



Ad-Hoc Query on (attempted) suicides among (ex-) asylum seekers

Requested by NL EMN NCP on 23th August 2011

Compilation produced on...

Responses from Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, United Kingdom plus Norway (.. in Total)

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1. Background Information

Recently The Netherlands has been confronted with a number of (attempted) suicides among (ex-) asylum seekers. In this context the Dutch government is interested if other Member States are also confronted with this kind of problems.

It would be very much appreciated, therefore, if you could provide your response to the following:

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1. Is your country also confronted with (attempted) suicides among (ex-) asylum seekers?
2. Does your country have any policy, rules, protocols aimed at preventing attempts to suicides among (ex)asylum seekers? If so what is this policy/rules/protocols?
3. Is there in your country a single service /organisation/agency in particular responsible for the co-ordination in case of a threat of suicide?
4. How does your country deal with (ex) asylum seekers expressing a possible suicide? Are there any protocols in your country on how to deal with these expressions? If so what is this policy/rules/protocols?
5. Is there any cooperation between (local) authorities (who work with asylum seekers) with regard to asylum seekers expressing a possible suicide. For example is medical information shared? Are there any rules/protocols for the cooperation between (local) authorities on this subject? If so what is this policy/rules/protocols?
6. Does your country have any policy/rules/protocols for (ex)asylum seekers who are on hunger-strike/thirst-strike? If so what is this policy/rules/protocols?

Please provide your much appreciated responses by **8 September 2011**

2. Responses¹









		Wider Dissemination? ²	1. Is your country also confronted with (attempted) suicides among (ex-) asylum seekers? 2. Does your country have any policy, rules, protocols aimed at preventing attempts to suicides among (ex-) asylum seekers? If so what is this policy/rules/protocols?
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¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

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





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			<p>3. Is there in your country a single service /organisation/agency in particular responsible for the co-ordination in case of a threat of suicide?</p> <p>4. How does your country deal with (ex-) asylum seekers expressing a possible suicide? Are there any protocols in your country on how to deal with these expressions? If so what is this policy/rules/protocols?</p> <p>5. Is there any cooperation between (local) authorities (who work with asylum seekers) with regard to asyum seekers expressing a possible suicide. For example is medical information shared? Are there any rules/protocols for the cooperation between (local) authorities on this subject? If so what is this policy/rules/protocols?</p> <p>6. Does your country have any policy/rules/protocols for (ex-) asylum seekers who are on hunger-strike/thirst-strike? If so what is this policy/rules/protocols?</p>
	Austria	Yes	
	Belgium	Yes	
	Bulgaria	Yes	
	Cyprus	Yes	
	Czech Republic	Yes	
	Denmark	Yes	
	Estonia	Yes	<ol style="list-style-type: none"> 1. No 2. No 3. There is no particular agency responsible for the coordination in case of a threat of suicide, usually the responsibility to act on time lies on the support person or the Ministry of Social Affairs in whose competence the accommodation and social welfare of the asylum seeker is. 4. Some asylum seekers upon lodging an application express a possible suicide if to be refused and expelled to the country of origin. Such expressions are kept in database but there is no particular policy to deal with these concerns. 5. No. In case an asylum seeker remains at the expulsion centre and decides to go on a hunger/thirst strike he is consulted by a medical expert and may receive medical assistance daily however this is not obligatory.
	Finland	Yes	<ol style="list-style-type: none"> 1. Finland has confronted only a few actual suicides though attempted suicides are quite frequent in detention centres. Rejected asylum seekers often try to manipulate the authorities by suicide threats when feeling hopeless. These threats are always taken seriously and the person in question is carefully monitored by a physician if necessary. 2. No. Each reception centre is responsible for taking care of suicidal customers. If necessary, reception centre may also purchase medical care from local service providers.







