



SI Ad Hoc Query on medical service for persons with international protection

Requested by SI EMN NCP on 24 January 2012

Compilation produced on []

Responses from Belgium, Cyprus, Estonia, Finland, France, Hungary, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Portugal, Slovak Republic, Slovenia, Sweden, United Kingdom and Norway (17 in Total)

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1. Background Information

As regards the provision of medical services to persons under international protection there are in practice various problems which are the consequence of not knowing the language of the host country. These problems have been emerging lately in particular since the persons under international protection are coming from the areas where exotic languages are spoken and are poorly literate (or even illiterate) and do not speak English. These persons have difficulties in deciding to see the doctor, they are unable to explain the source of their problems and do not understand well the course of medical treatment.



2. Responses¹

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| | | Wider Dissemination? ² | |
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¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

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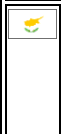
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| | | | <p>1. How do member States resolve the problems in communicating with persons under international protection in medical institutions?</p> <p>2. Are there also special assistance programmes for resolving these difficulties (for example the presence of a translator or interpreter, a special dictionary containing basic medical terminology...) available to persons under international protection and who funds them?</p> <p>3. In case there are such programmes or materials available you are requested to communicate them via e-mail or Website/Internet address.</p> <p>4. Are there, besides the existing systemic programmes, any special assistance programmes available to persons under international protection who are addicts or victims of post traumatic stress disorder?</p> <p>5. If there are special programmes available, what are the requirements for participating in them and how are they funded?</p> |
|  | Austria | No | |
|  | Belgium | Yes | <p>1. In Belgium, the structures and projects to overcome communication problems in medical institutions are in most cases not specifically aimed at persons under international protection; but are also available for other foreigners or migrants. Diverse initiatives and translation services funded by the federal or the regional governments are made available to overcome language problems in medical institutions.</p> <p>2.</p> <ul style="list-style-type: none"> - At federal level, the function of intercultural mediator has been created to overcome the problem of communication problems in medical institutions. These intercultural mediators do every year more than 80,000 interventions in 17 different languages. The treatment of the applications and the evaluation and supervision of the initiatives in the field of intercultural mediation is coordinated by the cell "Coordination Intercultural Mediation". General and psychiatric hospitals and other medical institutions can apply for funding of an intercultural mediator at the Federal public service: health, food chain safety and environment. - The Flemish Government is funding the phone translation service "Ba-bel" which is offering free telephone interpreting to organizations under Flemish competence who provide support and medical aid. In the Flemish region there are also several other social interpreting and translation services who can be contacted by social workers for interpreting and translation jobs. |

² A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."






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| | | | <p>- "Setis" and "Sisba" are non-profit organizations funded by the Walloon and Brussels regional governments. These organizations offer telephone and written translations to asylum seekers, refugees and other migrants.</p> <p>3.</p> <p>- Intercultural mediation: http://www.health.belgium.be/eportal/Myhealth/PatientrightsandInterculturalm/Interculturalmediation/index.htm?&fodnlang=en</p> <p>- Ba-bel: Vlaamse Tolkentelefoon www.vlaamsetokentelefoon.be - Social interpreting and translation: Kruispunt: www.kruispuntmi.be/coc - SETIS: http://www.setisbxl.be - SISBA: http://www.servicedinterpretariatsocial.be/</p> <p>4.</p> <p>- At federal level, the hospitals and psychiatric hospitals can invoke an intercultural mediator; who can provide support during the treatment of persons with mental problems.</p> <p>- In Flanders, the initiative 'Culturesensitive Care' can be contacted for psychological support and focuses on the cultural dimension. http://www.csz-vlaanderen.be/</p> <p>- In Brussels, the mental health center "D'ici et d'ailleurs" is a non profit organization specialized in psychological and psychiatric problems faced by foreigners. http://www.bruplus.irisnet.be/nl/content/dici-et-dailleurs-centre-de-sant%C3%A9-mentale</p> <p>- In the Walloon region, the "Clinique de l'exil" is specialized to offer mental care to refugees, asylum seekers and victims of human trafficking.</p> <p>5. As mentioned above general and psychiatric hospitals can apply for funding of an intercultural mediator at the "federal public service health, food chain safety and environment." The regional projects and non-profit organizations active in the different regions in Belgium are financed or co-financed by the respective regional governments.</p> |
|  | Bulgaria | Yes | |
|  | Cyprus | Yes | <p>1. English language is usually used as it can be understood by most people. In addition Russian and Romanian can also be used.</p> <p>2. There are no programmes for such cases.</p> |




