

Holistic Approach to Migrants and Refugees' Well-being:
The Experience of the Jesuit Refugee Service – Portugal¹

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Abstract

The Jesuit Refugee Service (JRS) was founded in 1980 with the aim of serving, accompanying and advocating for refugees and migrants in vulnerable conditions. Today, JRS is present in 51 countries, including Portugal. As part of its advocacy work, JRS-Europe coordinated two major studies, namely, Detention of Vulnerable Asylum Seekers (DEVAS) and Advocacy Network on Destitution (ANDES), which were conducted in many European countries. Detention and destitution were pointed out as having severe consequences for those persons' lives and well-being. JRS-Portugal has been providing support to migrants and refugees since 1992. In 2011, different types of support were provided to 3.421 migrants and refugees. The psychological department provided 626 counseling sessions to 125 clients; the majority of these were women, from Africa and Brazil, and at working age. Clinical experience with these clients confirmed the call from the literature to take a multidisciplinary/holistic approach to the mental-health needs of migrants and refugees, as opposed to a purely medical intervention.

Keywords: migrant, refugee, mental health, Ulysses syndrome, holistic approach

Holistic Approach to Migrants and Refugees' Well-being: The Experience of the Jesuit Refugee Service – Portugal

Today, more than ever, people are moving around the globe, most of them running from wars, natural disasters, religious or ethnic persecution, and extreme poverty. According to the International Organization for Migration (IOM, 2010), the number of international migrants increased dramatically from approximately 150 million in the year 2000 to 214 million in 2010. Furthermore, IOM highlights that more than half of these migrants live in developed countries, such as USA, France, Germany, Spain, the United Kingdom. These major demographic changes in Western countries have enormous social implications in areas such as work, education, culture; often leading to a negative impact on these persons' mental health conditions (Sue, Arredondo, & McDavis, 1992).

Migrants belonging to ethnic minorities living in Western societies often experience intense feelings of fear, loneliness, depression, powerlessness, and high levels of anxiety (Achotegui, 2008; Adam & Gilbert, 1998). These feelings are often a consequence of multiple stressors such as forced separation from loved ones, failure to accomplish their migration project, struggle to survive, precarious living conditions, absence of a supportive network, generating what has been labeled by Achotegui (2008) as Ulysses Syndrome. It is important to highlight that, according to the experts, this Syndrome belongs to the area of prevention in mental health, rather than to the area of psychopathology.

Although the current movement of people may be greater than ever, it is well known how wars have always generated massive displacements of migrants and refugees. This was the case of the Vietnam War, whose human effects were dramatic, leading refugees to live in the most extreme poverty. Many of those were called the "*boat people*". They were the major inspiration for the foundation of the Jesuit Refugee Service (JRS).

Jesuit Refugee Service

The Jesuit Refugee Service (JRS) was founded in 1980 by the General Superior of the Jesuits, Father Pedro Arrupe, initially to care for the Vietnam refugees. Since its foundation, JRS has been serving, accompanying and advocating for refugees and migrants across the world. Today, JRS mission is present in 51 countries and JRS staff and volunteers are offering holistic human services to those migrants, refugees, and

forcibly displaced persons who are most vulnerable.

To complement its mission of accompanying and serving refugees and migrants, JRS strives to address the root causes of human displacement and to change unjust policies at various levels (locally, nationally and internationally). JRS' advocacy work always begins on the ground, although it does not end there. There is an ongoing effort to work with other organizations, as well as with research centers from universities, in order to build field based science that can be used for advocacy purposes.²

At the European level, JRS' work and advocacy has been shedding light on topics like detention of refugees and irregular migrants, destitution, externalization of asylum, alternatives to detention, and others. Within the last few years JRS-Europe, in partnership with JRS National Offices and other NGOs, coordinated two large research projects, namely, the *DEVAS Project* (Detention of Vulnerable Asylum Seekers); and the *ANDES Project* (Advocacy Network on Destitution).

