

CONFERENCE ABSTRACT

Threats on well-being in asylum seekers in the Netherlands. A scoping review: An Integrated Personalized Care Approach

ICIC20 Virtual Conference – September 2020

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Introduction:

Asylum seekers in Dutch refugee Camps are often heavenly burdened from mental health problems triggered by the reason of fleeing and the circumstances during their travel to the Netherlands. This leads frequently to self-medication for relieve and as a consequence addiction, lower quality of life and mutual displeasure. In order to create an overview of existing knowledge of why so many asylum seekers experience psychiatric problems in Dutch refugee Camps, we reviewed the literature on influencing factors on mental health of asylum seekers with regard to the experience of the asylum seekers procedure and staying in a refugee camp.

Methods:

We used the PRISMA ScR statement recommendations in the design, literature search, analysis, and reporting of our scoping review (Tricco et al., 2018).

Results:

The duration of the asylum procedure is an important risk factor for experiencing psychiatric problems. How asylum seekers perceive and cope with illness in terms of their culture of origin, is often unknown by professionals providing mental health care in refugee camps in the Netherlands. The Dutch refugee camps are typically parsimonious; meaning asylum seekers receive "bed, bath and bread", as such they literally receive only the very basic support. An asylum seeker has limited rights in the Netherlands. They live usually in mixed groups of refugees of different cultural background in small living facilities. They can't work, only voluntary on the asylum seekers centre and work that is mostly far below their education level, such as cleaning work while they have an academic degree. They get a small weekly allowance for groceries, clothes and all the other things they need. Only children with the age under eighteen have access to school facilities.

Discussion:

When an asylum seeker gets a residence permit, this person moves from the asylum seeker centre to a living space in the Dutch community. This reliefs the person from the strict regulations in the asylum seeker centre, leading by itself to a better health perception. However they face problems from the burden full experiences of living in the strict regime in the asylums seeker centre, not feeling prepared for living in the free Dutch society.

Conclusions:

Circumstances in Dutch refugee centres have an increasing effect on psychiatric problems of refugees. These problems are originated in the reason of fleeing and the circumstances during their travel to the Netherlands, but are accelerated by the strict regime in Dutch refugee centres.

Lessons learned:

Living in mixed cultural setting in sparse circumstances should be supported by healthcare providers in Dutch refugee camps which have competencies in guiding refugees in how they perceive and cope with illness in terms of their culture of origin.

Limitations:

There is no universal way to treat asylum seekers, and the literature is not specific in how to deliver integrated and personalized care.`

Suggestions for further research:

Cultural sensitive treatment possibilities and current treatment evaluation of healthcare for refugees in refugee camps.