EU-MiCare
Training the EU Health Workforce to Improve Migrant and Refugee Mental Health Care

Work Package II: Conceptual framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees.

Country Profile

Country: GERMANY

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Germany

As one of the largest recipients of refugees in Europe, over the last few years, Germany has taken in more than 1.5 million people uprooted from their homes due to conflict, persecution, and violence. While providing a new home and opportunities for these individuals is undoubtedly an essential priority, the mental health and well-being of refugees are often overlooked. Depression, anxiety, post-traumatic stress disorder, and other mental health concerns are prevalent among refugees, and these issues often go untreated. This country profile report aims to highlight the mental health challenges experienced by asylum seekers, refugees, and other migrants in Germany and how the country has been addressing them. By delving into the experiences of refugees and the measures implemented by the German government and humanitarian organizations, this report aims to provide a comprehensive account of the mental health picture for asylum seekers and refugees in Germany.

Migrant & Refugees Demographic Characteristics

Number of Migrants/Refugees in Germany

The German authorities do not provide unique, reliable data on the number of people seeking and receiving asylum in the country. The two main data sources on the issue are the German Federal Ministry of the Interior (Bundesinnenministerium) and the German Statistical Office (Statistisches Bundesamt).

According to the German Federal Ministry of the Interior, as of June 30, 2023, there were around 1.57 million people living in Germany who had been granted protection (Mediendienst Integration, 2023). Around a third of them (31%) are minors. Around 67% of them have been living in Germany for more than six years. Their protection is granted in different ways: under the Geneva Refugee Convention (around 750.000 refugees), under Article16a of the German Basic Law (around 45.000 people), subsidiary protection (around 300.000 people), and around 180.000 people for whom a ban on deportation applies. Around 300.000 further people were granted protection due to various circumstances - for example, because they have a job or because they cannot be deported for humanitarian reasons. In addition to them, another half a million people has either an open protection status or is officially obliged to leave after a rejected asylum application but is still in Germany for various reasons. In total, there are currently around two million people seeking protection.

In addition, the German Federal Ministry of Interior reports around one million refugees from Ukraine, who do not appear in the official statistics on asylum.

However, the numbers provided by the Ministry of Interior are based on the registrations in the Foreigners Central Registry (Ausländerzentralregister, AZR), which may, however, be outdated or incomplete. The Federal Statistical Office has therefore published a special analysis of the AZR data. According to this, around 3.1 million people seeking protection were living in Germany as of 31.12.2022 (Mediendienst Integration, 2023).

Ukrainian Refugees

Ukrainians are not submitted to the general asylum law (Mediendienst Integration, 2023) and therefore do not appear in the overall statistics. As of September 30, 2023, 1,099,905 refugees from Ukraine were registered in the Central Register of Foreigners (Ausländerzentralregister, *short AZR*). Amon them, 80% have a residence permit of temporary protection (Section 24 AufenthG).

Around 356,000 of the refugees from Ukraine registered in the AZR were children and young people under the age of 18, with most being of primary school age (38%). Approximately 700,000 refugees from Ukraine were adults, nearly 70% of them were women, 30% were men (Mediendienst Integration, 2023).

Special Reference to Minors & Adults

Refugees tend to be very young, with approximately 73% of asylum seekers who applied in 2022 being under 30 years old, and minors accounting for around 37% of asylum seekers. Among the Ukrainian refugees in Germany, around a third are minors (Mediendienst Integration, 2023).

Main Countries of Origin

The top main countries of origin for refugees in Germany include Syria, Iraq, Russian Federation and Afghanistan (subject to deportation ban). Among those applying for asylum in Germany in 2023, the main countries of origin were Syria, Turkey, Afghanistan, Iraq, Iran, Georgia, and Russia. However, their chances of receiving asylum vary consistently based on the country of origin: while citizens of Syria, Eritrea, Somalia, and Afghanistan have chances to be granted asylum over 70%, for citizens of Georgia, Russian Federation and Turkey the chances are low (Mediendienst Integration, 2023).

Top Asyl-Herkunftsländer 2023

Herkunftsland	Asylanträge	Schutzquote
Syrien	104.561	88,2%
Türkei	62.624	13,0%
Afghanistan	53.582	76,5%
Irak	12.360	25,0%
Iran	10.206	29,5%
Georgien	9.399	0,3%
Russische Föderation	9.028	9,1%
Somalia	5.773	77,4%
Eritrea	4.230	84,5%
Ungeklärt	4.299	57,2%

Tabelle: © MEDIENDIENST INTEGRATION 2024 • Quelle: BAMF, Aktuelle Zahlen zu Asyl 12/2023 • Daten herunterladen • Erstellt mit Datawrapper

Mental Health Issues

The issue of psychological well-being of migrants and refugees in Germany is of great significance since the country is one of the most popular destinations for refugees and migrants seeking asylum in Europe. However, given the high number of asylum seekers and refugees living in the country and the great increase within few years, there is no conclusive and consistent data on the prevalence rates of mental disorders among them. Although there is a great variety in the prevalence rates reported in the literature, all existing empirical evidence indicates that the rates of mental disorders among the asylum seekers and refugee population are significantly higher than in the German population in general (Hajak et al. 2021).

According to research, post-traumatic stress disorder (PTSD) and depression are the most common psychological disorders among refugees (Steel et al. 2009; Steel et al. 1999; Boettcher et al. 2021). Studies have shown that PTSD and depression are more prevalent in refugee populations compared to host populations. In Germany, for example, there was a prevalence of 40% for PTSD in a sample of asylum seekers (Gäbel et al. 2006). Similarly, a sample of Syrian citizens holding residence permits for Germany showed that 14.5% of the participants suffered from depression (Georgiadou et al. 2018).

These mental health issues often result from traumatic experiences related to war, conflict, persecution, and displacement. These experiences can cause significant psychological distress, leading to symptoms such as flashbacks, nightmares, avoidance behaviors, sadness, loss of interest, and feelings of hopelessness. However, in addition to traumatic events before and during migration, also the so-called post-migration stressors can have a great influence on mental health. Adapting to the new environment includes potential socioeconomic, social, and interpersonal stressors, as well as migration-related barriers to legal residence in the resettlement country (Hajak et al. 2021). In the

following, some contextual factors extracted from several articles included in the systematic review by Hajak and colleagues (2021) will be discussed.

Factors Affecting the Psychological Wellbeing in Migrant/Refugee Population

Each step of the refugee trajectory has its own characteristics and potential mental health consequences. While trauma-related factors seem to explain more variance in rates of PTSD, post-migration appears to particularly influence rates of mood and anxiety disorders (Schick 2016). Recent research suggests, therefore, that mental health problems of refugees and asylum seekers are best captured by models integrating pre- and post-migration factors (Schick 2016). This section aims to identify some main contextual factors affecting the psychological well-being of migrants and refugees in Germany.

