



It is often argued that extreme traumatic events such as torture and intentional violence lead to a dramatic fragmentation of the psychic functions of those who experience them. Similarly, the healing process can be metaphorically and practically seen as a reintegration of the "fragments" of the survivors' minds and bodies, akin to the ancient Japanese art of kintsugi that makes fractures precious.

Over a million migrants, refugees, and asylum seekers have arrived in Italy in the past decade, including a significant percentage who have survived extreme traumas. Since 2014, Physicians for Human Rights has attempted to address this increasing health need by implementing an intervention model to promote the psychophysical and social well-being of survivors of torture or cruel, inhuman, or degrading treatment: the Psychè centers for transcultural mental health, active in Rome, Florence, and Ragusa. Over 1,500 migrants, asylum seekers, and refugees have been assisted over 9 years in more than 8,000 sessions. Of these, over 80% reported having experienced torture or cruel, inhuman, or degrading treatment in their countries of origin and/or along migration routes.

In addition to presenting the intervention model of the Psychè centers, Medu aims to provide, in this report supported by UNHCR, an overview of the current complexity of the relationship between migration, trauma, and mental health in host countries.

Furthermore, "Frammenti" also offers some concrete proposals to enhance our country's system's capacity to manage a phenomenon that poses numerous challenges, not only health-related but also social and cultural, addressing policymakers at various levels and the entire socio-healthcare system.

"I cannot return to my country. I would like to try to build a life here in Italy, to have a job, a family, and maybe children, but it seems I always encounter an obstacle. There is always an obstacle in front of my serenity and my desire for a future."

R., testimony collected by MEDU's team at the Polifunctional Center in Ragusa

CONTEXT

In the last decade, Italy has become a stable destination for significant mixed migratory flows. **Over a million migrants, refugees, and asylum seekers have arrived in Italy in the last decade.** The much-cited "healthy migrant effect" no longer corresponds to the reality of migrations to Italy and is increasingly being supplanted by the "exhausted migrant syndrome."

Among the approximately 1,500 asylum seekers encountered by MEDU since 2014 in various mental health projects, over 80% reported having suffered torture or inhumane and degrading treatment in their countries of origin and/or during transit.

In 2017, the Ministry of Health issued guidelines for the assistance, rehabilitation, and treatment of mental disorders in refugees who have suffered torture, rape, or other severe forms of psychological, physical, or sexual violence, but Italy is still far from fully adopting and implementing the recommendations contained therein.

- In-depth analysis

In the last 20 years, the refugee population has increased exponentially at a global level – in 2004, UNHCR recorded 9.2 million refugees worldwide, a figure that remained almost constant until 2012, with 10.4 million, and then tripled in the last 10 years, reaching 36.4 million in 2023. Although the flows directed to Europe represent a small percentage of the total, over a million migrants have landed in Italy alone in the last ten years (2013 – 2023). In the last decade, Italy has become a stable destination for significant mixed migratory flows. "Mixed" because those arriving – mostly by sea, but also by land – include both migrants from economic crises and people fleeing war conflicts and individual persecutions. The well-known "healthy migrant effect," cited by much scientific literature, no longer corresponds to the reality of migrations to Italy and is increasingly being supplanted by the "exhausted migrant syndrome." Among the approximately 1,500 asylum seekers encountered by Medu since 2014 in various mental health projects, over 80% reported having suffered torture or inhumane and degrading treatment in

their countries of origin and/or during transit, particularly and systematically in Libya, a country that now appears to be a true “torture factory.”

It has been 40 years since the United Nations General Assembly adopted the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, and almost 30 years since its ratification before Italy, after numerous calls, introduced the crime of torture into its penal code (Article 613 bis of Law 110 of 2017), but the link between the crime and the official status of the perpetrator was removed.

In the same year, the Ministry of Health issued guidelines for the assistance, rehabilitation, and treatment of mental disorders in refugees and victims of torture (in implementation of Article 27, paragraph 1 bis of Legislative Decree No. 18/2014), with the aim of promoting the reorganization of the public health system to facilitate the early identification and care of asylum seekers and refugees who have survived torture, rape, or other severe forms of psychological, physical, or sexual violence.

To further clarify the framework, in 2023, the Ministry of the Interior released the "Vademecum for the detection, referral, and care of vulnerable people arriving in the territory and included in the protection and reception system," developed in collaboration with other institutions, organizations, and stakeholders involved in the reception and protection of migrants and refugees, with the aim of strengthening the governance system by providing guidelines on uniform procedures to be adopted in all phases of reception.

Central aspects of these documents are the continuity traced between the refugee reception system and the socio-healthcare assistance system, the drafting of essential certifications in the asylum request process, the provision of cultural mediation services indispensable for building a therapeutic relationship, and the integrated multidisciplinary approach.

To date, however, the adoption of the ministerial guidelines appears to be entirely partial and uneven. Only three regions – Lazio, Tuscany, and Piedmont – have adopted them, while in other regions, in the absence of structural funds, it is impossible to reorganize healthcare services through stable teams in the territories, strengthen existing services, introduce linguistic-cultural mediation, and train staff.

This report is based on the conviction that it is necessary and possible to adopt sustainable, effective, and replicable intervention models for the care of people with post-traumatic disorders and to create a concrete and necessary proposal to promote holistic well-being and recompose the fragments of suspended lives.



(Video 1 and 2)

THE RESPONSE OF SERVICES

The Psyché centers are located in three regions with a significant presence of asylum seekers and refugees: Lazio, Tuscany, and Sicily. These three regions collectively host 23% of the asylum seekers and refugees present at the national level in the CAS and SAI centers (9% in Lazio; 7% in Tuscany and Sicily respectively). Although Lazio and Tuscany have adopted the 2017 ministerial guidelines, the state of implementation of the recommendations contained therein appears rather partial to date.

