception of Asylum Seekers* document outlines that in the vulnerability assessment carried out by the Agency for the Welfare of Asylum Seekers (AWAS), both

25 Health Entitlement to Refugees/Migrants <https://s2.eessi.gov.mt/en/health-entitlement-to-refugeesmigrants/>, last accessed on 24th February 2022.

26 Health Entitlement to Refugees/Migrants <https://s2.eessi.gov.mt/en/health-entitlement-to-refugeesmigrants/>, last accessed on 24th February 2022.

27 Checklist for Third Country Nationals applying for a Single-Work Permit – New application, <https://www.identitymalta.com/wp-content/uploads/2019/07/Checklist-for-Third-Country-Nationals-applying-for-a-Single-Work-Permit-New-Application-1.pdf>, last accessed on 22nd March 2022.

28 Checklist for Third Country Nationals applying for a Single-Work Permit – Renewal, <https://www.identitymalta.com/wp-content/uploads/2019/10/Checklist-for-Third-Country-Nationals-applying-for-a-Single-Work-Permit-Renewal-Application.pdf>, last accessed on 22nd March 2022.

29 Ministry for Home Affairs and National Security, *Strategy for the Reception of Asylum Seekers and Irregular Migrants*, 2016, <https://mhascms.gov.mt/en/MHAS-Departments/awas/Documents/Migration%20Policy%20FINAL.pdf>, last accessed on 14th February 2022.

30 Ministry for European Affairs and Equality, *Integration Equals Belonging – Migrant Integration Strategy and Action Plan – Vision 2020*, 2020 <https://humanrights.gov.mt/en/Documents/Integration%20Equals%20Belonging%20EN.pdf>, last accessed on 14th February 2022.

the psychological and the physical conditions of the detainee must be taken into consideration. In the circumstance that the detainee was found to be vulnerable, then police would be advised that that person should not be subject to a detention decision or, if already detained, to be released from detention. Furthermore, any vulnerable persons who are accommodated at the open centres should be offered psychological, medical, or other support as required.

The 2020 *Migrant Integration Strategy* makes no mention of migrants' mental health, and therefore does not offer any insight as to how mental health issues are being addressed from an integration perspective. The *Strategy* lays down in Measure 9 that the integration role of the Migrant Health Liaison Office (MHLO) should be strengthened. The MHLO was set up to address issues that migrants come across when accessing healthcare services and to train health professionals on cultural competence to address mismatches that exist due to cultural and linguistic problems.

The *Policy Regarding Specific Residence Authorisation* that regulates the granting of residence permits to long-term migrants who had been through the asylum system unsuccessfully requires that applicants must have worked five years prior to the submission of the application³¹. The policy requires that applicants with mental health conditions must have such conditions certified by a medical consultant. The certificate must clearly refer to the condition and indicate that the applicant could not work as a result of that condition. Furthermore, an applicant's individual circumstances, including mental health conditions should be given due consideration. Interestingly,

this policy refers specifically to the right of SRA holders to access state medical care.

None of the above policies address the complexities of migration, including the specific problems encountered by refugees and the effect these have on the mental health of people. The policies do not recognise the effects that loss of homeland and family, traumatic events and the upheavals of one's identity have on an individual's psychological system.

Although, such policies refer to mental health as a vulnerability, they do not address and provide for the specific needs in relation to the identification and treatment of psychological issues. The policies do not provide for the availability of psychological or psychiatric services in open or closed centres, they do not provide for access to the mental health system for all individuals irrespective of status, and neither do they provide for specific awareness raising activities within the community. However, most importantly the way in which the policies are drafted does not recognise the detrimental effect of certain laws and policies, such as detention, the lack of the right of family reunification for certain categories of persons or the precariousness of certain statuses.

31 Ministry for Home Affairs and National Security, *Policy Regarding Specific Residence Authorisation*, 2020 <https://www.identitymalta.com/wp-content/uploads/2019/10/SRA-updated-policy-Nov2020.pdf>, last accessed on 14th February 2022.

3. Local Context

The MIPEX index is a tool that measures policies to integrate migrants in countries across six continents, including all European Union Member States. This tool is useful to evaluate, but also compare, governments' progress on the integration of migrants per country. The index focuses on eight policy areas: health, labour market mobility, family

reunification, education, political participation, permanent residence, access to nationality and anti-discrimination.

In relation to health, the MIPEX indicates that Malta's healthcare policies are halfway favourable. It specifies that services are slowly becoming more accessible and responsive to the needs of those migrants who are either