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| | | | <p>3. There are no programmes/materials.</p> <p>4. No special programmes are implemented for persons under international protection, however they are entitled to therapeutic programmes, available to national beneficiaries.</p> |
|  | Czech Republic | Yes | |
|  | Denmark | Yes | |
|  | Estonia | Yes | <ol style="list-style-type: none"> 1. Medical care of persons under international protection is the responsibility of the Estonian Ministry of Social Affairs, who pays for the services of translators if needed. 2. There are no special programmes. Translation services provided to persons under international protection are paid by the local government who receives its funds from the Ministry of Social Affairs. 3. There are no programmes/materials. 4. Estonia doesn't implement any special programmes for this category of persons, they can attend therapeutic programmes funded by health care system. <p>There are no special programmes available to persons under international protection.</p> |
|  | Finland | Yes | <ol style="list-style-type: none"> 1. In accordance with Section 5 of the Act on the Integration of Immigrants and Reception of Asylum Seekers municipalities may provide interpretation services in order to promote and support integration. Using interpreters is common in the capital area of Finland where the majority of immigrants have settled. 2. The interpreters used in medical institutions are usually experts in the field of medical terminology (Interpretation service providers have interpreters specialised in different fields). 3. N/A 4. The Centre for Torture Survivors in Finland is an outpatient ward of specialized healthcare for assessing, treating and rehabilitating refugees and asylum seekers and their family members resident in Finland, who have become traumatised because of torture. The Centre for Torture Survivors operates nationwide, but its clinical work focuses on Southern Finland. The Centre for Torture Survivors develops and tests new action modes and functions as a nationwide centre of expertise for other organisations involved in caring for people, who have been tortured. The Centre trains, provides consultation services for and instructs Social and Healthcare sector professionals, various authorities, and NGOs. http://www.hdl.fi/en/immigrants/centre-for-torture-survivors-in-finland 5. Finland's Slot Machine Association (RAY) supports the Centre for Torture Survivors. The Centre for Torture Survivors examines the victims of torture and decides upon its own criteria who will be entitled to take part in the centre's rehabilitation programme. |
|  | France | Yes | <p>1/2. A public service for medico-social interpreting does not exist in France. However, several associations (ISM-Interprétariat (Inter-Service-Migrants); Migrations Santé) offer an interpreting service and establish a partnership with hospitals. These</p> |



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| | | | <p>organizations provide regular weekly sessions within hospitals, and offer interpreting services by telephone.</p> <p>Some hospitals are also developing bilingual publications in several languages explaining the different medical cares with description of patient's rights, accommodation facilities as well as practical information for migrants to find landmarks in the host cities.</p> <p>For example, the 'handicap' mission of the Public Hospitals of Paris Organisation (Assistance publique – Hôpitaux de Paris = AP-HP) has developed a communication kit distributed to all emergency services and mobile accident units. The kit consists of a picture board, allowing the foreign patients to express themselves during the examination, loose-leaf cards or cards of dialogue, reflecting pictorially the questions most often asked during a medical examination.</p> <p>3. Information related to the interpreting are available on the website of hospitals and associations providing such services.</p> <p>4/5. Some migrant organizations (such as the health centre of Forum Réfugiés) offer assistance to asylum seekers allowing them to undergo therapy for victims of post traumatic stress disorder.</p> |
|  | Germany | Yes | |
|  | Greece | Yes | |
|  | Hungary | Yes | <ol style="list-style-type: none"> 1. In the Refugee Centers there is no permanent interpreter at work. If a claimant has a health problem he/she usually asks a friend or a social worker to help with the translation. In Bicske there was a social worker last year who spoke Arabic and he was helping those speaking that language. In Budapest medical institutions are not equipped to deal with people not speaking Hungarian. 2. In the first 6 months (that can be extended up to 1 year) of recognition the refugee/person with subsidiary protection stays in a pre-integration facility where a doctor/nurses are available who speak English. However, no further assistance (translation) is provided. In and after this period social workers can provide assistance during the visits in medical institutions, however there are no special assistance programmes available to resolve communication difficulties. Also, if a person under international protection stays in a private accommodation for the first 6 months (s)he will not be able to benefit from the health services provided in the pre-integration facility. In Budapest medical institutions there are no special training programs or other measures available like a special dictionary. There is no language training or training to understand cultural differences either. In case of difficulties the social worker of Menedek – and possibly an interpreter of Menedek Association can accompany the client to the medical clinic. 3. N.A. 4. There is one specialized NGO, Cordelia Foundation (accredited member of the Copenhagen-based network, the IRCT (International Rehabilitation Council for TortureVictims) who treat all legitimate refugee claimants and refugees |