Pre-Migration and Trauma and Post-Traumatic Stress Disorder (PTSD)

A review of several studies conducted on asylum seekers and refugees in Germany highlights that between 50 and 85% of asylum seekers and refugees report experiencing at least one traumatic event either in their home countries or during their journey to Germany (Hajak et al. 2021). Traumatic events can be unmet basic needs for survival, such as regular access to water and food, shelter and medicine; fearing for one's life, the death of a loved one, and forced separation from family; witnessing acts of violence, bombing and shooting, living in a war zone; imprisonment, and living in a refugee camp. (Hajak et al. 2021).

These traumatic experiences are a major risk factor for the development of mental disorders such anxiety disorder, depression, and post-traumatic stress disorder PTSD. Not everyone experiencing traumatic events develops a mental disorder, although the greater the exposure to traumatic events, the more pronounced the symptoms of mental disorders, especially depression and anxiety disorders (Kaltenbach et al. 2018).

Asylum Status

One of the most pressing post-migration stressors for asylum seekers and refugees in Germany is an insecure asylum status. The process of applying for asylum and the waiting period until the status is secured can greatly affect the applicants´ mental health well-being. In the first half of 2023, on average, an asylum procedure took 6.6 months between application and decision. However, the duration of the procedure can vary greatly depending on the country of origin: While procedures for people from Moldova and some "safe countries of origin" such as Albania or Montenegro take 2-3 months, they can take 13-16 months for people from Nigeria or Senegal (Mediendienst Integration). Awaiting the outcome of the legal proceedings, either for the initial asylum application or after an

appeal against a negative decision, is associated with significantly higher levels of psychological distress and lower life satisfaction compared to the positive response of having a refugee or asylum status (Walther et al. 2021). Symptoms of depression and PTSD among those who are waiting for a decision or receive a rejection are higher compared to those whose residence permit is secured (Hajak et al. 2021). Along this line, a further study (Raghavan et al. 2013) found out that being recognized as a refugee and obtaining a secure status has the greatest effect in reducing the severity of symptoms among asylum seekers.

Family

Separation from the family is identified as a predictor of mental health deterioration among asylum seekers and refugees in Germany (Hajak et al. 2021). This is in line with several international studies showing how refugees isolated from their families were more likely to report psychiatric disorders such as depression and PTSD (Steel et al. 2006; Steel et al. 2002; Schweitzer et al. 2006). The ongoing worry about the lives of family members left behind is a major factor affecting the psychological well-being of refugees (Nesterko et al. 2020). Refugees coming from a conflict or post-conflict setting, like a war zone, can show greater symptoms of mental health issues. Not only is there the worry of one's family members but also about the homeland and fellow citizens. Additionally, the separation from family and long-standing relationships in the home country, which in mostly Asian and African countries are the biggest social support for individuals, puts refugees and newly arrived migrants at risk of social isolation (Hajak et al. 2021).

Accommodation

A further factor associated with the psychological wellbeing of migrants and refugees is the housing situation. According to a study by El Khoury (2018) the quality of residence affects mental health up to 20%. Living in a shared asylum accommodation or even in emergency accommodations like airport halls, containers, or schools, increases mental health issues while private accommodations or shared apartments can offer a better life quality and also decrease the risk of discrimination experienced in initial reception facilities (Walther et al. 2021). More so, living in independent accommodation relates to a higher quality of life resulting in better mental well-being. These results from the German context are in line with international research showing that living in shared institutions is connected to poor mental health amongst refugees (Silove et al. 2017).

Occupation and Economic Insecurity

Occupation such as work, school or apprenticeship is a protective factor for mental health and well-being and is significantly associated with fewer depressive and PTSD symptoms and better overall mental health (Hajak et al. 2021).

However, asylum seekers in Germany face restrictions in accessing the job market. For instance, people in the asylum procedure are completely banned from working for the first three months. The work ban is extended to six months (for asylum seekers with underage children) or nine months (for asylum seekers without underage children) as long as they live in a reception center. At the same time, asylum seekers are obliged to live in a reception center (see §§ 47 and 61 of the Asylum Act) and therefore cannot avoid the work ban during this time (ProAsyl). After the period of the work ban, asylum seekers are usually only granted a work permit for employment after approval by the immigration authority. This is, in turn, linked to bureaucratic hurdles, extended waiting time etc.

A similar situation is experienced by those holding a so-called "toleration" (Duldung). When living in a first reception center, they are banned from working for the first six months (§ 61 para. 1 AsylG). Restrictions on access to work, unemployment, economic challenges, high bureaucratic hurdles in the recognition of certificates and diplomas, often lead to involuntary inactivity and cause feeling of loss of agency, status and being undervalued. Not being able to work due to legal restrictions also causes financial instability, which affects the ability to access adequate housing, healthcare, and education. Concerns about economic stability and uncertainty about the future can cause anxiety, depression, and even feelings of hopelessness (Walther et al. 2021).

Language

Language barriers may limit the individual's ability to access health care services, educational opportunities, and employment, which can further contribute to poor psychological well-being. Most refugees struggle with the German language, which affects their ability to communicate and integrate within German society.

Steel et al. (2002) found poor host language proficiency to be one of the most significant risk factors for mental disorders. Similarly, Hajak and colleagues (2021) indicate that better German language skills reduce the level of psychological distress and increase life satisfaction, especially among men. Language barriers can make it difficult for refugees to access mental health resources, exacerbating feelings of isolation and anxiety and pre-existing mental health issues.

Integration

Integration and mental health are tightly linked. Germany expects refugees to successfully integrate - particularly in terms of learning the language and reaching financial independence. This is for all, but especially for those struggling with mental health issues, very challenging. In fact, a close association between integration difficulties and psychological symptoms has been underlined (Schick et al. 2016). Conversely, spending more time with German natives and better German skills have been

associated with higher levels of life satisfaction and lower levels of psychological distress, particularly among women (Walther et al. 2021). Also, less participation in activities such as German language courses or sports is associated with more psychological symptoms (Hajak et al. 2021).

Discrimination and Cultural Differences

Migrants and refugees in Germany are often faced with discrimination, racism, and prejudice especially in working life, on the housing market, when accessing goods or services, and at public offices or authorities (Antidiskriminierungsstelle des Bundes, 2016). Discrimination can express in several forms: From unfriendly behavior and the denial of services to verbal and physical hostility (Amadeu Antonio Stiftung 2020). Also, the political landscape - with the uprising of the right-wing party of AfD (Alternative für Deutschland) – plays an important role.

Experiences of discrimination have a great influence on their well-being and their behavior: They can lead to resignation or the restriction of one's own behavior as well as sadness, anger or even aggression. Furthermore, experiences of discrimination harm refugees' participation in society, for example by making access to housing and the labor market more difficult (Antidiskriminierungsstelle des Bundes, 2016). Facing stereotypes and discrimination, especially common for Muslim asylum seekers and refugees, can cause frustration and have a traumatic effect, threatening their ability to adapt to life in Germany (von Haumeder et al. 2019).

Confrontations with stereotypes and discrimination can be both frustrating and an obstacle to positive psychological adaptation (Hajak et al. 2021). The level of perceived discrimination was also associated with psychological distress, particularly depressive and GAD symptoms (ibid.).