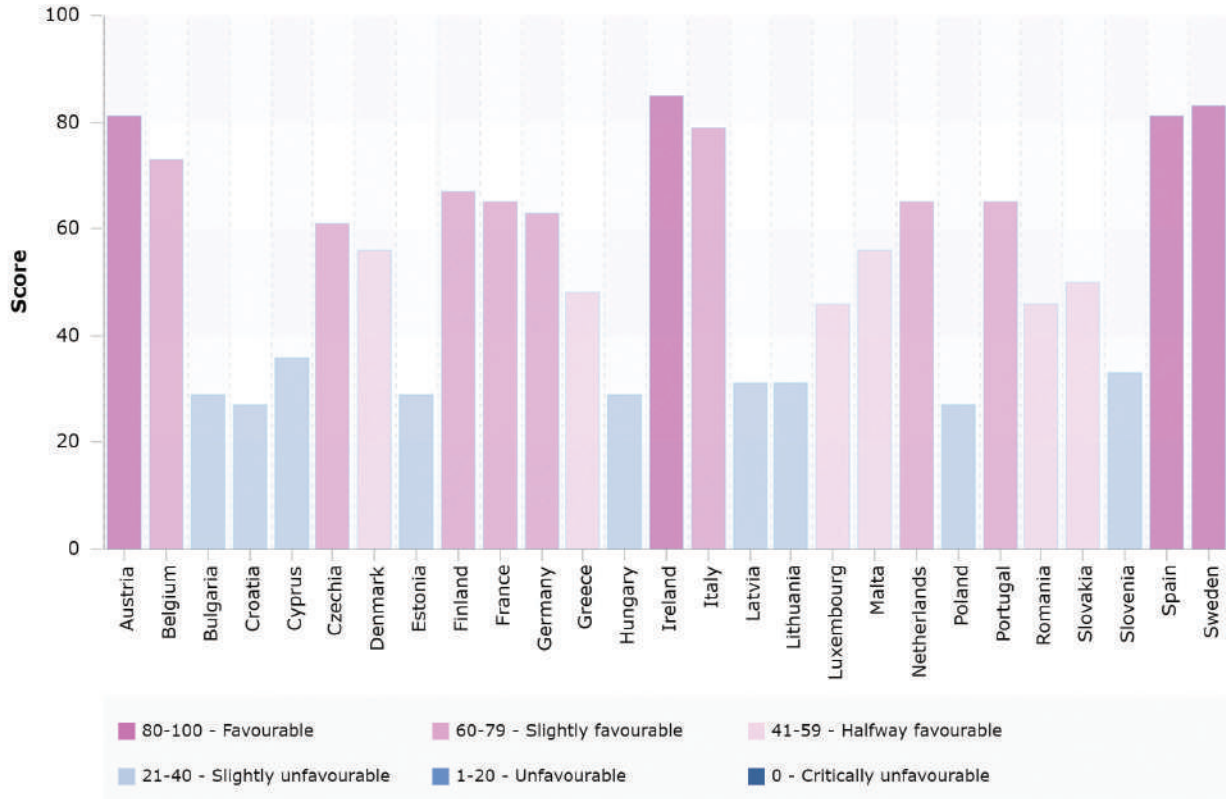


Figure 1: MIPEX Health Data, 2019

eligible for free healthcare or who are able to pay for healthcare. However, for the rest of the migrant population, healthcare entitlements are “*more unclear and discretionary in Malta than almost anywhere else*”³², as evidenced in the previous section.

Unfortunately, there are no local studies and data in relation to the mental health status of migrants living in Malta. However, practitioners have confirmed that from experience they have noted that mental health disorders are on the increase amongst migrants in Malta³³.

In addition, the number of migrants being admitted to Mount Carmel hospital has been on a steady increase and jumped from 53 in 2017 to 105 in October 2019³⁴. Patients were admitted to Mount Carmel hospital for a myriad of conditions, including attempted suicide, depressive conditions, stress, and delirium. In response to these figures, the Mental Health Commissioner at the time had warned that there was a growing risk of an acute mental health crisis amongst refugees and migrants.

In the 2019 Annual Report, the Office of the Mental Health Commissioner reported that 25.7% of all acute involuntary admissions were foreigners: 13.3% from medium and less developed countries, 9.6% were European Union / European Economic Area citizens, and 2.8% from very highly and highly developed countries³⁵. The relative risk for involuntary admission for foreigners coming from

medium and less developed countries is the highest and stands at 3.7% compared to the local population. In contrast, of all the patients on community treatment orders³⁶ 94.6% of patients were Maltese with only 4% from medium and less developed countries, 0.7% EU / EEA citizens, and 0.7% very highly and highly developed countries.

The Commissioner had linked the crisis to a number of possible factors, such as the trauma of migration, difficulties with integrating into a different community, social isolation and a poor or inexistent support network³⁷. There have also been claims that some migrants that are placed in detention were purposely causing self-harm in order to be moved from detention centres to Mount Carmel hospital³⁸. It is worth noting that, as from 2019, mandatory detention for all migrants disembarked at sea in Malta was reintroduced³⁹. Furthermore, the living conditions in the open centres were characterised by poor hygiene, severe overcrowding and pest infestation⁴⁰.

The numbers of admissions to Mount Carmel hospital of migrants, specifically migrants from open and closed centres, should not come as a surprise. The reasons could

32 Migrant Integration Policy Index 2020, Malta, <https://www.mipex.eu/malta>, last accessed on 24th February 2022.

33 Interview with migrant health care practitioner dated 20th February 2022.

34 Times of Malta, Migrant admissions for mental health treatment double in two years, November 2019 <https://timesofmalta.com/articles/view/migrant-admissions-for-mental-health-treatment-double-in-two-years.747858>.

