



Safeguarding refugee mental health

JRS Portugal staff member (right) providing mental health support to a detainee in Porto

photo: Don Doll SJ

Cathal Foley

Mental health disorders can be found in people of all ages and from all cultures, regardless of socioeconomic status. The World Federation for Mental Health ranks major depression as one of the top five leading causes of disability worldwide.

An estimated 450 million people suffer from mental health disorder, yet fewer than half get the treatment they need. This is especially true for refugees. Their mental health needs are often unnoticed amidst the turmoil of flight and settlement in camps.

In commemoration of World Mental Health Day – October 10 – JRS Europe spoke to the World Health Organization (WHO) about the state of refugee mental health care. Despite the obvious need for it, it's one aspect of health care that

is not being adequately addressed. “The bulk of refugees rarely have access to mental health care (in emergencies)”, says Dr Mark van Ommeren, the WHO focal point for mental health in emergencies.

WHO projects that one in five refugees are likely to have a mental health disorder such as depression, anxiety or post-traumatic stress disorder. “The causes are multiple, such as exposure to horrible things, previous events in personal history, lack of social support, traumatic events. All of these

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things makes life more difficult for refugees and puts them at risk of developing mental health problems”, says Dr van Ommeren.

Part of his work involves developing guidelines and policies, often in collabo-

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ration with other agencies, and giving advice to governments. Dr van Ommeren urges governments to add a mental health component to their general health services. “If a person has pneumonia or bronchitis, they get health care. This should also happen in mental health cases”.

What he would like to see most of all is more action in the field of mental health care. “People often talk about mental health, but there is too little action,” he says. “If there is any message to give it's that old expression of putting your money where your mouth is; words are good for advocacy but we need to move words into action.”

The bulk of refugees rarely have access to mental health care

Going the extra mile

Well-travelled psychologist Sr. Maria José Rebelo provides mental health counselling to refugees at JRS Portugal



Sr. Maria José Rebelo Photo: Don Doll SJ

Cathal Foley

It was throughout her time spent living in foreign countries such as Australia, Brazil, England and Spain that Sr. Maria José Rebelo of the Portuguese Holy Spirit Missionaries came to realise and empathise with the plight of migrants and refugees.

After six and a half years in Australia where she completed her studies in clinical psychology - specialising in transcultural mental health - Sr. Rebelo felt the pull of her native Portugal, where she returned to begin working as a volunteer for JRS.

The pressing need for the provision of mental health care for refugees became apparent to JRS Portugal at this time, so from February 2007, they started their mental health

Last year, JRS Portugal provided psychotherapy and counselling to 108 migrants.

program. What began as a part-time service – “one or two days a week” – quickly evolved into a full-time program where Sr. Rebelo started “working in psychological support as a full time worker” by July of that year. Today, JRS Portugal’s mental health department consists of two full-time workers who last year provided psychotherapy and counselling to 108 migrants.

The culture shock of being in a foreign country, prohibited from employment due to lack of proper immigration status

can have a detrimental effect on migrants’ mental health. “Very often, people are struggling with unemployment, with social problems, being unable to meet their basic human needs such as food, shelter, rent. Their illegal status is very often a source of their anxiety”.

Crisis intervention is one of the main ways JRS Portugal helps migrants with psychological difficulties. According to Sr. Rebelo, “People often feel a lot of guilt when they cannot send money to their children or elderly parents. They suffer because they are unable to visit them due to their irregular status. So, there are a lot of feelings of mistrust and low self-esteem. They stop believing in themselves”.

Most of the people the JRS mental health team deals with come

for short term sessions where emotions such as guilt and sadness, and grief about recent loss are very common. Generally, the people in this category only require a few sessions. One third of Sister Rebelo’s clients, however, require between 10 to 20 sessions. A small amount of other cases who suffer from some predisposition to some mental health problems are referred to psychiatry or a general practitioner for long-term treatments.

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Sr. Rebelo does not usually have any problems getting her clients to open up about their problems. She puts this down to friendly and open atmosphere ubiquitous in JRS Portugal, but

also due to the proximity of each of the different JRS departments.

“We work in the same vicinity as the other areas of support... if a person goes to the social support office and

is in a very bad condition emotionally, my colleague might call me to meet

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the person which causes a relationship to be built. If the person also has a trusting relationship with one of my colleagues, they will find it easier to trust me. If, for example, a colleague asked the client to go to the middle of Lisbon for mental health support, I don’t think the person would go. They trust us and feel cared for here”.