Some critical issues are noticeable across the three regions:

- The lack or absence of cultural mediation in health services and particularly in territorial mental health services.
- The shortage of services and competent personnel dedicated to the early identification and referral of vulnerable cases at landing sites and first reception centers.
- The chronic insufficiency of SAI reception facilities dedicated to asylum seekers and refugees with vulnerabilities, particularly those with mental vulnerabilities.

As of April 2024, the national SAI territorial projects recorded a total of 38,206 active places, of which only 2% (748) were dedicated to people with mental disorders or disabilities.

- The lack of structured training and updating activities for personnel on the topics of transcultural mental health, early identification of survivors of torture and inhumane and degrading treatment, multi-level care, and medico-legal certification of the effects of torture.

The progressive reduction of services within the CAS, particularly legal and psychological assistance services, following the enactment of Law No. 50/2023 – the so-called “Cutro Decree” – has generally contributed to a significant deterioration in the psycho-physical well-being and social inclusion conditions of the hosted individuals.

The Psyché centers are located in three regions characterized by a significant presence of asylum seekers and refugees: Lazio, Tuscany, and Sicily. Considering only the occupants of CAS (Extraordinary Reception Centers) and SAI (Accommodation and Integration System), these three regions collectively host 23% of the asylum seekers and refugees nationwide (9% in Lazio; 7% each in Tuscany and Sicily). While in Sicily, this population mainly consists of recent arrivals or those in the initial stages of reception, in Lazio - particularly in Rome - it encompasses a more diverse population. This includes recent arrivals, forcibly displaced migrants in transit, and refugees with a stable and prolonged presence in the area. In the Florence Metropolitan Area (AMF) and generally in Tuscany, asylum seekers and refugees living in CAS or SAI are predominantly individuals transferred from southern Italian landing areas or arriving from the northern border after crossing the Balkan route. They integrate into a regional migration framework that generally shows a trend towards stabilizing the resident foreign population.

The progressive reduction of services within CAS, particularly legal and psychological assistance, following the enactment of Law No. 50/2023 - the so-called "Cutro Decree" - has contributed to a marked deterioration in the psycho-physical and social well-being conditions of the accommodated individuals. Conversely, there has been no corresponding enhancement of psychological support services on the ground, resulting in an exponential increase in assistance requests received by Psyché centers over the past year.

Although two of the regions where Psyché centers are located have adopted the 2017 Ministerial Guidelines, their implementation status appears rather partial to date.

In Lazio, where asylum seekers and refugees accommodated in CAS and SAI totaled 12,231 by the end of 2023 (source: [Daily Statistical Dashboard, Department for Civil Liberties and Immigration](#)), there are existing public health services dedicated to the mental health of migrants and refugees predating the publication of the Guidelines. Specifically, ASL Roma 1 with the SaMiFo center (Migrant Health Forcibly), established in 2006 through a memorandum of understanding between ASL Roma 1 and Centro Astalli, and the National Institute for the Promotion of Health of Migrant Populations and the Fight against Poverty (INMP).

Both promote medical-psychological assistance activities, but the former is specifically aimed at forcibly displaced migrants and is highly specialized in caring for individuals with post-traumatic outcomes. The facility is centrally located, easily accessible, and offers multiple dedicated services including general medicine, psychology, psychiatry, forensic medicine, gynecology and obstetrics, orthopedics, with structured linguistic-cultural mediation. Medical care also includes medical-legal assessment for certification of physical and mental outcomes of torture. The INMP provides medical care for forcibly displaced migrants in terms of assessment and support. Among the various services offered is psychological and psychiatric care for torture survivors. Furthermore, several third-sector organizations provide medical-psychological support to migrants and refugees.

Among these, the organization Doctors Against Torture offers assistance and care to survivors of torture and inhuman and degrading treatments through medical, psychological, social,

physiotherapeutic interventions, linguistic-cultural mediation, and socialization; the DUN association provides individual and group psychotherapy services. There is also the Invisible Wounds project for the care of migrants victims of intentional violence and torture, active since 2005 within the health area of Caritas in Rome.

Since 2018, the Psychosocial Prevention Center "[Nodo Sankara](#)" of the Cooperative Aelle il Punto has been active, focusing on individuals with international protection titles, intervening at the onset of psychological distress and offering a free legal counseling service. There is also the association "ETNA," active since 2008, aiming to provide psychotherapeutic support among others to migrants, refugees, or those seeking international protection, women victims of trafficking, and unaccompanied foreign minors, with therapeutic projects centered on individual needs.

In this context, Medu's Psychè center has been operating since 2014 with a team specialized in medical-psychological and psychosocial care for migrants and refugees with post-traumatic psychiatric disorders, among others. The center provides assistance to all individuals experiencing psychological distress from a transcultural perspective. Its specificity lies in complementing direct assistance with continuous operational research and documentation activities.

In Sicily, by the end of 2023, there were 10,380 asylum seekers and refugees in CAS and SAI centers (source: Statistical Dashboard). In the CAS alone in the Province of Ragusa, as of December 31, 2023, there were 509 asylum seekers against a capacity of 735 places. In this "landing region," seven years after the publication of the Guidelines, there are still very few exemplary experiences translating their recommendations into action. Often, it is social private organizations, in collaboration with local healthcare entities, that provide early identification and care for vulnerable migrants.

