European refugee crisis: psychological trauma of refugees and care-givers

Abstract

Purpose:

In recent years, the number of refugees and migrants entering Europe has increased dramatically. Such trauma may affect not only refugees themselves, but also care givers and rescue workers. Within this paper the intensity and psychological impact of the refugee crisis is discussed, with a view to suggesting ways of moving forward.

Approach:

Based on recent literature, this paper briefly looks at the importance of attention to health and social issues, before discussing the psychological trauma of refugees and potential emotional trauma of those involved in rescue operations.

Findings

The provision of psychological support which is both compassionate and culturally competent should be viewed as essential. Furthermore, the development of resources and tools to assist with the current refugee crisis could enable care givers, rescue workers, and healthcare professionals to provide psychological support to migrants and refugees. Such resources could also encourage, and support, front line responders in caring for their own personal psychological well-being.

Value:

The content of this paper could help to encourage further research in this field, including research into the emotional trauma of rescue workers. Furthermore, it is intended that this paper could contribute to an on-line knowledge base when considering the development of tools and resources to assist with the current refugee crisis.

Key Words:
Refugee, crisis, psychological, care-givers

Classification:
General review

Background

The definition of a refugee as stated in the 1951 United Nations *Convention Relating to the Status of Refugees* reads as follows:

" *A person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.*"
(https://www.mind.org.uk/media/192447/Refugee_Report_1.pdf - accessed July 2016)

The term 'refugee crisis' may be used to describe the exit of hundreds of thousands of people from their native countries and the associated personal and societal turmoil (Hebebrand et al, 2016). Although many refugees may flee to countries outside of Europe, such as the Middle East and Africa, in recent years, the number of refugees and migrants entering Europe has increased dramatically. Violence resulting from wars and instability have caused mass migration towards Europe, with the Syrian refugee crisis, for example, spreading mainly to Southern Europe. Countries such as Greece, have become Europe's major destination of transit. (Tozija and Memeti, 2007, Yazgan et al, 2015, Vostanis, 2016). The surge in the number of refugees arriving in Europe, mostly through unauthorized channels, and the death toll on Turkish and Greek shores has reached drastic levels (Yazgan et al, 2015).

There may be many reasons for human mobility and migration, including the issue of conflict. Yazgan et al (2015) describe conflict as an issue which includes tensions and disagreements which may result in armed and violent clashes. As such, migration may be initiated by restrictions, difficulties, and violence at the country of origin. According to Yazgan, people may decide to move when they perceive a given conflict as a threat, or an environment of insecurity which is unmanageable. Thus, people will continue fleeing from environments where they feel insecure and Europe will continue to face large influxes from neighbouring countries in trouble (Yazgan et al, 2015).

In the autumn of 2015, it was reported that since the beginning of the year, over 644,000 people had crossed the Mediterranean, including 3,135 migrants and refugees who died at sea whilst trying to reach Europe in hopes of a better life (Wolff, 2015). In addition, between 2013 and 2015 more than 16 Syrian children and newborns had been reported to have frozen to death within the refugee camps bordering Syria and inside the country. By early 2015, the current crisis had led to the loss of more than 200,000 lives, whilst displacing more than 10 million people, and leading to the refugee status of nearly 2 million children (Saltaji, 2015). Unfortunately, an end to the crisis does not appear to be forthcoming.

A case that drew mass attention to this humanitarian crisis was the death of little Aylan, a 3-year-old boy found washed up on a Turkish beach. This incident prompted European leaders and public opinions to consider Europe as possibly the most deadliest migration destination in the world (Wolff, 2015).

However, despite the risks, these people proceed with intense determination, and as one refugee is quoted as saying *'... [I am] determined to go, whether or not there is a rescue operation. I'm risking my life for something bigger, for ambitions bigger than*

this... If I fail, I fail alone. But by risking this, I might create life for my three children.' (Goodwin-Will, 2015).

