
**Assessing the Psychological Distress and Mental Healthcare
Needs of Unaccompanied Refugee Minors in the Netherlands**

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Refugee Minors in the Netherlands

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Hope deferred makes the heart sick.
-Proverbs 13:12 NIV The Bible

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Foreword

United Nations' Convention on the Rights of the Child (CRC)

(<http://www.unhchr.ch/html/menu3/b/k2crc.htm>)

Article 22

1. *States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.*

Article 24

1. *States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such healthcare services.*

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Refuge is defined by the Webster Ninth Collegiate Dictionary as “*shelter or protection from danger or distress*”. In addition, the word refugee is defined as “*to take refuge; one that flees to a foreign country or power to escape danger or persecution*”. This definition of a refugee is implied whenever the term “refugee” is used throughout this dissertation instead of the “legal” term defined by Article 1 of the Geneva Convention relating to the Status of Refugees (1951) and to avoid the negative connotations associated with the term “asylum seeker”. Using this broader definition, approximately 9.1 million children and adolescents (United Nations High Commissioner for Refugees ([UNCHR], 2003) can be defined as refugees; children and adolescents that have fled their home communities (with or without a parent) for their very protection and/or survival. In 2003, approximately 13000 unaccompanied children requested asylum in European states (UNCHR, 2004). Under the Convention of the Rights of the Child (1991) which has been ratified by every country except the United States of America and Somalia, children who are victims of armed conflicts have the right to receive appropriate care that will promote their physical and psychological recovery. However, as has been recently noted, the practical application of the CRC for

refugee children in the Netherlands has been made subordinate (without legal jurisdiction to do so) to immigration and asylum laws (see Cardol, 2005, p. 398 for a discussion).

Unaccompanied Refugees Minors (URM) make up a very special and vulnerable population of young people that are younger than 18 years of age and have been separated from their parents or primary caregivers for a wide range of reasons. In the Guidelines on Policies and Procedures in dealing with Unaccompanied Children Seeking Asylum (1997), the UNHCR explains that “notwithstanding any of the (reasons for not being accompanied), unaccompanied children have often had little or no choice in the decisions that have led to their predicament and vulnerability. Irrespective of the immigration status, they have special needs that must be met” (p. 1). Under the Articles 25 and 39 of the CRC, URM have the right to receive appropriate mental healthcare services for their rehabilitation into the social community. This dissertation will provide data that suggest that this high risk population for the development of psychopathology does not receive the mental healthcare services in the Netherlands that they need and are entitled to for treatment of their psychological distress. This finding is disconcerting because many of these young people experience severe emotional distress and exhibit maladaptive behaviors. In addition, once they turn 18 years of age URM “age out” of care and lose all of their (social and governmental) assistance in the Netherlands. In principal, they are repatriated to their country of origin (or go underground) without having received the mental healthcare that they need and are entitled to.

Many of the countries to which these young people return, are just starting to rebuild after years of internal conflict and/or war and do not have the facilities or the (financial) capabilities to provide adequate mental healthcare to URM to promote their successful reintegration into their community. Furthermore, the well-being of repatriated URM is not monitored by the Dutch government or the government of their country of origin leaving these young people extremely vulnerable for maltreatment and exploitation.

All European member states have been recently urged in Article 9,3a, Recommendation 1703, Protection and assistance for separated children seeking asylum, issued by the Committee on Migration, Refugee and Population of the European Parliamentary Assembly (2005) “to recognize the primacy of the principle of the best interest of the child (Article 3 UNCRC) in all asylum or immigration decisions, procedures, practices or legislative measures affecting minors”. This recommendation implies that the mental healthcare needs of unaccompanied refugee minors in the Netherlands and other European host countries, can only be adequately protected and appropriately met when URM are recognized by the state as being “first and foremost children (which) should benefit from the same protection and assistance which is afforded to national children who are in a similar situation of separation from caregivers (Van Thijn, 2005)”. When states do not observe this guiding non-discriminating principle, URM can be (and are being) denied their right to adequate and effective mental healthcare services which is imperative for their growth into socially and emotionally competent adults who are self-sufficient.