

Health needs of unaccompanied children seeking asylum

A descriptive analysis of physical and mental health needs of 154 unaccompanied children seeking asylum in Kent

Coyle, R¹; Bowen, S²; Sayer, N²; Mullin, S²; Siggers, G²; Bennett, S¹.

¹Department of Public Health, Kent County Council, ²Kent and Medway Clinical Commissioning Groups

Background

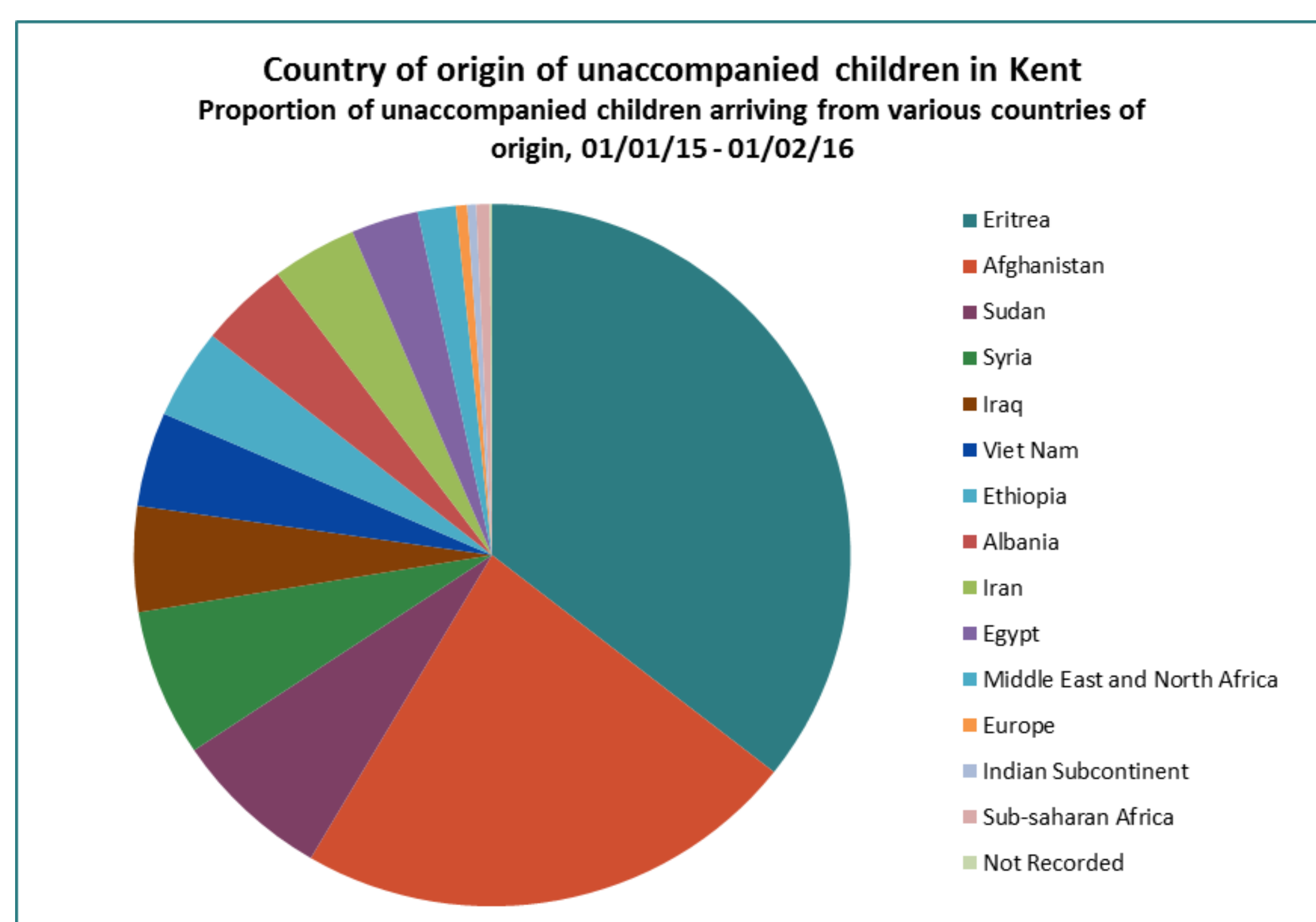
- Unaccompanied children seeking asylum are children who have made a frequently dangerous journey to another country to seek asylum from religious, social or cultural persecution in their home country and who have become separated from their parent or carer.
- Prolonged and ongoing conflicts in the Middle East and North Africa have contributed to the displacement of millions of people. In 2015 there were over 1.2 million first time applications for asylum to EU member states. It is estimated that approximately 90,000 of these applications were from unaccompanied children¹.
- Kent has traditionally received a moderate number of unaccompanied children annually, xx-xx. However during 2015 there was a significant increase in the number of unaccompanied children entering Kent with a peak of xxx children per month in xx 2015.
- It is recognised that children seeking asylum have a high level of health needs². We sought to describe the health needs observed in unaccompanied children in Kent to support the development of healthcare services to support these young people.