Aims

Within this paper we aim to discuss some of the current literature with regard to the intensity of the refugee crisis, by considering certain problems and issues faced by both refugees themselves, and those involved in their rescue and care. We briefly discuss the importance of health and social issues, prior to looking into some of the problems associated with the psychological trauma of refugees, and the psychological trauma and emotional labour of those involved in rescue operations and care giving services. This paper does not aim to pose a specific research question, but rather our intention is to provide a descriptive background in relation to the phenomenon concerning the current refugee crisis, by drawing mainly on relevant recent literature. We then discuss barriers to the provision of effective healthcare delivery, and conclude by offering suggestions on how we might move forward in dealing with the current crisis, such as consideration of the development of a central on-line knowledge base to house appropriate tools and resources, and to encourage the coming together of various stakeholders and refugees themselves.

Physical Health

The alarming global increase of persons forcibly displaced because of persecution, conflict, violence or human rights violation poses a number of challenges to health and other public services (Vostanis, 2016). However, migrants arriving on European Union territory should be treated in a dignified manner, their human rights should be respected, and the need for accessible health services should be recognised. Migration exposes people to a number of vulnerable situations and health risks and there is great complexity regarding the health of migrants. Such complexity may be related to lifestyle and behaviour, biological/genetic factors, environmental factors (physical, economical, social and cultural) and the accessibility and quality of health care (Tozija and Memeti, 2007).

According to Pottie et al (2015) a series of Médecins Sans Frontières projects for irregular migrants over the past decade have consistently documented high rates of physical and sexual trauma, extortion, and mental illness, together with severe limitations with regard to healthcare, food, and housing. Up to 20% of 232 million international migrant women, children and men are vulnerable to illness and death as refugees or undocumented migrants (Pottie et al, 2015).

Emotional Pain and Psychological Trauma

Psychological trauma may be described as a type of damage to the mind that occurs as a result of a severely distressing event. Often trauma results from an overwhelming amount of stress that exceeds one's ability to cope, or hinders integration of the emotions involved with that experience (https://en.wikipedia.org/wiki/Psychological_trauma - accessed April 2016). However, people may see and experience trauma differently depending on a number of individual characteristics and strengths. For example, trauma related to the refugee crisis may depend on factors such as family ties, physical health issues, pre-existing mental health conditions and levels of pre- and post migration trauma.

Children and young people may be particularly susceptible to mental health problems and in a study by Ramel et al (2015), it was identified that unaccompanied refugee minors (URMs) have high levels of psychiatric symptoms. Such symptoms include self-harm or suicidal behaviour, and concerns for URMs' access to mental health services have been raised. Ramel et al state that compared to accompanied refugee children and non-immigrants, URMs have more traumatic stress reactions and high levels of mental health problems including PTSD, depression, anxiety and emotional and behavioural problems (Ramel et al, 2015). Further, it would appear that unaccompanied children have a greater risk of psychopathology and lower engagement with services compared to refugee children living with their parents (Vostanis, 2016). However, knowledge with regard to resilience building, treatment and adequate service provision remains limited.
Vostanis (2016) reports that studies have identified individual (spirituality, coping strategies, internal locus of control), family (financial circumstances, family

acceptance and support) and community factors (neighbourhood safety, social support networks, school retention), but a coherent model that connects these factors to help inform the development of interventions and services is currently lacking. As Vostanis (2016) suggests, following recognition and referral to appropriate services, a number of practice considerations should be made. Refugee children are likely to have different constructs of mental ill health, and fears of stigma and deportation (Vostanis, 2016).

According to Burnett and Peel (2001) refugees may show symptoms of depression and anxiety, panic attacks, or agoraphobia. Some may be nervous or may develop behaviours to avoid situations that remind them of past experiences. Because of the large number of people exposed to multiple psychological traumas and trying to find shelter in Europe, it is important to obtain more information about the mental health of these individuals (Szabolcs, 2015).