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| | | | <p>who suffer from post-traumatic stress disorder. Cordelia Foundation offers complex psycho-social rehabilitation to severely traumatized asylum-seekers, refugees with asylum or other humanitarian status, and their families. The treatment of the psycho-social and somatic problems of the target group is a basic-service public-benefit task, and the Cordelia Foundation is the only civil organization in Hungary which serves this role. Cordelia Foundation also provides specific support to the victims of torture. The services of the Foundation supplement the national health care services through a comprehensive treatment-system. The professional team consists of therapists with multicultural experiences and training comprises 5 psychiatrists, one psychologist, and one non-verbal therapist, who generally treat the refugee clients at the reception centres. The methods used by the therapists have been internationally acknowledged, and the activity of the therapists is supported by a social helper, 3-5 trained interpreters, and 3 administrative employees. The psychiatrists travel regularly to Debrecen and treat 70 patients on one day. They walk from barrack to barrack and talk to people informally. They talk to them to see if they suffer from PTSD or if they know of others who do. Most of their patients they treat for up to a year. There is no systematic follow-up. Cordelia Foundation however is financed through projects of the Refugee Fund, Voluntary Fund for Victim of Torture and EIDHR. Government only finances 2% of their activities (this is 2009 data).</p> <p>5. The psycho-social support for traumatized refugees/persons with subsidiary protection is financed through the European Refugee Fund while the specific support to the victims of torture is financed through the UN Voluntary Fund for Victims of Torture. All persons under international protection can participate in the programmes who are traumatized / are victims of torture. In order to receive assistance they have to dispose of ID cards proving their status.</p> |
|  | Ireland | Yes | |
|  | Italy | Yes | <p>1. How do member States resolve the problems in communicating with persons under international protection in medical institutions? Health is a fundamental right as granted by Art. 32 of the Italian Constitution. Persons under international protection have the same rights as Italian citizens with reference to medical assistance and their enrolment to the National Health Service is compulsory (Art. 34 of Consolidated Act on Immigration 286/98). Major efforts have been undertaken in order to provide interpretation service in all medical centres, although the accessibility to these services for certain languages may vary. Nevertheless, several initiatives have been implemented in the past few years in order to overcome these linguistic problems. Usually, special assistance programmes are envisaged, as the ones briefly described under point 2.</p> <p>2. Are there also special assistance programmes for resolving these difficulties (for example the presence of a translator or interpreter, a special dictionary containing basic medical terminology...) available to persons under international protection and who funds them? In general, cultural mediators operate in all main Italian hospitals for the benefit of foreign patients, including refugees and asylum seekers. Some medical institutions can also provide administrative forms as well as information leaflets in other</p> |