Specifically, the SoT (Survivors of Torture) service - a multidisciplinary care and assistance service for migrant asylum seekers and refugees who survived torture and other serious forms of intentional violence - established in Palermo by personnel from the Paolo Giaccone Polyclinic (AOUP), PROMISE Department, and MSF, represents the best example. The service includes: primary medical care through the migration medicine outpatient clinic, psychological and psychotherapeutic assistance, social assistance, legal assistance, in collaboration with the Legal Clinic Association for Human Rights - CLEDU ETS - and the Department of Law of the University of Palermo. For diagnostic assessments and second-level visits, SoT Service beneficiaries can access specialized services at the Polyclinic. The same beneficiaries can also be referred to the Transcultural Psychiatry Outpatient Clinic (within the PROMISE Department) for in-depth investigation and certification of the outcomes of torture suffered, valid also for international protection recognition procedures. Under the ASP of Catania, the transcultural psychiatry outpatient clinic has been operating for years in the sector, specifically focusing on the identification and medical-psychological management of individuals who have survived torture. Dr. Virgilio, among the professionals at the clinic, contributed to the drafting of the ministerial guidelines.

In the Province of Ragusa, on the other hand, Medu is the only organization offering psychiatric, psychological, and psychotherapeutic support to migrants, asylum seekers, and refugees who are victims of torture and cruel, inhuman, or degrading treatment.

Consistent with the indications in the guidelines, Medu's interventions in Sicily involve a team with consolidated expertise in post-traumatic disorders and a transcultural approach, attentive to human rights and gender perspective. Activities include immediate psychological support and early identification of vulnerabilities in the moments following disembarkation – through Psychological First Aid (PFA) interventions – as well as medical-psychological and psychosocial care, and medical-psychological certification of outcomes from torture and inhuman or degrading treatment.

A multidisciplinary and networked approach is crucial in implementing external referrals and holistic patient care, requiring necessary collaboration with associations, services, and protective entities involved in reception, socio-legal support, protection of minors, gender violence, trafficking, etc. Not least, supervision activities to prevent vicarious traumatization and team burnout, as well as training for reception center staff, health professionals, and immigration and asylum services, are integral to Medu's mandate in Sicily. Collaboration with the local health authority, particularly the Department of Mental Health (DSM), for joint patient care is ensured through the annual renewal of a specific Memorandum of Understanding.

In Tuscany, by the end of 2023, there were 9,788 asylum seekers and refugees in reception facilities (source: statistical dashboard), with exponential growth compared to previous years, particularly from 2022 (7,115 people accommodated compared to 5,090 in 2021). Despite the adoption of ministerial guidelines, Tuscany has only two partially dedicated public services for the care of asylum seekers and refugees with psychological distress: the clinical ethno-psychology center of the U.F.C. S.M.A. in Prato, which within the mental health service of the Azienda Usl Toscana Centro has ethno-psychologists with established training; the ethno-psychiatry service within the CSM (Mental Health Center) of Grosseto, active thanks to FAMI funding (SPRINT Project).

In Florence and the metropolitan area, there is no dedicated public service. The only entities providing mental health support to migrants and refugees are the Medu Psyché Center and the Stenone Outpatient Clinic, which has a mental health service run by volunteer doctors dedicated to homeless people, as well as refugees and asylum seekers.

Despite the differences across the three contexts, some critical elements are transversally identified in the three regions. Foremost among these is the lack or absence of cultural mediation in health services, particularly in territorial mental health services. Cultural mediation is only rarely structured within mental health services (e.g., the aforementioned SaMiFo and INMP in Rome, Consultorio Persefone, and some hospital departments in Florence). In Tuscany, Local Health Units (USLs) have linguistic mediation services available on call by healthcare personnel both in the community – at clinics and outpatient clinics – and in hospital departments (including Careggi and Meyer in Florence), as well as fixed mediators in some departments. There is also an on-call interpreting service throughout the region. However,

healthcare personnel are often unaware of the procedures for activating the service, and in addition, the available budget is rather limited. Mediation can also be activated on call in the ASP (Provincial Health Agency) of Ragusa, as well as in various territorial health services and hospital departments in the city of Rome.

Regarding early identification, in the eastern Sicily landing sites where Medu operates (Pozzallo and Cifali Hotspots), there are 'vulnerability experts' from the EUAA (European Union Agency for Asylum), with whom Medu's PFA team coordinates constantly. This is certainly a virtuous model that has enabled the identification of several vulnerable cases for which dedicated reception pathways have been established, and, where necessary and following repeated individual interviews, a medical report or medical-legal certification of outcomes from cruel, inhuman, or degrading treatment has been prepared.

As for CAS reception centers, however, the lack of dedicated services and personnel with adequate training and skills often prevents proper identification and prompt referral of vulnerable individuals. In Medu's experience, individuals with post-traumatic disorders are often referred to Psyché centers because they exhibit behaviors that are difficult to manage within facilities with a high number of people, insufficiently trained staff, and lack of orientation and support services in information, psychological, and legal matters. On the other hand, SAI reception structures dedicated to asylum seekers and refugees with vulnerabilities, especially with psychological vulnerabilities, are entirely inadequate.

In April 2024, national SAI territorial projects recorded a total of 38,206 active places, of which only 2% (748) were dedicated to people with mental disorders or disabilities. Moreover, regarding the skills of healthcare and reception service personnel, none of the three regions have witnessed the implementation of structured training and updating activities on transcultural mental health, early identification of individuals who have survived torture and inhuman or degrading treatment, multi-level care, medical-legal certification of outcomes from torture, etc. Such initiatives appear rather sporadic, often implemented by social private organizations or financed through specific grants. In any case, we are far from the systemic restructuring of services envisaged by the guidelines and from full implementation of an approach based on complementarity between public and social private services, which is now more than ever desirable.