For a considerable time, the mental health issues of refugees have been documented, and the need for effective interventions has been raised and contributing factors relating to pre- and post-migration have been discussed. As early as 1983, Westermeyer et al (1983) reported on study findings that demonstrated a significant correlation between post-migration factors and symptoms, suggesting that certain interventions may assist in the adjustment of refugees. In an early study involving forty consecutive asylum-seekers attending a community resource centre in Sydney, Silove et al (1997) identified that 37% of participants met the full criteria for PTSD, and that such diagnosis was associated with pre-migration trauma, together with delays in processing refugee applications, difficulties in dealing with immigration officials, obstacles to employment, racial discrimination, and loneliness and boredom.

In 2004, Fenta et al (2004) sought to determine risk factors for depressive disorder in a sample of 342 Ethiopian immigrants and refugees in Toronto. The study findings confirmed the significance of known risk factors for depression in immigrants, including younger age, experiences of pre-migration trauma, refugee camp internment, and post-migration stressful events.

Aiming to identify models of mental health outcomes among refugees during resettlement, Lindencrona et al (2008) administered a newly developed questionnaire

to 124 Middle Eastern refugees in Sweden. Four dimensions of resettlement stress were identified, including social and economic strain, alienation, discrimination and status loss, and violence and threats in Sweden.

In addition, Marshall (2005) identified that in general, empirical investigations conclude that depression and posttraumatic stress disorder (PTSD) constitute the most common psychiatric disorders in refugee populations.

In a study by Szabolcs (2015) the occurrence of PTSD among refugees arriving in Hungary was investigated. Out of the 450 asylum seekers interviewed, 274 of them met PTSD criteria, leading the researchers to conclude that the extremely high occurrence of PTSD in asylum seekers calls for immediate attention and efforts to implement integrated solutions in Europe.

Baarnhielm (2016) suggests that in addition to the importance of better knowledge on how to treat and manage persons who suffer from PTSD, it is important to realise the strengths and resilience of most refugees and their potential of contributing to the social and economic development of the society within which they settle. Resilience refers to the ability to cope and manage stress and trauma, and although for some people the symptoms may remain for a long time, a majority of those who develop PTSD will improve when they feel safe. Baarnhielm (2016) further draws attention to the fact that responding to the mental health needs of refugees is an urgent social and humanitarian priority. However, it is reported that whilst clinicians in ordinary health services need to be able to differentiate between normal stress reactions and mental disorders, this may prove more difficult in situations of cross-cultural assessments because of cultural differences in expressing symptoms, explanatory models, and expectations of help and coping strategies.

It is clear that mental health issues constitute a serious problem in the lives of refugees. However, certain researchers have looked at how such problems could be addressed, and some positive solutions have been proposed.

In an earlier study by Mollica et al (2004) a culturally valid mental health action plan based on scientific evidence was presented. These authors suggest that, if properly trained and supported, a mental health system of primary care providers, traditional healers, and relief workers, can provide cost-effective, good mental health care (Mollica et al, 2004). In a study by Kramer and Bala (2004) interviews with refugees revealed five domains of their lives: self-image, social contacts, activities, perspective and balance, reflecting the main themes relating to the way in which refugees define themselves. The researchers further identified four different styles or patterns of coping: *the drifter, the hibernator, the fighter and the explorer.* The authors suggest that providers of help could challenge patterns of coping by helping clients to see when their chosen coping styles are adequate and when other strategies might work better (Kramer and Bala, 2004).

Because refugees and internally displaced persons remain high on the international priority agenda, Mollica et al (2014) have focused on the mental health impact of the refugee experience, and report on a model of refugee care known as the H^5 *Model of Refugee Trauma and Recovery*. Core to this model is an understanding of the traumatic life history of refugees including past, present and threatening future traumatic life events. The model consists of five elements: (1) Human Rights; (2) Humiliation; (3) Healing (self-care); (4) Health Promotion; (5) Habitat and Housing, as part of a suggested implementation of a new approach to the recovery of refugee communities worldwide (Mollica et al, 2014).

