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Our care for refugees: A Procrustean bed

Abstract Joop de Jong

Procrustes's ancient Greek myth of stretching or chopping off travellers' legs to fit an iron bed, symbolizes the notion that one size fits all and all human beings are equal. This is quite contrary to the health care philosophy in many European countries, which favours tailored care and personalised medicine. Yet, our health care system also embraces the idea of equity, which is very similar to Procrustes. When it comes to asylum seekers and refugees, the care system in many countries across Europe is as mythical as Procrustes's lore, because the performance for these groups is very limited in terms of accessibility and quality of care.

This talk briefly summarizes the burden of human displacement and distribution around the globe. I argue that the key predictors and social determinants of ill health and political violence are almost identical. These determinants are the driving force behind the refugee crisis, and obviously they are also a vast domain for universal prevention. Asylum seekers and refugees often present to health staff in the asylum-seeker centres or in the communities where they eventually settle as status holders. I sketch these groups' pathways through care, and the prevalence of their mental problems. I provide data on how the plight of arriving in a safe country, e.g. the burden of waiting for asylum and the worries about the family back home, doubles the rates of psychopathology after 1-2 years. If the refugee finds his or her way to the mental health care system, there is generally a lack of evidence-based psychological treatments and culturally competent staff. This applies both to adults, and to children and youth. Moreover, culture is a confounder and has resulted in a heated debate about the appropriateness of a diagnosis of PTSD. This debate will be briefly described by summarizing critiques on PTSD's ecological utility, validity and possible role in medicalising a political problem. This lecture concludes that our health system needs to straddle a large treatment gap for asylum seekers and refugees. Finally, it provide some multi-sectoral recommendations on how the system might be improved in the future.