Methods:

The results of 154 Initial Health Assessments were analysed. The expected prevalence of latent TB, chronic Hepatitis B and parasitic infection was modelled.

Results

Country of origin of unaccompanied children in Kent



- The largest proportion of unaccompanied children came from Eritrea, 36%, followed by Afghanistan, 23%. 7% of children came from Sudan and from Syria, and a further 5% of children came from Iraq.
- Of the unaccompanied children currently registered with KCC 94% are male, while 6% are female.

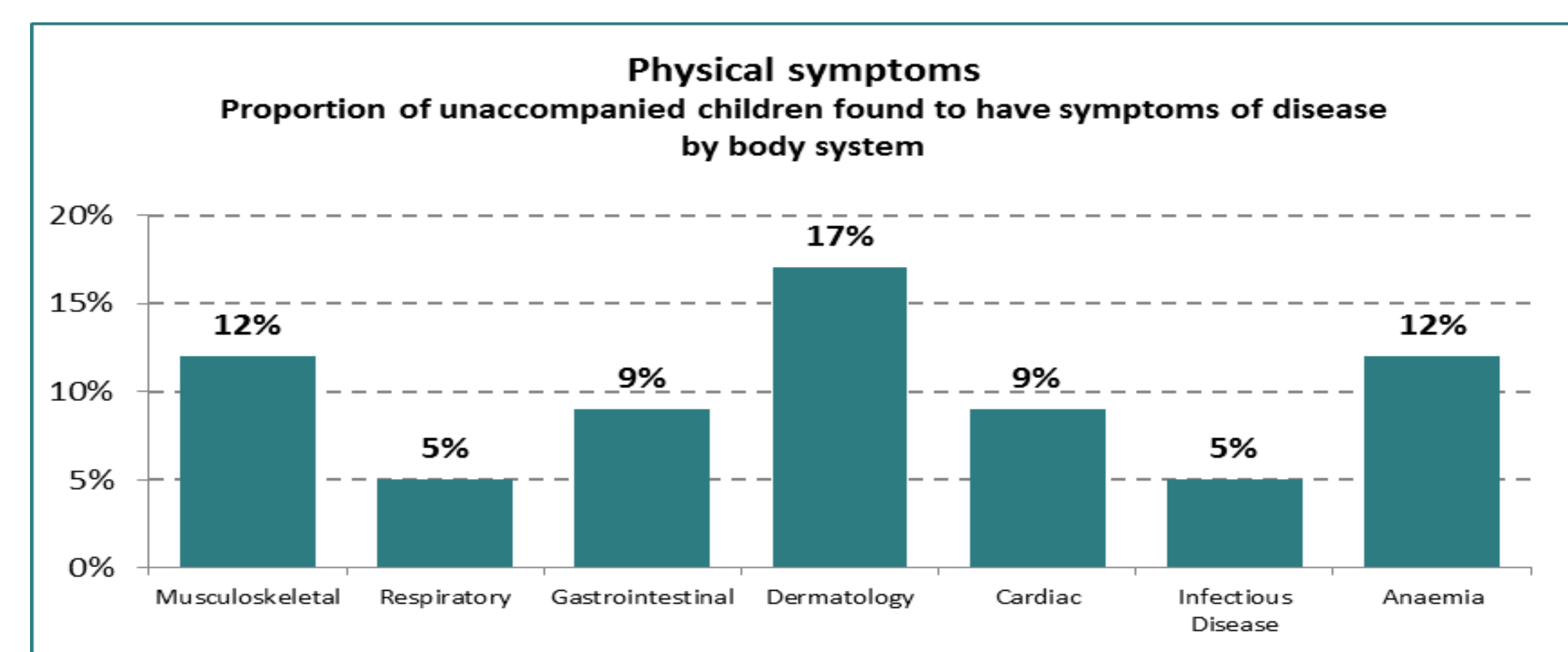
Prevalence of health needs reported in the Initial Health Assessment

41% Signs and/or symptoms of psychological illness were reported in 41% of children.

46% The prevalence of dental disease was 46% in our sample.

