

**New Trauma for Refugees: bad law creates bad reception.****A 'social determinant' of mental health problems amongst non-recognized refugees and immigrants**Anna Felcher<sup>1</sup>

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**Introduction**

In this contribution I address the issue of mental illness among refugees and refuge-seekers (United Nations High Commissioner for Refugees (UNHCR), 2017). In the last years, a large number of asylum seekers and refugees arrived in Italy and in Europe from Sub-Saharan Africa. According to the UNHCR data (2020), more than 600,000 migrants and refugees have landed in Italy in the period 2013-2019, crossing the Mediterranean Sea. Most of them have suffered detention, serious violence, and abuse in their countries of origin or during the migratory route, and particularly in Libya (Medici per i Diritti Umani (MEDU), 2020). More generally, over the past decade, the global population of forcibly displaced people grew substantially from 43.3 million in 2009 to a record height of 79.5 million in 2019 (UNHCR, 2020). What does the European government do for these people? What has happened in Italy? Which kind of laws have been enacted to manage arrivals in Italy?

A study by MEDU (2020) showed that post-migratory stressors, such as precarious living conditions, have negative effects on the refugees' and asylum seekers' mental health like the violence suffered in the countries of origin or during the migratory route.

I point to the close link between the issue of a repressive law and the worsening of treatment provided to immigrants in detention centres, called Detention Centres for Repatriation (CPR) where they have to remain due to the lack of a residency permit. I draw attention to how these CPRs are the root of serious and widespread mental illness among people who previously did not suffer from any mental illness (UNHCR, 1951). I describe two reports in this field suggesting that mental problems may derive just from staying in a CPR. These institutions may induce severe psychiatric problems in subjects, already fragile and traumatised, owing to their organizational and management characteristics. In fact, in these settings more than 50% of persons showed several psychiatric problems and 80% took psychotropic drugs (Naga, 2022). CPRs are characterised by a great number of daily stressors: being very overcrowded, geographic and social isolation of the facility, very long stays, having to wait on the completion of the legal procedures for permanent visas, difficulty accessing the country's national health system, difficulty accessing psychosocial and legal support, episodes of social degradation, violence and illegality. All these stressors generate insecurity and fear, and reactivate anxieties already provoked by past traumatic experiences. Therefore, these centres can be considered as 're-traumatising models' of reception facilities.

These numerous social factors can be reasonably considered the cause of mental illness in this group of people (Campion, et al., 2013; Murray, et al., 2012; Nussbaum, 2003; Patel, et al., 2010; Patten, 1991) but usually it is difficult to have information about what really happens in these particular places. To remain in Italy, a non-community citizen must obtain a visa or residency permit from the qualified police headquarters of the province or district in which the individual stays. The regulations established in 2018 define reasons for approval: study/training, family reunification, work (definite, indefinite, seasonal), being self-employed, and cultural or sport activity. A reason for permission was later added for those forced to leave their own country and needing political refuge or subsidiary protection. A third group of regulations that involved humanity reasons was first foreseen but then cancelled in 2018.

In 2017, the number of refuge-seekers was 130,000, representing the highest number in twenty years. A significant decrease in the number of refuge-seekers started from 2018 when people asking for protection in Italy were 54,000, over 50% less than the previous year. In 2019, 39,000 immigrants requested refuge, 27% less than 2018.

Most revealing is the number of requests for protection that were declined: in 2019 these requests represented 65% of those submitted, therefore more than two thirds of people asking for protection in Italy never obtained any form of protection. The number of denials has increased over the last three years and, on average, every year over 50,000 immigrants are denied refuge (Angeli, 2022). All these individuals plus those still awaiting an answer are considered unlawful people and are crowded into buildings where conditions are nearly inhumane.

#### Outcomes of protections' requests in Italy in three months (January-March 2021, Vie di fuga, 2021 )

	Refugee status	Subsidiary protection	Special protection	Negative answer	Total
January	380	600	272	2075	3327
February	486	725	330	2275	3816
March	488	709	325	2440	3962
Total	1354	2034	927	6790	11105
%	12,19	18,32	8,35	61,14	100

#### Two reports

Materials are derived from two reports: the direct experience reported by Fabrizio Gatti, a reporter of the newspaper *Corriere della Sera* (one of the most read newspapers in Italy) on 19 January 2000, and the report of the Senator of the Republic Gregorio Lo Falco, who visited a large institution in Milan, gathering refugees in 2021.

The article by Fabrizio Gatti was based on his visit while pretending to be a clandestine Romanian. He reported that after much face slapping and body frisking in the cold he was forced to sign a document where he gave up his right to a lawyer and was taken inside the building. So, he was able to observe the detainees' living conditions: crowded inside cages like containers, humiliated because of their little understanding of Italian language, compelled to be withheld and threatened to be sent back to their original country at any moment. In most cases, these first unacceptable conditions caused extreme forms of mental hardships, that added to the traumatic journey from Sub-Saharan Africa to Italy, and often became serious psychiatric disorders. In fact, as shown in the *Medecins Sans Frontières* report (2004), "The main issues concern anxiety, violent behaviour, self-inflicted wounding [...] that could result in attempted suicide [...], the medication adopted was very bland and consisted basically of benzodiazepines; the doctors often diluted the contents of the medicine bottles, to avoid violent reactions in case of refusal of the required medicine". Some cases of self-inflicted wounding led to extreme reaction. "Not even blunt tools or objects like a lighter are left in the hands of detainees, so every time they want to light up a cigarette, or have a shave or drink something etc., they have to call the keepers by interphone, then they are escorted by the agents to the appropriate department." These situations did not seem to be improving across the three months of observation: "With regard to health care for the detainees it is confirmed that there is difficulty regarding social communication with the doctors who are lived as keepers or guards, and the resulting lack of patients' trust in doctors. There continues to be cases of self-inflicted wounding and also a high percentage of people taking psychotropic drugs, without appropriate psychiatric treatment. It is hard to believe that these people will be able to have access to the necessary care once the detaining period expires and that they will not experience exclusion. There is the risk that these people will be pushed into the fringe of society.