<<I have to help my mother who is alone and doesn't have the money to support the family. I've been here for two weeks, I want to go out and not waste time (...) Water was coming into the dinghy, there were forty of us and the engine had no fuel. A big ship came. Allah wanted to save us. I have to get out of here, I want to work and help my mother...>>

15 years old, testimony collected by the MEDU team at the Pozzallo Hotspot, Sicily



(Video 3 and 4)

"I missed everything, my loved ones, my land, the smell of my land. Now I feel better, I feel that the difficult days have become fewer and that therapy has given me tools to know what to do when fear and sadness come."
fare quando arriva la paura, la tristezza

Rosa (fictional name), assisted by the Psyché Center in Rome

THE INTERVENTION MODEL OF PSYCHÉ CENTERS

Since 2014, MEDU has implemented an intervention model to promote the mental health of migrants and refugees who have survived extreme traumatic events: the Psyché centers for transcultural mental health, active in Rome, Florence, and Ragusa.

These centers provide psychological, psychiatric, and psychosocial support to all individuals experiencing psychological distress of a post-traumatic nature, regardless of their legal,

economic, or social status.

Over 9 years, the teams at the three centers have assisted over 1,500 individuals through more than 8,000 individual sessions.

The intervention model consists of two complementary and interconnected components: the clinical-rehabilitative component, aimed at facilitating the reprocessing of traumatic memories and promoting psychological well-being, and the psychosocial component, aimed at supporting patients in reactivating their own resources to build their life projects in their new context.

- In-depth analysis

Since 2014, Medu has implemented a national intervention model aimed at promoting the mental health of migrants and refugees who have survived extreme traumatic events: the Psyché centers for transcultural mental health. Currently, the Psyché centers are located in three areas: Rome, Florence, and Ragusa, and while adhering to the general model, each presents unique characteristics tailored to the specificities of its context. All centers provide psychological, psychiatric, and psychosocial assistance to individuals who have survived torture, cruel, inhuman, or degrading treatment, sexual and gender-based violence, and to anyone experiencing post-traumatic psychological distress, regardless of their legal, economic, or social status. From 2014 to date, the teams at the three centers have assisted over 1,500 individuals through more than 8,000 individual sessions. The intervention model comprises two complementary and interconnected components: the clinical-rehabilitative component, aimed at facilitating the reprocessing of traumatic memories and promoting psychological well-being, and the psychosocial component, aimed at supporting patients in reactivating their own resources to build their life projects in their new context.

Patients are mostly referred by reception centers (CAS and SAI), but also by the network of associations and territorial services with which Medu collaborates continuously. To facilitate early identification of individuals with psychological vulnerabilities, Medu acts on two levels: firstly, by training reception operators and healthcare professionals, and secondly by conducting psychoeducation sessions at reception centers to raise awareness among residents about the symptoms and characteristics of post-traumatic disorders and the possibilities for receiving assistance from local services and/or Medu's Psyché centers.

The therapeutic process is based on phase-oriented trauma treatment, where the first phase involves building a therapeutic alliance, symptom stabilization, and creating a psychosocial support network. Therapeutic techniques that promote acceptance and body awareness (e.g., Acceptance Commitment Therapy, Mindfulness) are used to facilitate stabilization. During this phase, the potential integration of pharmacological therapy to modulate symptom impact is also assessed. Additionally, a battery of psychodiagnostic tests is administered to facilitate diagnostic processes related to post-traumatic, depressive, and dissociative symptoms.

The second phase focuses on reprocessing traumatic memories. The primary therapeutic tool is narrative therapy, a modality widely recognized, also culturally, by most patients. With specific

techniques, narrative therapy enables individuals to seek their own healing path without forgetting their experiences and often transforming their role from victim to witness. Narrative Exposure Therapy (NET) is the main technique used to facilitate this reprocessing process. In addition to NET, the Psyché centers employ other trauma treatment techniques such as imagery rescripting to reprocess traumatic experiences, sensorimotor psychotherapy to address bodily-based traumatic memories through sequencing interventions and developing somatic resources, and Eye Movement Desensitization and Reprocessing (EMDR) for reprocessing specific traumatic episodes.

The third phase involves integrating traumatic experiences into a coherent personal narrative. Therapy focuses on residual negative emotions reported by the patient and evaluates the acquired skills. The entire battery of tests is administered to assess the effectiveness of the intervention from a diagnostic perspective.

In Florence, the Psyché center operates with a more pronounced ethnopsychological approach, inspired by the clinical theory and practice of Tobie Nathan, Marie Rose Moro, Françoise Sironi, and Piero Coppo. This approach is based on the belief that culture plays a central role in understanding the human psyche, and that beliefs, values, myths, and meaning-making systems of different cultures profoundly shape how individuals experience and express psychological distress. Therapy at Florence thus involves co-constructing meaning, where therapist and patient collaborate in understanding the patient's symptoms and difficulties within the context of their cultural background. Like other centers, Florence also provides holistic and multi-level care, starting with initial contact with operators who refer - in cases reported by CAS and SAI - to deepen provided information and actively involve them in the process; engagement of other professionals (e.g. doctors, social assistants, etc.); and multidisciplinary team where linguistic-cultural mediation plays a central role both during the interviews and in the preceding and subsequent phases; the possibility of resorting to ethnoclinical consultations for operators and patients.

In addition to the activities of the Psyché center, in Florence, Medu collaborates with USL Toscana Centro within the Persefone Clinic, in partnership with CAT Cooperativa Sociale and the Associazione Progetto Arcobaleno, providing a psychotherapist who operates in a multidisciplinary team with gynecologists and midwives of the clinic to offer medical-psychological support to women who have experienced sexual and gender-based violence.