In referring to the Syrian refugee crisis in Lebanon, Akoury-Dirani et al (2015) draw attention to the fact that professionals working as emergency responders were not adequately prepared to provide psychological first aid or to screen for mental health disorders in child refugees. The authors describe the efficacy of a national training

program in psychological first aid (PFA) - a technique designed to reduce the occurrence of post-traumatic stress disorder, and to improve self efficacy by letting people cope in their own way (https://en.wikipedia.org/wiki/Psychological_first_aid - accessed June 2016). The aim of the program was to enhance the abilities of mental health workers involved in the Syrian refugee response. Participants received a 2.5-day training on PFA and on screening for mental health disorders in children. Knowledge and perceived readiness were assessed before the training, immediately after the training, and 1 month after the training and the results showed a significant increase in knowledge and readiness, on the components related to the techniques of PFA. The program was evaluated by a multiple choice questionnaire consisting of 20 questions created on the basis of the content of the program, and a Likert-type scale which included 20 items based on the core components of PFA (Akoury-Dirani et al, 2015).

It is clear that the current humanitarian crisis being witnessed in Europe requires ongoing interventions, research and coordination, to address illness and barriers to healthcare and to restore dignity to the most vulnerable (Pottie et al, 2015). In addition to the programmes mentioned above, other promising interventions include mobile clinics, use of cultural mediators, coordination with migrant-friendly entities and NGOs and integrating advocacy programs and mental health care with medical services (Pottie et al, 2015). The scale of the current crisis may also benefit from innovative on-line interventions delivered to refugees who have access to mobile devices. Furthermore, it has been suggested by Nassan et al (2015) that a series of telepsychiatric interventions for the provision of mental health-care services could represent a way forward in the partial alleviation of the tragic consequences of conflict. These authors argue that use of telepsychiatry could represent a temporary, cost-effective solution for the growing mental health care needs of Syrian patients with PTSD, and that although this is an understudied mode of treatment in conflict zones, it may present a promising solution to address mental health needs in complex humanitarian emergencies (Nassan et al, 2015).

Psychological Trauma and the Emotional Labour of Care Givers

Trauma and disaster may affect not only those directly involved in and experiencing such events, but may also have a profound impact on care givers and rescue workers involved in offering assistance. Whilst the literature is relatively sparse with regard to the current refugee crisis and the experiences of care givers, studies concerning other major crises may help us to understand the experiences of care givers. Care givers and rescue workers can also become psychologically traumatised, and previous studies indicate high levels of PTSD among such individuals.

There are many occupational groups involved in rescue and support, and a systematic review conducted by Brooks et al (2015) aimed to identify social and occupational factors affecting the psychological impact of disasters on those involved in responding. Thematic analysis was utilised to develop a list of key factors affecting the wellbeing of disaster responders. The results indicated that the psychological impact of disasters on responders may be associated with pre-disaster factors (occupational factors; specialised training and preparedness; life events and health), during-disaster factors (exposure; duration on site and arrival time; emotional involvement; peri-traumatic distress/dissociation; role-related stressors; perceptions of safety, threat and risk; harm to self or close others; social support; professional support) and post-disaster factors (professional support; impact on life; life events; media; coping strategies). The authors conclude that steps should be taken at all stages of a disaster in order to minimise the risks to responders and to enhance their resilience. It is suggested that preparedness and support are essential and that training workshops should be developed for people involved in disaster response (Brooks et al, 2015).

Those involved in first response, may experience significant stress placing them at increased risk of mental health problems such as PTSD and suicidal thoughts. However, according to Stanley et al (2016) there are factors that might inoculate against the development of mental health problems. In a systematic review aimed at investigating suicidal thoughts; identifying population-specific risk and protective factors; and exploring strengths and weaknesses of the existing literature, the findings revealed an increased risk of suicide among first responders. The researchers argue however, that studies utilizing more rigorous methodologies are very much needed,

and it is the duty of researchers, clinicians, and the public to aid in taking care of the health of first responders thereby reducing suicide risk (Stanley et al, 2016).