The major conclusions of these two projects highlighted the harmful consequences at various levels for those subjected to detention and affected by destitution. These results have been used by JRS for advocacy both, at national and European level.

Detention of migrants/refugees and mental health (DEVAS Project)

The large experience of Jesuit Refugee Service (JRS) staff and volunteers visiting and caring for migrants and asylum seekers in detentions centers across Europe, led this NGO in Europe (JRS-Europe) to investigate and analyze the impact of detention on these persons' vulnerability levels. With this goal in mind, JRS-Europe designed and conducted a large study in 23 EU member states (JRS-Europe, 2010b). Altogether, 685 one-to-one interviews were conducted with detainees, centre staff, and members of NGOs working inside detentions centers.

The data collected revealed the existence of two types of detainees, namely, those who already had special needs previous to detention (medical problems, pre-existing traumatic stories, pregnant women, minors, etc.) and thus, were more prone to suffer physical and psychological harm as a consequence of being detained; and those who were healthy, but became vulnerable due to the damaging effects of detention.

Regarding the impact of detention on mental health the study revealed that the vast majority of detainees rated their mental health prior to detention as being "very

² For more information on JRS International, please visit <http://www.jrs.net>

good” or “good”, whereas during detention, this scenario was inverted. The impact of detention on mental health was described by the participants in five ways: (1) as a consequence of detention itself; (2) the living conditions in the centers; (3) psychological distress; (4) medical conditions; and (5) past trauma and lack of perspective for the future.

Being disconnected from friends and family, not having information about their cases, not knowing the length of their detention, being locked out with no legal reason, uncertainty about their future, were among the most harmful causes of detainees' mental health deterioration. *“I am sad, I cry, I can't sleep. I feel lonely here, I think of my children”* (detainee in Austria); *“my wife in Somalia has delivered baby and she is sick, I couldn't do anything about my family, being in detention. I cannot stop thinking about them and this is deteriorating my mental health”* (detainee in Malta).

Some of the most common symptoms revealed by detainees in the study included feelings of sadness, anger, inability to sleep, tiredness, loss of appetite, suicidal thoughts and confusion, feelings of stress and anxiety. The study concluded that persons with recognized needs previous to detention (minors, young women and medically ill) were particularly harmed at various levels by being in detention. Furthermore, the study's results showed that detention had deteriorating effects, especially regarding mental health, on persons who had no vulnerability prior to detention.

The DEVAS study came to highlight that the human cost of detention is far too high on persons who have committed no crime and are submitted to a prison-like environment, which strongly harm their health at all levels. Furthermore, the study reveals the urgency to implement the already existing non-custodial alternatives to detention.

Destitution of migrants/refugees and mental health (ANDES Project)

In the context of the ANDES (Advocacy Network on Destitution) Project, JRS-Europe worked from the following definition of Destitution: *“Destitution consists of a situation of lack of means to meet basic needs such as shelter, food, health or education as a consequence of a State's policy which excludes certain migrants from enjoying basic rights and receiving official assistance or severely limits their access to such assistance and, simultaneously, deprives them of any effective opportunity to improve that situation, resulting in a continuing denial of the dignity of the person”* (JRS-Europe, 2010a).

Having this definition in mind, JRS Europe conducted studies in 27 countries, aiming at measuring the impact of this condition in the lives of destitute migrants across Europe. The study identified three major groups of destitute migrants, namely, asylum seekers in the appeal phase, rejected asylum seekers, and irregular migrants. The study further revealed that a very dramatic aspect of destitution is that it leads those migrants to a “downward spiral”, from which they have little or no perspective of escaping in the near future. This lack of control over their lives places their mental health at high risk of breaking down.