In all centers, psychosocial support runs parallel to clinical activities and is an essential complement to them. It is structured both in orientation and support activities for full integration into social fabric, and in laboratory initiatives directly promoted by the Psyché centers. Orientation is based on a constantly updated mapping of socio-health services, associations, and protective entities present in the territories, and on a thorough networking effort. This service mapping ensures personalized orientation towards paths of social inclusion, health, work, housing, culture, etc., within an integrated approach to health. Each patient can thus identify, together with Medu operators, the activities considered most useful and satisfying for their health and life journey. Over the years, individual centers have also implemented

several psychosocial projects, often starting from proposals and needs expressed by patients. Among these are the music laboratory, integrated into the Medu Band, the theater workshop, and yoga classes. These groups, managed by volunteer professionals alongside psychosocial workers and cultural mediators, usually meet weekly and serve as places for creativity, interaction, and socialization that hold significant therapeutic value.

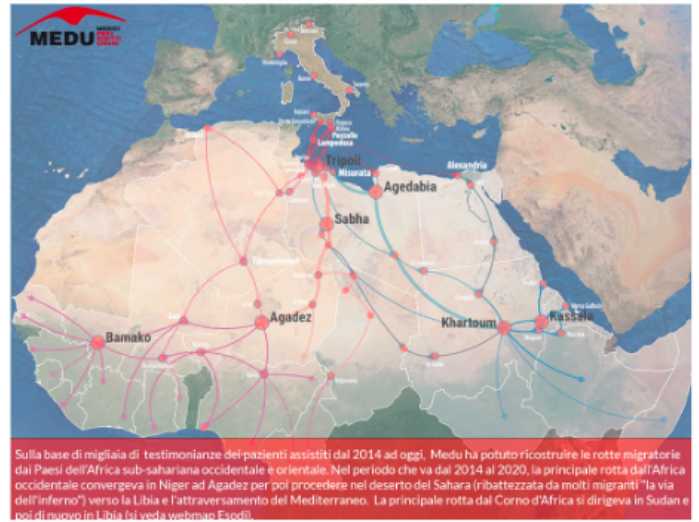
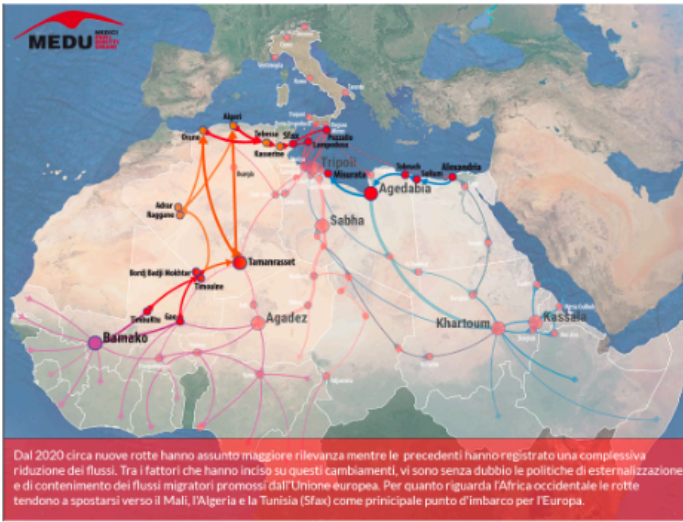
In Sicily, in addition to medical-psychological and psychosocial support activities, the team is engaged in Psychological First Aid (PFA) interventions at the Cifali and Pozzallo Hotspots (Eastern Sicily). PFA is based on providing human assistance and practical support to migrants and asylum seekers immediately after landing in Italy. Conducted in group sessions, PFA offers an important alternative or complementary option to individual therapy – which remains valid but is rarely feasible without adequate settings – where patients can validate their experiences in a relatively safe environment. This approach is adopted with individuals who do not immediately present severe dissociative symptoms and have a sufficient degree of resilience, proving particularly useful for migrants hosted in Hotspots as it reaches a larger number of people. All Psyché centers include weekly clinical discussion spaces where clinical cases and other clinical-rehabilitative interventions offered by the centers are discussed.

Moreover, to prevent vicarious trauma, the methodology of the three Psyché centers includes monthly supervision meetings with an external professional. These meetings provide an opportunity for center operators to share and process their experiences and difficulties.

In addition to care activities, Medu's mental health projects include documentation, training, and research on transcultural mental health, aiming to contribute to understanding and combating the phenomenon of torture, and to provide health and reception professionals with effective, evidence-based intervention tools that truly promote health, even starting from unspeakable traumas.

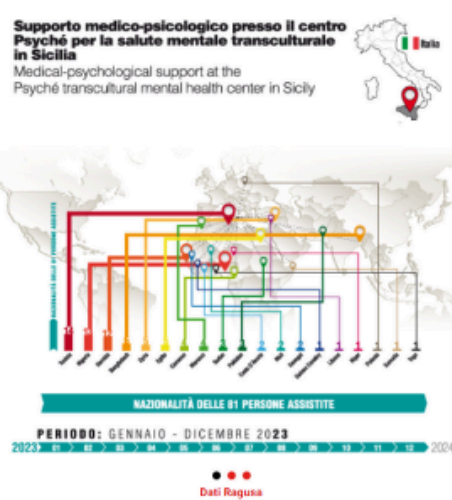


(Video 5, 6 and 7)



SOCIO-DEMOGRAPHIC FRAMEWORK

From January to December 2023, the three Psyché centers for transcultural mental health in Florence, Rome, and Ragusa provided medical-psychological and psychosocial assistance to 241 patients from 50 different countries, conducting a total of 1,865 sessions. In addition to these, migrants and asylum seekers reached through Psychological First Aid (PFA) activities at the Cifali and Pozzallo Hotspots: 907 individuals through 91 group sessions and 120 through individual sessions.