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			<ol style="list-style-type: none"> 3. No. See above. 4. See above. 5. Depending on the case, reception centre's nurse may share information with local service providers. There is a protocol on this. 6. Yes, reception centres in Finland have a common action plan regarding hunger-strikes.
	France	Yes	
	Germany	Yes	
	Greece	Yes	<ol style="list-style-type: none"> 1. We confronted a number of cases in the past where third country nationals facing expulsion traumatised themselves or (in very few cases) threatened to commit suicide. These incidents usually happened just before the date of realisation of the expulsion (e.g. before getting on board the airplane.) 2. There is a sequence of procedures when someone is attempting to commit suicide. (e.g. police authorities are trying to prevent this or health authorities are providing psychological support after the incident) 3. No. There are several organisations that deal with asylum seekers: The Ministry of Citizen Protection (asylum procedure), the Ministry of Health (reception conditions) and several other Ministries and governmental agencies that deal with the implementation of the national legislation regarding the rest of the rights of the asylum seekers (i.e. education, work permits). 4. The police are involved when the threat is taking place in common view or if the threat is exposed through the internet. If the attempt fails, then social and health services (Ministry of Health) are responsible for the support of the person. 5. Expressing a possible suicide a lot of times does not lead to an actual suicide which makes it more complicated to always exchange information. 6. The similar procedure stands for hunger/thirst strikes. The main goal is to monitor the asylum seeker and mobilize him to start eating and drinking again. Police authorities and health services are dealing with these matters also
	Hungary	Yes	<ol style="list-style-type: none"> 1. The (attempted) suicides among refugee and asylum seekers are very rarely in Hungary, therefore the following summary response can be given: There has been one suicide in the Refugee Reception Centre of the Office of Immigration and Nationality in Debrecen over the past 12 years (the asylum seeker had drunk an unknown liquid). In generally, attempted suicide has/is attempted per two year-on one occasion. In this cases we used/ use the assistance of the social workers of the Refugee Reception Centre, psychologist as well as Cordelia Foundation's experts. There have been three attempted suicides over the last three years in the Refugee Reception Centre of the Office of Immigration and Nationality in Bicske. The asylum seekers have not been in real life-threatening in neither case. The Refugee Reception Centre has used the assistance of the social workers as well as Cordelia Foundation's experts. The survey of the Office of Immigration and Nationality shows the following numbers for over the past one and a half years: -There were 173 persons on hunger-strike in 2010, and 50 persons in 2011. - There were 23 attempted suicides (threatening, attempt, and implementation) in 2010, while 12 cases in 2011 which became known. 2. Due to the low number of these cases we have not yet seen the need to introduce special rules, procedures and protocol. In the cases of attempted suicides we used/ use the assistance of the social workers, psychologist as well as Cordelia Foundation's experts.



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			3. We used/ use the assistance of the social workers, psychologist as well as Cordelia Foundation's experts.
	Ireland	Yes	
	Italy	Yes	<ol style="list-style-type: none"> 1. Italy has also been confronted with cases of attempted suicide among asylum applicants as well as ex asylum seekers. Please note that this second category is no longer in the caseload of a government agency, therefore the procedures described below cannot be applied. Although no quantitative data are available, the topic is of great interest for Italian authorities. In 2007, a mapping of psychological and medical services was carried out by IOM and Caritas Rome, sponsored by the central organisation for the reception of asylum seekers, with a specific focus on psychosocial disorders. 2. Italy does not have specific policies or protocols at national level aimed at preventing attempts to suicide. Nevertheless, we have a decentralised system envisaging a collaboration between the so-called SPRAR (Protection System for Refugees and Asylum Applicants) and ASL (Local Health Agencies). The SPRAR was established by the Ministry of Interior to coordinate the reception projects implemented at local level along the whole national territory and to provide local government agencies with information, counselling, monitoring and technical advice. SPRAR is currently managed by ANCI (National Association of Italian Municipalities). At local level, each reception projects shall create a territorial network involving public and private services in order to support the integration of asylum seekers. As regards medical and psychological care services, these are managed by public health agencies belonging to the national health service. 3. Since no formal protocols have been established, in Italy there isn't a single service in particular responsible for the co-ordination in case of a threat of suicide. The parties concerned are: local health agencies, central organisation for the reception of asylum seekers, reception centres (usually managed by private not for profit organisations on behalf of the Ministry of Interior), Immigration Authorities. 4. In case of psychosocial disorders, the asylum seeker is usually sent to specialized medical services. Psychological and psychiatric assistance is sometimes available inside the reception centre. However, if this is not the case, patients may refer to local health agencies that also provide this service. In the SPRAR handbook, to further enrich the collaboration between reception projects and local health services, it is recommended to establish specific protocols regarding medical assistance which may include, for example, facilitated procedures for asylum applicants to access medical services. An initial psychological assessment is also carried out through an interview with professional staff when entering the centre. Some SPRAR reception projects are specialized in vulnerable cases and adopt highly specialized procedures as regards psychosocial disorders. 5. Medical information cannot be shared due to privacy legislation. However, for serious cases such as risk of suicide, necessary information can be exchanged for prevention purposes. 6. No national policies are applied in case of hunger or thirst strike. Different practices are adopted depending on the reception centre reception. Nevertheless, the asylum seeker concerned is always strictly monitored and assisted.
	Latvia	Yes	The responsible authorities on asylum issues have not been confronted with (attempted) suicides situations among (ex-) asylum seekers till now.
	Lithuania	Yes	Lithuania doesn't have such experience, so there was no need to prepare any related documents or procedures.
	Luxembourg	Yes	
	Malta	Yes	1. Over the years a small number of attempted suicides have been encountered in detention and open centres.