Barriers

Asylum seekers and refugees encounter a series of legal und bureaucratic barriers in accessing mental health provisions, as described in the next paragraphs. In addition to them, a further major barrier can be identified as the fear of exclusion, stigmatization, and feelings of shame that are associated with mental health issues (Kantor et al. 2017). This is especially true in the Arabic world, where seeking psychotherapeutic care is often seen as a weakness and failure (Chowdhury 2016). Additionally, many people lack knowledge about mental health, including symptoms and treatment options (Bajbouj et al. 2021; Boettcher et al. 2021).

To overcome these barriers, it is important to increase awareness and knowledge about mental health, reduce stigmatization, and improve access to healthcare and information. Additionally, providing support and education to those who may be hesitant to seek psychotherapeutic care can help break down barriers.

Access to Healthcare for Asylum Seekers and Refugees in Germany

Legislation Regulating Access to Healthcare

The German health care system is an insurance-based system. Most people - included all who work as employers - are insured by one of the statutory insurance companies. However, in order to be accepted into the insurance companies some requirements must be fulfilled, e.g. a residence permit. This means that for asylum seekers in the first 18 months upon their arrival as well as migrants without legal status the membership in a health insurance is precluded.

Access to health care for asylum seekers and refugees depends on the length of residence in Germany and the residence status. As soon as they apply for asylum, and in the first 18 months upon their arrival in Germany, asylum seekers receive social benefits according to § 3 AsylbLG and health care provisions according to §§ 4 and 6 AsylbLG. Persons with a so-called “toleration permit” (Duldung) as well as persons who are by the law obliged to leave the country and are not in possession of a “toleration permit” (e.g., migrants without legal status) also fall under the AsylbLG. Holders of specific residence permits and persons who have filed a follow-up asylum application or a confirmatory application are also included in the scope of application. In contrast, refugees who are required to leave the country and who have already been granted international protection by another member state of the European Union are expressly excluded from receiving benefits. They should only receive so-called “bridging benefits” for a maximum of two weeks, with entitlement only once within two years. Further benefits are to be granted only in cases of special hardship.

Spouses, life partners and minor children of the persons in question are also entitled to benefits under the AsylbLG, even if they themselves do not fall into the above-mentioned residence categories. Unaccompanied children and adolescents are given priority for benefits under Book VIII of the Social Code.

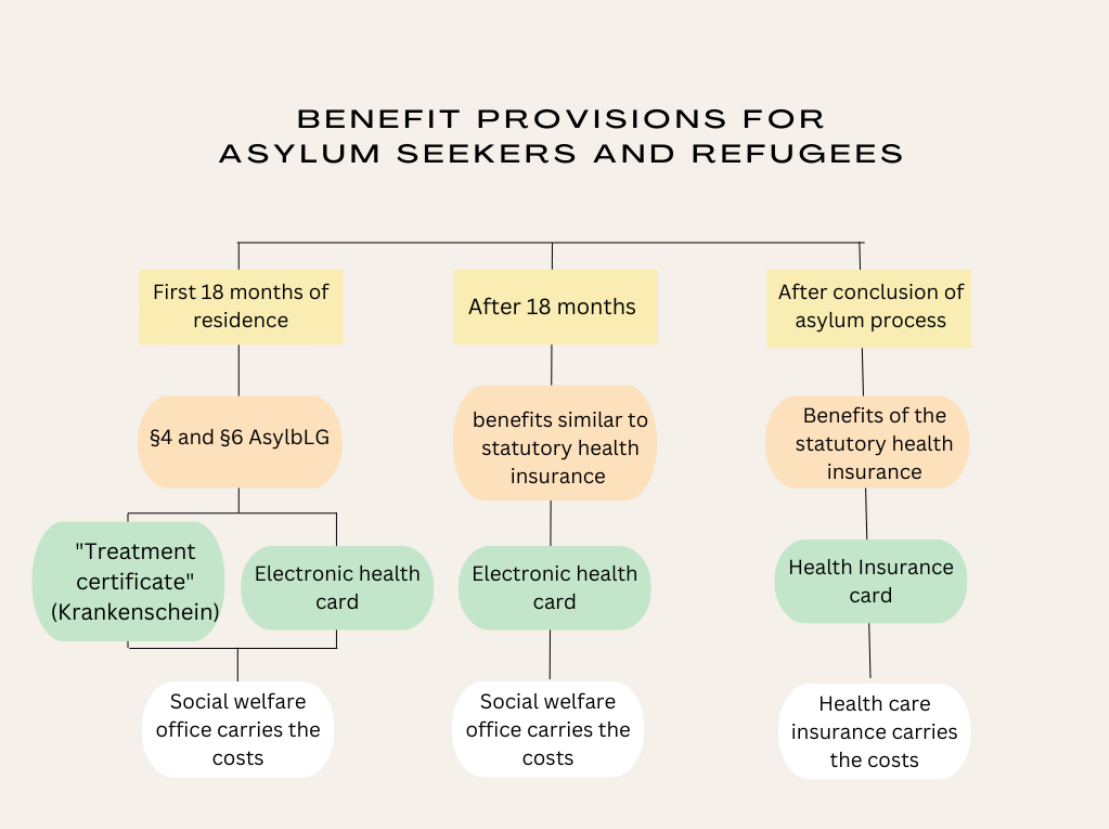
Health care provisions within AsylbLG are limited and include only "necessary" treatments of "acute illnesses and pain conditions"[1]. Provisions on health care in general (and mental health too) are regulated by §4 and §6 AsylbLG. Following §4 the health treatment must be “necessary”, for an “acute” and “painful” condition to be financed. Based on §6 AsylbLG, further benefits to ensure subsistence or health can be applied for in individual cases. The granting of these "optional" benefits is at the discretion of the responsible authority. Because of the fussiness of these definitions and the lack of a detailed catalogue of foreseen treatments, authorities (especially social welfare offices) have a great

[1] Provisions during pregnancy and childbearing are covered entirely by the AsylbLG.

leeway in the decisions of which health care treatment shall be financed and carried out. However, in the case of persons with special needs as defined by the EU Reception Directive (e.g., victims of human trafficking, persons with mental disorders and persons who have suffered torture, rape or other serious forms of psychological, physical or sexual violence), the discretion is usually reduced, and the necessary health benefit must be granted (BAfF 2020).

After 18 months of residence, the legal framework is regulated by § 2 AsylbLG and the benefits guaranteed are similar to those granted by the statutory health insurance.

If an employment subject to compulsory insurance is taken up (and it fully covers one's own needs and, if applicable, and those of the family) or if recognition is granted in the asylum procedure, then the entitlement to asylum seeker benefits no longer applies. These persons are covered by statutory health insurance and the restrictions mentioned here do not apply.