100% All children seen for Initial Health Assessment needed catch-up immunisation.

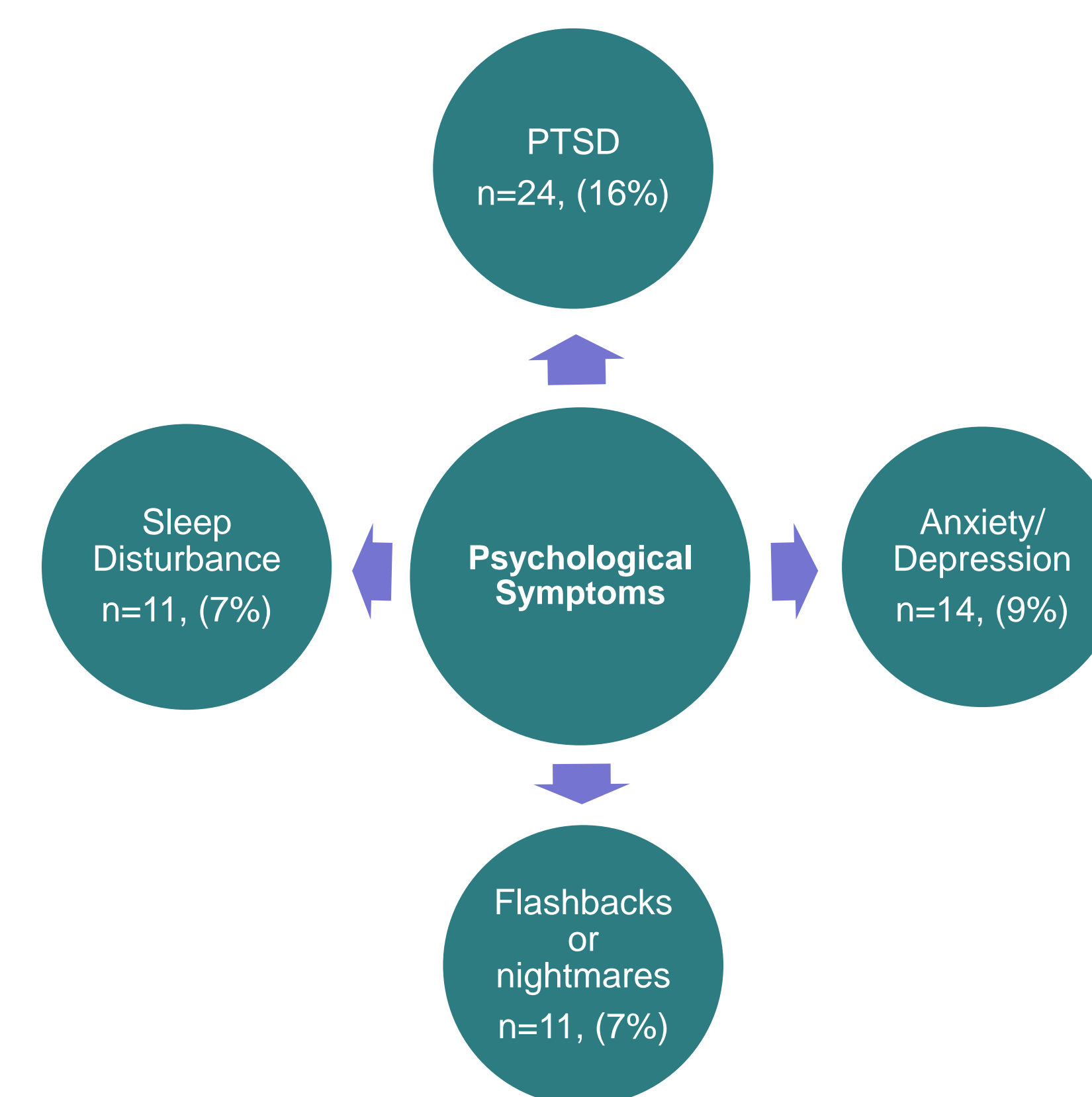
Physical health needs in unaccompanied children in Kent



- Dermatology complaints, including rashes, traumatic scars and scabies, were reported in 17% of children.
- Musculoskeletal complaints, including limb and joint pain, was reported in 12% of children. Clinical anaemia was identified in 12% of children.