The other experience took place in June 2021, made by Senator De Falco. He reported that he was impressed by a rather high turnover of workers resulting in extreme fatigue but above all too much tension connected to working in such conditions (Naga, 2022). There should be at least one nurse 24 hours a day. Both of those present had only been employed the previous week and one of them was a foreigner whose Italian was hardly intelligible. Doctors had to be present for at least 3 hours a day. Several of the detained people complained that they were unable to communicate or make themselves understood by doctor D., from Vietnam. At the weekend it was noticed that the doctors did not attend for three hours a day. When nurses, doctors and detainees were asked about meetings with a psychologist, all answered that meetings with a psychologist were rare or exceptional and only by appointment. Finally, nobody knew about a language mediator service which was, at least on paper, supposed to exist.

People detained in the centre of Milan run great risk for their own safety, for various reasons, particularly being physically hurt due to frequent struggles they have outside and inside the centre. These people are not monitored despite spreading uneasiness, tension, stress, and psychological fragility. Widespread use of sedatives and self-inflicted wounding is common because of the long stays for detainees in these centres where their psychological problems growing up.

From what was gathered from the interviews in the different departments and derived from case history files, it can be estimated that well over half of the detainees were subject to psychiatric treatment. Some lawyers confirmed the progressive worsening of their clients' situation after each meeting. To face the otherwise unbearable situation, detainees used many tranquilizers, that at the same time were useful to make things easier for the personnel. The case of A.O. is a good example. During the first two days of the visit, the Senate commission members were able to learn about the case in depth and also because they met him several times at the sick room due to repeated self-harm. The members of the commission also witnessed the handling of the situation. This is part of the De Falco's report written after the Commission met A.O. and what the Commission understood about the case:

Subject: Request for new evaluation of compatibility of the psychophysical condition of Mr. A.O. Detained at CPR in via Corelli 28 Milan/warning statement:

“The undersigned senator Gregorio De Falco, having been informed of facts following an inspection executed on the 5th and 6th of June underlined the following [...] what I urge to underline above all is that to detain a person for the sole purpose of repatriation and as repatriation is impossible, it has no purpose. It violates the basic constitutional laws that protect the health and fundamental rights of human beings, besides provoking repercussions for mental health. “

The commission declared that it has been enough to get a close-up view of the living quarters of detainees to realise, immediately, that at least half of the detainees had self-wounding cuts on their faces and necks, had bandaged parts of their body, and had attempted to hang themselves.

### Discussion

It has been reported that, “Many migrants and refugees will experience distress (feelings of anxiety and sadness, hopelessness, insomnia, fatigue, irritability, anger and/or aches and pains). For most people, these reactions will improve over time. Some studies show that the prevalence of common mental disorders (e.g., depression, anxiety, and post-traumatic stress disorder) is higher among migrants and refugees than among host populations” (McAuliffe, & Khadria, 2020).

Asylum seekers tend to be at an elevated risk of suicide, and this should be a warning about refugees' conditions and the inevitable serious conditions of their mental and physical health, together with the violation of their human rights. Moreover, there is little empirical investigation of the conditions and consequences of detainment in such institutions on the refugees.

Since 1998, with the Turco Napolitano law, Temporary Stay Centers were open for refugees, who

were not admitted or immigrants, without a residence permit. Then the Temporary Stay Centers became CIEs (Identification and Expulsion Centers) with the Bossi-Fini law (L 189-2002), and finally CPRs with the Minniti-Orlando law (L. 46-2017). The laws changed their names over the years but not their substance, i.e., equal to prison treatment.

Several studies underline the importance of some post-migration factors as predictive of PTSD symptomatology above pre-migration trauma in refugees. Dangerous, post-migration factors, characterising this detention centre model (CPR of Milano), included: living difficulties (Aragona et al., 2012; Minihan et al., 2018), long-term institutional accommodation (Porter & Haslam, 2005), loneliness, poor social integration, difficulties accessing health care and social services, and prolonged process of obtaining permanent visas (Laban et al., 2004). These factors constitute many daily stressors generating insecurity and fear, heightening anxieties already provoked by past trauma experiences.

Therefore, I suggest that detainment conditions (anyway unnecessary and wrong, given the lack of 'guilt or crime') are likely to cause severe psychiatric conditions. Hopefully, politics will learn from past failed experiences. It is necessary to promote a reception system based on a new perspective: small-scale facilities, more integrated in the community, equipped with appropriate services, and able to promote real inclusion for the benefit of the refugees hosted as well as the whole national community.

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