35 Mental Health Commissioner, Annual Report 2019, November 2020 <https://deputyprimeminister.gov.mt/en/CommMentalHealth/Documents/2020/OCMH%20AR%202019%20FINAL.pdf>.

36 Patients who are involuntary followed up by a key healthcare professional in the community to prevent relapse and the need for involuntary re-admission.

37 Times of Malta, Migrants' mental health risks turning into crisis, November 2019 <https://timesofmalta.com/articles/view/migrants-mental-health-risks-turning-into-crisis.752683>.

38 MaltaToday, Union claims immigrants in detention ‘purposely’ self-harm to move to Mt Carmel Hospital, orders nurses to refuse admission, January 2021 https://www.maltatoday.com.mt/news/national/107363/union_claims_immigrants_in_detention_purposely_selfharm_to_move_to_mt_carmel_hospital_orders_nurses_to_refuse_admission#.YilzDujMK3B

39 ECRE, aditus foundation, *Asylum Information Database, Country Report: Malta*, 2021 https://asylumineurope.org/wp-content/uploads/2021/05/AIDA-MT_2020update.pdf.

40 Times of Malta, Rats and cramped conditions: life inside the Hal Far open centre, October 2019, <https://timesofmalta.com/articles/view/rats-and-cramped-conditions-life-inside-the-hal-far-open-centre.744333>.

be many, however poor support and lack of networks cannot ensure safe return to the community. This situation also leads to lower thresholds for admission and higher thresholds for discharge, with clinical teams having to judge available support that is sometimes at best chaotic and, in many cases, non-existent⁴¹. There have been a number of studies overseas that have observed that black ethnic groups were more likely to be involuntarily admitted to mental health hospitals, are subject to longer inpatient stays, and are at an increased risk of readmission⁴².

3.1 National Institutions and Other Organisations

3.1.1 Mental Health Services

The Maltese public Mental Health Services offer both inpatient and outpatient or community services to the public⁴³. Inpatient services are offered at Mount Carmel Hospital and the services are designed to treat acute inpatient care. The hospital itself was first opened in 1861, and there have been various reports in the media on the derelict state of the building⁴⁴. In the mental health strategy document⁴⁵, the inadequacy of the hospital building was highlighted in that it could no longer fulfil the purposes of an acute mental

health facility. It also reiterated public concerns on the lack of investment which led to the dilapidation of the building and the harsh environment. It was also found to be difficult to access a standardised level of treatment and information from the various firms⁴⁶ working in Mount Carmel Hospital, with some firms being extremely specialised and open to working with migrants, whilst others being less cooperative⁴⁷. The cooperation between professionals supporting asylum seekers is particularly important, as for example legal practitioners have noticed that considerable weight is being given to medical reports in the evaluation of the applicant's need for protection, especially with regard to applicants with mental health problems⁴⁸.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) in a recent report recommended, amongst others, rendering the dormitories less austere and more personalised, ensuring that patients are provided with sufficient food, particularly in the evenings, and to completely refurbish the Maximum Secure Unit to create a therapeutic living environment⁴⁹. Furthermore, it recommended that the Maltese authorities undertake a complete review of the purpose and functioning of the forensic unit at Mount Carmel Hospital, with a view to making them fit for purpose.

At the end of 2021, the government launched the Crisis Resolution Home Treatment service to offer interventions

41 Information provided by the Office of the Mental Health Commissioner via email on the 21st February 2022.

42 Barnett, MacKay, Matthews, Gate, Greenwood, Ariyo et al., Ethnic variations in compulsory detention under the Mental Health Act: a systematic review and meta-analysis of international data, *The Lancet*, 2019.

43 Mental Health Services: <https://deputyprimeminister.gov.mt/en/mch/pages/home.aspx>, last accessed on 24th February 2022.

44 Times of Malta, Freezing showers and cracked floors: the state of Malta's mental health hospital, 2019 <https://timesofmalta.com/articles/view/freezing-showers-cracked-floors-dangerous-ceilings-the-state-of-maltas.712006>; Newsbook, Rethinking Mount Carmel, 2021 <https://newsbook.com.mt/en/rethinking-mount-carmel/>.

45 Ministry for Health, A Mental Health Strategy for Malta 2020-2030, July 2019 https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf, last accessed on 14th February 2022.

46 A team of doctors who work together to look after a list of patients. A firm usually consists of a consultant, a registrar and a number of junior doctors.

47 Interview with the Jesuit Refugee Service carried out on 24th February 2022.

48 ECRE, aditus foundation, *Asylum Information Database, Country Report: Malta*, 2021 https://asylumineurope.org/wp-content/uploads/2021/05/AIDA-MT_2020update.pdf.

49 Report to the Maltese Government on the visit to Malta carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 3 to 10 September 2015, CPT/Inf (2016) 25 <https://rm.coe.int/16806b26e8>.

at the service-users home or in the community. The team, composed of two psychiatrists, eight specialised nurses and one psychologist, provides timely psychiatric care to individuals in a mental health crisis. This service team is based close to the Mount Carmel Hospital grounds⁵⁰.

