Cordelia Foundation

for the rehabilitation of torture victims

Report on the mental health conditions of beneficiaries of international protection and asylum seekers in Hungary

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Cordelia Foundation was established in 1996 as with the aim to assist torture survivor and severely traumatized asylum seekers, refugees and their family members arriving in Hungary through psychiatric, psychotherapeutic, psychological treatment, psycho-social counseling.

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Balzac utca 37

1136 Budapest, Hungary

Tel: +36 1 349 1450

E-mail: cordelia@cordelia.hu

Internet: www.cordelia.hu

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Introduction

The Cordelia Foundation was established in 1996 to assist torture survivors and severely traumatized asylum seekers, refugees, their family members and unaccompanied minors arriving in Hungary. The foundation provides psychiatric, psychotherapeutic and psychological treatment, and psychosocial counseling.

Cordelia is an accredited member of the Copenhagen-based network the IRCT (International Rehabilitation and Research Council for Torture Victims), and enjoys public benefit status in Hungary.

Members of the Cordelia team, consisting of therapists with intercultural competences (psychiatrists, psychologists, non-verbal therapists), generally treat refugee clients at the reception centers and a child protection facility, and also provide counseling in the counseling room at the organization's offices. Their work is assisted by a social assistant and trained interpreters. Using their internationally acknowledged methods, Cordelia treats 600-800 clients annually. The treatment of the psychosocial and somatic problems of this unique target group is a basic-service public-benefit task, and at present Cordelia is the only civil organization in Hungary which serves this role. The services of the foundation thus supplement national health care services through a comprehensive treatment system. Cordelia receives funds from donors such as the EU, the OHCHR (Office of the United Nations High Commissioner for Human Rights), Open Society Foundations, and the UNHCR.

The foundation regularly provides training and supervision for professionals working with refugees.

Cordelia's work was awarded the 2004 UNHCR Asylum prize. In 2008, the committee of the Viennese 'SozialMarie' prize for social innovation chose the foundation as one of its awarded organizations. In 2009 the then Office of Immigration and Nationality (OIN), the Hungarian immigration and asylum authority, acknowledged the services of the foundation in the field of mental health treatment of refugees with a certificate of recognition.

Cordelia is the only organization in Hungary to provide unique bio-psycho-social support (a combination of somatic, psychiatric and psychosocial care) to asylum seekers and beneficiaries of international protection. Cordelia is also unique in Hungary in providing rehabilitation to survivors of torture, sexual violence, and other extreme trauma. It is also one of the few organizations with a permanent team of specially trained interpreters, covering all major languages of asylum seekers (AS) and beneficiaries of international protection (BIP) in Hungary, who are highly experienced in interpreting medical and therapy sessions, and have sufficient intercultural competences and neutrality, highly needed even if the interpreter and the beneficiary speak the same language. Cordelia has been recognized by the Hungarian state, by international actors, and by other Hungarian organizations, as the main expert in providing mental health care and psychosocial support for AS and BIPs in Hungary, especially to those who have suffered trauma. As mentioned earlier, Cordelia is an accredited member of the International Rehabilitation Council for Torture Victims, the largest organization of its kind in the world.

Cordelia is well-established in the Hungarian asylum field. The foundation has a good working relationship with all other groups and NGOs working in the field. Cordelia has an especially strong working relationship and partnership with the Hungarian Helsinki Committee (HHC), the leading legal aid NGO for AS and BIPs in Hungary. Cordelia staff produce medico-legal reports based on the UN's Istanbul Protocol to confirm allegations of torture, which is then used by HHC lawyers in the asylum procedures and in facilitating the transfer of vulnerable AS to open facilities from detention centers. Cordelia also provides psychiatric and psychological treatment to clients of HHC, if needed. Cordelia

and HHC often develop and hold training events together, and engage in joint research and advocacy activities in common projects.

Cordelia similarly works in partnership with various private and church-run shelters (such as Baptist Aid, the Oltalom Foundation, and the Evangelical Lutheran Deaconry), where regular mental health support is provided. Cordelia is also part of a monthly NGO-institutional roundtable focusing on the care provided to unaccompanied minors in Hungary. The foundation has regular contact with the Menedék Association for Migrants, who have also been serving the refugee and asylum seeker population. The foundation is open to occasional solicitation by any other organization that seeks to support members of our target group.

When assisting BIPs and asylum seekers, Cordelia staff provide a lot more than traditional psychotherapy. The social part of the psychosocial services is just as important as the psychological element. Social counseling and emotional support are often more necessary than traditional therapy.

Operational circumstances in 2018

Currently non-governmental entities supporting AS and BIPs in Hungary work in a strongly unfavorable, even hostile political and social climate. Similarly, the plight and chances of AS and BIPs in Hungary have gradually deteriorated over the last two years, and the trend seems to be getting worse. The Hungarian government consistently uses 'migrants' as public scapegoats, and there is a continued, systematic dismantling of the asylum and integration system for BIPs in Hungary. NGOs like Cordelia - whose main mission is to assist AS and BIPs in Hungary – have gradually been restricted in their work, often by denying physical access to the target groups. Cordelia can nonetheless still offer a unique contribution to work with AS and BIPs.