Implementation and financing of healthcare for asylum seekers

During the first 18 months, the costs of health care treatment are carried by the responsible social welfare office (Sozialamt). Within the federal framework provided by the AsylbLG, the individual federal states or even municipalities regulate specific aspects of the health care provisions for asylum seekers. In some cases, asylum seekers can access health care through a so-called “sickness certificate” or “treatment certicate” (Krankenschein). This certificate must be applied for at the social welfare

office prior to each visit to the doctor. Furthermore, this certificate is valid only for a short period of time (a quarter of a year) and, if expired before the treatment was carried out – for example due to longer waiting times for specialized medical visits – must be requested again at the responsible authorities. A problematic aspect of the "treatment certificate system" is that the social welfare office staff called to decide on the assumption of costs normally has no medical background and can therefore not always rightly evaluate the need of treatment from a medical point of view (Mohammed et al. 2022).

In the last years, some federal states and autonomous communities have introduced an electronic health card for asylum seekers (eGK). Although this card looks like the insurance card people receive when becoming "full" members of a health insurance, the provisions covered by it remain limited to those foreseen in the Asylum Seekers Benefits Act. However, asylum seekers in possession of a health card do not need to request the "treatment certificate" at the social welfare office anymore and can access health care directly. The health card simplifies access to health care by removing barriers to utilization and eliminating extensive bureaucratic hurdles. By that, it also reduces the delays in treatment that can be expected when applying for a "treatment certificate". Especially chronically ill asylum seekers can benefit of the simplified access to health care. When in possession of the health card, asylum seekers only rarely need to visit the social welfare offices - for example, in the case of services requiring approval and language mediator costs (Lindner 2022; Rolke et al. 2020).

After 18 months of stay, the legislative framework applying is analog to the "Social assistance benefits" (Sozialhilfeleistungen, SGB XII). The range of health care provisions guaranteed to asylum seekers is wider than the one of the AsylbLG as they are entitled to provisions similar to those of the insured persons of the statutory health insurance (GKV). However, this is still a "transitory stage": the social welfare office remains the cost bearer and asylum seekers do not enjoy a full membership in a health insurance company. Access to health care services occurs only via an electronic health card (the option of a "treatment certificate" is no longer possible).

As soon as the asylum process is completed and asylum seekers receive a residence permit, they become full members of the statutory health insurance. Since health insurance is compulsory in Germany, refugees are entitled to receive the benefits of the statutory health insurance. However, language mediation costs are not covered by the entitlement to benefits of the GKV-insured, an important aspect regarding mental health services.

Refugees without legal status experience a very difficult access to health care. In theory, the Asylum Seekers Benefits Act (AsylbLG) applies also to migrants and refugees without legal status, and they could benefit of the (limited) provisions guaranteed in §4 and §6. However, because of §87 of the

Residence Act, all authorities (including the social welfare office) are obliged to report the data of persons without legal residence status to the foreigner's authority. This means that when contacting the responsible authorities to receive the necessary documents to access health care (e.g., "treatment certificate"), migrants without legal status could be faced with deportation. This *de facto* hinders access to health care whenever public authorities are involved. Migrants and refugees without legal status cannot enter the health insurance system either as they lack the necessary residence permit. Refugees without legal residency status are therefore largely excluded from health care system and are mostly dependent on voluntary or charitable help of organizations and volunteering medical personnel. However, in the last years, some improvements have been made by some municipalities in guaranteeing access to health care to this population. In Berlin and further cities, for example, a responsible "clearing office" has been established by the city government. The task of this office is to offer counseling to migrants without legal residency and investigate if they can possibly receive a residence permit and/or be included in the health insurance system. If the requirements are missing but the person needs medical treatment, the office issues an anonymous health insurance voucher which can be used to cover the costs of treatment without having to fear any negative legal consequence. The obligation to report does not apply to medical staff in doctors' offices or hospitals so that migrants without legal status do not have to fear deportation when requesting medical help. However, when accessing treatment without a clear cost bearer, they must pay the treatment costs out of their own pocket and – especially in the case of major treatments or longer stays in hospital- face the risk of receiving very expensive bills.

Different Implementation across Federal States in Germany

Although the Asylum Seekers Benefits Act applies nationwide in all Germany, it leaves a great deal of room for interpretation and entails many undefined legal terms (Schammann 2015; Hillmann 2017). The insufficient normative concreteness of the AsylbLG, the federal character of asylum policy in Germany as well as the different party-political constellations at the state level concur to create a differentiated landscape of implementation across the single federal states. In fact, the federal states are the key decision-makers in asylum policy when it comes to implementing medical care under the AsylbLG. To this end, they have, among other things, each enacted their own refugee reception laws and ordinances and introduced cost reimbursement procedures.

As a result, access to health care for asylum seekers varies widely across the federal states. In some states, more regulatory-restrictive policies apply ("treatment certificates" according to AsylbLG §§ 4 and 6 with necessary frequent visits to the social welfare office), while in other states more liberal-permissive policies (eGK for asylum seekers with a range of services, that go beyond AsylbLG §§ 4 and

6) are in use. These differences imply different opportunities for asylum seekers and different administrative procedures and costs for the authorities (cf. Schammann 2015).

The financing of health care for asylum seekers in Germany is carried out by various actors (federal government, the states, and the municipalities) (Bookmann et al. 2018) As long as asylum seekers reside in the (first) reception facilities of a federal state, the latter are directly responsible for accommodation and for bearing the costs of medical care. After the transfer to the districts, independent cities or municipalities, these are responsible for the implementation of the AsylbLG. Until the conclusion of the asylum procedure, it is therefore mainly the federal states and municipalities that must bear the costs of housing and medical care.

Mental Health Services in Germany

Psychiatric and psychotherapeutic care in Germany is composed of outpatient, semi-inpatient, inpatient, and complementary services (Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde 2022). Most people with mental illness are treated on an outpatient basis, and in many cases the primary care physician is the first point of contact for those affected. Waiting times for a psychotherapy place with a specialist, medical or psychological psychotherapist can last weeks to months. In addition to that, there are significant differences between the federal states and between rural and urban regions (ibid.)

Inpatient treatment of people with mental illnesses is provided by many specialist clinics and departments at general hospitals, including numerous university hospitals. In addition, there are numerous clinics for psychosomatics that offer inpatient care as well. In recent decades, hospital beds and lengths of stay have been massively reduced, while the number of inpatient treatment cases has risen sharply. In addition, the services offered are not yet optimally coordinated - which poses further problems for patients with few personal resources.

Access to Mental Healthcare for Asylum Seekers and Refugees

The legal framework regulating the access and financing of outpatient psychotherapies for refugees is very complex. Several factors (e.g. residence status, length of stay in Germany and employment status) influence on the possibility of a therapy being financed and with whom it can be carried out.

In many places, refugees *de facto* cannot access the standard mental health care system and are not adequately cared for. The main reasons for this are bureaucratic hurdles, lack of language mediation, limited capacities of professionals and the associated long waiting times, and reservations on the part of doctors and psychotherapists about treating refugees with traumatic experiences play a role

(Mohammed et al. 2022). In addition, therapists often lack the expertise to deal with the special needs of refugees (Flory et al. 2016). A further key issue for mental health care is, next to the treatment itself, the provision of language mediation/interpretation, which is also hard to receive.