Besides inpatient care, the Community Mental Health Services⁵¹ provide mental health care services outside of a hospital setting. This service is provided by community mental health teams divided into three areas covering South, Central and North locations in Malta. The teams are made up of a number of mental health practitioners which include doctors, psychiatrists and psychiatric nurses, social workers, psychologists, and occupational therapists. Patients are referred to these services through general practitioners or doctors from primary health care centres. However, people have difficulty accessing psychological services due to capacity problems and long waiting lists that affect both the local and migrant population⁵².

Furthermore, three outreach teams⁵³ covering South, Central and North of Malta provide community support for patients with severe mental disorders or vulnerabilities that require psychiatric intervention. The aim of these teams is to ensure continuity of care, early intervention to prevent deterioration, and prevention from admission to hospital. Community Rehabilitation Centres situated in Floriana,

Qormi, Paola, Cospicua and Żejtun offer services to persons with mental health conditions that focus on the service-users self-identified goals together with other stakeholders such as family members, partners and community agencies.

The government, in partnership with Richmond Foundation and Suret il-Bniedem, offers a number of sheltered hostels and independent living units in the community for service-users. These are located across Malta and services-users are provided with professional support whilst also maintaining an appropriate level of independence.

There are currently no specialized treatment or services for victims of torture or traumatised asylum seekers or refugees due to lack of capacity in the sector⁵⁴.

3.1.2 Targeted Migrant Health Services

Migrant Health Liaison Office (MHLO)⁵⁵ is a department within Primary HealthCare that tackles the health needs of different migrant groups residing in Malta. The MHLO manages issues such as language barriers and cultural differences faced by migrants and healthcare professionals in the management of health-related problems. The MHLO carries out frequent and targeted health education sessions for various migrant groups, such as maternal health sessions, first aid courses and trafficking prevention.

An information document on Health Guidelines for Migrants, prepared by the MHLO and *Médecins Sans*

50 Crisis Resolution Home Treatment (CRHT), <https://deputyprimeminister.gov.mt/en/mch/Pages/community-mental-health-services/crisis-resolution-home-treatment.aspx> last accessed on 24th February 2022.

51 Community Mental Health Services <https://deputyprimeminister.gov.mt/en/mch/Pages/community-mental-health-services/community-mental-health-services.aspx>, last accessed on 24th February 2022.

52 Interview with the Jesuit Refugee Service carried out on 24th February 2022.

53 Outreach Teams <https://deputyprimeminister.gov.mt/en/mch/Pages/community-mental-health-services/outreach-teams.aspx>, last accessed on 24th February 2022.

54 ECRE, aditus foundation, *Asylum Information Database, Country Report: Malta*, 2021 https://asylumineurope.org/wp-content/uploads/2021/05/AIDA-MT_2020update.pdf.

55 Migrant Health Liaison Office <https://deputyprimeminister.gov.mt/en/phc/mhlo/Pages/mhlo.aspx>, last accessed on 14th February 2022.

Frontières includes a section on Emotional Health⁵⁶. It, however, does not include information on what mental health services are available and how to access such services or treatment. The MHLO has years of experience working with the promotion of healthcare with migrant groups but also with training of cultural mediators, healthcare professionals and frontliners.

In 2018, the estimated cost of the service provided by the MHLO was that of €40,675, which entailed the payment of one full-time liaison officer in the grade of a charge nurse and the payment of two cultural mediators working a total of 48 hours a week⁵⁷. Considering the complexity involved, which at times would entail a multidisciplinary approach, and the numbers of migrants, the annual costs involved are extremely low and could possibly need increased allocation of resources to bolster the service.

AWAS is the government agency tasked with the welfare of open centre residents, including refugees, persons enjoying international protection, and asylum seekers. Their therapeutic unit screens for vulnerability, including mental health disorders, and offers interventions and therapy to asylum seekers. However, in complex or difficult cases that require specific experience, they often times refer to services offered by NGOs that work in the field⁵⁸. AWAS screens asylum seekers for post-traumatic stress disorder (PTSD), depression and anxiety as part of the vulnerability

assessment procedures. It has been found that the time taken for concluding assessment procedures varies and that generally referrals for assessments based on mental health take longer to determine than cases where the vulnerability is obvious, such as physical disability⁵⁹. This is particularly important as applicants for asylum who are found to be vulnerable may have their asylum application prioritised and fast-tracked.

3.1.3 Mental Health Services in Detention

A general practitioner service has been set up by Primary HealthCare within the premises of Safi Detention Centre in order to address the medical needs of migrants being held in detention. The service does not include a mental health care practitioner onsite. The conditions within the Safi centres have prompted a number of stakeholders, including the Malta Chamber of Psychologists⁶⁰, to highlight that the inhumane conditions in detention could lead to serious mental health conditions.

In 2021, a former employee at the Safi detention centre spoke to a reporter and alleged that migrants with mental health issues were deprived of adequate care. She spoke of suicide attempts, and the contemplation of suicide by migrants almost daily. The employee claimed that emergency services were not called in any of the attempted suicide cases she knew of⁶¹.

56 Primary Health Care, Health Guidelines for Migrants, Migrant Health Liaison Office and Medecins Sans Frontieres, 2021 https://deputyprimeminister.gov.mt/en/phc/mhlo/PublishingImages/MHLO%20Updated%20version_Health%20Guidelines%20for%20Migrants.pdf, last accessed on 24th February 2022.