In 2012 Berger et al conducted a systematic review to estimate the prevalence of PTSD among rescue workers by following four sequential steps: (1) research in specialized online databases, (2) review of abstracts and selection of studies, (3) review of reference list, and (4) contact with authors and experts. The findings of the study revealed that rescue workers have a pooled current prevalence of PTSD much higher than the general population. These authors conclude that there is a need for improving pre-employment strategies to select the most resilient individuals for rescue work, to implement continuous preventive measures for personnel, and to promote educational campaigns about PTSD and its therapeutic possibilities (Berger et al, 2012).

In a study aimed at evaluating factors associated with PTSD and burnout among medical rescue workers in Disaster Medical Assistance Teams, 4 years after the Great East Japan Earthquake, background characteristics, prior health condition, rescue work experience, and scores on the Peritraumatic Distress Inventory (PDI) at 1 month after the earthquake were investigated. The PDI score at 1 month after the earthquake was associated with symptoms of PTSD and the researchers suggest the importance for the headquarters of Disaster Medical Assistance Teams to routinely assess the PDI of medical rescue workers after deployment (Kawashima et al, 2016).

As suggested by Barrington and Shakespeare-Finch (2013) working with people who have survived trauma carries a risk of vicarious traumatisation for service providers, as well as the potential for vicarious post-traumatic personal growth. In investigating the experiences of people working with survivors of trauma who had sought refuge in Australia these authors conducted semi-structured interviews with 17 staff from a not-for-profit organisation. The findings revealed that the entire sample reported symptoms of vicarious trauma, including strong emotional reactions, and intrusive images. The participants also experienced vicarious post-traumatic growth in terms of forming new relationships, increased self-understanding and gaining a greater appreciation of life. The authors conclude that without negating the distress of trauma

work, clinicians should be encouraged to more deeply consider the unique positive outcomes that supporting survivors can provide (Barrington and Shakespeare-Finch 2013). However, the effects of working with survivors of refugee-related trauma have remained relatively unexplored.

It is clear that care givers and rescue workers are at an elevated risk of PTSD and other mental health issues as a result of their involvement in the care of people who have experienced severe trauma.

In addition to the studies reported above, the quotes below provide additional insight and represent emotional stories from frontline members of Médecins Sans Frontières (founded in 1968 as a means of helping victims of wars and major disasters) involved in the rescue and support of refugees as part of their work on the current refugee crisis.

'*…traumatised people, injured people, women with fuel burns across their legs, heavily pregnant women, men with broken bones, babies and children. I make a point of not exaggerating when trying to write about what I see – this is simply the horrific truth about what people are made to endure. People step on deck and fall to the ground crying, or pass out with shock*…' (Communications Officer)

'*…many came to thank us. Many came to cry. Some were scared. Others were confused. 'Where will they send us?', 'What are the camps like?', 'Will we have food?'. Tragically, we have no answers to their questions… We finish the shift feeling low, uncertain of what will happen next and anxious about the futures of the people we have come to know well over the past few months*… ' (Doctor)

'*…our feeling of helplessness is equally overwhelming. Powerless to prevent the move, as we watch people piling whatever tiny number of possessions they have into plastic sacks, we do whatever small things we can to help them. I ask our team of outreach workers to track down the malnourished babies we were supporting with baby formula; and we ladle milk powder into countless small pots to tide them over for a few days*….' (Nurse)

http://www.msf.org.uk/european-refugee-crisis

Portrayal of such real-life experiences provides a powerful reminder of the issues that care givers may face as part of their response work. It is impossible not to be moved by the quotes above, which highlight the importance of considering the psychological welfare of care givers in addition to refugees themselves.