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Giancarlo Santone, Centro Safimo psychiatrist

Photo: Centro Safimo

Torture a cause of refugee mental health problems

A collaboration between Centro Astalli and the Italian health authority has led to the creation of a support service for torture victims

Cathal Foley

Mental health disorder is a widespread phenomenon in Europe. Refugees are especially vulnerable. While their journey to Europe is fraught with danger, not everything simply falls into place once entry is gained. Of the many problems facing refugees, there is the pressing need for mental health care due to the high percentage suffering from post traumatic stress disorder. Awareness of this need, however, has risen over the past years and has led to constructive action.

One example is the creation of Centro Samifo in 2006 in Italy. Centro Samifo came into being after the collaboration of Centro Astalli – the Italian office of JRS – and the local health authority, to provide mental health care for refugees.

Since 2007, the service has been operating five days a week, every week of the year. “We have two general practitioners that are in charge four days a week, two psychiatrists and also there is a psychologist” says Centro Safimo psychiatrist Maurizio Bacigalupi. Other types of specialists, such as a gynecologist, are also provided.

According to Bacigalupi, mental health problems exist amongst refugees due to the traumatic experiences they have endured. “It is not that uncommon that we see some psychological problems, even sometimes some severe psychiatric disorders. About 30 per cent of refugees that come to Italy have psychological problems” he says. These disorders often lead to a myriad of different physical health problems like insomnia, gastritis and leg pains.

Torture is often a chief cause of such disorders. “One third of the people with mental health problems who we deal with have experienced torture”, says Bacigalupi.

About 30 per cent of refugees that come to Italy have psychological problems

One of the most common types of torture is of a sexual nature. “The sexual abuse of women is really common” he states. Shockingly, he claims never to have seen “a woman who has been tortured that has not been a victim of sexual abuse.”

Sexual abuse, however, is not perpetrated solely against females. Bacigalupi has also counselled men

who have experienced rape and genital electrocution. This “especially has a really dramatic psychological consequence amongst Muslim men because ... in the Islamic culture”, such subjects are particularly taboo.

One third of the people with mental health problems who we deal with have experienced torture

He points out, however, that the specific types of torture which people are subjected to are irrelevant, “it’s the humiliation that the torture causes” the victim

that causes most of the damage.

While Centro Samifo has been providing a service of utmost importance for five years now, problems lurk behind every corner. The worldwide financial crisis has had an inevitable and adverse impact on the services they provide. “It is not possible to give psychotherapeutic treatment to all the people that need it”, Bacigalupi bemoans. But in an overall context, he is content and optimistic with the “union” between the social services and Centro Astalli because it “is a good way to give a correct response to the needs of migrants with mental health problems.”

JRS News in Brief



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Migrants intercepted by the Italian coastguard

Photo: Frontex

New Frontex law adopted by EU Parliament

Philip Amaral

On 13 September the European Parliament adopted a new law for Frontex, the EU border agency.

According to JRS, several provisions might enhance protection for forced migrants. There are numerous explicit references to human rights and refugee law. The principle of non-refoulement, protecting persons from being returned to countries where they life would be endangered, is included as well. Frontex staff will be required to receive training on refugee and human rights law. A 'fundamental rights officer' will be appointed to ensure the agency's compliance with international legal protection norms.

"The new law is a step forward. For years Frontex has operated without any obligations to respect

fundamental human rights", says Stefan Kessler, JRS Europe senior policy officer.

But the law does have drawbacks. It does not contain a mechanism to allow external scrutiny of Frontex activities, such as by the European Parliament. The agency can implement return operations even if the merits of the return decision are in question. "In this scenario, Frontex officers could return a migrant even if they know that the action would endanger the migrant's human rights", says Kessler.

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While the mental health department has made huge strides since 2007, a lack of space and financial support has inhibited its further expansion. Sr. Rebelo would also like the department to be able to provide psychiatric support but "we are dependent on volunteers". If JRS could find a psychiatrist that would volunteer to help them, they could at least start going into this direction.

Such short term road blocks, however, cannot frustrate the good work JRS Portugal is doing. As Sr. Rebelo puts it, "we have good experience on the ground" and a lot of data gathered for "conducting studies". This will eventually "give us more capacity for speaking on behalf of the migrants and their mental health needs."

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