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| | | <p>languages. These outputs are not the result of a national programme but are produced in the framework of specific projects implemented by local Health Units or NGOs. These initiatives are implemented through public funds and are mostly sponsored by the Integration Refugee Fund.</p> <p>An example is provided by the National Institute for Health, Migration and Poverty (NIHMP) based in Rome. The Institute provides a specific service for asylum applicants, refugees and victims of torture called "Passaggi nei territori di Giano". Cultural mediators operating in the project not only provide interpretation service but they also act as connection between two cultures. The service has also elaborated a handbook in Italian, English, Amharic, Arabic, Bengali, Spanish, French, Persian, Tigrinya and Kurdish.</p> <p>With reference to private initiatives, it is worth mentioning the medical centre managed by Caritas in Rome as well as the Naga Har Centre based in Milan. Both of them provide medical treatment with the collaboration of foreign doctors and/or cultural mediators. In particular, Naga Har is also specialised in psychological assistance to victims of torture.</p> <p>In 2007, IOM and Caritas Rome edited a complete mapping of socio-medical services available nationwide for asylum applicants and refugees hosted by SPRAR (Protection System for Refugees and Asylum Applicants), the reception system promoted by the Ministry of Interior implementing territorial reception and integration projects throughout the country (downloadable from the institutional website http://www.serviziocentrale.it/?Documenti&i=7). The research showed that reception centres usually have specific agreements with local medical services, both at formal and informal level, which may envisage a priority treatment as well as the presence of a translator during the visit.</p> <p>Interesting activities aimed at improving the access to medical services for migrants, also in linguistic terms, are carried out by the Italian Society of Migration Medicine (SIMM), that was established in 1990 and also provides training programmes for medical staff, social workers and cultural mediators operating in the field of asylum and migration.</p> <p>3. In case there are such programmes or materials available you are requested to communicate them via e-mail or Website/Internet address.</p> <p>For further information on the above-mentioned programmes you may refer to the following links (in Italian language). Nihmp: http://www.inmp.it/index.php/ita/Servizi-Socio-Sanitari/Sportelli-Socio-Sanitari/Servizio-richiedenti-protezione-internazionale-rifugiati-e-vittime-di-tortura Caritas Rome: http://www.caritasroma.it/attivita/nel-territorio/sanita/ Naga: http://www.naga.it/index.php/centro-har.html Simm: www.simmweb.it</p> <p>4. Are there, besides the existing systemic programmes, any special assistance programmes available to persons under international protection who are addicts or victims of post traumatic stress disorder?</p> <p>Special assistance is provided to addicts as well as to victims of post traumatic stress disorder by the National Health Service that operates through Local Health Units. As already mentioned, the enrolment to the National Service is compulsory. Apart</p> |
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| | | | <p>from these services, specific projects may be implemented at local level by NGOs and private social organisations that are usually sponsored by the Refugee Integration Fund.</p> <p>An example is the Ambulatory specialised in post traumatic stress disorder operating in the Roman Hospital "Santo Spirito in Sassia" (http://www.antonioonofri.it/includes/Ambulatorio_PTSD.pdf). In this framework, specific treatment for refugees is envisaged within the ViTo Project (Victims of torture) implemented with CIR Italian Refugee Council (http://www.cir-onlus.org/progettovito.htm).</p> <p>5. If there are special programmes available, what are the requirements for participating in them and how are they funded? The National Health Service, providing these programmes, operates through public funding and is available to all Italian nationals as well as foreigners in need of such treatments, as expressed by their medical care provider. In the case of persons under international protection hosted at refugee centres, the request may be submitted personally or by the hosting institution referees. Please note that refugees with special psychological treatment needs are usually hosted in reception centre where professionals highly specialised in post traumatic stress disorder operate.</p> |
|  | Latvia | Yes | <ol style="list-style-type: none"> 1. Taking into consideration the common amount of persons under international protection status the problems of communication in medical situation have been solved on case by case basis with support of NGO'S. 2. There are no special assistance programmes. 3. – 4. No. <p>-</p> |
|  | Lithuania | Yes | <ol style="list-style-type: none"> 1. The refuge reception Centre in Lithuania accommodates persons under international protection at first. It has no resources to provide translators during visits to doctors. So staff of the Centre uses all possible/alternative means: teachers few basic words, takes another person from the same country who has better language skills and can assist with translation, etc. All cases are handled on a case by case basis. 2. No. 3. N/A. 4. No programmes for addicts. The Centre only has a psychologist. <p>N/A.</p> |
|  | Luxembourg | Yes | <ol style="list-style-type: none"> 1. They use translators to communicate with foreigners in their own language. Several languages are spoken by the medical staff. Often the migrants choose the doctors or medical staff based on their language skills. 2. In Luxembourg, two non-profit organisations ASTI (Association de Soutien aux Travailleurs Immigrés) and Caritas, provide a translation service for foreigners (including beneficiaries from international protection) that does not talk properly any of the three official languages (French, Luxembourgish and German). ASTI: The translator will assist the foreigner at hospital or even in the doctor cabinet. These translators are held by professional secrecy and have to respect a deontological code. The service only can be used by doctors and health administration and other organisations. The service is called "Intercultural Translation Service (Le Service Interprétariat Interculturel) and is co-financed by the Ministry of Health and the Luxembourgish Reception and Integration Office (OLAI). As we |