Potential Barriers to the Provision of Effective Healthcare for Refugees

There are a number of barriers that might interfere with the delivery of healthcare, and could be problematic for healthcare providers. These include language barriers, cultural differences in concepts of health and disease, expression of symptoms and the recognition of the need to seek treatment. In many cases there might be cultural factors that make migrants and refugees hesitant to seek health care (Tozija and Memeti, 2007).

In a study by Jenson et al (2011), researchers in Denmark focused on how health professionals experience providing treatment for undocumented migrants within the Danish health care system. Their findings demonstrated that emergency room physicians feel that the treatment of undocumented migrants is no different from the treatment of any other person, but provision of care may be complex due to lack of previous medical records and contact persons. However, general practitioners reported that undocumented migrants often encounter formal barriers when trying to obtain treatment. Additional problems in the treatment of undocumented migrants included language issues, financial aspects for general practitioners, concerns about how to handle situations with regard to further referrals, and uncertainty as to whether to involve the police. These authors conclude that the health professionals in their study describe that undocumented migrants experience unequal access to primary care facilities and that great uncertainties exist amongst health professionals as to how to respond in such situations.

Moving forward

Since the environment of human insecurity is unlikely to change in the foreseeable future, it seems that large-scale refugee movements will continue, and refugees will not be returning home in the near future (Yazgan et al, 2015, Balsar et al, 2015). However, the health status of migrants remains greatly under researched (Tozija and Memeti 2007, Ramel et al, 2015).

Addressing the physical and mental health needs of refugees and migrants can be difficult, but as Burnett and Peel (2001) state, healthcare professionals may also feel overwhelmed by the many and varying needs of asylum seekers, many of which may be non-medical but can still affect health.

According to Tozija and Memeti (2007), cultural competence needs to be developed in relation to health and social care. Health care systems need to be supported to respond to the immediate health needs of refugees and migrants, due to problems arising from exposure and injury, as well as ensuring access to health services in the long term particularly with regard to psychological support services.

Many refugees may wish to tell their own personal stories, which in itself may be therapeutic. Counselling can be helpful if it is culturally sensitive to the needs of ethnic minorities, but may represent an unfamiliar concept for many refugees who are not accustomed to discussing their intimate feelings outside of the close family circle. Thus, it may be useful if members of refugee communities develop counselling skills (Burnett and Peel, 2001). It is clear that the problems faced by victims of trauma are complex, requiring many efforts to resolve. The interaction of a multidisciplinary approach and provision of resources could help in the alleviation of such problems.

On the basis of the above, the authors of this paper propose the introduction of a central on-line knowledge base which could be accessed by refugees themselves, front-line responders, those involved in the ongoing support of refugees, members of the public and policy makers. Such a knowledge base could bring together recent research in this field, and could house a number of tools and resources.

By taking a step by step approach, we could develop and share ideas, taking into consideration what works best for whom and when, and aiding the preparation of rescue workers facing events such as mass migration. Such a resource could also include links to local organisations and therapeutic experts, and may engage researchers in the further development of interventions and workshops.

In addition, the on-line knowledge base could be utilised as a tool for co-production and co-creation, to encourage the coming together of various stakeholders and the valuable input from refugees themselves. This initiative would enable an important focus on learning from each others' experiences on refugee and migration issues, whilst providing a useful contribution to others who share an interest in such issues.

Conclusion

When addressing the current refugee crisis, we are speaking of a true humanitarian crisis, particularly affecting the mediterranean region. Considering the battles and the dangerous journeys that refugees themselves encounter, together with the stories from rescue workers and care givers who demonstrate extreme bravery, care and commitment, it is important to always keep in mind the human dimension of the crisis. Literature is currently lacking with regard to the emotional trauma of rescue workers and care givers involved in the refugee crisis, and further research into their psychological welfare and preparation for dealing with such traumatic events would be valuable.

As outlined above, psychological trauma and mental health issues represent a re-curring theme with regard to the experiences of refugees.