Psychotherapy during the asylum procedure

During the first 18 months of residence, access to psychotherapy or counseling is difficult, as mainly emergency and acute treatments are provided. While §4 of the AsylbLG states that the necessary medical treatment is to be granted for the treatment of “acute illnesses and pain conditions”, §6 states that other benefits can be granted on an individual base if “they are indispensable to safeguard health”. The social welfare office must assess and approve treatment as necessary. Following the law, for a health provision (e.g., psychotherapy) to be granted and financed, it is sufficient to meet one of the two conditions stated in the corresponding paragraphs.

In practice, however, the relatively open formulations of the law often lead to uncertainty among the administrative staff about which services are covered by the law and should be financed. As a result, many health provisions, including psychotherapy, are rejected. Newest data by the Nationwide working group of the Psychosocial Centers for Refugees and victims of torture (BAfF e. V. 2022) report that the rejection rate for therapy applications at the Social Welfare Office (15.3%) was significantly higher than the rejection rate when applying for therapy at a statutorily health insurance (2.6%).

European directives (especially the so-called "Reception Directive”) also foresee the right of refugees to appropriate medical care, including psychotherapy. The Reception Directive is especially important for asylum seekers with special needs and states the provision of "necessary medical and other assistance, including, if necessary, appropriate psychological care." According to Art. 21 of the Directive, asylum seekers with special needs (also called “especially vulnerable refugees”, besondere schützbedürftige Geflüchtete) include, for example, minors, unaccompanied minors, disabled persons, elderly persons, pregnant women, single parents, persons with serious physical illnesses, persons with mental disorders and persons who have suffered torture, rape, or other serious forms of psychological, physical, or sexual violence. LGBTIQ+ refugees are not explicitly named in this (non-exhaustive) list, but in the view of both the German government and NGOs and advocacy groups, they are also understood to be a particularly vulnerable group with specific needs.

If special needs are present, authorities cannot by law refuse suitable and necessary psychotherapy. However, in practice such applications are nevertheless often rejected.

If treatment has been approved, in most of the cases the waiting period for a therapy is long. In the first 18 months of residence, therapy can be carried out by therapists with or without health insurance approval (Kassenzulassung). The costs of treatment are covered by the social welfare office after

psychotherapists in private practice or in in psychosocial centers apply for it. In the first 18 months of their stay, most asylum seekers and refugees are treated in one of the 47 psychosocial centers for refugees and torture victims (PSZ) across Germany. There, psychosocial, therapeutic, and other low-threshold support services are available in a mostly interdisciplinary team. Admission is granted via a waiting list system. PSZs have their own pool of language mediators.

After 18 months of residence, the legal framework changes and asylum seekers have the right to benefits analogous to those granted by a health insurance. This implies that they can be treated only by psychotherapists who are licensed by the health insurance (Kassenzulassung). Especially in some regions, because of the very high demand and/or the scarce number of psychotherapists licensed by the health insurance – a further option becomes useful. This foresees psychotherapists to apply for a special authorization that enables them to treat asylum seekers (Ermächtigung). This measure should improve the possibility of access treatment for asylum seekers and increase the offer of therapy. Furthermore, psychotherapeutic outpatient departments of universities can be a contact point in the search for a therapist (BAfF, 2020).

A further barrier to access to mental health care for asylum seekers and refugees is language. In fact, many of them need the assistance of an interpreter for receiving psychological treatment. The financing of interpreters during the first 18 months can be applied for at social welfare offices within the framework of the AsylbLG. In practice, however, it has been shown that processing often takes many months. Furthermore, according to the experience of the Psychosocial Centers for Refugees and Victims of Torture (PSZ) in Germany, only 58% of applications for the assumption of language mediation costs are decided positively.

After 18 months, costs for language mediation are not covered anymore, as they do not belong to the catalogue of provisions granted by the statutory health insurances, on which the provisions in this phase of asylum process are oriented.

For unaccompanied minors, special regulations about the financing of health care apply. In the case of therapies, the responsible authority depends on whether the need of a therapy arises from a “mental disorder requiring treatment”, a “disruption in the education process” or a “mental disability”. In case of a mental disorder requiring treatment, the costs are normally covered by the statutory health insurance. Otherwise, the costs are covered by the youth welfare office.

Psychotherapy after obtaining a residence permit

After obtaining a residence permit, refugees enter the statutory health insurance (either when an employment is taken up or the persons receives social benefits following SGB II). If the membership in

the health insurance derives from employment, also spouse and children of the worker are entitled to receive the same benefits.

With membership in a health insurance, psychotherapeutic treatment can be obtained only from psychotherapists approved by the health insurance. In order to ease the access to mental health care provisions, an additional path to therapy has been established through a procedure called "reimbursement procedure" (Kostenerstattungsverfahren). This allows to receive psychotherapy from a therapist not licensed by the health insurance (BAfF 2020).

Discrimination of Asylum Seekers and Refugees

The experiences and needs of refugees are heterogeneous, as is the case with people who have not experienced flight. For those affected, a flight experience is a significant and potentially traumatic experience, but the consequences for the individuals, their families, communities, and societies are very diverse and context dependent (BAfF 2022). All in all, the meaning and impact of a flight experience on individuals are influenced by their life realities prior to flight (e.g., health conditions, social roles, social and professional involvement, traumatic experiences, political persecution, etc.), their experiences during the flight (e.g., duration, escape routes, intensity of threat and violence) and the conditions in the destination country (e.g., personal safety, accommodation, residence status, development opportunities, etc.) (e.g. Patel 2003).

The experiences of asylum seekers in Germany differ greatly depending on their residence status. People who quickly obtain an unlimited settlement permit or at least a temporary residence status (e.g., persons granted asylum, refugees under the Geneva Convention, refugees with subsidiary protection, or refugees protected by a national ban on deportation) have good opportunities to activate their self-healing potential, in part because they can develop new life perspectives in safety. These are good preconditions for coming to terms with the flight experiences and the arrival in a new society (BAfF 2022).

Of the nearly two million people seeking protection in Germany in 2020, only 280,715 had a permanent settlement permit, which secures a long-term perspective in Germany. More than one million had a temporary residence permit, which allows regular access to education, social services, health care and the labor market, but residence is not secured in the long-term. The situation of persons without secure residence (e.g., without legal status or just a "toleration permit") is much more difficult. In 2020, a total of 459,100 persons (23% of all protection seekers) were in Germany without a secure residence status, of whom 215,960 had an open protection status, i.e., they were still in the asylum procedure, and a further 243,140 persons who had been rejected and were therefore considered obliged to leave the country (Statistisches Bundesamt 2021). The latter, however, often stay in Germany for many more

years without a secure residence status in order to fight for their right to asylum. Their living situation is characterized by adverse conditions such as years of waiting for a secure residence perspective, cramped living conditions in shared accommodation, lack of or limited education and work permits, lack of or limited access to integration and language courses, and restricted access to health care (BAfF 2022).

Especially people who have experienced severe violence and torture and, in addition, have no secure prospects of staying in Germany are exposed to at great risk of not recovering well from their physical and psychological ailments, but on the contrary, to suffer from protracted psychosocial stresses (Bittenbinder & Patel 2017; Winkler et al. 2019). Furthermore, the opportunities for social participation and access to social and health services are particularly limited and associated with hurdles for these individuals.