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			<ol style="list-style-type: none"> 2. Any immigrant attempting suicide in a detention centre or threatening to do so is first referred to the detention centre doctor, who in turn refers the immigrant to the local Mental Health Hospital for further treatment. 3. No agency is responsible for the coordination in case of threat of suicide. In such cases immigrants are referred to the local Mental Health Hospital, which is the main service provider but it is not responsible for co-ordination. 4. Similar to a Maltese citizen, an immigrant expressing a possible suicide is referred to the local Mental Health Hospital. A protocol exists whereby the detention centre doctor visits the immigrant and then refers the immigrant to the local Mental Health Hospital for further observation. The intervention of a mental welfare officer under the auspices of the hospital is required. 5. Medical information of an immigrant referred to the local Mental Health Hospital is shared with practitioners of the local Mental Health Hospital. With regards to Open Centres, in practice, medical information is shared on a 'need-to-know' basis and on the consent of the asylum seeker. However such cases are given highest priority by staff working in open centres. 6. Medical information of an immigrant referred to the local Mental Health Hospital is shared between practitioners at the health centre and the local Mental Health Hospital. No policy exists on hunger strikes.
	Netherlands	Yes	<ol style="list-style-type: none"> 1. The Netherlands have been confronted several times this year with (attempted) suicides which in some cases lead to death. Some persons were no longer in the caseload of a government agency. More recently incidents happened with asylum seekers who were still waiting for their appeal procedure in a reception centre. Also, a lot of asylum seekers speak about committing suicide or hurting themselves, but (fortunately) take no action on it. 2. There are several organisations who deal with asylum seekers and have their own protocols. Several organisations have protocols for hunger and or thirst strikes. Some organisations have their own medical service, but for privacy reasons it is not always possible to share medical information. Further, there is a basis to exchange information when available but the recent incidents will be evaluated shortly to see if new or more strict protocols have to be made. 3. No. Governmental organisations who deal with asylum seekers are: foreign police, immigration and naturalisation service, repatriation and departure service, central organisation for the reception of asylum seekers, custodial institutions agency and the Royal Constabulary. 4. It is possible to start a so called medical procedure, further a person can be send to a medical service and services can contact each other when necessary. 5. It happens optional, because of privacy matters it is not possible to exchange medical information. Expressing a possible suicide a lot of times does not lead to an actual suicide, which makes it more complicated to always exchange information. 6. Yes, at least the immigration and naturalisation service, custodial institutions agency and the repatriation and departure service have protocols for hunger/ thirst strikes. Per organisation the protocol differs but the main goal is to monitor the asylum seeker and mobilize him to start eating and drinking again.
	Poland	Yes	<ol style="list-style-type: none"> 1. There are no statistics of ease access to find out about number of (attempted) suicides among (ex-) asylum seekers. 2. So far there are no documents aimed at preventing attempts to suicides among (ex)asylum seekers. 3. No. 4. In case of an asylum seeker who resides in the centre for foreigners applying for the refugee status he or she may receive medical help in place or in the specialized medical centre outside the abovementioned center. Foreigners with the refugee status (or other protection status) granted can ask for help within the public medical assurance received automatically.




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			5. No. 6. No.
	Portugal	Yes	
	Romania	Yes	
	Slovak Republic	No	No, there have not been recorded any cases of (attempted) suicides among (ex-) asylum seekers in the Slovak Republic so far, neither the police corps have never confirmed this cause of death of any asylum seeker or ex- asylum seeker. In asylum facilities there is provided a psychological help to the clients (meaning asylum seekers) and counseling psychology as well. For this reason a mental condition of clients is monitored, a prevented diagnostics and therapy of spotted clients is provided and recommendations for further specialist treatment by physician in asylum facility are followed up as well. In reasonable cases the psychological expert opinions and advising arrangements are sent to Migration Office.
	Slovenia	Yes	
	Spain	Yes	<ol style="list-style-type: none"> 1. Approximately 10 asylum seekers have tried to commit suicide during their stay in refugee reception centres in Spain. Moreover, it has been detected that, before interning these centres, at least two attempts were made, one in the United Kingdom before the applicant was transferred to Spain, under the Dublin Regulation, and another in a hostel when admission to a reception centre had already been granted. 2. An emergency protocol has been drawn up by the Sub-Directorate General for Social Integration with the support of centre managers and specialist teams. Its point 1.3, entitled Nervous breakdown, confusion and/or attempted autolysis table, sets out the following procedure: 1. Inform the centre's security immediately. 2. Call 112 and describe the circumstances. 3. Inform a centre manager. Additionally, some centres have written their own protocols to prevent these suicide attempts. Thus, the Mislata RRC has a suicide prevention protocol, supervised and managed by the centre's psychologist. Please find it attached. 3. We have no knowledge of any organisation or agency which coordinates actions in cases of threatened suicide. 4. Our RRCs often have residents with thoughts of death. We have observed that this occurs far more frequently amongst people who have suffered torture or sexual violence. In some of these cases this obsession about death includes suicidal ideas. These situations are usually detected during conversations with the psychologist, in which case the psychologist asks the resident if he has thought on how to commit suicide. In case of positive answer, the resident is immediately sent to the Psychiatric Emergency Department or the Mental Health Centres managed by the Regional Government. 5. To date, the RRCs have coordinated with the emergency services and the different hospitals, the location psychiatric services and, above all, with primary health care doctors. The RRC's coordination with the health centre is run by the centre's psychologist, who is in charge of arranging appointments, knowing patients' medical history, ensuring they follow their treatment, etc. In principle, doctors only share medical information with their patients, but with patients' authorisation it is usually also given to the centre's psychologist. This authorisation also extends to the centre's director and, in isolated cases, to the rest of the technical team. A great deal of care must be taken with this information as, on two counts, it is under the maximum protection of the Data Protection Act: because it is medical information and because it is the personal data of asylum seekers. 6. We are not aware of any rule or protocol for hunger or drinking strikes. However, no case has come to light to date.