Refugees may present with a number of symptoms relating to mental health, including depression and anxiety, panic attacks, or agoraphobia (Burnett and Peel, 2001), and PTSD appears to be a common problem (Silove et al, 1997, Marshall, 2005, Szabolcs, 2015). Furthermore, a number of both pre-migration and post-migration factors may intensify such problems.

However, certain researchers have looked at how such problems could be addressed, and some positive solutions have been proposed (Mollica et al, 2004, Kramer and Bala, 2004, Pottie et al, 2015, Nassan et al, 2015) and we should also realise the strengths and resilience of refugees (Baarnhielm, 2016).

In addition to the importance of awareness of the problems faced by refugees, it is also crucial to realize the efforts of rescue workers and their personal needs, as the emotional exhaustion and involvement, and the scenes and horror witnessed may naturally take their toll. Thus ensuring correct preparation and ongoing support for such individuals is crucial including recognition of the traumas that some care givers might face especially when offering front-line care to refugees at their point of arrival. This also applies to members of the public who have assisted refugees immediately upon their arrival, and have demonstrated acts of extreme bravery and kindness.

As there can be no doubt that the experiences of refugees and migrants would have a psychological impact, and that mental health also affects physical health, provision of psychological support which is both compassionate and culturally competent could be of great value. As such, it is important to engage individuals and groups, including migrants, non-migrants and service providers in the sharing of resources, stories, experiences, innovation and creativity. The development of resources and tools to assist with the current refugee crisis could enable care givers, rescue workers, and healthcare professionals to provide psychological support to migrants and refugees, and could also encourage and support front line responders in caring for their personal psychological well-being. In addition, the use of technology in the development of computer aided interventions could prove highly valuable.

There may be multiple factors that can lead to crises such as the current refugee crisis, including political reasons, struggles for power, and lack of values, but the notion of human trauma is of great importance. As such, a humanitarian approach is crucial to the welfare of both refugees and those involved in their rescue and care.

The current paper constitutes a descriptive overview of recent literature concerning the current refugee crisis. A further analytical, full review, aiming to conceptualise

the issue of psychological trauma by drawing on scientific papers utilising specific measures could be of value in the future. Future work may also take into consideration an investigation into the most appropriate interventions which might lend themselves to the importance of addressing specific needs of different refugee populations. Whilst it was beyond the scope of this paper to introduce specific research questions at this stage, it is intended that our suggestions regarding ways of moving forward will lead to the introduction of specific research questions at a later date.

On the basis of the interesting work and research that has been conducted so far on this important and highly topical subject, we propose the initiation of an on-line knowledge base which can be accessed by survivors, rescue workers, and those with an interest in assisting with the current crisis.

Summary

- In recent years, the number of refugees and migrants entering Europe has increased dramatically
- Countries such as Greece have become Europe's major countries of transit and destination
- In the autumn of 2015, it was reported that since the beginning of the year, over 644,000 people had crossed the Mediterranean
- Migration exposes people to vulnerable situations and health risks
- Refugees may show symptoms of psychological trauma such as depression and anxiety
- Children and young people may be particularly susceptible to mental health problems
- Professionals working as emergency responders may not be equipped to provide psychological first aid
- Trauma and disaster may also affect care givers and rescue workers
- Care givers and rescue workers can also become psychologically traumatised
- A number of barriers that might interfere with the delivery of healthcare to refugees (e.g. language barriers, cultural factors, expression of symptoms)
- It is important to address the health needs of refugees and migrants, and to offer psychosocial support which is both compassionate and culturally competent
- The development of resources, tools, and ongoing interventions to assist with the current refugee crisis may be crucial
- The use of technology in the development of computer aided interventions could also prove highly valuable
- It is important to always keep in mind the human dimension of the refugee crisis, and the notion of human trauma
- A humanitarian approach is crucial to the welfare of both refugees and those involved in their rescue and care

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