Tidsskriftet Tidsskrift for Den norske legeforening

A safe haven

INVITERT KOMMENTAR

ALEXANDER NISSEN

a.f.w.nissen@nkvts.no
Alexander Nissen PhD, doctor and researcher II at the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)
The author has completed the ICMJE form and declares no conflicts of interest.

It should be safe to come to Norway as a refugee. There therefore needs to be a focus on identifying mental health problems among newly arrived refugees.

In this edition of the Journal of the Norwegian Medical Association, Ellingsen et al. present a study on a particularly important topic: whether early assessment of traumatic experiences and mental health symptoms among newly arrived refugees can predict more long-term mental disorders (1). Numerous international studies have demonstrated an increased prevalence of mental disorders in refugee populations compared with the general population (2). Nevertheless, surprisingly few longitudinal studies have examined the trajectories of mental health problems in refugees and early markers of these trajectories. Leading experts have repeatedly emphasised the need for studies that help fill this knowledge gap (3). Learning more about the predictive value of screening tools that assess traumatic experiences and mental health symptoms – and especially *when* such screening tools should be used – could potentially have considerable public health implications.

When assessing mental health problems in newly arrived refugees, it can be challenging to distinguish between normal, sometimes intense but temporary reactions to an extraordinary and highly stressful life situation, and early signs and symptoms of serious and potentially long-term mental disorders. Under normal circumstances, most refugees will manage their own reactions and cope with life without any form of professional mental health support. *Primum non nocere* (first, do no harm) is an important principle in medical ethics, and there is justified concern that uncritical use of screening tools could inadvertently pathologise an already vulnerable group. However, choosing *not* to assess

mental health problems in refugees in order to offer the necessary help to those who need it, is also wrong. Finding the right balance in this landscape is difficult, but the lack of studies on which decisions and strategies can be based has made it unnecessarily difficult. Ellingsen et al. should therefore be commended for their important work.

> ***«Finding the right balance in this landscape is difficult, but the lack of studies on which decisions and strategies can be used as a basis has made it unnecessarily difficult»***

In an exploratory study of newly arrived Ukrainian refugees in Norway, more than half reported feeling a need for help due to psychological reactions in the period following their arrival (4). Most also stated that they were comfortable reporting their psychological reactions to a doctor or psychologist, or in a questionnaire. Bringing up trauma and mental health in conversations with refugees can be uncomfortable, but it is not as bad as might be expected. The drowning tragedy in Tromsø is a painful reminder of what can ultimately happen if mental health problems go unnoticed (5).

Although everyone working with refugees represents an opportunity to identify health problems, ultimate responsibility for ensuring that such tragedies do not occur lies with the public authorities. In the national guidelines for health services for asylum seekers, refugees and those reunited with family, the Norwegian Directorate of Health recommends screening for trauma and mental health problems both immediately after arrival in Norway and again after three months. The guidelines include assessment forms that can be used (6). Variations in local resources and how welfare services are structured likely lead to considerable differences in the proportion of refugees that is actually screened nationwide. Unfortunately, data on this is limited, which makes it difficult to determine whether the Directorate's guidelines are both implemented and effective.

Norway has chosen to comply with the EU's new screening regulation, set to take effect in June 2026, which mandates an initial health and vulnerability check at the external borders of the Schengen area (7). The regulation provides a framework for discussion and harmonisation across EU and Schengen countries, hopefully firmly grounded in solid empirical evidence. Norway should be an active voice in this discussion.

The screening regulation specifically mentions survivors of torture as a vulnerable group that needs to be identified early. The Norwegian Directorate of Immigration has taken a notably proactive approach in this area in recent years and has developed new guidelines on how to identify and provide follow-up for survivors of torture within existing immigration service structures in Norway (8). A key aspect of the follow-up process is to connect survivors of torture with healthcare services, enabling proper documentation and rehabilitation in compliance with international obligations. As healthcare professionals, it is important that we are ready to build on the valuable and systematic efforts of the Directorate of Immigration.

REFERENCES

1. Ellingsen TS, Faaland F, Bjertness E et al. Kartlegging av psykiske symptomer hos nyankomne flyktninger. Tidsskr Nor Legeforen 2025; 145. doi: 10.4045/tidsskr.24.0631. [CrossRef]

2. Patanè M, Ghane S, Karyotaki E et al. Prevalence of mental disorders in refugees and asylum seekers: a systematic review and meta-analysis. Glob Ment Health (Camb) 2022; 9: 250–63. [PubMed][CrossRef]

3. Silove D, Ventevogel P, Rees S. The contemporary refugee crisis: an overview of mental health challenges. World Psychiatry 2017; 16: 130–9. [PubMed][CrossRef]

4. Michelsen H, Nissen AFW, Ottesen AA. 'Skal vi snakke om psykisk helse.' En pilotstudie av opplevd hjelpebehov og holdninger til psykisk helse hos Ukrainske flyktninger. Nasjonalt Kunnskapssenter om Vold og Traumatisk Stress 2023. https://www.nkvts.no/rapport/skal-vi-snakke-om-psykisk-helse-en-pilotstudie-av-opplevd-hjelpebehov-og-holdninger-til-psykisk-helse-hos-ukrainske-flyktninger/ Accessed 30.5.2025.

5. Statens undersøkelseskommisjon for helse- og omsorgstjenesten. Undersøkelse etter drukningstragedien i Tromsø. https://ukom.no/rapporter/undersokelse-etter-drukningstragedien-i-tromso/innledning Accessed 28.1.2022.

6. Helsedirektoratet. Helseundersøkelser av asylsøkere, flyktninger og familiegjenforente. https://www.helsedirektoratet.no/veiledere/helsetjenester-til-asylsokere-flyktninger-og-familiegjenforente/helseundersokelser-av-asylsokere-flyktninger-og-familiegjenforente Accessed 13.1.2023.

7. EUR-Lex. Regulation (EU) 2024/1356 of the European Parliament and of the Council of 14 May 2024 introducing the screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817. https://eur-lex.europa.eu/eli/reg/2024/1356/oj/eng Accessed 30.5.2025.

8. UDI. UDI 2024-011 Torturutsatte i asylprosessen. https://www.udiregelverk.no/en/documents/udi-guidelines/udi-2024-011/ Accessed 30.5.2025.

Publisert: 27 June 2025. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.25.0364