After the dismantling of the Hungarian asylum sector, the role of NGOs in the field has changed and so has the context in which BIPs have to struggle with integration. That is, with all AS detained in the transit zones (except for unaccompanied minors below 14 years of age), NGOs which before used to provide state services such as social support, legal aid or psychosocial care, are banned from accessing the target group. Thus, apart from sporadic cases their work (and within that Cordelia's role) is focused on those who are granted international protection and who are allowed to stay in the country. For them, however, all state support following recognition has been denied. Thus, NGOs have to make up for the gap in the services by offering housing programs, legal aid, social care, mental healthcare, and so on.

Traumatized refugees, or those struggling with mental health issues (estimated to be around 30-50% of all BIPs according to international scientific data), have increased difficulties finding and accessing by themselves even this very limited pool of services.

The policies and practice the government of Hungary applied to asylum seekers at its borders grew even more restrictive during 2018. The already very low number of claimants admitted to the transit zones, and the even lower number of those granted protected status, further decreased during the year following the government's decision to continue lowering the daily quota of asylum seekers admitted to the transit zones. Since early 2018 authorities have allowed maximum one person per day to enter the transit zone, and members of a family are counted individually. A larger family can therefore deplete a week's quota.

Furthermore, Cordelia had to operate in a generally hostile environment, gradually building due to the government's anti-immigration and anti-immigrant discourse. Hopes that the rhetoric would somewhat soften following the elections in April proved to be unfounded.

The policy measures introduced in 2018 had a profound adverse effect on Cordelia's work and access to beneficiaries, as well as on the mental health condition of clients. The number of asylum seekers waiting in Serbia to be admitted has been declining for quite some time for various reasons. First, many asylum seekers simply rerouted as Hungary closed its borders and built the fence in September 2015. Hungary solidified and intensified its anti-immigration policies, practice and rhetoric, which naturally deterred many from trying to enter the European Union via Hungary. Later, the agreement between Turkey and the European Union came into force and the number of asylum seekers further decreased. Finally, the government further restricted the number of asylum claimants admitted to the transit zones. In this report, we provide a description and analysis of the psychological aspects of detention, with a special focus on trauma, be it related to past experiences of the asylum seekers - often exacerbated by detention, institutional neglect and lack of integration possibilities - or solely caused by detention itself.

The Cordelia Foundation, like other independent NGOs, is not allowed to operate inside the transit zones and can only meet clients once they are released from detention or, in the case of unaccompanied minors under 14 years of age, in the Károlyi István Children's Centre in Fót. Families and individuals are provided with assistance in reception centers in Vámosszabadi and Balassagyarmat. Some protected individuals receive bio- psycho-social assistance and therapy in the counseling room at Cordelia's offices in Budapest. Information and impressions presented in this report were gathered while providing bio-psycho--social assistance to BIPs and asylum seeking unaccompanied minors at the above operational locations during 2018.

The short length of time most beneficiaries spend in Hungary makes therapy extremely difficult. In most cases, the standard structure of psychotherapy cannot be developed, and intervention is confined to addressing mental health emergencies and providing some form of social assistance to ensure the basic needs of BIPs are met to the extent possible. However, time is not the only factor affecting psychotherapy. Without integration support, effective psychotherapy is very difficult if the patient lives in constant existential insecurity, even if enough time is allowed for therapy.

Effects of detention

The damaging mental health effects of the transit zone, and the physical and emotional conditions of detention, are difficult to overestimate. Like the unwelcoming conditions and lack of integration services awaiting recognized refugees and beneficiaries of subsidiary protection in Hungary, the conduct in the transit zones also appears to deter from seeking asylum in Hungary, instead of providing a place for a fair and humane asylum procedure and a safe place of temporary residence.

Physical conditions in the transit zones are extremely rudimentary. Asylum seekers are accommodated in containers and in a fenced off area, which they are not allowed to leave. There is no room for privacy or intimacy, and possibilities for recreational and leisure activities are very limited. The transit zones, even though social workers are formally present, provide nothing more than basic shelter, food, basic medical services, and hygienic supplies. Many asylum seekers complained that food is insufficient. BIPs reported that the quality and quantity of food is not adequate for the needs of asylum seekers, and many of Cordelia's patients lost weight in the transit zone as the result of inadequate food provisions.

Even more damaging than the physical circumstances of detention, and their direct effects on the physiological condition of asylum seekers, are the mental health consequences of detention and the conduct of authorities, the way official procedures are executed in the transit zone.

What happens in the transit zone is a matter of life and death for asylum seekers. The asylum hearing is one such decisive event. While the importance of the hearing and the ensuing procedures is hard to overestimate, asylum seekers are exposed to conditions and procedural conduct causing a great deal of stress and anxiety.

Hearings for asylum seekers are conducted only formally. Asylum seekers are rushed through a formal procedure they do not fully understand. They are not given enough time and support to think over what they want to say, to recollect memories and details and the chronology of events that happened to them on their way. Traumatized or just exhausted and stressed people need time and support to be effectively heard. The importance of this - and its effects on the hearing and the psychological condition of asylum seekers - will be demonstrated later, when discussing the symptoms of trauma. Overall, asylum procedures are designed and implemented in a way inconsiderate of the vulnerability and the traumatizing experiences of claimants, or the cultural differences affecting their participation in the process. Asylum seekers are treated as if they had been brought up and socialized in Hungary, and understood the concepts and legal language of international and Hungarian asylum law and procedural descriptions.