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	Sweden	<p align="center">Yes</p>	<ol style="list-style-type: none"> 1. In Sweden we have no system for registering this which means that we cannot provide any numbers. Rare cases occur but have not been attracted much public interest. 2. Some directions can be found when it comes to asylum seekers in detention centres. There are security protocols on how to debrief staff who has witnessed an attempted suicide or the like. 3. If a person is suicidal this is considered a medical issue and the person is referred to the health care which in Sweden is provided by the regional governments. There he/she will be treated like any other Swedish resident. 4. If the threat is considered serious it is a medical issue and the person is referred to the health care. 5. In these cases there is no difference when it comes to (ex-) asylum seekers and other Swedish residents, so the rules and procedures are the same for everyone and the same rules for sharing information applies, in reality making it hard to share medical records without the approval of the patient. 6. Of course they are encouraged to start to eat/drink but apart from that I am not aware of any protocol. At a certain stage they can be referred to the health care in the regional government in which case their rules apply.
	United Kingdom	<p align="center">Yes</p>	<p><i>1. Is your country also confronted with (attempted) suicides among (ex-) asylum seekers?</i></p> <ol style="list-style-type: none"> 1. Formal statistics are not kept at present; there have been cases of asylum seekers and failed asylum seekers committing suicide and attempting to commit suicide and these are usually well publicised. 2. There are no such protocols currently in place in respect of asylum seekers, though guidance does exist in certain areas of UKBA business (e.g. detention). The Agency is considering whether its ability to identify individuals at risk of suicide or self harm, and to refer them to the appropriate services, could be in any way improved. 3. The UKBA region responsible for the particular case would co-ordinate the response. 4. UKBA would take each case on its merits, involving local health services and social services as appropriate. UKBA staff are not clinicians and they would expect to refer all cases involving a suicide threat to health and social services. Also, see the response to question 2 above. 5. Local UKBA regions forge links with local health and social services. Any information shared would be subject to the requirements of the Data Protection Act. No national protocols involving UKBA currently exist, though see the answer to question 2 above. 6. There is guidance in place for dealing with food/fluid refusers in detention – copy supplied to Netherlands NCP. The guidance is fairly old and is in the process of being reviewed. <p>In addition, there is Department of Health guidance on the refeeding of food/fluid refusers in Immigration Removal Centres and prisons. It can be found here: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104769</p>
	Norway	<p align="center">Yes</p>	<ol style="list-style-type: none"> 1. We know it happens but have no statistics available. In principle it should be possible for Statistics Norway to produce such statistics for refugees and former asylum seekers who have been given a residence permit in Norway. It is more uncertain whether reasonably reliable statistics can be produced for persons whose asylum application are being processed or who have not yet left the country after their applications have been rejected. 2. The overall responsibility for the health situation of persons residing in a Norwegian municipality rests with the local health

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			<p>authorities. This also applies to all asylum seekers, including those living in reception centres, but the management and the staff members of these centres are expected to be aware of signs of suicidal possibilities and the need to notify the proper health authorities.</p> <ol style="list-style-type: none">3. This will be handled by the local health authorities and mental health service, with possible referral to a hospital if warranted.4. There is a national plan of action to prevent suicides, but no programme designed explicitly for (former) asylum seekers. Responsibility for this plan of action rests with the National Centre for Suicide Research and Prevention (NSSF) at the University of Oslo. For further information, see http://www.med.uio.no/klinmed/english/about/organization/divisions/mental-health-addiction/nssf/index.html5. See responses 2 and 3 above.6. The answer seems to be 'no'
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