

Health of child immigrants, specifically unaccompanied Minors

Article 1

Eurostat: European Perspective

Almost 90 000 unaccompanied minors among asylum seekers registered in the EU 2015.
Slightly more than half are from afghanistan

88 300 asylum seekers applying for international protection in the EU were considered to be unaccompanied minors.

- 91% were males + over half were 16-17 years old (50%+)
- 29% =14-15 years old
- 13% = < 14 years

approximately

Largest share in Italy,.....Sweden, UK, Netherlands, Denmark, Finland & Bulgaria.

In the EU total unaccompanied minors = 23% of all asylum applicants less than 18 years

Source: Eurostats 2016 <http://ec.europa.eu/eurostat/documents/2995521/7244677/3-02052016-AP-EN.pdf/>

Article 2

A German study

Health status and disease burden of unaccompanied asylum-seeking adolescents

- Aim: to investigate physical and mental disease
- Method: cross sectional survey
- Results: infections, iron deficiency anaemia, parasitic infections
 - Sub Sahara africans = more infections & parasites
 - West Asia = more mental disorders
 - Overall: disease burden in females was higher
- Conclusion:
 - Medical & physical screening essential
 - Lower barriers to health service

Source:

Marquard L, et al. Health status and disease burden of unaccompanied asylum seeking adolescents in Bielefeld, Germany: cross sectional pilot study. Tropical Medicine and International Health
<https://www.ncbi.nlm.nih.gov/pubmed/26610271>

Article 3

ESCAP = European society for Child Adolescent Psychiatry

A first assessment of the needs of young refugees arriving in Europe: what mental health professionals need to know.

- Important to identify pre existent mental disorders
- Assessment = snapshot but each country has its own story to tell.

Greece = more Syrians and Afghanis

Germany = more applicants

Minors represent 1/4th of all refugees

Age determinations are not precise.

What to consider:

1. Pre flight experiences
2. Flight experiencenb for planning post flight context
3. Arrival in host country. Safe environment is important for long term health.
4. Asylum procedure is stressful

Physical Issues:

1. Physical exhaustion
2. Physical health, ie nutrition, acute health problems
infections, Iron deficiency anaemia
3. Mental health issues - literature limited, information /research crude

Conclusion: Family involvement important

Source:

ESCAP. A first assesement of the needs of youg refugees arriving in Europe: what mental health professionals need to know. Euro Child Adolescent Psychiatry 2016.

<https://www.ncbi.nlm.nih.gov/pubmed/26696307>

Questions to be answered for the following meeting:

- 1 Should PNAE be doing something?
- 2 What is our own knowledge on this subject?
- 3 Should PNAE members create awareness? How?
- 4 Do paedrs nurses come into contact with this population group of children?

Many thanks

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