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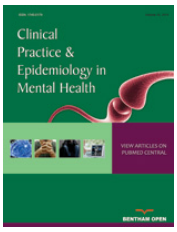


RESEARCH ARTICLE

# Human Rights of Asylum Seekers with Psychosocial Disabilities in Europe

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**Abstract:**

***Background:***

The migrants crossing the Mediterranean towards Europe have dramatically been increased in 2015 as the number of incidents and deaths

***Objective:***

This editorial summarizes the results of our work and highlights some critical aspects that hinder the care to asylum seekers with stress disorders.

***Method:***

Screening for mental disorders was performed in all migrants joint three camps in Sardinia (January-September 2015) using K6, Short Screening Scale for Post Traumatic Stress Disorder (PTSD) and with an interview. Positives were evaluated by psychiatrists and if they needed, have been treated and evaluated at the start of treatment and three months later.

***Results:***

22.1% of the sample, (22.6% female, 38.5±12.9 years) were positive for at least one screener; 8.7%, (24% female) had a diagnosis of depressive or bipolar DSM5 disorders and 7.6%, (25% female) of PTSD. After three months of treatment: 51 treated people (26.8%) had left the camps. 53.1% of those remaining declared had relatives in northern Europe that they wanted to reach. Only 8.3% showed a significant clinical improvement.

***Conclusion:***

Clinical improvement was dramatically poor in people who stay in the camps. Dissatisfaction and feeling they could not join relatives may have had a negative impact. In PTSD, with the experience of torture and seeing family members killed, staying with surviving relatives in stable conditions would be an important part of treatment. From this point of view the UE Dublin Regulation seems not to be in agreement with the UN Convention on the rights of persons with disabilities

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**Keywords:** Asylum seekers, Europe, Mood disorders, PTSD, UN CRPD.

## INTRODUCTION

Our clinical unit has recently offered mental health care at asylum seekers, rescued from ships from the horrors of wars, as have many other psychiatric facilities in Sardinia, Sicily and Greece [1]. In fact the number of migrants crossing the Mediterranean towards Europe has dramatically increased in 2015; as the number of incidents and deaths [2, 3]. This editorial summarizes our activity and the results of our work and highlights some critical aspects that hinder the care to asylum seekers with stress related disorders.

## METHODS

Screening for mental distress was performed in all migrant joint three camps in Sardinia over January September 2015 using K6, Short Screening Scale for Post Traumatic Stress Disorder (PTSD)(French, English and Arabic validated versions) [4] and with an interview on wellness conducted by psychologists with cultural facilitators. Positive cases were re-evaluated by two psychiatrists with transcultural experience. People with psychiatric needs have been treated and evaluated at the start of treatment and three months later by means of CGI-S [5]. All patients were treated according to shared international standards [6].

## RESULTS

In a sample of 860 asylum seekers (21.7% female, age: 36.9+/-14.7), we found that 190 (22.1% of sample, 22.6% female, age; 38.5+/-12.9) were positive for at least one screener; seventy-five (8.7%, 24% female, age 36.9+/-13.3) had a diagnosis of depressive or bipolar DSM-5 disorder (MD) and 56 (7.6%, 25% female; age 39.4+/-12.6) of PTSD or PTSD plus MD. Syrians showed the higher risk of PTSD against other groups (OR=6.24, IC95% 1.20-28.0). Psychiatric disorders were treated with: antidepressants (64.1%) mood stabilizers (24.4%); antipsychotics (4.5%) and/or psychological support (100%). After three months of treatment: 51 treated people (26.8%) had left the camps without giving any explanation; some were stopped by illegally trying to escape from Italy.

Those who remained in the hosting facilities had psychopathological conditions worse than those that had gone away, CGI-S score 3.86+/-0.8 vs 3.45 +/-0.9 (df 1,188, 189, F= 9.15, P=0.003); 70.8% of those remaining declared that they should not be officially registered in Italy as destination of arrival because under European Union "Dublin Regulation" they have to stay in the country of first asylum; 53.1% had relatives in northern Europe that they wanted to reach. In those who stay, CGI-S score change from 3,86+/-0.8 to 3.69+/-0.9 at three months (df 1,276, 272, F= 2, 77, P=0.010). Only 8 (8.3%) showed a significant clinical improvement, scoring 2 points or less at GCI-S.

## DISCUSSION

Clinical improvement was dramatically poor in people who stay in Italy. Dissatisfaction and feeling of prisoners because they could not join relatives may have had a negative impact on outcome. Studies have shown that social support influenced long-term response to trauma and the lack of social contacts in exile predicted the maintenance of PTSD symptoms [7]. Thus in severe PTSD, with the experience of torture and seeing family members killed, staying with surviving relatives in stable conditions would be an important part of treatment. From this point of view, the Dublin Regulation [8] seems not to be in agreement with Articles 23 and 25 of the UN Convention on the rights of persons with disabilities [9], which the European Union has signed, because in these rules reunification with families is taken into consideration but it is impossible to do due to the long burocracy required (and in fact no migrant asked for reunification). This condition is a "de facto" denial of the right to appropriate treatment for asylum seekers with PTSD with doubt of illegality in face to the UN Convention.

## CONFLICT OF INTEREST

The authors confirm that this article content has no conflict of interest.

## ACKNOWLEDGEMENTS

Declared none.

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