“I feel tied up. I normally live in an area about 500 or 600m around my house. I am afraid to be interrogated by the police. I feel insecure without papers. In the beginning that was even worse, I did not know anyone and I had no friends. Now I am struggling for my life. My situation is getting worse. I am so frustrated. I have no possibility to better myself. I wish I had the opportunity to learn something.” (Rejected asylum seeker in appeal from Sierra Leone, 33 years old – in Italy)

In the conclusions regarding the impact of destitution on mental health, the report highlights that destitute migrants often present problems such as depression, insomnia, suicidal thoughts, posttraumatic stress-disorder, anxiety, memory loss, and other physical and psychological symptoms. *“I have problems with falling asleep at night. I think a lot about all my problems. It is hard to forget. Why did this happen to me? I feel depressed.”* (Rejected asylum seeker from Sierra Leone, 37 years old – in Portugal).

Considering these conclusions, JRS-Europe recommends that the right to health care, adequate housing, fair working conditions, education, and a minimum subsistence be preserved for all destitute migrants. The violation of these fundamental rights leads to severe physical, psychological, and social consequences for these persons.

JRS Portugal: promoting migrants' mental health through a holistic Intervention

JRS-Portugal was founded in 1992 with the aim of providing training for volunteers going to JRS Angola and working on matters related to asylum and migration laws. After 1998, however, the action of JRS-Portugal Office started to change direction as the number of migrants and refugees in need of help was growing. From then onwards, and as a response to identified needs, more direct services have been developed; and today the Office provides support at various levels, namely, social, legal, employment, physical and psychological, language. Additionally, JRS-Portugal runs a centre for homeless migrants (Pedro Arrupe Shelter) in Lisbon, has a fulltime

member staff providing psychosocial support at a detention centre in Oporto, and develops advocacy strategies and actions based on its field work with migrants and refugees.

In 2010, the national figures of migration in Portugal revealed that there were approximately 445.262 regular migrants (SEF, 2011). The number of irregular or undocumented migrants, however, has always been very difficult if not impossible to obtain (Costa, 2008). As the economic situation deteriorates due to the ongoing international crisis, the lives of these persons, particularly those with no documents, become even more dramatic.

In the current economic and social context, the work of JRS-Portugal has been focusing on providing support to the most vulnerable among the migrants and refugees in Portugal. The 2011 Annual Report shows that JRS-Portugal provided support to 3.421 migrants in 7.600 personal appointments. In relation to the previous year, there was a 6% increase in the number of persons supported (JRS-Portugal, 2011).

Table 1

Support Provided by the Various Departments of JRS-Portugal in 2011 (N = 3.421)

Type of Support	<i>n</i>
Employment	1416
Legal	588
Social	500
Psychological	125
Accommodation	53
Medical	60
Prescription/medication	167
Recognition of qualifications	277
Psychosocial at Detention Centre	235

As it can be seen in Table 1, it was the employment department that had the greatest affluence of migrants. This was followed by the legal and social departments. It is important to highlight, however, that many people who asked (or were referred to) for psychological support were often unemployed, had an irregular status, and/or were in a

severe social and financial condition. These factors revealed to have a detrimental impact on those persons' psychological well-being.