For many years, the BAfF together with many other actors has been reporting the discrimination and exclusion of refugees in Germany, especially regarding their health care (Baron & Flory 2020; BAGFW 2020; BPtK 2018; ProAsyl 2017; Razum et al., 2016). Professionals in the field underline that Germany does not grant the human right to health equally to all individuals and therefore does not fulfill its obligations under international treaties regarding discrimination-free and comprehensive health care, free of discrimination (for more detail, see Baron & Flory 2018).

The current report of the Federal Anti-Discrimination Agency of Germany (Bartig et al. 2021) clearly points to discrimination mechanisms in health care. The following areas of discrimination have been identified:

(1) **Institutional exclusion**, such as exclusion from the right to health through the Asylum Seekers' Benefits Act.

(2) **Lack of expertise in migration-specific aspects** by health care professionals.

The health care system is insufficiently prepared to deal with (cultural) diversity and especially the needs of refugees. Only in isolated cases there are health care facilities offering treatment that do justice to the cultural diversity in society. One of the reasons is that the handling of cultural diversity in the treatment of patients does not play a central role in the training of physicians and psychotherapists. Also, the complex psychosocial needs of people who have survived war and violence are not addressed. Thus, people with uncertain residency status and survivors of violence and torture often encounter health care staff who do not have the necessary knowledge and skills to deal with their specific needs. This can lead to misunderstandings and frustration on both sides and, in the worst case, prevent necessary treatment (BAfF 2022).

(3) **Prejudice in the interactions** between health care professionals and refugees.

Refugees are sometimes exposed to prejudice and racial devaluation in their everyday life. This is very stressful for those affected and has a negative impact on their well-being and health (Schouler-Ocak et al. 2021; Kluge et al. 2020; Sequeira 2015; Velho 2011). In the context of health care, prejudice can lead to people not being heard, their needs not being taken seriously[2], or in the worst cases, treatment being denied (BAfF 2022).

(4) **Lack of accessibility in health care**, oft due to the lack of access to language mediation/interpretation for people with little or no knowledge of German.

As for outpatient care, the number of doctors and psychotherapists able to offer their treatment in languages other than German is limited and they are difficult to find. Hospitals sometimes offer to organize language mediation and to finance it through hospital budgets, but in practice it is common that acquaintances, relatives or even children must help with translation (Karger et al. 2017). Interpretation during a health care appointment (or a therapy) requires great organization, is time consuming and often doctors and psychotherapists do not know how to organize and finance it.

(5) **Lack of reliable data on refugees' health and needs**

Until recently, data on refugees' health has not been included in the most important nationwide surveys and only rudimentary data on their health was available.

Necessary Interventions

Hanewald et al. suggest a so-called two-step approach including a broad screening that detects mental health risks at an early stage in addition to the physical examination. In case of a positive diagnosis quick and appropriate (medical) action should be taken. The main point however is to take a holistic approach by considering the social, political, legal and financial impacts when treating refugees (Hanewald et al. 2022).

The BAfF, the umbrella organization under which the 47 psycho-social centers main providers of mental health provisions to asylum seekers and refugees in Germany are organized, had redacted a list of necessary interventions for improving health and well-being among refugees and asylum seekers. These include:

- Upon arrival, quicker registration and placement in an accommodation providing sufficient privacy and opportunities for social interaction.

[2] *In the so-called "Afro Census", the first comprehensive study on black, African, and Afro-diasporic living realities in Germany, which has been carried out online in 2020, two thirds of the respondents (66.7%, n = 2,108) agreed with the statement "My doctor does not take my complaints seriously" (Aikins et al. 2021).*

- Asylum seekers and refugees should have the same access to medical and psychosocial care as people with statutory health insurance.
- Improving of the transcultural competencies and sensitity towards (cultural) diversity in institutions providing social, legal, and healthcare services
- Targeted counseling within the first few weeks, which helps to identify special resources, needs, and protection requirements.
- Access to needs-based multi-professional help for people who have experienced violence and torture
- Easier access to education, labor market, social and health care, language mediation

In conclusion, several factors affect the psychological well-being of migrants and refugees in Germany, including trauma and PTSD, discrimination and social exclusion, acculturation, language barriers, and economic challenges. So, after the arrival of refugees, certain factors can help improve their mental well-being. These include the necessity for education, screening for mental health, psychoeducation regarding mental health, early contact with language and cultural mediators, a more flexible residence law, availability of language mediators with covered costs, more knowledge about psychological problems by decision-makers, and extended support by interpreters. Additionally, concepts and considerations around working with lay people, such as Narrative Exposure Therapy (NET), group psychoeducation, and E-mental health, can be effective.

To address the mental health needs of migrants and refugees, it is essential to provide culturally sensitive and trauma-informed mental health services that are tailored to meet the specific needs of the target group. A wide range of culture and trauma-sensitive diagnostic and therapeutic procedures are needed, along with new mental health care models with fast and low-threshold access to diagnose, prioritize and treat refugees. Community-based mental health services and concepts of humanitarian aid or emergency medicine that address situations where a quick response is required in an environment with limited resources within a prioritization system can also be effective. Importantly, factors such as granting a residence permit, perceived social support, safe environment to profit from available resources, participation in everyday life, freedom of movement, access to the labor market, address discrimination and social exclusion through social integration policies, and providing independent refugees opportunities with active members of the communities of refugees can promote mental wellbeing.

Main providers of mental health provisions to asylum seekers and refugees

The 47 psycho-social centers (PSZ, psychosoziale Zentren) across all Germany are the main providers of mental health provisions to asylum seekers and refugees. The centers are organized under the umbrella organization called "BAfF". These centers do not belong to the "standard" mental health services and have a mixed financing (public, donations etc.). The psycho-social centers have been focusing on the support of traumatized refugees, victims of torture and particularly vulnerable and/or mentally ill refugees.

They offer a wide range of support services including diagnostics/clearing, crisis intervention and stabilization, as well as psychosocial or psychological counseling. To their further offers belong social counseling, the preparation of expert reports especially on health status for the asylum procedure, individual psychotherapies, legal counseling on asylum, the identification of refugees in need of "special protection", group psychotherapy or other group activities promoting social contacts. Other services include support during the visits to the authorities, coordination of language mediators and volunteers, and additional services to promote social participation (e.g., mentoring). In addition to that, the psycho-social centers offer training for professionals for improving their competence in working with traumatized refugees (BAfF 2022).

Because of the above-mentioned barriers in the access to mental health care, the psychosocial centers are key actors in the provision of mental health for refugees. The clients of the PSC often include people with special (protective) needs, for example as a result of experiences with torture, human trafficking and/or persecution on the basis of sexual orientation and/or gender identity. Many PSC clients have a precarious residence status, i.e., they are waiting for the result of an asylum procedure or only have a temporary "toleration permit" (Duldung), which leaves open the possibility of being deported at any time. The PSCs give priority to people with a precarious residence status, as they experience severely limited access to standard health care.