57 European Hospital and Healthcare Federation, Migrants and refugees – Good practices in hospitals and healthcare services, 2018 <https://deputyprimeminister.gov.mt/en/phc/mhlo/Documents/HOPE%20Good%20Practrices%20for%20Refugees%20in%20Hospitals%20and%20Healthcare%20Services.pdf>.

58 Interview with the Jesuit Refugee Service carried out on 24th February 2022.

59 ECRE, aditus foundation, *Asylum Information Database, Country Report: Malta*, 2021 https://asylumineurope.org/wp-content/uploads/2021/05/AIDA-MT_2020update.pdf.

60 “We should do better,” Psychologists call for humane treatment for detained asylum seekers <https://newsbook.com.mt/en/we-should-do-better-psychologists-call-for-humane-treatment-for-detained-asylum-seekers/>, last accessed on 24th February 2022.

61 Times of Malta, More detainees treated for self-harm, suicide attempts, April 2021, <https://timesofmalta.com/articles/view/more-detainees-treated-for-self-harm-suicide-attempts.861790>.



The feeling of not belonging and difficulties in integrating

A scathing document the Committee Against Torture, further to a monitoring visit in 2021, stressed the need for particular attention to be given to the mental health and psychological state of detainees, including those who are asylum seekers and may have been victims of torture or ill-treatment⁶². The report recommended bolstering mental health screening on arrival and psychiatric services in detention and reception centres.

In 2020, 93 detainees were taken to the psychiatric hospital, an increase from 60 in 2019 and 17 in 2018, in order to be treated for self-harm or suicide attempts⁶³. In the same period, a video purported to have been filmed covertly by detainees show migrants living in terrible conditions. The migrants shared their experience and spoke of a lack of hygiene, medical attention and nutritious food has let to deteriorating physical and mental health, including suicide attempts⁶⁴.

3.1.4 Services Offered by Non-State Organisations

There are a number of NGOs that provide mental health support services to migrants. The Jesuit Refugee Service (JRS) provides psychological assistance to asylum seekers and beneficiaries of protection in the community, in open and closed centres. The psychological assistance they provide includes brief intervention, awareness-raising groups, individual psychological support, and counselling⁶⁵. However, at the time of writing this report, access to detention by the psychosocial team, including psychologists, was being denied and this crucial service was stopped⁶⁶.

Tama NGO offers vulnerable persons support which includes counselling services⁶⁷. They support victims of violence against women, survivors of sexual violence in conflict, persons affected by forced migration due to climate change or protracted conflict, survivors of gender-based violence, and disabled persons.

With regards to non-migrant specific services, as mentioned above, Richmond Foundation⁶⁸ and Suret il-Bniedem, provide sheltered accommodation in partnership with the Ministry for Health. Richmond Foundation also provides psychological support services, rehabilitation programmes, and support at home⁶⁹. Solidarity Overseas Service (SOS) Malta offers a 24/7 online support service run by trained staff and volunteers via email, chat and smart messaging. The service is aimed at youth suffering from

62 Council of Europe, Report to the Maltese Government on the visit to Malta carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)/Inf (2021) 1, 2021 <https://rm.coe.int/1680a1b877>.

63 ECRE, aditus foundation, *Asylum Information Database, Country Report: Malta*, 2021 https://asylumineurope.org/wp-content/uploads/2021/05/AIDA-MT_2020update.pdf.

64 Times of Malta, Watch: Migrants in covert video beg to be sent back home, September 2020 <https://timesofmalta.com/articles/view/migrants-in-covert-video-beg-to-be-sent-back-home.816459>

65 Psychosocial support: <https://jrsmalta.org/psychosocial-support/>, last accessed on the 24th February 2022.

66 Interview with the Jesuit Refugee Service carried out on 24th February 2022.

67 Mental Health, <https://tama.ngo/mental-health/> last accessed on the 24th February 2022.

68 Assisted Living: <https://www.richmond.org.mt/our-services/assisted-living/>, last accessed on the 24th February 2022.

69 <https://www.richmond.org.mt/our-services/>, last accessed on the 24th February 2022.

social exclusion, abuse and / or psychological difficulties⁷⁰. St. Jean Antide Foundation offers support services to family members of persons suffering from mental health problems⁷¹. Caritas Malta offers social work and counselling services through professional advice, self-help, and support groups⁷².

3.2 Risk Factors

Newly arrived migrants and long-term refugees might experience different types of mental health problems, according to what experiences they might have gone through and the conditions of living. They might also face the loss of liberty due to the detention of migrants that arrive irregularly in Malta. As mentioned above, detention was found to have a profound effect on the mental health of migrants. In a study carried out by JRS, 80% of the respondents reported that their mental health was affected by being in detention⁷³. The deterioration was due to several factors which included loss of freedom, being isolated from the world, living conditions, separation from loved ones, and past traumas. In fact, detention has been described as a “*system that by its very nature causes psychological harm*”⁷⁴ and may have an adverse effect on a detainee’s mental health⁷⁵.