This prolonged state of uncertainty and lack of information exposes them to chronic anxiety. No one was there to answer their questions; social workers were separated from asylum seekers and only attended to the most basic duties and practical tasks. The social worker was unable or not allowed to provide information on the asylum procedure, or what happens once they are released from the transit zones. Detained asylum seekers could not turn to social workers for a friendly word or consolation. Social workers had no information on the terms of the integration contract (while those existed) or the 30-day period BIPs would be allowed to spend in the reception center. According to Cordelia experience, most social workers in the transit zones were well-intentioned, but it is likely that staff were explicitly instructed not to be "too friendly" with the asylum seekers.

Being able to provide psychosocial services inside the transit zones would be essential for a multitude of reasons. Many of those admitted have already been exposed to traumatizing experiences. Detention alone would be traumatic for any healthy person, and especially for those who anticipated

a fair and humane treatment and arrive following a strenuous and dangerous journey. The transit zone is the first place where asylum seekers are given some services, rudimentary though they may be, and physical safety. While on their way, asylum seekers solely focus on day to day survival and on reaching Western Europe as soon as possible. PTSD symptoms are “dormant”. Once they reach physical safety and settle, even if temporarily, PTSD symptoms and other, often somatic consequences of trauma surface. This routinely happens everywhere asylum seekers are given or anticipate safety - in their desired destination country, or in Hungary for those who decide or are forced by circumstances to stay. Instead of going through this phase in a welcoming and supporting environment, symptoms come to the surface in the transit zone (and the reception center and in the Fót Children’s Center) and instead of being alleviated, they just grow even more severe. Professional psychological assistance, and when necessary psychiatric intervention, therefore, must be available during this critical period. Instead of providing for the space, infrastructure and services needed to alleviate PTSD symptoms that naturally occur, the transit zone only exacerbates them. Isolation, the constant state of uncertainty, lack of information, and the unpredictability of the waiting period in the transit zone all contribute to growing frustration for asylum seekers. Many who had arrived in a relatively good mental health condition become traumatized in the transit zone. This especially applies to children. Being taken back to detention is a recurring dream among them.

Common symptoms affecting BIPs and AS

Those admitted often suffer from severe trauma and their condition further deteriorates in the transit zone and the reception facilities. Being rushed through the asylum hearing process, and the isolation both physical and informational, is a significant source of stress - and so is the lack of time to relax, reflect and gather thoughts and events for the asylum interview that may be a life-changing event. The unwelcoming attitude of the authorities adds to the frustration. Asylum seekers often voiced disillusionment and dissatisfaction with the Europe they thought was humane and sensitive.

The hostile environment they are confronted with made many consider turning back. Having to recollect their trauma in a formal, trauma-insensitive process - blind to the sensitivity of the matters and the mental health risks associated with hearing traumatized people - carries the risk of *re-traumatization*. A hearing process inconsiderate of these special vulnerabilities does have a detrimental impact on the mental health condition of beneficiaries. Experiences of persecution, flight, violence and torture naturally lead to developing psychological symptoms. Identification and treatment of these conditions have their tried and tested methods, yet treating PTSD has its unique challenges when it comes to refugees and asylum seekers. This uniqueness is attributable to several factors. Additionally, psychotherapy provided to BIPs requires intercultural competences as well, and having to use interpreters makes it even more challenging. The most common symptoms among BIPs and AS are outlined below.

Many migrants and asylum seekers suffer from trauma of various types, and the subsequent mental health and somatic symptoms. *Anger,* or *reactive depression* to sexual abuse, sacking or hunger is common. Young asylum seekers very often suffer from grief at having been separated from their families on the way. *Secondary trauma* is also prevalent, and many of Cordelia's clients witnessed violence, often committed against their loved ones.

Many asylum seekers and BIPs complained about being *forgetful and absent-minded*. They have difficulties remembering the chronology of events, and details of their history. Furthermore, asylum seekers are unable to keep focus and remember administrative tasks or procedural steps regarding their asylum cases or integration process. Again - the lack of guidance and information, the complete disregard given to the traumas, and lack of consideration for the physical and mental health condition of claimants, lead to hearings being too formal, to claimants' conditions further deteriorating, and to impediment to resilience-building.

Physical, *somatic symptoms* are also very common. Headache, diffuse pains, such as muscle or abdominal pain, problems affecting the digestive system, joint aches and back pain are very common among asylum seekers and BIPs.

Generally, once released from the transit zone and transported to the Vámosszabadi Reception Center the mental health situation of beneficiaries usually improves.

Self-inflicted harm, like cutting or tearing out hair is often caused by sustained absence of family, as this, combined with the effects of trauma, causes serious bonding problems - which in turn has a high potential to lead to *personality disorder – similar to borderline personality disorder.* This often occurs among young people and unaccompanied minors, and can become viral.

Torture survivors develop symptoms such as *anger management problems* and *violent behavior*, and this is manifested in *verbal and physical abuse*, often directed against family members.

Depression with anhedonia (lack of capacity of feeling happiness and joy) develops in women who are unable to attend to their maternal duties, and become depressed and apathic. They lack traditional support mechanisms from the family and from the community.

Having to cope with so many different traumas and an environment so detrimental to healing leads to destructive and self-destructive coping mechanisms - *drug abuse* and *alcoholism* are also common. Men often have to deal with losing their competence and authority, the status they enjoyed before. They are sometimes dependent on their own children for interpretation, their wives sometimes acquire roles and functions they would never have had in their country of origin.

A profound mistrust in the outside world and other people is common, especially among men. They feel that everyone is against them and want to do harm to them. This type of *paranoid attitude* is a common reaction to trauma caused by physical violence, torture and incarceration. Again, the unfriendly conditions and conduct awaiting them in Hungary, and specifically detention, only make this symptom worse, and is perceived as real.

