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Pathways for refugees with trauma

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the authorities' approach in tracking down and treating refugees with psychological trauma (in the following referred to as trauma). It is estimated that 30 to 50% of all refugees in Denmark are living with trauma. According to several specialised treatment centres, many refugees have been in Denmark for 10 to 15 years before they are referred to trauma treatment. Trauma has an impact on the quality of life of the affected individuals and on the well-being and integration of their families. Traumatized refugees also use the services of hospitals considerably more frequently than other refugees and their employment rate is also lower than that of other refugees. Resulting public costs and missing tax revenues are significant.

In the last few years, Denmark has received a large number of refugees in the aftermath of international crises and not least the Syrian war. In the course of the past five years alone, just under 67,000 asylum seekers and individuals, who have been reunited with family members living in Denmark as refugees, have obtained a residence permit. Although the number of refugees coming into the country today is considerably lower than in preceding years, refugees and individuals who are reunited with refugees living in Denmark will continue to come to Denmark. **Not all refugees with trauma require or are ready for treatment when they arrive in this country; but when they do or are ready, they should be tracked down as early as possible.**

2. This is a cross-sectoral study intended to provide an assessment of whether the Ministry of Immigration and Integration and the regions¹⁾ are ensuring an adequate and coherent effort to track down and treat traumatized refugees, and thus enable them to find employment as soon as possible. The study answers the following questions:

- Is the Ministry of Immigration and Integration ensuring a timely and coherent approach in relation to the municipalities' tracking down of traumatized refugees?
- Are the regions ensuring and the Ministry of Health supporting efforts to provide specialised treatment to traumatized refugees, and are the regions coordinating the treatment with the municipalities?

Rigsrevisionen initiated the study in November 2017.

Trauma

A trauma is a psychological, emotional response to a deeply distressing event or experience such as, for instance, torture or war. Trauma may lead to physical and/or psychological problems that may reduce the functionality of the affected person. In this study, we focus on psychological trauma in refugees.

¹⁾ The five Danish regions are responsible for all treatment provided by the Danish Healthcare System.



Conclusion

It is Rigsrevisionen's assessment that the Ministry of Immigration and Integration and the regions have not ensured an adequate and coherent approach in tracking down and treating refugees with trauma. This is a challenge to the municipalities' framework conditions for organising effective integration of refugees that helps them find work as early as possible after their arrival to Denmark. The goal set for recently arrived refugees is that they should be in employment within one year after their arrival.

Amendment of the Act on Integration of Aliens in Denmark

The amendment of the act in June 2016 largely reflected the government's agreements with the labour market parties and the association of local governments of the same year. The agreements were to ensure better employment rates for refugees and provide the municipalities with more flexibility in managing integration.

Pathways for refugees with trauma can include a number of transitions between staying in an asylum centre, integration in a municipality and hospital treatment. The passing of data on the refugees in connection with the transitions is essential for the effectiveness of the programme. The Ministry of Immigration and Integration has failed to ensure passing of relevant data about the health of the refugees in the transition between asylum centre and municipality. It appears from comments made during the Danish parliament's reading of the amendment to the Act on Integration of Aliens that it was the intention of the ministry to support systematic passing of health data.

Health data can only be passed from the asylum centres, if relevant data is available and consent to pass it has been obtained. Rigsrevisionen's study, which is based on a representative sample, shows that 51% of the refugees in the asylum centres are registered as having psychological problems. The study also shows that the municipalities have only been informed about psychological problems relating to 5% of the refugees that they receive from the asylum centres. This in spite of the fact that largely all refugees have consented to the passing of their health data in a special form that was developed by the Ministry of Immigration and Integration to ensure that relevant data is passed to the municipalities.

It is Rigsrevisionen's assessment that the limited passing of health data may lead the municipalities to believe that the refugees do not have any health problems. This entails a risk that the municipalities do not, of their own accord, retrieve data from the medical records held by the asylum centres and fail to offer medical examination to the refugees that need it the most. Rigsrevisionen's sample shows that the municipalities fail to assess the need for medical examination of over one third of the recently arrived refugees, as they are required to according to the Act on Integration of Aliens in Denmark. Another third of the refugees are not offered medical examinations, despite the fact that the data provided from the asylum centres to the municipalities indicates that many of them need to be examined. This means that the municipalities in the vast majority of cases are planning the integration effort on an insufficient basis. The Ministry of Immigration and Integration is currently following up challenges arising from the transfer form and the municipalities' practise for assessing the need for medical examination.

In accordance with the Danish patients' rights, refugees with trauma that the municipalities manage to track down are entitled to receive specialised treatment within four weeks. The regions have reduced past years' long waiting times for regional trauma treatment services, yet the waiting times for services provided by the three private specialised hospitals out of the total 10 services available are close to two years. The fact that many refugees wait a long time for treatment is a problem, because the waiting time may impair their health and hamper their integration into society. In future, the Ministry of Health will monitor the activity in specialised treatment based on registry data. Due to inadequate registration of data by the treatment centres, the ministry's possibilities of monitoring the treatment of traumatised refugees are however limited.

It is Rigsrevisionen's assessment that the regions have not adequately coordinated the pathways for refugees receiving treatment for trauma with the municipalities. The fact that not all correspondence between the regions and municipalities is digitally supported, despite several attempts to achieve that over the past years, could explain the limited degree of coordination. In three of the regions, the social and employment services departments are still unable to receive clinical e-mails, and in the last two regions, the use of clinical e-mails is extremely limited. This situation challenges the cohesion of pathways for traumatised refugees in all the regions.

Overall, Rigsrevisionen's study shows that the providers of pathways for refugees with trauma still need to find a way to ensure effective exchange of relevant data across sectors. Rigsrevisionen therefore points to a need for the service providers working with immigration, integration and health to optimise the process of tracking down and treating traumatised refugees quickly and effectively, and thus help as many of them as possible find employment.

Private treatment centres

Specialised hospitals run by independent humanitarian organisations and associations provide various treatment options. Denmark has 16 specialised hospitals of which three offer treatment to traumatised refugees.

Clinical e-mails

Clinical e-mails are used for fast and secure exchange of sensitive personal data. They were developed by Medcom, a company owned by the Ministry of Health, the Danish Regions and the association of local governments.