(Ragusa)

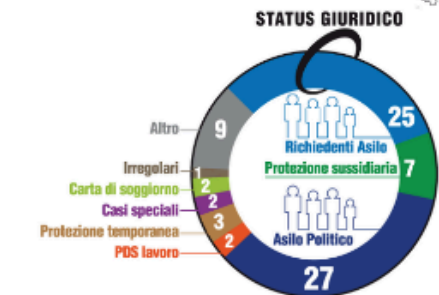
Supporto medico-psicologico presso il centro Psiché per la salute mentale transculturale a Roma
 Medical-psychological support at the Psyché transcultural mental health center in Rome



NAZIONALITÀ DELLE PERSONE ASSISTITE

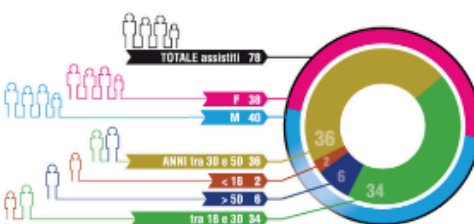
PERIODO: GENNAIO - DICEMBRE 2023

Supporto medico-psicologico presso il centro Psiché per la salute mentale transculturale a Roma
 Medical-psychological support at the Psyché transcultural mental health center in Rome



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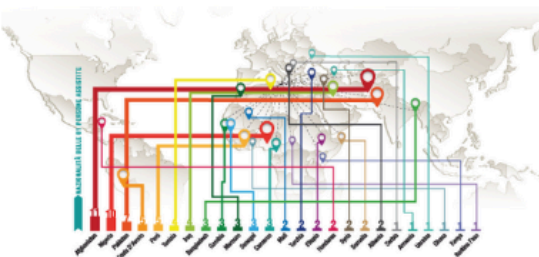
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 Medical-psychological support at the Psyché transcultural mental health center in Rome



PERIODO: GENNAIO - DICEMBRE 2023

(Rome)

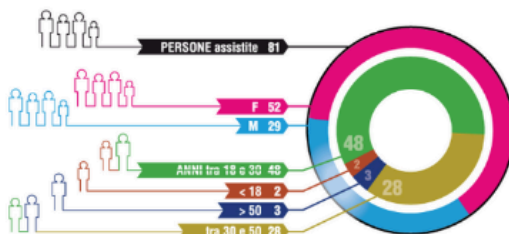
Supporto medico-psicologico presso il centro Psiché per la salute mentale transculturale e il consultorio Persefone a Firenze
 Medical-psychological support at the Psyché transcultural mental health center and the Persefone counselling centre in Florence



NAZIONALITÀ DELLE PERSONE ASSISTITE

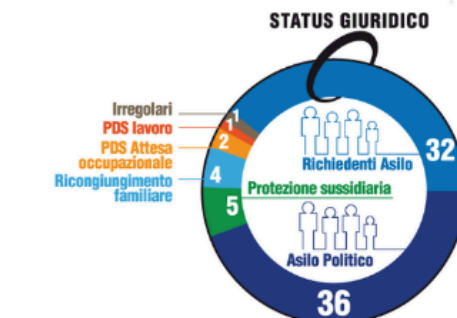
PERIODO: GENNAIO - DICEMBRE 2023

Supporto medico-psicologico presso il centro Psiché per la salute mentale transculturale e il consultorio Persefone a Firenze
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PERIODO: GENNAIO - DICEMBRE 2023

Supporto medico-psicologico presso il centro Psiché per la salute mentale transculturale e il consultorio Persefone a Firenze
 Medical-psychological support at the Psyché transcultural mental health center and the Persefone counselling centre in Florence



PERIODO: GENNAIO - DICEMBRE 2023

(Florence)

CLINICAL FRAMEWORK

"When you leave your family, cross the desert, see your friends not make it, suffer from hunger, thirst, cross the sea, escape death... you can only be courageous (...) you have no choice."

W., 16 years old, testimony collected by the MEDU team at the Cifali Hotspot

Most of the patients at the Psyché centers have been exposed to complex traumas, meaning repeated, prolonged interpersonal events.

In a sample of 120 assisted individuals, each migrant and refugee had survived an average of over 7 pre-migration, migration-related, and post-migration traumatic events. Among the most frequent were torture, detention, and severe physical abuse. All are risk factors for the development of severe forms of PTSD (Barbieri et al., 2020).

Post-migration factors such as inadequate reception conditions, precarious legal status, isolation, lack of psychosocial support, and language barriers are evident risk factors for the onset or exacerbation of post-traumatic disorders.

- In-depth analysis

From the analysis of mental health indicators observed among patients at the three Psyché centers – Rome, Florence, and Ragusa – noteworthy differences emerge. The incidence of diagnoses of post-traumatic stress disorder (PTSD) is significantly higher compared to other diagnoses (such as depression) among patients assisted in Sicily, whereas in Rome, an opposite trend is observed where depressive disorders are described in the majority of assisted patients, alongside a still significant but significantly lower incidence of post-traumatic clinical pictures. In Florence, finally, a substantial balance is observed between different symptomatic manifestations (depressive and post-traumatic).

These differences can be attributed to several factors. Firstly, the contexts in which the three transcultural mental health centers operate, and their own characteristics, present non-negligible differences. In Sicily, the care and rehabilitation intervention effectively take on a "frontline" role, primarily involving recently arrived individuals who often tend to manifest acute post-traumatic symptoms. In Florence, the clinical center is specifically aimed at people who have survived torture and intentional violence. On the other hand, the Psyché center in Rome accommodates not only individuals exposed to torture and intentional violence but all migrants, asylum seekers, and refugees who exhibit some form of psychological distress. Moreover, in Rome, most patients, who have generally been in Italy longer compared to those in Sicily, have already embarked on a path towards work and housing autonomy, involving a reworking of traumatic experiences. The social integration process in a large city like Rome often proves challenging and, in Medu's experience, it is in the mid-term, after the initial stages of reception, that these difficulties contribute to the emergence of clinically significant depressive conditions (Li et al., 2016).