When it comes to long-term refugees, they might be more prone to experience the following factors: lack

of freedom, isolation from family members, lack of engagement in any sort of activity, and ambiguity regarding their legal status. Furthermore, persons coming from other countries and who develop an acute mental health episode are often socially isolated within their own community⁷⁶. All of these factors might contribute to mental health problems such as anxiety, PTSD, and depression amongst others.

There do exist some protective factors for migrants’ mental health. These include a high educational level, new opportunities to flourish, the availability of material and financial resources, and the development of resilience to stressors⁷⁷.

The risk factors listed below were identified through a series of interviews carried out with local stakeholders, such as mental health professionals, representatives of NGOs specialising in migration or mental health, and also state entities⁷⁸.

3.2.1 The Migrant Experience Pre-Departure

- Experiences in their country, including war, loss, torture, violence and discrimination
- Economic hardship

3.2.2 Travel and Transit

- Life-threatening events
- Physical harm experienced in the journey, from crossing deserts, detention facilities, and unsafe sea journeys
- Human trafficking

70 Kellimni, <http://www.sosmalta.org/kellimni>, last accessed on the 24th February 2022.

71 LWIEN <https://www.antidemalta.org/lwien-service-family-caregivers.html> last accessed on the 24th February 2022.

72 Social Work and Counselling Unit, <https://www.caritasmalta.org/fcm/cswu/> last accessed on the 24th February 2022.

73 Jesuit Refugee Service Malta, *Becoming Vulnerable in Detention*, 2010

74 Fazel, M., & Silove, D., *Detention of refugees*, British Medical Journal, 2006.

75 Jesuit Refugee Service Malta, *Care in Captivity - An analysis of the provision of care for detained asylum seekers experiencing mental health problems*, 2014.

76 Information provided by the Office of the Mental Health Commissioner via email on the 21st February 2022.

77 World Health Organisation, *Mental health promotion and mental health care in refugees and migrants - Technical guidance*, 2018, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf.

78 These interviews were carried out between the 10th February 2022 and the 24th February 2022.

3.2.3 The Migrant Experience in Malta

- Detention and the loss of liberty
- Lack of economic activity according to their abilities and skills
- Discrimination and racism
- The feeling of not belonging and difficulties in integrating
- Poor living conditions
- Access to entitlements and rights
- Integration difficulties
- Domestic violence
- Isolation and loneliness

3.3 Best Practices

The World Health Organisation (WHO) recommends a number of models for interventions to tackle the mental health of refugee and migrant populations. These recommendations focus on four main areas, namely, promoting social integration, overcoming barriers to access mental health care, facilitating engagement with care, and treating refugees and migrants with manifest mental disorders⁷⁹.

3.3.1 Social Integration

As previously mentioned, there is a link between the lack of social integration and the development of mental disorders. It therefore follows that promoting social integration would indeed have a positive effect on the mental health of migrants.

Although there is no scientific evidence on which forms of social integration would be more beneficial than others,

79 World Health Organisation, Mental health promotion and mental health care in refugees and migrants - Technical guidance, 2018 , https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf.

there is plenty of information on factors that influence the integration of migrants and those that promote equality and opportunities for migrants⁸⁰. Proactive engagement with different community leader representatives would be beneficial and would help to create awareness of mental health issues, services available, and to help facilitate support.

There is a continuing need for society, frontline workers, and health and social care providers to understand and empathise with the increased risks and stressors faced by foreigners and to work together to minimise these risks. Furthermore, workplace policies and social policies need to align better and work hand in hand with the various NGOs and community representatives to minimise risks⁸¹.

3.3.2 Overcoming Barriers to Access and Facilitating Engagement with Care

It is important to have a solid and effective mental health strategy and system in place that would assist in supporting all individuals experiencing mental health problems in the best way possible. By having the right and enough resources in place to tackle mental health problems as soon as they are identified, the course of

80 Such as the Migrant Integration Policy Index, <https://www.mipex.eu/key-findings>, aditus foundation, Malta Integration Network: a way forward for a National Integration Policy in Malta, 2014 <https://www.um.edu.mt/library/oar/bitstream/123456789/12518/1/Aditus%20report.pdf>; JRS Malta, aditus foundation and Integra Foundation, Dari? Refugee voices on making Malta home, 2019 <https://aditus.org.mt/Publications/dari.pdf>; JRS Malta, aditus foundation and Integra Foundation, Family Unity: A Fundamental Right, https://aditus.org.mt/Publications/pipublicationfamilyreunification_2018.pdf; JRS Malta, aditus foundation and Integra Foundation, Long-Term Residence and Citizenship by naturalisation: A necessity for integration, 2018 https://aditus.org.mt/Publications/pipublicationlrcitizenship_2018.pdf.

81 Information provided by the Office of the Mental Health Commissioner via email on the 21st February 2022.

action and recovery would automatically be easier with minimum long-term negative impact on the individual⁸².

Specifically, when it comes to migrants and refugees, the earlier they are reviewed and assessed the more effective the necessary interventions will be. In order to widen the reach of mental health interventions, there needs to be good quality interpretation services, available cultural mediation, and cultural competences training for medical professionals.

