Please cite as: EUAA, '5.3. Applicants with disabilities and special health needs' in *Asylum Report 2023*, Μάιος 2023.

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icon presenting applicants with disabilities and special health needs

The reconstruction of the reception facility in Humenné in Slovakia finished in 2022, making the facility completely barrier-free. In Czechia, the OPU noted that only one centre was barrier-free in 2022, while the Ministry of the Interior noted that in the beginning of 2023, two centres were functioning as barrier-free. The OPU observed that centres struggled to ensure that qualified nurses and doctors provide services to applicants with physical disabilities within the public insurance framework.1344

The Finnish Institute for Health and Welfare published a multilingual video series on mental health for applicants and beneficiaries of international protection. The videos aim to increase the understanding of mental health and reduce the stigma associated with seeking help. Beneficiaries themselves participated in the elaboration of the videos *(see Section 4.14)*.1345

Asylos and the ARC Foundation set up a joint research project to address information gaps in COI research about applicants with disabilities and published suggestions to improve disability-focused COI *(see Section 4.12)*.1346

The CJEU clarified that the non-voluntary committal of an applicant to a hospital psychiatric department was not considered to be imprisonment for the purposes of extending the transfer time limit under the Dublin III Regulation *(see Sections 2.6, 4.2 and 4.8)*.

The Swedish Migration Court of Appeal examined the case of an applicant with a hearing impairment who may have also suffered from multiple other disabilities. The court noted several flaws in the process, including the fact that the investigation of the applicant's additional disabilities was still ongoing. From the notes of the interview, it was clear that the applicant had difficulties in understanding the question or simply imitated the interpreters, even though his legal representative, two deaf interpreters and two sign interpreters were present.

The French Council of State referred a judgment clarifying the credibility assessment when an applicant has suffered physical or mental trauma from torture. The court underlined that the assessment should follow the criteria set in the Istanbul Protocol1347 and that the medico-legal expert report must be considered in conjunction with the applicant's statements, country of

origin information and other documentary evidence brought to the attention of the authority.

The Supreme Court of Cassation in Italy delivered a judgment clarifying the credibility assessment when an applicant has suffered physical or mental trauma from torture. The court underlined that the assessment should follow the criteria set in the Istanbul Protocol and that the medico-legal expert report must be considered in conjunction with the applicant's statements, country of origin information and other documentary evidence brought to the attention of the authority.

The Tribunal of Bari confirmed the rejection of international protection but still granted humanitarian protection to an applicant from Pakistan who suffered from a serious mental condition. The applicant submitted medical certificates to attest his condition and evidence that he could not access the necessary treatment in his country of origin.

The Irish High Court quashed IPAT's decision for an applicant with albinism. The court noted that country of origin information was not available in full length, but the information available should be considered as supporting the claim.

Medical conditions were also considered by courts when assessing transfers to specific countries under the Dublin III Regulation *(see Section 4.2.6)*. Another category of cases involved the examination of medical conditions when adopting a return decision or implementing a return.

The CJEU ruled that Member States cannot adopt or implement a return decision when the person would be at real risk of a rapid, significant and permanent increase in pain caused by an illness due to the fact that appropriate care was not available in the country of origin *(see Section 2.6)*.

The UNCRC condemned the Swiss authorities for not taking all the necessary steps to ensure that a child with a hearing impairment would receive appropriate medical care upon return to the country of origin.

The Austrian Federal Administrative Court confirmed the return order of a rejected Nigerian applicant, noting that his prescribed medication and treatment are available in his country of origin. Return assistance would allow him to obtain the treatment for at least 10 years.

The Swiss Federal Administrative Court gave guidance on assessing the return of a family with minor children who obtained international protection in Greece, while several family members suffered from different medical conditions. The court underlined that the authorities should examine the health claims, the services and assistance already received in Greece, and whether favourable conditions exist for their return, such as the length of stay in Greece, language knowledge and the existence of a support network.

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