Agitation can be observed mostly with men - they cannot sit in one place, and some become *psychotic. Anxiety* can be detected with both men and women.

Traumatized asylum seekers and BIPs very often suffer from *low energy levels and chronic fatigue*. They cannot perform even the most basic chores or attend to the most basic duties, such as taking the children to school, shopping, or taking care of administrative tasks.

All in all, prolonged stress arising out of a situation of uncertainty, lasting for years and affecting every facet of one's life, does traumatize asylum seekers and BIPs. Instead of providing comfort and a place to rest and recover, Hungary receives asylum seekers with detention, isolation and a future no less uncertain than what they left behind.

Shortcomings of state provisions

As mentioned earlier, one of the most common pieces of criticism against the Hungarian asylum system and status determination procedure is that it is conducted as a box-ticking exercise. The asylum interview formally takes place, and once protected status is granted BIPs can in theory claim the same provisions and entitlements as Hungarian nationals. Yet asylum seekers are obviously not given a real chance (let alone practical assistance) to have an in-merit hearing or avail themselves of social entitlements or state provisions that they are formally entitled to receive. They do not speak the language, and in many cases Hungarian clerks do not speak foreign languages and/or are less helpful towards migrants. They receive no social assistance in the beginning and are left to their own devices and to the assistance provided by NGOs like Cordelia. The state simply fails to recognize and respect the special vulnerability of refugees and devise assistance mechanisms enabling them to use services they are formally entitled to receive. No interpretation is provided, nor designation of certain governmental offices where BIPs could receive information and assistance in at least English. The state does not facilitate the integration of refugees into the labor market in any way. There are no mechanisms in place to enable qualified BIPs to work in their profession by matching their formal qualifications and informal expertise in different trades with the requirements of the Hungarian labor market. The state does not provide a mechanism to recognize, as much as possible, the qualifications and skills BIPs bring with them from other countries.

While staying in a reception center, typically in Vámosszabadi, is usually less traumatizing than the transit zones, reception conditions and services leave a lot to be desired in 2018. No separate food for adults and children is available there, and the quality and quantity of food provisions is insufficient. BIPs who can afford to supplement food provisions with foodstuffs they buy outside the facility. Those who have no funds to supplement the nourishment provided by the reception center may even lose weight due to malnourishment. Cordelia has come across concrete cases of BIPs losing weight in Vámosszabadi. Hygienic supplies and diapers are of poor quality and are in short supply. Donated clothing items were distributed once a week. Social workers in Vámosszabadi are most of the time unavailable for consultation, consolation or information. They could only be reached at given hours, and sat in their offices most of that time. They mostly took care to distribute provisions but provided no genuine social work, guidance or counseling with regards to BIPs stay in Vámosszabadi or the period they have to leave. Although most BIPs leave the country, no attention is paid to those who want to or are forced to stay in Hungary.

Interpretation: Technically, interpretation is provided during the asylum procedure. The role of interpreters seems obvious; the responsibility they shoulder, however, is a lot more complex than in everyday interpretation scenarios. Interpretation naturally goes well beyond the interpreter being competent in the languages concerned, and able to translate accurately and sufficiently quickly between them. Professional interpretation has its methodology and practices. However, a number of additional considerations and competences are required when it comes to providing interpretation services for asylum seekers and BIPs. The topics discussed are very sensitive, both during administrative procedures, hearings with the authorities, or talking to public administration clerks and in situations when services and assistance is being given by NGOs, like psychosocial therapy sessions. Interpretation has its different challenges in the different situations in which it is used during the asylum process.

Both the interpreters and the beneficiaries are in a very difficult situation. As mentioned earlier, the asylum interviews are conducted in an insensitive way and put a high degree of stress on people, many of whom already suffer from trauma, and in many cases spend years in constant insecurity.

Under these circumstances interpretation requires extra caution, knowledge, intercultural competence and sensitivity on the part of the interpreter. Language skills alone are not enough. Asylum seekers have additional requirements, realistic or not, from the interpreter. Beyond translating between authorities and asylum seekers, claimants often feel that the interpreter is the only person they can effectively talk to, ask questions, and request advice. Needless to say, interpreters are not in a position to provide any of this. Yet claimants reported that in some cases interpreters take an active role in the hearing process, advise claimants on how and what to answer to certain questions, and help asylum seekers fill out forms. The position of the interpreter is extremely delicate. In addition to being neutral, unbiased and non-judgmental as much as possible, they also have to put up with loyalty issues and emotional stress. They are often confronted with trust issues from asylum seekers and are subjected to their anger. Asylum seekers accuse them of being loyal to the government and do not trust that what is being said goes through unchanged in substance. In addition, asylum seekers often accuse them of being insensitive for having a stable status in Hungary.

The most sensitive issue however comes from ethnic and/or religious differences between the interpreter and the claimant, and their perceived effect on the asylum interview - and therefore they may undermine the trust the asylum claimant has in the interpreter's impartiality. Besides the transit zones, interpreters are also employed in the Vámosszabadi reception facility, and similar issues arose there as well. This is not to say that these issues are present in every interpretation situation, but they do occur often.