Although progress may be seen to be slow in Malta, during the course of the research it was pointed out that the psychological support given to migrants through AWAS was a positive step forward. The psychosocial services offered by NGOs, such as the JRS, were also seen as a best practice⁸³.

3.3.3 Provision of Treatment

Malta has recognised that whilst migrants and temporary foreign visitors have particular needs, evidence shows that this cohort should not be managed in a separate service but should be mainstreamed with the general population⁸⁴. In this regard, when it comes to treatments for almost all mental disorders, treatments have not been separately tested in the migrant or refugee cohort⁸⁵. It can however be assumed that treatment guidelines that have

been developed for the general population can be applied to the migrant cohort.

In order to support this, the Mental Health Strategy highlights that mental health mainstream services offered to migrants should be more effectively supported. This support should be provided in the form of staff training, availability of interpreting services, and intercultural awareness in the provision of mental health services⁸⁶.

There is also a need for more mental health first aid awareness amongst frontline professionals who deal with migrants and refugees.

82 Information provided by a non-governmental organisation specialised in the provision of mental health services, on 10th February 2022.

83 Information provided by a healthcare worker specialised in migrant health, on 10th February 2022.

84 Ministry for Health, A Mental Health Strategy for Malta 2020-2030, July 2019 https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf, last accessed on 24th February 2022.

85 World Health Organisation, Mental health promotion and mental health care in refugees and migrants - Technical guidance, 2018, https://www.euro.who.int/__data/assets/pdf_file/0004/386563/mental-health-eng.pdf.

86 Ministry for Health, A Mental Health Strategy for Malta 2020-2030, July 2019 https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Mental_Health_Strategy_EN.pdf, last accessed on 24th February 2022.

Design mental health policies that respond to migrants' needs



4. Recommendations

4.1 Legal Entitlements

- Guaranteeing the legal entitlement of asylum seekers, refugees and migrants to access mental health services and medication, including long-term, is crucial.
- This is particularly important for undocumented migrants, such as failed asylum seekers and individuals who have entered a country without documentation. Limiting access to emergency services and not extending medical treatment to include long-term treatment and possibly medication for mental disorders is counterproductive.
- Provide information to both the migrants and the service providers of the legal entitlements to medical care and treatment in order for both to be fully aware of the entitlements.

4.2 General Policies

- Design mental health policies that respond to migrants' needs. In this regard, good quality data on the health status, needs, and expectations of migrants with regards to mental health in Malta is required.
- Update the *Migrant Integration Strategy and Action Plan 2020* to include measures relating to the mental health of migrants.
- Improve the quality of medical support on arrival at reception and detention centres, which will include the screening of mental disorders, such as PTSD.
- In order to have precise data there should be the inclusion of the determinant "migration background"

in official health monitoring, including that of mental health monitoring.

- Increase the availability and funding for specific training and awareness for mental health professionals with an interest in migrant mental health issues.
- Invest in and encourage research studies and service evaluations on the provision of mental health services to refugees and migrants with a view to improve service provision.
- Raise awareness within migrant communities of mental health issues and the remedies available to remove the stigma and taboo that surrounds mental health.
- Introduce specific interventions that target undocumented migrants and failed asylum seekers that are at risk of detention and deportation. There needs to be guidelines on how to assess and support their psychosocial needs.
- Remove and revise the practice of detention for asylum seekers to include more humane alternatives to detention.

4.3 Removing Barriers

- Set up a robust and effective system for psychiatric care and services in all detention centres around Malta, which includes comprehensive individual medical records for each detainee.
- Set up professional outreach services to migrants in detention, in open centres, and in the community in order for them to be referred to mainstream



Increase education and sensitisation programmes to the general public regarding migrant issues

mental health services, together with the appropriate interpreting services.

- Increase the number of cultural mediators engaged with the mental health services, for both inpatient and community services.
- Increase the availability of interpreting services to improve engagement with clinicians. In absence of the availability of interpreters, implement a system which encourages the use of technology through online or telephone interpreting services.
- Introduce training programmes on cultural competence for mental health professionals which can help clinicians assess mental health difficulties.
- Increase the capacity of professionals working in community mental health services and outreach services.

4.4 Social Integration

- Provide minimum standards and better living conditions for migrants arriving in Malta in order to reduce the risk of physical diseases, mental health diseases, homelessness and the like.
- Increase and improve information provision to all migrants on arrival about what to expect when living in Malta, including their rights and obligations.
- Provide support to employers to offer workplace support for migrant workers.
- Train and encourage migrants and refugees to act as peer supporters for others in order to increase social integration and promote mental health.
- In order to decrease social isolation, increase educational and employment programmes and social activities.
- Increase education and sensitisation programmes to the general public regarding migrant issues.
- Encourage the visibility of migrants and migrant issues on mainstream media and mainstream TV programmes.

