Undocumented Migrants and Mental Health in the Context of the S.P.R.A.R. (Protection Service for Refugees and Asylum seekers) of Bologna (Italy)

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EUROPE KEYDATA Q1+Q2 2018
Arrivals in Europe - Mediterranean

Arrivals
- 48,300 in Q1 2018
- 102,800 in Q2 2017
- 178,500 in 2017
- 362,300 in 2016

Dead and Missing
- 1,288 in Q1 2018
- 2,301 in Q2 2017
- 3,139 in 2017
- 5,096 in 2016

Most common nationalities of asylum seekers in 2018

Most common nationalities of asylum applications in 2018

New Asylum Applications in EU countries in 2018

New Asylum Applications in 2018

EUROPE KEYDATA Q1+Q2 2018
Arrivals in Europe

Arrivals
- 76,849 in 2017
- 369,300 in 2016
- 1,015,000 in 2015

Dead and Missing
- 3,139 in 2017
- 5,096 in 2016
- 3,771 in 2015
Italy Sea Arrivals Dashboard - July 2018

Country of embarkation and demographics of arrivals

- S.P.R.A.R. (Protection Service Refugees and Asylum Seekers) run by the local Municipalities: 27,731 Migrants
- Italy Sea Arrivals:
  - Relocation by Ministry of Internal Affairs
  - 25% Relocated in Italy
  - 75% Relocated in Europe
- C.A.S. (Center for Extraordinary Reception) run by the Ministry of Internal Affairs: 132,286 Migrants
- First line of intervention: Hotspots
- Second line of intervention: S.P.R.A.R.

Source: Ministry of Internal Affairs, 01 July 2018

Overview

Between 1 January and 31 July 2018, 18,510 persons arrived in Italy. This is an 8% year-on-year decrease from the same period in 2017. Destinations have shifted to the north of the country from the south. The majority of arrivals have come from Libya. Over 12,000 registrations have been made at reception centers in the north of the country. The average length of stay in these centers is 43 days. 70% of arrivals have been relocated in Italy within 30 days. 30% were relocated in Europe. 70% of arrivals have been relocated by the Ministry of Internal Affairs. 30% were relocated by the Ministry of Internal Affairs.

Source: Ministry of Internal Affairs, 31 July 2018

Italy

Arrivals

Relocation by
Ministry of
Internal Affairs

S.P.R.A.R.
(Protection Service Refugees and Asylum Seekers)
run by the local Municipalities

C.A.S.
(Center for Extraordinary Reception)
run by the Ministry of Internal Affairs

First line of intervention
Hotspots

Second line of intervention

20% Relocated in Italy
80% Relocated in Europe

25% Relocated in Italy
75% Relocated in Europe
Distribution of Migrants housed at regional level (percentage - %)

Source: Ministry of Internal Affairs, 31 July 2018

Migrants hosted in Bologna
31 July 2018

**Adult**
- **Hub (Hotspot):**
  - 400 people
  - 50 days stay/average
  - 25,555 people arrived from 2014
- **CAS:** 1,159 people
- **SPRAR:**
  - 865 people
  - 70% Male

**Unaccompanied Minors**
- **Hub:**
  - 80 people
  - stay/average 37 days
  - 80 Male vs 0 female
- **SPRAR:**
  - 208 people
  - mostly male - 2% female
  - Stay/average 3 months
- **No CAS available for Unaccompanied Minors**

Source: Ministry of Internal Affairs, 30 June 2018
Ethnopsychiatric & Cultural Consultation Service

- No Referral and Follow-Up (3 clinical interviews)
- Referral To GP and Follow-Up (3 clinical interviews)
- Referral To Department of Mental Health
- Admission to the Hospital Villa Cell
- Discharge and Referral To GP
- Discharge and Referral To Department of Mental Health

From January 2015 to July 2018: 97 patients (95 Adults + 2 AC) 81 Male + 16 Female

Legal Status

Types of Clinical Resources Used

Reasons for Consultation

Diagnosis
Use of Cultural Broker 

Critical Issues

- Usually they provide linguistic support rather than cultural insight
- They tend to have a low educational background and an history of traumatic migration
- They can be seen as threat by the patient (stigma/ethnicity)
- Costs

Working with Culture: Clinical Implications

Ethnopsychiatry

- Have in charge the patient
- The patient is the expert
- Use the "objects" of the patient
- Cultural levers & Countertransference
- Trauma, Brief Psychotic Episode, Depression, and somatization
- Risk of ghettoization

Cultural Consultation

- Consultation
- We are the "experts" as liaison service & legal impact
- Define Cultural and Social frame of the patient
- Barriers to care and equality
- Misdiagnosis, use of cultural brokers, transfer knowledge

THANK YOU

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