The situation of children

Children make up a relatively high share of asylum seekers and BIPs in Hungary, and this is attributable to the simple fact that they qualify as vulnerable (unaccompanied and those arriving with their families) under the Hungarian asylum system. Since the construction of the border fence, the establishment of the transit zones along the borderline, and the introduction of a highly restrictive asylum policy, Hungary is by and large closed to asylum seekers. Authorities claim that asylum seekers should apply for asylum in the first safe country on their way and that Serbia is one such country. Consideration is given only to vulnerable applicants who are deemed as such under the law. Elderly applicants, those living with chronic health conditions, disabilities, members of the LGBTQ community, families with underage children, single parents travelling with underage children, unaccompanied minors under fourteen years of age and expectant women are, theoretically, considered vulnerable. If no vulnerability applies, asylum claimants are pushed back to Serbia and are not given consideration of their asylum claim.

The vast majority of families and unaccompanied minors, once they receive international protection, travel onwards to Western Europe. Families usually wait for the thirty-day period in the Vámosszabadi reception facility to receive documents and, partly due to practically non-existent integration and employment support, move onwards.

Unaccompanied minors

The only children the Cordelia Foundation is able to help from day one are those unaccompanied minors who are under 14 years of age. Children arriving with families or are 14-18 years old are kept in the transit zone for the duration of their status-determination procedure. Those under fourteen are immediately transferred to the child protection facility in Fót, where if needed and requested, therapeutic and social assistance can be provided. The Cordelia Foundation provides one psychologist regularly visiting the Fót Children's Center.

Unaccompanied minors are often more mobile than families. Fluctuation in the Fót children's facility is immense. Many children only spend a few days (or as little as hours) in the facility and then move with the help of smugglers to Western Europe. The pressure to move on and arrive at their intended destination country is huge and, in many cases inhibits long-term stay despite the longer and somewhat better support they may receive. Some stay a few weeks to rest or make arrangements for onward travel and then leave. But exceptions do exist, and some children finally stay for different reasons. The number of unaccompanied minors among the refugee population, even in comparison with children living in families, is therefore lower. During most of 2017 and early 2018, the average number of unaccompanied minors staying in the Children's Center was 30-35. After the government further restricted the number of asylum applicants admitted to the transit zone daily, this figure went down significantly. Towards the second half of 2018, there were no more than 5-6 children in Fót on average.

Children are less capable of finding their way around the system here than adults are. Their communication skills are less developed; they cannot communicate with the legal guardian for lack of common language; the guardian hastily explains things in dry legal language which they obviously do not understand despite interpretation provided. Legal guardians only perform formal paperwork but do not represent the best interest of the child. Guardians keep the number of meetings with children under their care to the minimum possible due to the language barriers and their high

workload. This very much affects children as well. While they receive somewhat more assistance than adults do, the narrative of official documents and legal language is even more alien to them.

Minors do not experience stability even after they are placed in the Fót children's center. They are frequently moved from one room to the other, roommates often change, they cannot establish a routine of living like going to school. The system does not facilitate this; they do not even motivate those who stay long-term. Even those attending school do not learn much there. Many of them dream of becoming a professional in a certain trade, but they receive no assistance whatsoever to understand the entry requirements of universities, the concept of marks, final exams, or university studies.

Integration is anything but facilitated and encouraged, as unaccompanied minors are kept separately from Hungarian children. Apart from some events, Hungarian and immigrant children do not interact.

The conditions in Fót leave a lot to be desired and many of the shortcomings come from neglect and lack of resources. Children very often complain about bad food, having been given food they do not like or want.

Caretakers and the staff in Fót are inattentive too, for various reasons. Intercultural sensitivity and competence are dissatisfying. Caretakers have less influence over unaccompanied minors than they have over Hungarian children living in state care. There are no sanctions if hygienic rules are not observed, and minors can smoke wherever they want. The most serious problem however is that Fót staff in fact do nothing to prevent absconding and disappearance. Even 8-9-year-old children simply leave without anyone paying attention, and travel on to Western Europe with smugglers. This conduct puts children in direct danger. Children are more vulnerable than adults and are more likely to exhibit risk taking behavior. They do not clearly see the risks and dangers of things like sleeping in the woods in a foreign country, or travelling with a smuggler. Generally, communication between children and the caretakers is hindered due to the language barrier. This also prevents caretakers, medical and psychosocial professionals of the center from understanding the special vulnerabilities and trauma of children. In Cordelia's experience, minors were often abused and beaten by the smugglers on the way, and girls were raped. The extent to which their trauma is addressed or considered by Fót staff is questionable at best. Without psychologists and assistance staff from other organizations, these would remain unseen and untreated.

The lack of a trusted and emotionally stable relationship between caretakers and unaccompanied minors is critical. Children, especially teenagers, may have medical and emotional issues they feel ashamed or uncomfortable about. Having a deeply trusting relationship with a competent adult would be crucial.

In the children's center minors are together in one place irrespective of age and gender. There are no enforced rules, and caretakers do not understand the internal dynamics of the groups. A hierarchy automatically builds, some become dominant and exploitative over the others, without adults noticing or intervening. Mixing boys and girls and smaller ones with older children also adversely affects group dynamics. Abuse and bullying sometimes remain unnoticed because of the negligence of caretakers, and their lacking or insufficient intercultural competences. Less masculine boys are bullied by the more masculine ones, a dynamic that occurs in many communities in Afghanistan.

As mentioned earlier, self-harming also occurs. It can also become viral and more children follow suit. Children have to cope with bad news, like the death of someone back home. They find it difficult to accept not being part of the grief and mourning rituals for example. They quite often do not tell

the truth to family members at home, and paint a rosier picture than reality, and this inconsistency also causes frustration.

