



MESU NYT

NR.4 8. ÅRGANG 17 DECEMBER 2018

Janne er tilbage

Af Kristine Sorgenfri Hansen

Janne er per 10. december vendt tilbage fra hendes barsel og fortsætter arbejdet som Centerkoordinator for MESU. Det er dejligt at have dig tilbage, Janne!

Det betyder også, at jeg stopper som barselsvikar for Janne og på MESU og København Universitet generelt.

Det har været rigtig dejligt at arbejde på MESU, at lære centeret og jer alle at kende, og at lære en masse om migrant sundhed – et emne jeg ikke kendte så meget til førhen.

Jeg kommer til at savne jer alle sammen og ønsker jer al mulig held og lykke fremover.

Jeg har fået job som Programme Officer i UNICEF's Youth and Adolescent Development Programme i New York, hvor jeg starter d. 14. januar 2019.

Det bliver helt vildt spændende at prøve kræfter med FN og dette emne – jeg glæder mig rigtig meget!

Hvis i besøger New York i løbet af de næste to år, så husk at slå på tråden ☺

Mange hilsner,

Kristine Sorgenfri Hansen

Kalender

Konference

DIGNITY konference:

"Er det muligt at lave en tidlig indsats, der støtter nyankomne flygtninge i at håndtere traumereaktioner og PTSD?"
31. januar 2019, kl. 8.30-13.00

Læs mere her:

<https://dignity.dk/dignitys-arbejde/rehabilitering/er-det-muligt-at-lave-en-tidlig-indsats-der-stoetter-nyankomne-flygtninge-i-at-haandtere-traumereaktioner-og-ptsd/>

European Public Health konferencen 2018

Af Allan Krasnik

Migration - et markant tema ved EPH-konferencen 2018

European Public Health konferencen blev i år afholdt i Slovenien 30.11.-1.12 med over 1600 deltagere, og migration og sundhed var på ny et af de store emner. På et pressemøde inden konferencen for lokale journalister præsenteredes bl.a. EUPHA Statement on Migrant Health, som peger på behovet for og midler til at reducere den markante afstand mellem evidens og policy i Europa, når det gælder indsatsen for migranternes sundhed.

EUPHA sektionen for Migration, Ethnicity and Health var vært for en række workshops – flere i samarbejde med andre aktører. En helt ny WHO rapport med råd (technical guidance) om bedre sundhed for det stigende antal ældre migranter blev i en fælles workshop med WHO's migrationskontor for Europa præsenteret af hovedforfatteren Maria Kristiansen fra IFSV. Ethiske udfordringer i indsatsen for migranternes sundhed var fokus for en workshop sammen med EUPHA sektionen for Ethics in Public Health, hvor casestudier fra Frankrig, UK, Grækenland, Tyskland og Israel blev lagt frem. Diskussionerne omhandlede her bl.a. spørgsmål som "deservens" (hvem fortjener hjælp og støtte), stigmatisering og behovet for nye perspektiver i forhold til global solidaritet. I en anden tværgående workshop var der fokus på de særligt udsatte migranter, der som følge af deres status som seksuel minoritet (LGBT) oplever stigmatisering og negativt påvirket sundhed og trivsel. Her fremlagdes tankevækkende resultater om HIV relaterede udfordringer i Europa, mentale sundhedsproblemer som følge af LGBT stigmatisering i Sverige og i Sydafrika, behov og muligheder for bedre intersektionelle sundhedsdata i Tyskland og undervisning af sundhedsprofessionelle i Tyrkiet med henblik på reduktion af diskrimination.

Hold jer opdateret på www.mesu.ku.dk for yderligere information og nye aktiviteter.

Fortsat...

MESU stod selv for en workshop om det nordiske CAGE projekt om børn og unge flygtninge og deres sundhed og velfærd, med fokus på resultater fra projektets policy studier i Norden vedrørende børn og unge flygtnings sundhedsmodtagelse, uddannelse og beskæftigelse. Resultaterne, som blev præsenteret af Camilla Michaelis, Mette Tørslev, Allan Krasnik og Karl Gauffin (fra Stockholm Universitet), viser betydelige ligheder i nationale politikker mellem de nordiske lande, men også væsentlige forskelle, som kan have konsekvenser for sundhed og trivsel på kortere og længere sigt. Sådanne mulige konsekvenser undersøges nu i projektets igangværende komparative analyser baseret på de fine nordiske registerdata.

På konferencen afholdt EUPHA Sektionen for Migration, Etnicitet og Sundhed også sit årlige medlemsmøde. Sektionen har nu mere end 1400 medlemmer og har i årets løb stået for den første Global Congress on Migration, Ethnicity, Race and Health i Edinburgh (som er omtalt i et tidligere MESU nyhedsbrev) og udarbejdelse af EUPHA Statement og Edinburgh Declaration om migranternes sundhed. Der er også et forstærket samarbejde med WHO i forbindelse med afvikling af Sommerkursus om Migrant Health på Sicilien i september og arbejdet med udvikling af WHO's Knowledge Hub her i København. På mødet drøftedes det påbegyndte arbejde vedrørende etablering af et Global Society on Migrant and Ethnic Minority Health, og der var opbakning til afholdelse af en kombineret europæisk og global konference i tilslutning til den planlagte World Public Health Conference i oktober 2020 i Rom. På sektionsmødet blev Allan Krasnik efter 7 år som leder af sektionen afløst af Bernadette Kumar fra NAK-MI/Folkehelseinstituttet i Norge.