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| | | | <p>mentioned the hospital or doctor who needs a translator, can apply for it by telephone, fax or online. In this case an appointment is fixed and the translator will accompany the foreigner to the hospital or doctor office. In case of an emergency the service will contact the translator and the translation can be made by telephone. Also the Luxemburgish Red Cross had access to this service. Caritas offers since approximately ten years a social translation service by telephone in Serbian-Croatian, Albanian, Arabic, Portuguese and Russian. This service is available for public institutions, hospitals included, and doctors who find difficulties in communicating with foreigners.</p> <p>3. The website of ASTI is: www.asti.lu but the service is in the web of Bienvenue.lu at www.bienvenue.lu: Besoin d'un interprète interculturel. The website of Caritas is: www.Caritas.lu.</p> <p>4. Any beneficiary of international protection, as well as any international protection seeker (that has not been refused) has access to the existing systemic programs, because they are insured by the social security system. There are only special programs for international protection applicants suffering from post-traumatic stress disorder. The Luxembourg Red Cross initiated in 2008 a project called "Eng Bréck no baussen". This project was co-funded for 3 years by ERF and OLAI, and is from 1/1/2012 financially supported by OLAI. The target groups are International protection seekers suffering from mental health problems (the project is not limited to persons affected by PTSD).</p> <p>The main aims of the project are:</p> <ul style="list-style-type: none"> § Provide cross-culturally sensitive psychological support adapted to the individual needs of the asylum seeker suffering from severe and persistent mental health problems. § provide individual as well as group solutions to allow ill asylum seekers to acquire new life skills § Establish a network with the mental health care system in Luxembourg with the goal of an occupational and socio-therapeutical rehabilitation programme outside communal structured housing. <p>In order to allow an easy access for the international protection applicants and to facilitate the detection of the needs in an early stage, the project is based in the first reception centre Don Bosco.</p> <p>Certain organisations provide the international protection applicants with a psychological support (See http://www.msf.lu/fileadmin/WEBLibrary/4_Donner/guide_msf.pdf)</p> <p>5. Any person insured by the social security system residing in Luxembourg has access to the different programs and they will be completely cover by the National Health Fund (Caisse nationale de la Santé).</p> |
|  | Malta | Yes | |
|  | Netherlands | Yes | <p>1. How do member States resolve the problems in communicating with persons under international protection in medical institutions?</p> <p>For asylum seekers and persons who are staying in reception facilities of the Central Organization for the Reception of Asylum Seekers (COA) interpreters are provided and paid for by the government. Since the 1st of January 2012 for those who have received a residence permit (also on the basis of international protection) and reside in the local community interpretation is no longer provided and paid for by the Dutch government. If necessary medical practitioners can make use of an interpreter. The cost of interpretation have to be paid by the patient.</p> <p>2. Are there also special assistance programmes for resolving these difficulties (for example the presence of a translator or</p> |