Existential pressure is huge, not only on adults but on unaccompanied minors too. Children are frustrated about having to sustain themselves and send money home, which in many cases is an explicit expectation from the family. They want to work as much as possible, but this is irreconcilable with having to go to school. The HUF 5,000 allowance children receive is negligible. Often, parents take up loans from local warlords and other sources in the informal economy, and send their child to Europe in the hope of better chances of getting protected status as an unaccompanied minor, working and making money as soon as possible so that they can pay the loan back and arrange for family reunification. Unaccompanied minors therefore often bear a huge responsibility, far more than could be reasonably expected for a child to shoulder physically and emotionally.

Children living in families

As a result of lack of funds, the difficulty of moving with a family, exhaustion from the constant insecurity associated with fleeing, and often the combination of all these, some families are forced to stay. Despite remaining in the country for some time, most of these families consider Hungary a temporary place to live and plan to move at a certain point, once their financial situation or other conditions become more conducive to moving.

For most families school enrolment is problematic, especially for those who arrive mid-year - so some must wait almost a year to start schooling in September the following year. Language teaching is almost non-existent or not effective.

Even children living in families cannot really be children. Families are in constant crisis mode; everything is unstable, temporary and uncertain in their lives. This creates a tense atmosphere and parents are not emotionally accessible enough for their children, who in turn are full of anxiety and tension.

Yet, many children integrate fast and learn Hungarian quickly. The Hungarian language skills of these children often assign them to adult roles - they can interpret for the parents and they are the ones with information. It does happen that 6-8-year-old children can help their father acquire an elementary school leaving diploma (eight years of primary education), as that is a precondition for getting a driving license in Hungary. As in the case of unaccompanied minors, children living in families find themselves in adult roles from time to time.

Young and/or single mothers are in a very vulnerable situation. While they are practically still children themselves, not only do they have to perform as adult mothers but they also lack the support normally coming from their mother, women in the extended family and the community, and cannot count on their guidance, physical and emotional help and the traditional roles each have when a baby is born.

Families having small babies or young children face challenges when in need of pediatric services. Providing and using medical services are very much affected by intercultural factors, and language is particularly important. Currently, the average time a pediatrician spends with a patient in Hungary is six minutes on average. This is barely enough to provide assistance to Hungarian children, and obviously very little when it comes to children of refugees. Pediatricians are unprepared to communicate with patients partly due to the language barrier but also because interpretation of

medical issues is very much affected by one's culture, system of beliefs, etc. These problems also affect the medical care of adults.

Conclusions and recommendations

Hungary has been known for years now as an unwelcoming country for refugees. Policies are clearly geared towards providing the minimum possible scope of services aiding integration, and the system implicitly encourages BIPs to leave (or at least the state does essentially nothing to keep and integrate them). Refugees, migrants and asylum seekers have been public scapegoats. Migration and immigration are labelled as the causes of all evil.

It is worth collecting the many different areas where the state fails to address important issues and where improvement is direly needed. As Hungary only considers vulnerable asylum seekers for protected status, a very high proportion of those granted international protection arrive suffering from various traumas. Coping with integrating in a foreign country is no small task for anyone. Without systemic assistance, integration is nearly impossible for refugees coming from conflict zones - leaving behind their homes and loved ones, and often suffering from the consequences of severe trauma arising from torture, loss of friends and family, violence and sexual abuse, exploitation, and other issues. Not only is the state insensitive to the traumas of refugees but implements policies and procedures that carry the risk of re-traumatization, or even traumatizing people with otherwise healthy psyches.

The detention of asylum seekers is questionable conduct in the first place. Experience clearly demonstrates that asylum seekers in the transit zone are exposed to serious stressors. They receive almost no information about the procedures or their chances of being recognized. While they are subjected to legal procedures and decisions of life-changing significance, they are kept waiting in uncertainty and isolated from information. Whereas even convicts are aware of why they are detained and for how long, and have access to leisure, recreational and cultural activities, individuals and families in the transit zone have almost nothing. First of all, professional NGOs must be allowed to enter the transit zones and provide services there. State provisions should be strengthened, medical, cultural, legal, recreational and psychosocial assistance should be provided by both the state and dedicated and independent NGOs. The asylum hearing should be trauma-sensitive, and state authorities should be sensitized to recognize and understand trauma and its effects on one's ability to recollect events, reconstruct chronology and take part in the asylum proceedings.

Following the asylum procedure, chances of integration are extremely low. Again, the state provides basically nothing to aid BIPs, who face multiple obstacles standing in the way of integration.

As mentioned earlier, BIPs, except unaccompanied minors, once they are given a protected status, can spend 30 days in the Vámosszabadi Reception Center. Theoretically the 30-day period should serve to prepare beneficiaries to live and integrate in Hungary. Once this period is over, BIPs are left to their own devices and treated like any Hungarian. The state should recognize and respect that legal equality is far from having equal chances in reality. Recognized refugees and beneficiaries of subsidiary protection should be assisted in overcoming difficulties in the following, interrelated areas:

Housing: As most BIPs (families and individuals alike) have limited or no financial resources (or if they do they leave the country as soon as possible), homelessness is a serious danger. NGOs have housing programs or can provide accommodation in homeless shelters, but no mechanism is in place to have a long-term solution. Even if some BIPs could afford rental prices, property owners are often reluctant to rent to refugees.