Næste European Public Health Conference (EPH) finder sted i Marseille 20.-23. november 2019, og der er åbent for abstract submissions 1. februar indtil 1. maj.

Nyt forskningsprojekt fra det Svenske Vetenskapsrådet

MESU'er har fået en 5-årig bevilling til et delprojekt i det svenske projekt 'REMAIN'. Arbejdstitlen for projektet er 'Mental ill-health and social integration among refugee minors/youth - ethiology, prognosis, prevention and treatment'.

Projektet starter i 2019 og slutter i 2023. Marie Nørredam og Christopher Jamil Montgomery fra MESU er del af projektet.

Projektets mål er 'to gain knowledge on strategies to improve the social integration of refugee minors with mental ill health'.

Projektet er opdelt i tre arbejdsområder: 1) effekten af trauma på flygtningebørns psykiske og sociale trivsel/situation, 2) den langsigtede sundhedsudvikling og social integration blandt flygtningebørn med psykiske problemer, og 3) en intervention med farmakologisk behandling af psykiske problemer blandt flygtningebørn.

Hjemmesideredigering er i gang

Af Kristine Sorgenfri Hansen

SUND Webteam har besluttet at alle hjemmesider skal have nyt udseende og der er deadline for ændring i april/maj 2019.

Derfor er MESU's seniorgruppe gået i gang med at planlægge renovering og layout af www.mesu.ku.dk, www.cage.ku.dk og www.sulim.ku.dk.

Processen vil vare et par måneder, og vi glæder os til at vise jer det nye layout!

Nye Artikler fra MESU

Transmitting trauma: a systematic review of the risk of child abuse perpetrated by parents exposed to traumatic events

Montgomery, E; Just-Østergaard, E; Smith Jervelund, S. International Journal of Public Health, 01.12.2018

https://link.springer.com/article/10.1007/s00038-018-1185-4?wt_mc=Internal.Event.1.SEM.ArticleAuthorOnlineFirst&utm_source=ArticleAuthorOnlineFirst&utm_medium=email&utm_content=AA_en_06082018&ArticleAuthorOnlineFirst_20181204

AIM: To review the empirical evidence of a potential association between parental trauma and parental child abuse.

METHODS: Following PRISMA guidelines, 4645 publications were identified through a systematic search in PubMed, PsycINFO and Cochrane. The final number of publications included was 15.

RESULTS: The prevalence of child abuse was found to be consistently higher in populations exposed to traumatic events (prevalence range 36.0–97.5%) compared with non-exposed groups. Parents exposed to trauma were more likely to abuse their children in all studies, and trauma severity, including a PTSD diagnosis in parents, was associated with perpetration of child abuse in most studies. Such associations appeared to be independent of the type of traumatic event. The findings underscore that trauma does not only affect the individual, but also the family.

CONCLUSION: Parental trauma seems to be associated with perpetration of child abuse within the family. Abusive behavior against children could be a potential trauma reaction, which should be considered in preventive strategies aimed at reducing harm in traumatized families.



Nye Artikler fra MESU

Diminishing social inequality between refugee children and their peers growing up in Denmark

J. de Montgomery, C.; Holm Petersen, J.; Smith Jervelund, S.
Journal of Ethnic and Migration Studies, 13.08.2018.

<https://www.tandfonline.com/doi/full/10.1080/1369183X.2018.1526061>

AIM: Not being in employment, education or training (NEET) as a youth consistently predicts adverse educational, labour market and health outcomes. School-aged refugee children are known to be particularly vulnerable within each of these domains. Yet little is known about how these outcomes have evolved over time.

METHODS: This study explores trends in the risk of youth NEET status during the early twenties for refugees and their non-refugee peers in Denmark from 1995 to 2014 by utilising national registry data on demographics, income, education and diagnoses covering the full population.

RESULTS: The analysis shows that the inequality in the probability of youth NEET status has diminished considerably from up to 20 percentage points among the oldest cohorts to less than 5 percentage points among the youngest. This development was robust to compositional differences, although much more so for girls than boys. For refugee girls, the change in the probability of youth NEET status coincided with changes in timing of family formation but was not explained by it. In addition, the correlation between family formation and youth NEET status became considerably weaker over time.

CONCLUSION: The findings suggest that some circumstances surrounding the incorporation of refugee school children into their new social contexts have improved.



Nye Artikler fra MESU

Tactics employed by healthcare providers in Denmark to determine the vaccination needs of asylum-seeking children: a qualitative study.