It is important to highlight that the majority of patients cared for by Medu centers have been exposed to complex traumas, meaning repeated, prolonged interpersonal events. In a sample of 120 individuals assisted in Medu projects, each migrant and refugee had survived an average of over 7 pre-migration, migration-related, and post-migration traumatic events. Among the most frequent were torture, detention, and severe physical

abuse. All are risk factors for the development of severe forms of PTSD (Barbieri et al., 2020).

VIDEO

Scientific literature highlights how refugee status often represents a risk factor for the development of various forms of psychological distress, including severe cases. Particularly prevalent among mental disorders in this population (also confirmed by our experience) are depression, PTSD, and Complex Post-Traumatic Stress Disorder (C-PTSD). The latter psychopathological manifestation was only recently described in the International Classification of Diseases (ICD-11, 2018) by the WHO and represents a diagnostic category distinct from PTSD, characterized by its particular severity.

C-PTSD often results from exposure to complex traumatic events and is a disorder characterized by all typical PTSD symptoms (intrusive thoughts with vivid and intrusive memories, flashbacks or nightmares; avoidance of thoughts, memories, and external stimuli associated with trauma; hyperarousal and exaggerated alarm response), along with severe and lasting impairments across various functional areas, including emotional regulation and impulse control; negative self-perception (feeling worthless and ineffective); and impaired interpersonal relationships. Dissociative symptoms and states are also frequently observed. As one can imagine, due to its characteristics, C-PTSD often represents a significant obstacle to the social integration process of refugees and migrants in their new host country.

Furthermore, based on our experience working with individuals from over 70 countries across four continents, these manifestations of psychological distress currently classified in diagnostic manuals as PTSD and C-PTSD are ubiquitously present among people from all regions of the world, albeit manifesting differently in accordance with each culture's beliefs and worldview. Undiagnosed complex PTSD cases, which often present with acute decompensation accompanied by significant dissociative symptoms (from flashbacks to symptoms of depersonalization and derealization, dissociative amnesias to pseudo-auditory hallucinations), can lead to misdiagnoses (e.g., mistaken for psychotic conditions), especially in emergency services lacking interpreters and cultural mediators.

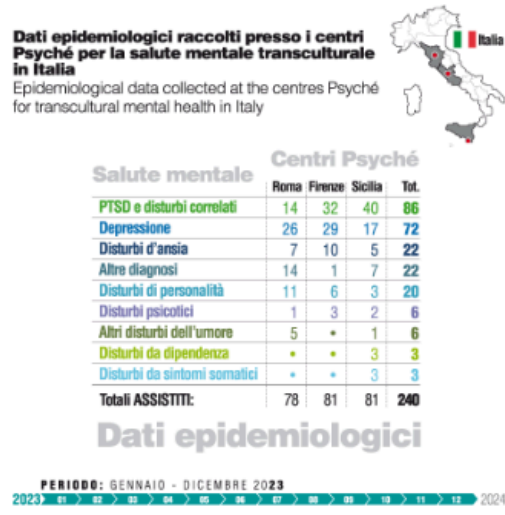
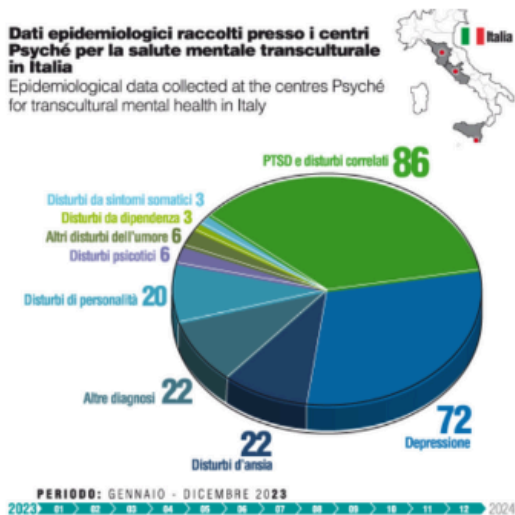
The manifestations of post-traumatic psychological distress exhibited by refugees and asylum seekers in host countries can find evident risk factors in pre-migration and migration-related events – such as abuse, intentional violence, and traumatic experiences in the country of origin and transit – as well as in post-migration factors, such as inadequate reception conditions, precarious legal status, isolation, lack of psychosocial support, and language barriers. From our perspective, this is a critical aspect to consider, as it has significant implications for reception strategies in asylum countries.

Recently, two studies published by Medu have investigated socio-demographic variables that may explain post-traumatic symptomatology in two samples of refugees and asylum seekers residing respectively in Italy (Barbieri et al., 2021) and Niger (Barbieri et al., 2022). The results of these studies have highlighted how, despite exposure to complex traumas being equal, those hosted in large, overcrowded, and isolated reception centers (such as large-scale CARA or humanitarian facilities, both in Italy and Africa) exhibit more severe post-traumatic symptoms compared to those residing in smaller centers with more comprehensive reception services. Post-migration factors (in this case, the reception system) thus represent a highly relevant factor in determining the mental health conditions of migrants and refugees, both positively and negatively, leading to re-traumatization and chronicization of post-traumatic symptomatology.

To date, the Italian National Health Service (SSN) does not appear equipped with adequate tools to allow for early identification and management of individuals with post-traumatic disorders in a transcultural context. The number of these patients is constantly increasing, considering the scale of migratory flows and the described incidence data, with extremely relevant consequences – in terms of health, social impact, and costs for the SSN – for the entire community.



(Video 8)



CONCLUSIONS AND PROPOSALS

Acting on reception systems, on the timing and characteristics of asylum procedures, mitigating uncertainties about the future, promoting the development of a migration project and emotional networks, ensuring a complementary approach throughout the medical-psychological rehabilitation process – based on the coexistence of basic territorial services and specialized services for specialized care, research, training, supervision – and culturally sensitive, represent key elements for the success of care and social integration pathways.