Employment: In a vast majority of the cases, diplomas, certificates and other qualifications of BIPs are not recognized. Many BIPs come with marketable skills or some that could be improved/adjusted

to the requirements of the Hungarian job market. Recognition of certificates or mechanisms to help BIPs in employment are seriously lacking.

Language: The single most important conduit to integration is knowing Hungarian. Some NGOs offer Hungarian language courses, but most BIPs must take care of language learning on their own if they want to learn Hungarian. There is no effective state mechanism to assist BIPs in learning the language.

Healthcare: issues related to health are very much influenced by culture and intercultural competences would be essential to professionally address medical issues of refugees. Understanding the importance of gender concepts and roles, physical proximity during examination, etc. are interpreted very differently in different cultures and most Hungarian medical practitioners, understandably, are unaware of many of these. Strengthening the intercultural competence of physicians, especially general practitioners, is very much recommended so that more attention is paid to the potential psychiatric, trauma-related background of somatic symptoms.

Services: Many of the social services BIPs are entitled to are practically unavailable. Some are not available because the procedures are difficult and require speaking the language. Others (like banking services) due to conflicts between the law pertaining to financial institutions and those to the rights of BIPs. Irrespective of their protected status, BIPs often face difficulties when trying to open a bank account or avail themselves of the provisions of governmental housing subsidy programs as citizens of a high-risk country. Clear, multilingual information materials should be prepared, related to existing services available to BIPs and the ways to apply for and benefit from them.

Overall, reception conditions and the lack of integration services clearly add to the frustration of BIPs. These, coupled with serious trauma, can lead to the further deterioration of the mental health condition of BIPs, making therapy very difficult. Two conditions are required for any therapeutic intervention to be effective: enough time and existential stability of the client. Neither is applicable to most BIPs and AS, while for many the relative and temporary safety they have in Hungary make PTSD symptoms surface. Finally, the anti-migration rhetoric, bordering on provocation in many cases, makes conditions and the chances to heal and develop resilience extremely difficult, if not outright impossible.

Case studies

Mr. SJ - Bangladesh

Mr. SJ, a Bangladeshi national, left his country at age 16. For many years he lived in Iran, where he wanted to study but was unable to legalize his stay. He decided to move on to Greece in 2003. He was working in Greece to support his family; the income he generated was especially important after his father passed away at home. He came to Hungary in 2013 and submitted an asylum claim, which Hungarian authorities rejected and ruled that he be expelled from Hungary. He was moved to administrative detention; authorities however did not enforce and execute the expulsion order. He wanted to move on to Western Europe, but his health started to deteriorate and his body weakened. He gave up his plans in the past years and has lived in homeless shelters, while his health is going from bad to worse. Mr. SJ currently lives in a homeless shelter run by the Hungarian Baptist Aid. He converted to Christianity a year ago. He does not have a family, is not in a relationship, and lacks a supportive environment.

He exhibits several somatic symptoms. He has gastroesophageal reflux disease (GERD), chronic inflammation of the stomach and the duodenum, and an ulcer.

The Cordelia Foundation first met Mr. SJ in March 2016 and has received medical treatment. Since then, he has not received state provided medical care as he does not have social security coverage.

His condition started to deteriorate further in November 2017. The social worker signaled that his behavior had changed. Mr. SJ became psychotic and delusional. He felt that people unknown to him, and others living with him in the homeless shelter, force him to utter swear words and commit blasphemy. He also felt that external forces grab his neck and strangle him, and he cannot breathe. He also had acoustic hallucinations, hearing swearing and fragmentary words of prayer. As a consequence of this psychotic state, Mr. SJ became isolated. He cut his ties to his family for he felt ashamed of his condition.

Mr. SJ has since been given antipsychotic and anti-anxiety medication. His psychotic symptoms can be relieved by continuous medication, but severe anxiety lies in the background, with panic attacks, fears for his health, and sleeping disorders. Part of his anxiety is caused by real problems related to his grim existential outlook. His stay in Hungary is never guaranteed for more than a few months, therefore he does not receive medical care and is unable to put his existential, social and health issues back on track due to not having a work permit.

Mr. SJ suffers from sleeping disorders; he has problems falling asleep or sleeping through the night, and does not get more than 3-4 hours of sleep daily. During the day he suffers from increased anxiety and worries for his family. At the same time, he often loses realistic judgement. He exhibits panic-like symptoms once or twice a day in congested areas and other public places, and the symptoms reach the severity of a panic attack once or twice a week (including palpitations, fainting, sweating, dizziness, fear of death, and hyperventilation). He is depressed and does not have an appetite; he has lost 10 kgs in the past years, and he feels hopeless. His coping skills and resilience are weakened. He is lonely and socially isolated, and this adds to his feeling of being threatened as he is not entitled to any provisions and is unable to do anything for a better future.

Mr. SJ exhibits both the subjective and somatic symptoms of anxiety. He has tremors, he hyperventilates, and also has abdominal discomfort. His assessment of his situation is constantly deteriorating.

This existential insecurity has profoundly contributed to the worsening of the psychotic symptoms Mr. SJ already had. He needs continuous medical supervision and medical and psychological treatment for his condition to improve and his symptoms to be alleviated.

The constant state of insecurity, the lack of integration possibilities, and the constant uncertainty surrounding his legal status seriously contribute to his condition deteriorating. If these issues were solved once and for all, his stay in Hungary was legalized, and he received social security coverage, his condition would improve and he could regain control over his life.