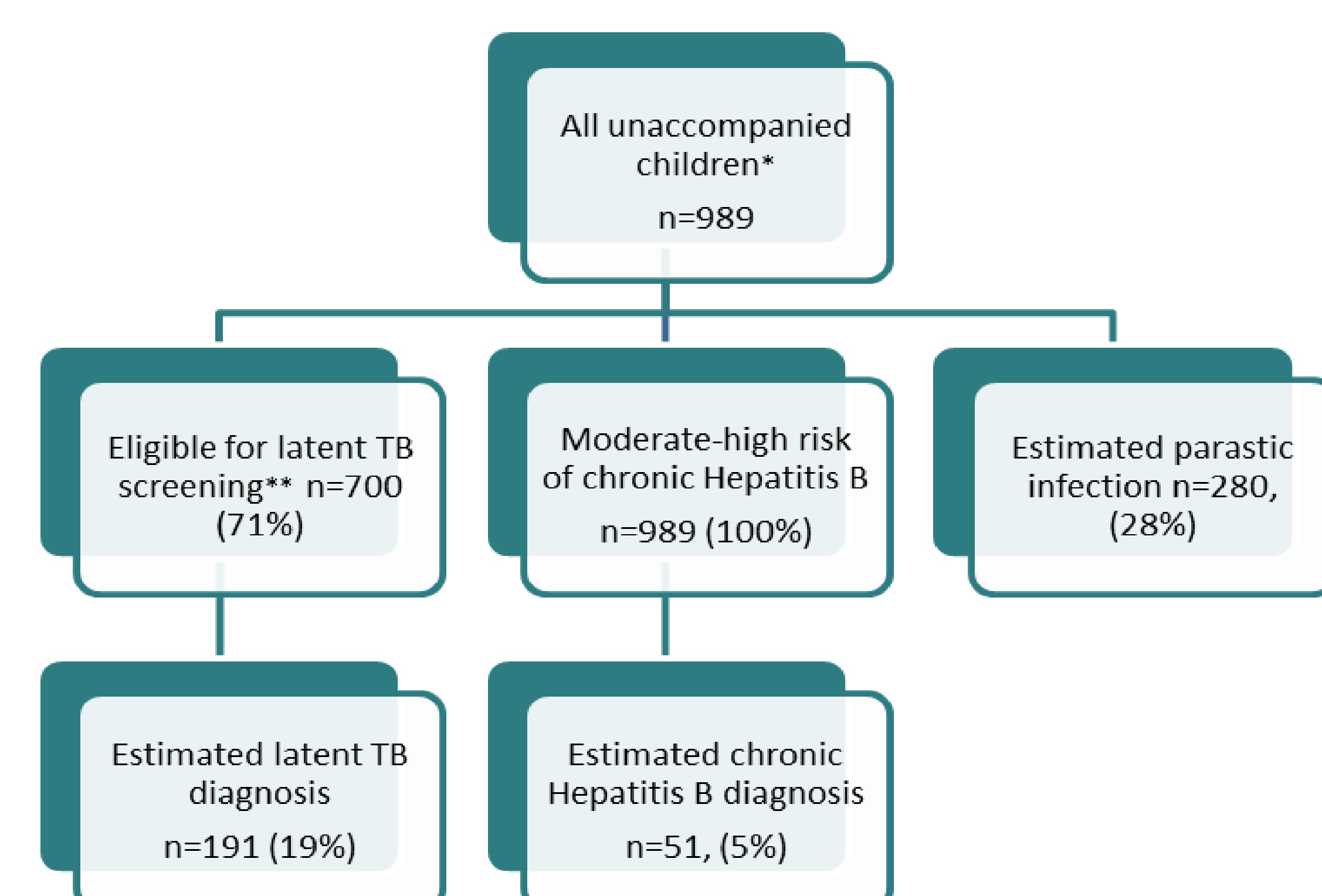
Psychological signs and/or symptoms in unaccompanied children in Kent

- Psychological signs or symptoms were reported in 41% of children. Additionally, the examining clinician reported 'concern about emotional wellbeing' in the absence of psychological symptoms in a further 17% of unaccompanied children.



Modelled burden of infectious disease

- Reported age and country specific prevalence estimates were used to model the expected burden of certain infectious diseases^{3,4,5}. We estimated that of the 989 children who came to Kent in 2015 19% would be expected to have latent TB, 5% to have chronic Hepatitis B and 28% to have parasitic infection.



Conclusions

- Psychological symptoms were reported commonly in unaccompanied children in Kent. This is consistent with the literature and emphasises the importance of psychological assessment of unaccompanied children by suitably qualified professionals.
- Dental disease, particularly decay and caries, was found commonly.
- While physical findings were common, the majority were signs of conditions which could be readily managed in the community, such as scabies.
- It is expected that the risk of infectious diseases in this cohort is significant, however this can be reduced through simple preventative interventions such as immunisation and screening.

References

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