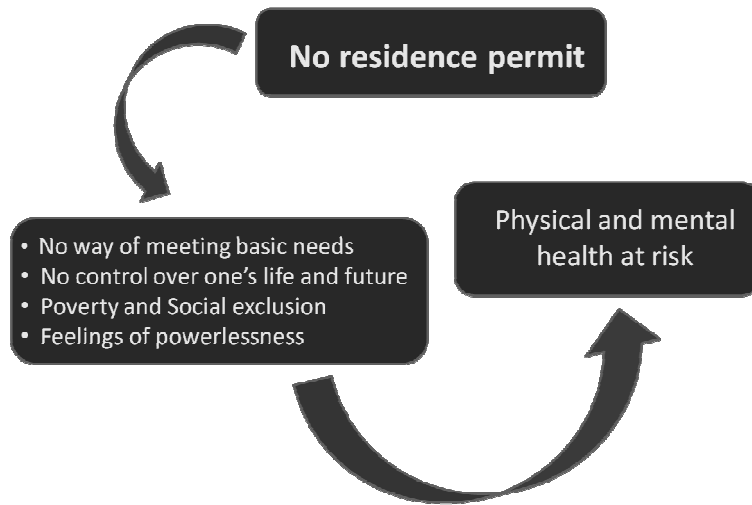


Figure 1. Impact of External stressors on migrants' physical and mental health

The literature in the field of migration and mental health has repeatedly pointed out that a social downward spiral, associated with the lack of control over their problems, as well as the multiplicity, intensity and duration of stressors endured by migrants and refugees have a damaging impact on these persons' mental state (Achotegui, 2008; Collazos, Qureshi, Antonín, & Tomás-Sábado, 2008; Dalgard, 2006; Swennen & Selten, 2007). When, added to these stressors, the migrant has no legal permission to stay in the country, the scenario becomes even darker, placing the physical and mental health at a greater risk. Figure 1 clearly describes the reality lived by many migrants who regularly approach JRS-Portugal in need of support at various levels.

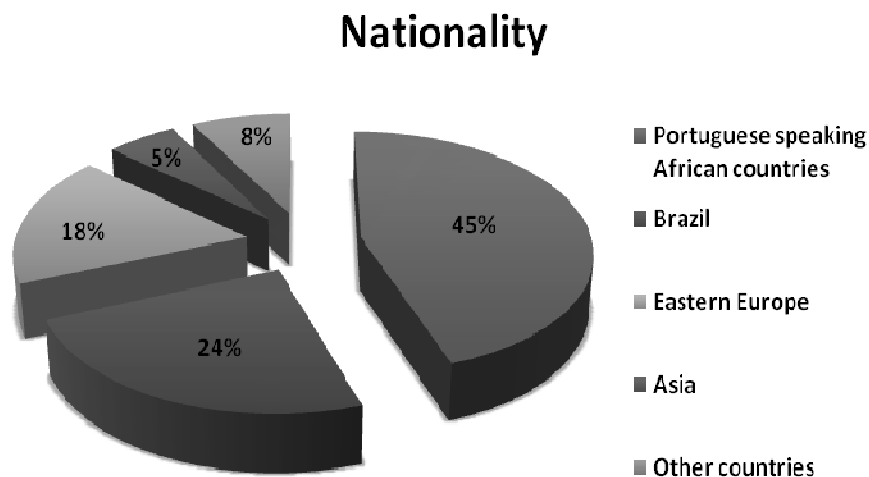


Figure 2. Nationalities of the Migrants and Refugees Who Received Psychological Support at JRS-Portugal in 2011.

With regards to the mental health department, the 2011 annual report of JRS-Portugal reveals that during the past year the department provided 626 psychological support sessions to 125 migrants. Of these migrants, 85 (68%) were women and the majority (92%) were living in Lisbon or in nearby municipalities. As it can be seen in Figure 2, nearly half of the clients (45%) were migrants coming from Portuguese speaking African countries, immediately followed by Brazilians (24%).

Regarding age (see Figure 3), the biggest group (31%) was between 41 and 50. However, it is important to notice that the number of migrants between 21 and 40, together made 46% of the entire sample. These numbers are a source of concern, as these are the most productive age groups and most migrants search for a better life through the process of integration in the labor market. This shows how important it is to provide support at all levels, in order to prevent more serious mental health problems.