Nonetheless, although spread all over the country, also psychosocial centers can be hard to reach for asylum seekers and refugees living in the countryside, who have often to travel many kilometers to receive treatment in the centers.

The BAfF conducts an annual online survey of all member centers to obtain data on the care of refugees in the psychosocial centers (PSCs). This is the only regularly scheduled and nationwide survey of data on the psychosocial care of asylum seekers and refugees.

In 2020, a total of 19,352 clients were served in the centers (decrease of 25.5% compared to the year before, due to the Covid-19 pandemic). Almost two thirds (65.5%) of the clients were in the asylum-seeking process, hold a "toleration permit" or had no legal residence status. Only about a quarter

(27.9%) had a relatively secure residence status, i.e., a residence or settlement permit. In comparison, three quarters (75.3%) of all refugees in Germany had a relatively secure residence status. In 2020, the clients of the PSCs came from over 100 different countries. The ten most common countries of origin were: Afghanistan, Syria, the Russian Federation, Iran, Iraq, Nigeria, Guinea, Turkey, Somalia, and Eritrea.

Benefits accorded to Ukrainian refugees

Since the Ukraine crisis many refugees from Ukraine have sought protection in Germany. While it has been regarded highly positive how quick the government provided structures for Ukrainian refugees concerning accommodation, legal status, health care and labor market access, refugees from other countries have noticed the difference in treatment. Migrants from Ukraine receive faster and less bureaucratic assistance. They have improved access to education and employment opportunities, as well as better healthcare options. However, it can be seen as a positive development from the German government to have improved its processes of integration since the great arrival of refugees from Syria in 2015.

References

Aikins, M. A.; Bremberger, T.; Aikins, J. K.; Gyamerah, D. & Yıldırım-Caliman, D. (2021). Afrozensus 2020: Perspektiven, Anti-Schwarze Rassismuserfahrungen und Engagement Schwarzer, afrikanischer und afrodiasporischer Menschen in Deutschland, Berlin. https://afrozensus.de/.

Amadeu Antonio Stiftung (2020). Leben in Gefahr. Gewalt gegen Geflüchtete in Deutschland. Berlin. https://www.amadeu-antonio-stiftung.de/wp-content/uploads/2021/06/Leben-in-Gefahr_web.pdf

Antidiskriminierungsstelle des Bundes (2016). Diskriminierungsrisiken für Geflüchtete in Deutschland. Eine Bestandsaufnahme der Antidiskriminierungsstelle des Bundes. https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/DE/publikationen/Expertisen/diskriminierungsrisiken_fuer_gefluechtete_in_deutschland.pdf?__blob=publicationFile&v=12

BAfF, Bundesweite Arbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer (2020). Leitfaden zur Beantragung einer Psychotherapie für Geflüchtete. Aktualisierte Fassung. August 2020. https://www.baff-zentren.org/wp-content/uploads/2021/03/BAfF_Arbeitshilfe_Therapiebeantragung-1.pdf.

BAGFW (2020). Stellungnahme der BAGFW: Integrationspolitik vor Ort partizipativ gestalten – Anregungen der Freien Wohlfahrtspflege zum Themenforum „Integration vor Ort“. https://www.bagfw.de/veroeffentlichungen/stellungnahmen/positionen/detail/stellungnahme-der-bagfw-integrationspolitik-vor-ort-partizipativ-gestalten-anregungen-der-freien-wohlfahrtspflege-zum-themenforum-integration-vor-ort.

Bajbouj, M., Panneck, P., Winter, S.-M., Ajami, C., Alabdullah, J., Benedikt Burger, M., Haberlandner, A., Hahn, E., Heinz, A., Heuser, I., Hoyer, A., Kluge, U., Aichberger, M., Repantis, D., Schreiter, S.,

Seybold, J., Sutej, I., (2021). A Central Clearing Clinic to Provide Mental Health Services for Refugees in Germany. *Front. Public Health*, 9:635474.

BAMF. Asylgeschäftsstatistik: Aktuelle Zahlen. Ausgabe: Juni 2020. Tabellen Diagramme Erläuterungen. (2020). Available online at: https://www. interkulturellewoche.de/sites/default/files/inlinefiles/aktuelle-zahlenjuni2020.pdf%3Bjsessionid%3DE3C2AC45A654325587804CBBEB583815. internet542.pdf.

Bartig, S., Rommel, A., Wengler A., Santos-Hövener C., Lampert T. & Ziese T. (2019). Gesundheitsberichterstattung zu Menschen mit Migrationshintergrund – Auswahl und Definition von (Kern-)Indikatoren. https://doi.org/10.25646/6069.

Bittenbinder, E. & Patel, N. (2017). Systemische Praxis in globalen Zusammenhängen – zwischen Solidarität und Abwehr. Familiendynamik 2017 (1), 18–26.

Boockmann, B., Klee G. & Scheu T. (2018). Ausgaben im Zusammenhang mit Geflüchteten. Eine Untersuchung der Ausgabenstrukturen in acht ausgewählten Kommunen. Bertelsmann Stiftung. https://www.bertelsmann-stiftung.de/fileadmin/files/Projekte/Migration_fair_gestalten/IB_IAW_Ausgaben_im_Zusammenhang_mit_Gefluechteten_2018.pdf.

Boettcher, V., Nowak, A., Neuen, F. (2021). Mental Health Service Utilization and Perceived Barriers to Treatment among Adult Refugees in Germany. *European Journal of Psychotraumatology*, 12:1, 1-11.

Bundespsychotherapeutenkammer (BPtK) (2018). Psychische Krankheiten bei Asylsuchenden in Deutschland. https://www.bptk.de/wp-content/uploads/2019/01/20180125_bptk_update_2018_psychische_erkrankungen_bei_fluechtlingen_in_deutschland.pdf.

Chowdhury, N. (2016). Integration between mental health-care providers and traditional spiritual healers: Contextualising Islam in the twenty-first century. *Journal of Religion and Health*, 55:5, 1665–1671.

Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e. V., DGPP (2022), Neue Lösungen für wachsenden Hilfebedarf. https://www.dgppn.de/schwerpunkte/versorgung.html.

El Khoury, SJ. (2018). Factors that impact the sociocultural adjustment and wellbeing of Syrian refugees in Stuttgart—Germany. *Br J Guid Couns*, 47, 1-16.

Flory, L., Schriefers, S., Baron, J., Drehsen, T., Sandring, N., Hannemann, M., Kriese, B., Klinger, C., Steinfurth, E., Deutscher, C. & Karagöl, J. (2016): Abgewiesen. Weitergeschickt. Vertröstet. Verloren im deutschen Gesundheitssystem. Versorgungsbericht zur Situation von Geflüchteten in den Bundesländern Brandenburg, Mecklenburg-Vorpommern, Sachsen, Sachsen-Anhalt und Thüringen. https://www.baff-zentren.org/aktuelles/abgewiesen-weitergeschickt-vertroestet/.

Gäbel, U., Ruf, M., Schauer, M., Odenwald, M., Neuner, F. (2006). Prävalenz der Posttraumatischen Belastungsstörung (PTSD) und Möglichkeiten der Ermittlung in der Asylverfahrenspraxis. *Zeitschrift für Klinische Psychologie und Psychotherapie*, 35. 12-20.