Nakken, CS; Nørredam, M; Skovdal, M.

BMC Health Services Research, 2018 Nov 14;18(1):859

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3661-1>

AIM: Many asylum-seekers to Denmark come from war-torn countries where conflict and insufficient health care infrastructures disrupt vaccine programmes and result in very few children and their families presenting documentation of vaccinations on their arrival in asylum-centers. There is a need to explore how healthcare providers, in the absence of vaccine documentation, determine the vaccination needs of newly arrived refugee children.

METHODS: To explore the tactics employed by healthcare professionals who screen and vaccinate asylum-seeking children in Denmark, we conducted semi-structured interviews between December 2015 and January 2016 with six healthcare professionals, including three doctors and three public health nurses. The interviews were digitally recorded, transcribed and subjected to a thematic network analysis.

RESULTS: The analysis revealed that healthcare providers adopt a number of tactics to ascertain children's immunization needs. They ask into the children's vaccination history through the use of qualified interpreters; consult WHO lists of immunization programmes worldwide; draw on tacit knowledge about country vaccination programmes; consider the background of parents; err on the side of caution and revaccinate.

CONCLUSIONS: This is one of the first studies to demonstrate the tactics employed by healthcare providers to ascertain the immunization needs of asylum-seeking children in a western receiving country. The findings suggest a need for clear guidance at a national level on how to determine the vaccination needs of asylum-seeking children, and an international effort to secure reliable immunization documentation for migrant populations, for example through virtual immunization record



Why we shouldn't use the term "illegal migrant"

Ingleby, D; Bhopal, RS; Gruer, L; Krasnik, A; Pace, P; Petrova-Benedict, R.

BMJ 20.11.2018:363

<https://www.bmj.com/content/363/bmj.k4885>

AIM: Words have consequences, especially in situations where strong emotions, as well as social and political conflicts, are endemic. Raj Bhopal's rapid response in *The BMJ*, in which he objected to the use of the phrase "illegal migrant" on the grounds that only actions, not persons, can be deemed illegal, merits further reflection and dissection.

FOCUS: Some people think that those who protest against this phrase are taking sides with migrants in conflict with the law, in a futile attempt to cover up what is going on. On the contrary: the very idea that a person can be illegal is incompatible with the rule of law, which is founded on the idea that everyone has the right to due process and is equal in the eyes of the law. Labelling a person as illegal insinuates that their very existence is unlawful. For this reason, bodies including the United Nations General Assembly, International Organisation for Migration, Council of Europe, and European Commission have all deemed the phrase unacceptable, recommending instead the terms "irregular" or "undocumented." It would be appropriate for the medical profession, given its social standing and influence, to do the same.

CONCLUSION: Abolishing the dehumanising term "illegal migrant" is an important first step, but the responsibility of health professionals goes further. In the UK, they are obliged to collaborate in the implementation of current immigration policy. To be able to do this with a clear conscience, they need to know that rights to residence in the UK are administered justly and humanely. Regrettably, as can be seen



An estimate of the effect of waiting time in the Danish asylum system on post-resettlement employment among refugees: Separating the pure delay effect from the effects of the conditions under which refugees are waiting

Hvidtfeldt, C; Schultz-Nielsen, ML; Tekin, E; Fosgerau, M. 8.11.2018

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0206737>

AIM: We provide an estimate of the effect of refugees' length of waiting time in the Danish asylum system on their subsequent employment using administrative data. In contrast to previous studies, we take into account that refugees' labor market integration is delayed since their labor market access is restricted during the asylum-seeking phase.

METHODS: We use individual-level longitudinal register-data on refugees who were granted residence permit in Denmark in the period 1997–1 May 2013. The project is approved by the Danish Data Protection Agency. We exclude refugees with humanitarian residence permit to avoid reverse causality problems, as the waiting time for a humanitarian residence permit is often long and given for a reason that reduces the employment prospects of the affected individuals.

RESULTS: In all of the estimated models except the final model, the sign of this parameter is negative and significant, indicating that refugees who are evaluated not to be entitled to convention status but only to protection status have a lower employment rate. However, similarly to the parameter for waiting time, the size and significance of this parameter decreases as more controls are included. Moreover, it switches sign in the most comprehensive specification in column 6, suggesting that once all the differences between refugees who received residence permit under protection status and those under convention status are accounted for, the likelihood of subsequent employment between the two groups is statistically indistinguishable.

CONCLUSION: We find that an additional year of waiting time decreases subsequent employment by 3.2 percentage points on average. This effect is mostly driven by the delay in the labor market engagement among refugees. Waiting time may have an effect on subsequent employment that is additional to the delay effect, and this could be either positive or negative depending on the nature of the conditions under which asylum seekers live while waiting for their cases to be processed. We find that this additional effect is positive and statistically significant until observable individual characteristics are included, at which point it becomes small in magnitude and no longer significant.

MESU NYT

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Indsendelse af indlæg til MESU NYT skal ske til mesu-office@sund.ku.dk inden den **10. februar 2019 kl. 12.00**