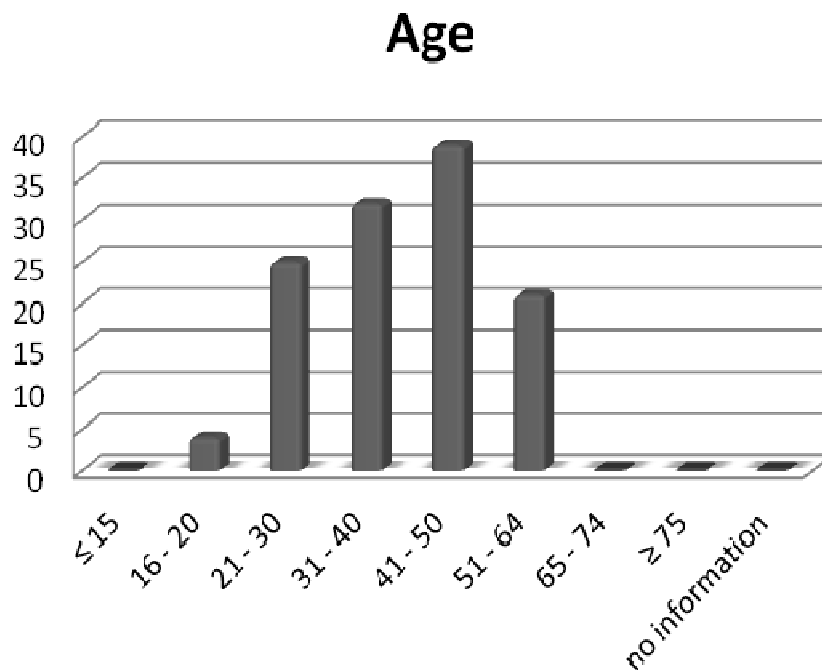


Figure 3. Age groups of the Migrants and Refugees Who Received Psychological Support at JRS-Portugal in 2011.

The vast experience of JRS-Portugal in the field of psychological support has revealed three major aspects. Firstly, and often due to their economic condition and lack of legal status, many migrants reveal symptoms from the area of depression and anxiety, as well as feelings such as grief and loss, loneliness and isolation, guilt, powerlessness. Secondly, migrants show a great capacity to endure psychological pain, a great motivation to better their lives and the lives of their dependent family members who

remained in their countries. And finally, within the protective factors of mental health, the spirituality is pointed out by migrants and refugees as a very strong, if not the only, element of coping.

In sum, JRS-Portugal, through its experience on the ground, has been confirming the call to take a multidisciplinary/holistic approach to the needs of migrants and refugees. This goes in line with the position of OIM (2004) that underlines that the psychosocial perspective and intervention is crucial to understand and respond to the migrants' mental health problems, which is directly related to social and cultural factors. Aligned with this position, also Carta et al. (2005) alerts for the need to not take a purely medical/psychiatric approach to migrants' mental health problems but rather a integrated approach.

Conclusion and Recommendations

Within the last decades, human movement from the South to the Northern countries has taken huge proportions. Most migrants and refugees find themselves living traumatic (although in different ways) experiences both, before and after leaving their countries. The multiplicity, intensity, and duration of the stressors they have to endure whether during the journey or in the host country, often generate intense feelings of fear, loneliness, powerlessness, guilt, depression and anxiety. This condition has been referred to as Ulysses Syndrome; a state that, regarding mental health, belongs to the area of prevention.

The experience of JRS has been following the call to accompany, to serve and to advocate for refugees and migrants across the world. With this in mind, JRS-Europe conducted two major studies, DEVAS and ANDES, in many European countries. The results of both studies revealed that detention and destitution had harmful consequences to the lives of those migrants and refugees enduring those conditions, affecting particularly their mental health state. JRS-Europe highlighted that the human cost of detention was too high on those submitted to it, and recommended that non-custodial alternatives to detention should be implemented. Furthermore, JRS-Europe pointed out that destitution violated migrants' fundamental rights leading to severe consequences at various levels.

In its intervention with migrants and refugees, JRS-Portugal follows a multidisciplinary/holistic framework, taking into account the knowledge gained from the literature and from the field-experience of its staff and volunteers. In order to better

the well-being of migrants in need of psychological support, JRS' mental health department strives to consider the root causes of the symptoms revealed by migrants and, according to their needs, works in close relation with other supporting departments within JRS. The vast experience of JRS-Portugal with regards to clinical work with this population provides support to, and recommends an integrated/holistic approach to migrants' mental health problems, rather than a purely medical intervention.

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