Georgiadou E., Zbidat A., Schmitt GM., Erim Y. (2018). Prevalence of Mental Distress Among Syrian Refugees With Residence Permission in Germany: A Registry-Based Study. *Front Psychiatry*, 28;9:393.

Hajak, V. L., Sardana, S., Verdeli, H., & Grimm, S. (2021). A Systematic Review of Factors Affecting Mental Health and Well-Being of Asylum Seekers and Refugees in Germany. *Frontiers in Psychiatry*, 12:643704.

Hanewald, B., Knipper, M., Daub, J., Ebert, S., Bogdanski, C., Hinder, L., Hal, M., Berthold, D., Stingl, M. (2022). Addressing the Mental Health Challenges of Refugees – A Regional Network-Based approach in Middle Hesse Germany. *Int. J. Environ. Res. Public Health*, 19:13436.

Hillmann, L. (2017). Rechtliche Gestaltungsvorgaben für die Gesundheitsversorgung Geflüchteter; in: Brecht-Heitzmann, Holger (Hrsg.): Die Integration Geflüchteter als Herausforderung für das Sozialrecht, S. 83-103. LIT Verlag, Münster.

Kaltenbach, Elisa & Schauer, Maggie & Hermenau, Katharin & Elbert, Thomas & Schalinski, Inga. (2018). Course of Mental Health in Refugees-A One Year Panel Survey. Frontiers in Psychiatry. 9. 352. 10.3389/fpsyt.2018.00352.

Kantor V., Knefel M., Lueger-Schuster B. (2017). Perceived barriers and facilitators of mental health service utilization in adult trauma survivors: A systematic review. *Clin Psychol Rev*, 52:52-68.

Lindner, K. (2022). Gesundheitsversorgung von Asylsuchenden in den Bundesländern - Rahmenbedingungen und Reformbedarfe, MIDEM-Policy Paper 01/22, Dresden. https://forum-midem.de/cms/data/fm/user_upload/Publikationen/TUD_MIDEM_PolicyPaper_2022-1_RZ_online.pdf.

Mohammed, L., Karato, Y., Flory, L., Finner, S., Burckhardt, S., Dr. Grzywa-Holten, J., Inauri, N., Marquordt, S., Mews, M. & Schröder, S. (2022). Psychosoziale und psychiatrische Versorgung geflüchteter Menschen in den ostdeutschen Bundesländern 2022 – Eine Bestandsaufnahme. https://www.baff-zentren.org/wp-content/uploads/2022/10/VB-Ost-2022.pdf.

Mohammed, L. & Karato, Y. (2022). Flucht & Gewalt. Psychosozialer Versorgungsbericht Deutschland 2022. https://www.baff-zentren.org/wp-content/uploads/2022/07/BAfF_Versorgungsbericht-2022.pdf.

Nesterko, Y., Jäckle, D., Friedrich, M., Holzapfel, L., Glaesmer, H. (2020). Factors predicting symptoms of somatization, depression, anxiety, post-traumatic stress disorder, self-rated mental and physical health among recently arrived refugees in Germany. *Conflict and Health*, 14:44.

Patel, N. (2003). Clinical Psychology: Reinforcing Inequalities or Facilitating Empowerment? The International Journal of Human Rights, Volume 7, Issue 1. https://doi.org/10.1080/714003792.

ProAsyl (2017). Das Asylbewerberleistungsgesetz (AsylbLG). https://www.proasyl.de/hintergrund/das-asylbewerberleistungsgesetz-asylblg/.

Raghavan S, Rasmussen A, Rosenfeld B, Keller AS. Correlates of symptom reduction in treatment-seeking survivors of torture. Psychol Trauma Theory Res Pract Policy. (2013) 5:377–83. doi: 10.1037/a0028118

Razum, O., Wenner J. & Bozorgmehr K. (2016). Wenn Zufall über den Zugang zur Gesundheitsversorgung bestimmt: Geflüchtete in Deutschland. Gesundheitswesen 2016; 78(11):711–714.

Rolke, K., Wenner J. & Razum O. (2020). Der Zugang zu gesundheitlicher Versorgung nach Einführung der elektronischen Gesundheitskarte: die Sicht geflüchteter Patient(inn)en. Gesundheitswesen 82:961–968; https://doi.org/10.1055/a-1205-1021.

Schammann, H. (2015). Wenn Variationen den Alltag bestimmen. Unterschiede lokaler Politikgestaltung in der Leistungsgewährung für Asylsuchende. Z Vgl Polit Wiss 9, 161–182. https://doi.org/10.1007/s12286-015-0267-4.

Schick M, et al. Challenging future, challenging past: the rela tionship of social integration and psychological impairment in traumatized refugees. Eur J Psychotraumatol. 2016;7(1):28057

Schweitzer R, Melville F, Steel Z, Lacherez P. Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. Aust N Z J Psychiatry. (2006) 40:179–87. doi: 10.1080/j.1440-1614.2006.01766.x

Silove D, Ventevogel P, Rees S. The contemporary refugee crisis: an overview of mental health challenges. World Psychiatry. (2017) 16:130–39.doi: 10.1002/wps.20438

Statistisches Bundesamt (2021). Bevölkerung und Erwerbstätigkeit. Schutzsuchende Ergebnisse des Ausländerzentralregisters. https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Migration-Integration/Publikationen/Downloads-Migration/schutzsuchende-2010240207004.pdf?__blob=publicationFile.

Steel Z., Chey T., Silove D., Marnane C., Bryant RA., van Ommeren M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*, 5;302:5, 537-49.

Steel Z, Silove D, Brooks R, Momartin S, Alzuhairi B, Suslik I. Impact of immigration detention and temporary protection on the mental health of refugees. Br J Psychiatry. (2006) 188:58–64. doi: 10.1192/bjp.bp.104.007864

Steel Z, Silove D, Phan T, Bauman A. Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. Lancet. (2002) 360:1056–62. doi: 10.1016/S0140-6736(02)11142-1

Steel Z., Silove D., Bird K., McGorry P., Mohan P. (1999). Pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants. *J Trauma Stress*, 12:3, 421-35.

von Haumeder A, Ghafoori B, Retailleau J. (2019). Psychological adaptation and posttraumatic stress disorder among Syrian refugees in Germany: a mixed methods study investigating environmental factors. Eur J Psychotraumatol. 10: 1686801 doi: 10.1080/20008198.2019.1686801

Walther, L., Rayes, D., Amann, J., Flick, U., Ta, TMT, Hahn, E., Bajbouj, M. (2021). Mental Health and Integration: A Qualitative Study on the Struggles of Recently Arrived Refugees in Germany. *Frontiers in Public Health*, 9:576481.

Winkler, J., E. Brandl, H. Bretz, A. Heinz & Schouler-Ocak, M. (2019). Psychische Symptombelastung bei Asylsuchenden in Abhängigkeit vom Aufenthaltsstatus. Psychiatrische Praxis, 46(04), 191–199.