Mr. BK, Afghanistan

The UNHCR signaled that Mr. BK, a recognized refugee from Afghanistan, needs psychological intervention, but Mr. BK also contacted Cordelia Foundation for medical help on his own. Mr. BK grew up in Afghanistan and since he was 13 has felt that he is attracted to his own sex. This caused a great deal of anxiety and depression, and he sought medical help to alleviate the symptoms. He never revealed his sexual orientation to anyone. Succumbing to the pressure from his parents he got married when he was 25, to a woman his parents chose for him. They have three children and Mr. BK is in a good relationship with his wife, but has never told her his real orientation as he feels his wife would not accept him. He graduated from college as a physiotherapist and worked in a hospital. On the surface he led a traditional family life but secretly tried to meet men, whom he contacted via a homosexual dating site. In 2015 he met a man who attacked him and probably wanted to kill him, but he survived the attack with serious injuries. The person attacking him was a religious fanatic.

His anxiety began to worsen after the attack and he fled with his family once it became possible. They were on the road for two years. His condition was undulating during the two-year journey but remained manageable at all times. In the transit zone, however, he was suffering from panic attacks, anxiety and depression as he was locked up in a closed place with a large number of Muslim men. As a result, he was referred to a psychiatrist and received medical treatment (three different drugs).

He subjectively assesses his situation to be better than it was before. Yet Mr. BK reports sleeping problems and nightmares of incapacitation, choking, and detention. Panic attacks have considerably subsided, but still manifest themselves in closed rooms. He stills suffers from memory problems, feelings of alienation, and fear of another panic attack. Yet he is positive, has plans for the future, and does not show somatic symptoms. The wounds he suffered from the attack are clearly visible.

Mr. BK suffers from severe, chronic, depression-dominated PTSD, which as a result of the re-traumatization in the transit zone reactivated and surfaced with symptoms of panic attacks.

Jelentés a nemzetközi védelemben részesültek és a menedékkérők mentális egészségi körülményeiről

A beszámoló a Cordelia Alapítvány 2018 során nyújtott szolgáltatásainak tapasztalatait foglalja össze. A dokumentumban bemutatjuk a nemzetközi védelemben részesültek, illetve menedékkérők bio-pszicho-szociális ellátása során az Alapítvány pszichológusai és pszichiáterei által tapasztalt trendeket, a leggyakoribb mentális, pszichés tüneteket, panaszokat. Külön hangsúlyt fektetünk, az Alapítvány mandátumából adódóan is, a traumákra, illetve azokra a speciális tényezőkre és mintázatokra, amelyek traumák és PTSD tünetek súlyosbodását, változását okozzák a magyarországi menekültügyi és szociális ellátórendszer hiányosságaiból adódóan.

Bár a beszámoló alapvetően a 2018. év során szerezett tapasztalatokat és következtetéseket mutatja be, sok szempontból relevánsak a korábbi évek tevékenységei is. Számos 2018 során segítségnyújtásban részesített kedvezményezett már korábbiakban is a Cordelia ügyfele volt, a velük való munka már az időtáv miatt is fontos és érdekes következtetésekre ad lehetőséget. A magyar menekültügyi rendszert és eljárásokat folyamatos bizonytalanság veszi körül, így nem kerülhetők meg a korábbi évekre történő hivatkozások, illetve ezeknek a hatásai. Foglalkozunk a 2018 során történt, a menekültügyi eljárásokat érintő, jelentős változásokkal, különös tekintettel a tranzitzónákba beengedett kérelmezők számának drasztikus csökkentésével.

Röviden kitérünk a menekültügyi eljárások traumákra gyakorolt hatásaira és a tolmácsok gyakran ellentmondásos szerepére.

Külön részben foglalkozunk a tranzitzónákban szerzett élmények traumatizáló hatásaival, a nemzetközi védelemben részesítettek és menedékkérők által mutatott, traumáikból, történeteikből, élethelyzetükből adódó jellegzetes tünetekkel, ezeknek a kezelési nehézségeivel. Itt bemutatjuk a nemzetközi védelemben részesítettekkel, menedékkérőkkel való foglalkozás speciális, a pszichológiai, pszichiátriai terápiák szakmai protokolljain túlmutató eszközeit, illetve kihívásait, illetve ezek használatának nehézségeit (tolmács, kulturális különbségek, hozzáférés, stb.).

Rövidebben ugyan, de foglalkozunk a tranzitzónából a Vámosszabadi befogadó állomásra kerülő, védett státuszt kapott kedvezményezettek élményeivel, az ottani hiányosságokkal, a befogadó állomáson szerzett tapasztalatokkal is.

Külön fejezetben foglalkozunk a kiskorúak helyzetével, mind a kísérő nélküli kiskorúak, mind a családban élő gyermekek tekintetében. Bemutatjuk a kísérő nélküli kiskorúakat érintő nehézségeket, és a magyar ellátórendszer hiányosságait a fóti Károlyi István Gyermekközpontban szerzett tapasztalatok alapján.

Végül röviden néhány ajánlást fogalmazunk meg, amelyek nehezen választhatók el a probléma-felvetésektől. A jelenlegi magyarországi menekültügyi rendszer alapjaiban nem támogatja a migrációs mozgásokat az országba, de még a nemzetközi védelemben részesítettek itt maradását sem. Integrációs lehetőségek gyakorlatilag nincsenek, ezeknek a ki- illetve visszaépítése elsőrangú fontosságú lenne ahhoz, hogy a praktikus alkalmazáshoz valóban kidolgozott ajánlásokat tehessünk.