Bibliography

Articles & Reports

- aditus foundation, Malta Integration Network: a way forward for a National Integration Policy in Malta, 2014
- Agency for the Welfare of Asylum Seekers, *Information Booklet for Residents of Open Centres*, 2014
- Bogic M, Njoku A, Priebe S. Long-term mental health of war-refugees: a systematic literature review. *BMC Int Health Hum Rights*. 2015.
- Brydsten A. et al., *Social integration and mental health – a decomposition approach to mental health inequalities between the foreign-born and native-born in Sweden*, *International Journal for Equity in Health*, 2019
- Council of Europe, *Report to the Maltese Government on the visit to Malta carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)*, CPT/Inf (2021) 1, 2021
- Close C, Kouvonen A, Bosqui T, Patel K, O'Reilly D, Donnelly M. The mental health and wellbeing of first generation migrants: a systematic-narrative review of reviews. *Glob Health*, 2016
- Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review, *Lancet*, 2005.
- Jesuit Refugee Service Malta, *Care in Captivity - An analysis of the provision of care for detained asylum seekers experiencing mental health problems*, 2014
- Jesuit Refugee Service Malta, *Bridging Borders - Report on a project to provide sheltered accommodation and psychosocial support to vulnerable asylum seekers to whom such services are not otherwise available*, 2012
- Jesuit Refugee Service Malta, *Keeping your mind Healthy – A self-help guide to psychological health*, 2012
- Jesuit Refugee Service Malta, *Becoming Vulnerable in Detention*, 2010
- Jesuit Refugee Service Malta, aditus foundation and Integra Foundation, *Dari? Refugee voices on making Malta home*, 2019
- Jesuit Refugee Service Malta, aditus foundation and Integra Foundation, *Family Unity: A Fundamental Right*, 2018
- Jesuit Refugee Service Malta, aditus foundation and Integra Foundation, *Long-Term Residence and Citizenship by naturalisation: A necessity for integration*, 2018
- Johnston V, Allotey P, Mulholland K, Markovic M, *Measuring the health impact of human rights violations related to Australian asylum policies and practices: a mixed methods study*, *BMC International Health and Human Rights*, 2009
- Juárez, Honkaniemi, Dunlavy, Prof Rostila, Aldridge, Barreto, Katikireddi, *Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis*, *Lancet Global Health* 2019
- Mig-HealthCare, *Minimize Health Inequalities and Improve the Integration of Vulnerable Migrants and Refugees into Local Communities, Final Report*, 2020

Momartin S, Steel Z, Coello M, Aroche J, Silove DM, Brooks R, A comparison of the mental health of refugees with temporary versus permanent protection visas, *Medical Journal Australia*, 2006.

Padovese, Egidi, Melillo Fenech, Podda Connor, Didero, Costanzo, Mirisola, *Migration and determinants of health: clinical epidemiological characteristics of migrants in Malta (2010-11)*, *Oxford Journal of public health*, 2013

Peñuela-O'Brien, Wan, Edge, Berry, *Health professionals' experiences of and attitudes towards mental healthcare for migrants and refugees in Europe: A qualitative systematic review*, *Transcultural psychiatry*, 2022

Prolepsis Institute, *Mig-HealthCare Project, Scientific Articles and Conference Presentations*, 2018

Reijneveld SA, de Boer JB, Bean T, Korfker DG, *Unaccompanied adolescents seeking asylum: poorer mental health under a restrictive reception*, *The Journal of Nervous and Mental Disease* 2005.

Steel Z, Silove D, Brooks R, Momartin S, Alzuhairi B, Susljik I, *Impact of immigration detention and temporary protection on the mental health of refugees*, *British Journal of Psychiatry*, 2006.

Taylor-East, Rossi, Caruana, Grech, *The mental health services for detained asylum seekers in Malta*, *BJPsych international*, 2016

UNHCR, IOM and MHPSS.net, *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe A Multi-Agency Guidance Note*, 2015

University of Athens, *Mig-HealthCare Project, Report on Models of Community Health and social care and best practices*, 2018

University of Uppsala, *Mig-HealthCare Project, Migrants' access to health care in Europe – A literature Review*, 2018

World Health Organisation, *Mental health promotion and*

mental health care in refugees and migrants - Technical guidance, 2018

Policies

Ministry for Health, *A Mental Health Strategy for Malta 2020-2030*, 2019

Ministry for Home Affairs and National Security, *Strategy for the Reception of Asylum Seekers and Irregular Migrants*, 2016

Ministry for Home Affairs and National Security, *Policy Regarding Specific Residence Authorisation*, 2020

Ministry for European Affairs and Equality, *Integration Equals Belonging – Migrant Integration Strategy and Action Plan – Vision 2020*, 2020.

Legislation

Charter of Fundamental Rights of the European Union, 2012/C 326/02

European Social Charter, ETS No. 163

Additional Protocol to the European Social Charter Providing for a System of Collective Complaints (ETS No. 158)

Human Rights Council Resolution 36/13 (2017): Mental health and human rights

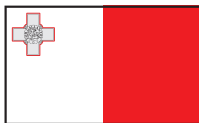
Human Rights Council Resolution 26/21 (2014): Promotion of the right of migrants to the enjoyment of the highest attainable standard of physical and mental health



aditus
accessing rights



GOVERNMENT OF MALTA
PARLIAMENTARY SECRETARIAT
FOR REFORMS AND EQUALITY



Asylum, Migration and Integration Fund 2014-2020

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Sustainable Management of Migration Flows





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