The decade-long experience of the Psyché centers has allowed us to observe existing gaps in health services and the reception system, and to develop an effective, replicable, and sustainable intervention model, albeit still partial. A model that sees subsidiarity between public services and social private organizations and a systemic approach as the pillars of a possible response.

To this end, Medu has developed some concrete proposals consistent with the indications of ministerial guidelines, hoping that they may be seriously considered by policymakers at various levels and by the entire socio-healthcare services system.

- In-depth analysis

This report aims to contribute concretely and tangibly to combating torture and inhuman or degrading treatment, while simultaneously facilitating a path to a livable present for those who have survived such experiences. Migrants, asylum seekers, and refugees who turn to the Psyché centers often bring lives fragmented and rendered unlivable by the unspeakable suffering of being degraded and dehumanized by other human beings. Accomplishing this through care is a slow and laborious process, marked by stumbles, setbacks, and small and large milestones. Therefore, Medu's focus is primarily on creating "safe spaces" (see also the mini-documentary "[SAFE PLACE. Voices against torture](#)"), where, in the words of Giuseppe Cannella, psychotherapist and psychiatrist at the Psyché Center in Ragusa, "there is acceptance, dialogue, the right to be seen, considered."

Such a path of care necessitates multidisciplinary collaboration among organizations and professional competencies that network together. Moving from current networks, primarily based on ad hoc collaboration among services, organizations, and advocacy bodies, to a systemic approach is now more desirable than ever. The scale and characteristics of contemporary migration flows present growing challenges, and there is particular concern over the progressive reduction of psychological and psychosocial support services within initial reception centers due to recent government policies.

Acting on reception systems, on the timing and characteristics of the asylum procedure, mitigating factors of uncertainty about the future, promoting the development of a migration project and emotional networks, ensuring a complementary approach throughout the medical-psychological rehabilitation process – based on the coexistence of basic territorial services equipped with tools, intervention methodologies, uniform competencies, and specialized services for specialized care, research, training, supervision – and culturally sensitive, represent key elements for the success of care and social integration pathways.

The decade-long experience of the Psyché centers has allowed us to observe existing gaps in health services and the reception system, and at the same time to develop an effective, replicable, and sustainable intervention model, albeit still partial. A model that sees subsidiarity between public services and social private organizations and a systemic approach as the pillars of a feasible response.

Based on these reflections, Medu has developed some concrete proposals consistent with the indications contained in ministerial guidelines, hoping that they may be seriously considered by policymakers at various levels and by the entire socio-healthcare services system.

Early Detection

- Implementing **Psychological First Aid (PFA)** interventions at all disembarkation points and Hotspots to provide immediate psychological and informational support, promoting early identification and referral of individuals with specific needs.
- Training reception staff, healthcare professionals—particularly primary care and mental health services—and social services on early identification of vulnerability indicators.
- Promoting **psychoeducation sessions** at all initial reception centers to enhance awareness among both residents and staff about the potential consequences of traumatic experiences, informing about common symptoms and available care and support services in different areas.

Reception

- Investing quantitatively and, above all, qualitatively in initial reception, starting with **reinstating psychological and legal support services** removed by recent policies like the "Decreto Cutro."
- **Permanently abandoning the model of large-scale reception centers** in favor of smaller structures embedded in the local social fabric, equipped with adequate information and assistance services.

- Entrusting reception management to **specialized entities** with staff trained in the field, and introducing systems for monitoring service quality and effectiveness.
- **Expanding the number of Specific Assistance Centers (SAIs) for asylum seekers and refugees with specific needs**, including psychological vulnerability, with dedicated facilities for women who have survived sexual and gender-based violence, staffed by specialized and adequately trained professionals.

Cultural and Linguistic Mediation

- **Enhancing cultural mediation services** in reception centers and key healthcare services, particularly ASL offices, primary care services, and mental health services.
- **Investing in the training** and specialization of cultural mediators, focusing on systemic approaches, healthcare in migration contexts, and transcultural mental health.

Rehabilitation Intervention Model

- Promoting the systematic integration of a **comprehensive care model that includes both clinical and psychosocial aspects**, covering all levels—from information and prevention to rehabilitation pathways, monitoring, and supervision—based on systematic collaboration between public and social private sectors.
- Advocating for the adoption of an **integrated rehabilitation model with two levels**: a general one centered on territorial primary healthcare and mental health services, and a specialized one focused on specialized care, supervision, and research.
- Promoting training for mental health professionals working in public services on **effective, evidence-based, and sustainable approaches** for the medical and psychological rehabilitation of migrants and refugees who have survived torture and inhumane or degrading treatment (individual and group psychoeducation, individual and group Narrative Exposure Therapy, etc.).
- Advocating for training primary care physicians and territorial mental health services on the **medical-legal certification of torture** outcomes according to the Istanbul Protocol, ensuring adequate representation in every region.
- Promoting ongoing training on the cultural and diagnostic **specificities of trauma-related disorders in migrant and refugee populations** to facilitate accurate and early identification and prevent misdiagnosis.

It is hoped that the actions of the Psyché centers can encourage the adoption of effective and replicable care practices, believing that caring for individuals who have survived torture and cruel, inhuman, or degrading treatment represents both an unavoidable ethical responsibility and a forward-thinking choice. Failing to invest in early identification and rehabilitation of those who have experienced extreme trauma risks chronicizing disorders, with significant social, human, and economic costs for society as a whole.

Finally, it is hoped that alongside caregiving efforts, institutions and civil society will consistently oppose all forms of inhuman and degrading treatment, beginning with strong condemnation of countries where torture is a systematic and entrenched practice.



(Video 9)

