

### **Worry about the psychiatric diseases in asylum applicants in Danish asylum camps.**

#### **Essential subjects.**

1. During the last 18 months 245 refused asylum applicants have received temporary residence permit due to severe psychiatric diseases, developed while they lived in the Danish asylum camps. Most often they had diagnosis of depression and / or psychoses.

From my experience the asylum applicants must have invalidating psychiatric diseases, before the authorities accept it to “be enough”.

Even invalidating and chronic states of PTSD – post traumatic stress disorder – are usually not accepted by the Ministry.

The temporary residence permit will usually be donated for 6 or 12 months, and then the asylum applicant once again has to apply for a residence permit, documenting that his health situation has not become better. This situation further stresses and disables him and his family.

2. Since 2001 the frequency of attempted suicide has tripled – being today six times the frequency in the Danish population. Many children have experienced suicide attempts in their close family.

3. The adult asylum applicants develop psychiatric diseases of a severity and complexity that is not well known among professionals outside the asylum camps. The consequence is, that the refugee will not receive proper multidisciplinary treatment inside the camps – or later when they have received the temporary residence permit and try to integrate themselves in the society.

4. Concerning the children and adolescents their normal development is influenced in a destructive – and possibly irreparably - degree. No follow up has been established on that.

The ordinary professional knowledge about important and necessary environmental conditions for the development of children is not taken into consideration in planning the daily life for those children. The children do not receive sufficient training in language, neither in their native language nor in the Danish. The internal schools of the camps are more suitable for excluding the kids from the Danish society than to offer them supportive education in a normal setting. Our neighbouring countries show how it is possible to give asylum children a well planned and rehabilitating educating in the public school system, where the knowledge about the special needs of these children exists and develops further.

In Denmark asylum children become more and more disabled in their cognitive and emotional development the longer, they have to stay in the camps.

From a child and adolescent psychiatric point of view, the situation for children and parents with PTSD is locked in a very destructive dynamic, where they try to keep control on the adults in the family without managing it. But they loose the childhood, which should be the basis for the development to a healthy and competent citizen.

The children suffer from the chaotic depressive mood in the camps, anxiety that constantly influences their lives – and severe nightmares, which make them extremely exhausted. That again influences their capacity for learning.

5. Both adults and children suffer from psychiatric diseases – and the children from developmental disturbances, which can only be rehabilitated by immediate and multidisciplinary intervention outside the camps after more permanent residence.

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