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| | | | <p>interpreter, a special dictionary containing basic medical terminology...) available to persons under international protection and who funds them? Since the 1st of January 2012 for those who have received a residence permit (also on the basis of international protection) and reside in the local community interpretation is no longer provided and paid for by the Dutch government. If necessary medical practitioners can make use of an interpreter. The cost of interpretation have to be paid by the patient.</p> <p>3. In case there are such programmes or materials available you are requested to communicate them via e-mail or Website/Internet address. NA</p> <p>4. Are there, besides the existing systemic programmes, any special assistance programmes available to persons under international protection who are addicts or victims of post traumatic stress disorder? No, all treatment is given within regular healthcare schemes.</p> <p>5. If there are special programmes available, what are the requirements for participating in them and how are they funded? NA</p> |
|  | Poland | Yes | |
|  | Portugal | Yes | <p>1. Whenever necessary, health services require the translation services the ACIDI - Alto Comissariado para a Integração dos Imigrantes e Diálogo Intercultural - the governmental structure to support for immigrants.</p> <p>2. Yes. There are some specific programmes, for example, the so-called “socio-cultural mediators” of different origins, with competences in various languages, who provide support services to immigrant citizens. This is important as a factor in welcoming and proximity. The mediators provide a service in 12 different languages and dialects, such as Russian, Romanian, Ukrainian, Cape Verdean Creole and Chinese, among others.</p> <p>3.The “SOS Immigrant Phonenumber” is a telephone service, created with the objective of providing immigrants and their respective associations, with a general information service on the topic of immigration. This phonenumber provides the service in eight languages through “socio-cultural mediators”. The Telephone Translation Service is directed to all people who do not speak Portuguese and to all Portuguese people who need to communicate with them. Through a telephone conference, this service establishes simultaneous contact between service-providers, translators and immigrants. To this end, there is a team of translators/interpreters who speak one or more languages, as well as the Portuguese language, and who function as “intermediaries” with the most varied institutions, as well as other public and private organisations. With the Translators Team there are currently 54 translators, selected for 60 languages, such as Russian, Chinese, Arabic, Romanian, Hindi and Punjabi, among others.</p> |



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| | | | 4. They are no specific programmes, because people under international protection have access to health care, in the same conditions as the portuguese citizens. |
|  | Romania | Yes | |
|  | Slovak Republic | Yes | <ol style="list-style-type: none"> 1. There are no problems regarding asylum seekers who are part of the public health insurance system like citizens of the Slovak Republic. However, concerning persons who have been granted subsidiary protection there are problems associated with physicians who sometimes do not recognize medical cards issued by the Migration Office of the Ministry of Interior of the Slovak Republic as these people are not part of the public health insurance and their medical treatment is directly reimbursed by the Migration Office. This is then being solved through discussion between the respective physician and employee of the Migration Office. 2. Foreigners can be accompanied with a social worker and interpreter who are financed by the European Refugee Fund. 3. No. 4. Basic state medical treatment and specialized support (e.g. psychologists) financed by the European Refugee Fund are provided as standard. 5. They are funded by the European Refugee Fund. |
|  | Slovenia | Yes | <ol style="list-style-type: none"> 1. RS has become aware of this problem only recently and has so far not dealt with it. 2. There are no programmes for such cases. 3. There are no programmes/materials. 4. Persons under international protection can participate in ordinary therapeutic programmes to which all the persons included in the health care system in RS are entitled. We do not implement any special programmes for this category of persons. 5. / |
|  | Spain | Yes | <ol style="list-style-type: none"> 1. In Spain there are NGOs financed by the State who deal with these problems, and provide interpreters if necessary. 2. Yes, there are also special assistance programmes for resolving these difficulties. They are financed by the Spanish Government and provide assistance if necessary. 3. The communication is via e-mail. 4. There are special programmes available to vulnerable persons, but not only victims of post traumatic disorder. The requirement is to be an asylum applicant or beneficiary of the international protection. They are funded with European funds or by the Spanish government. |


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|  | Sweden | Yes | <p>In Sweden interpreters are used for anyone not able to communicate in Swedish since everyone is entitled to health care on the same terms. In short everyone is entitled to communicate with the providers of the care in their own mother tongue. The interpreters are funded by the regional governments which are also responsible for the provision of the health care. In certain cases interpretation via telephone can be used which makes it easier to access an interpreter around the clock. As far as possible authorised interpreters are to be used and to use an interpreter with family ties to the patient is not allowed. These rules are the same for everyone not speaking Swedish who needs medical treatment which means that no special requirements are needed concerning persons with international protection.</p> |
|  | United Kingdom | Yes | <p>1. How do member States resolve the problems in communicating with persons under international protection in medical institutions?</p> <p>People who have been recognised as in need of international protection or those who are seeking asylum are afforded free access to the National Health Service (NHS). The NHS will call upon the services of interpreters and translation services as required and where possible will seek to accommodate the need to overcome cultural barriers.</p> <p>2. Are there also special assistance programmes for resolving these difficulties (for example the presence of a translator or interpreter, a special dictionary containing basic medical terminology...) available to persons under international protection and who funds them?</p> <p>In many cases the NHS will seek to provide written advice to patients in a variety of languages. Treating clinicians will work with qualified interpreters in engaging with their patients. These costs are met by the NHS.</p> <p>3. In case there are such programmes or materials available you are requested to communicate them via e-mail or Website/Internet address.</p> <p>There are a range of services available across the UK, often commissioned by local health authorities in order to meet the needs of the particular demographic mix of patients. The NHS and local authorities work together in seeking to understand and address the specific needs of the patients they encounter. In some regions, there may be forums where local authorities, the NHS, patient representative groups and charitable organisations will meet regularly in advancing this work.</p> <p>3. Are there, besides the existing systemic programmes, any special assistance programmes available to persons under international protection who are addicts or victims of post traumatic stress disorder?</p> <p>The NHS will provide care and assistance to refugees in accordance with their specific needs and particular care and attention is paid in addressing PTSD, the needs of addicts and in identifying and addressing particular health issues encountered such as the incidence of female genital mutilation.</p> |

EMN Ad-Hoc Query: Maximum deadlines for keeping personal data in the IT data bases

Disclaimer: The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

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| | | | <p>4. If there are special programmes available, what are the requirements for participating in them and how are they funded?</p> <p>Some local health authorities and the NHS will develop programmes at a local and regional level. These may include the involvement of academic researchers in better understanding and tackling specific health needs. Funding may be available through research grants, local authorities and the NHS itself.</p> |
|  | <p>Norway</p> | <p>Yes</p> | <p>I, II, III: Norway does not differentiate between the group “asylum-seekers” and the group “refugees” (i.e. those granted protection and legal residence), as both groups are under international protection, and thus are - legally - given identical rights to health care services. Nevertheless, the Norwegian authorities recognize that identical legal rights per se would be insufficient in guaranteeing real equity for the different groups in the population. In communicating with illiterate and / or foreign-language groups, the problems are resolved on different levels: by law health personnel are obliged to inform their patients and make sure the information is fully understood. This is implemented through different guiding material (e.g.: <u>guide</u> “the health services for asylum-seekers, refugees and family reunited”, <u>flyer</u>, <u>websites</u>, <u>pages</u> which are available in the health care institutions/ providers (primary and specialist). The Norwegian authorities do recommend only using qualified interpreters (and in addition audio/visual media if required), a reimbursement-system is available for the GPs if consultations are time-consuming, and so on. There are further detailed recommendations and practical tools in the <u>guide</u> “on communication through interpreters”.</p> <p>IV, V: All persons residing in Norway have the right to health services according to their needs, independently of their legal status (refugee, asylum-seeker, Norwegian ethnicity), and there are not any specific programmes as such available for persons suffering from PTSD. In the guiding material developed for the purpose of protecting the migrant population and provide equal services based on their individual needs, the authorities are nevertheless explicitly stating the need for identifying vulnerable persons, such as persons with PTSD, and educational material on traumas, war-experiences, forced migration, are available on <u>internet</u>. In addition to the responsibilities for assessing the health needs, including vulnerable groups (such as children, refugees, trafficked persons, and so forth), there are (limited) projects being conducted on different levels (at reception centres, in municipalities, at regional and national levels) including for groups with specific characteristics (e.g. unaccompanied minors), with a variety of interventions and outcome. The complexity of the traumas and reactions makes it impossible to offer any standardised one programme for persons with PTSD, rather one need to adjust health care to the individually assessed needs.</p> |