

Speech made by Philip Amaral of JRS Europe, for a conference on migrant and refugee mental health and extreme vulnerability (1 July 2013, Lisbon, Portugal; organised by JRS Portugal)

The Jesuit Refugee Service is in full agreement with today's conference and everyone's input. Migrants, refugees and asylum seekers are vulnerable to harm in ways that are different to people who are not in a migration situation. Migrants are vulnerable to harm because they are faced with an immigration system whose sole purpose is to examine a person's self, and determine whether they – as a person – are allowed to enter a country.

Faced with such procedures, the migrant must undergo several bouts of questioning about his or hers most personal details. And the assessment that is made by the immigration authorities – whether a person comes in or must leave – forces the migrant to question him or herself, and to wonder: Am I not worthy to be in this country? Am I not a person just like the citizens of this country? What makes me different? Why am I held to such standards? Am I not good enough?

By acknowledging these facts and this context, we see that the act of immigrating is an intensely personal process, and as such, has inevitable effects on one's mental health.

We know this. But are the immigration authorities of our countries aware of this? Do they realize the intense impact immigration procedures have on a person's mental health? Are they aware that a decision on a person's immigration case can have a dual effect? It can either lead to sheer joy or relief, or to desperate sadness and grief?

In general, a country's immigration authorities are not aware of these effects, the ways in which their decisions impact people. It's not that they are cold-hearted or wilfully ignorant. Surely, some governments do abuse people's dignity and rights. But many others operate the machinery of the immigration system without taking care to note a person's state of vulnerability.

This is because immigration systems are not organised to take such level of human nuance into account. Immigration systems, rather, are black and white. They deal with enormous complexity when working with refugees and migrants. But the results they come to are bereft of this complexity. The result can only be: will this person stay, or must they be removed? Are they a refugee or not? Do they have a visa or not? Will they be a burden to our society, or will they contribute?

Immigration procedures are a mechanism of national sovereignty, so thus it is natural for such a system to boil down the complexity of external situations, such as people's immigration aspirations, to simple answers that are easily enforceable, and easily accountable to the citizens of the country.

But, as we have learned from today, this kind of system is not sustainable. A system that overlooks the nuances of human need will eventually face resistance on the part of migrants who interact with it.

From our daily work, as well as our research, we know that migrants who perceive immigration procedures to be unfair unlikely to stop cooperating and pursue their own trajectory. If people feel that they haven't been listened to, if they haven't received the assistance they need, and if their basic needs remain unaddressed, they are likely to decide that a country's immigration procedures are doing them more harm than good, and that the best way to go on with their search for dignity, protection and a stable life is to disengage and be on their own.

This is a bad outcome for migrants and governments alike. For the latter, it means that people evade the system and the state loses track, raising the costs of enforcement. It means that people enter the informal labour market, and it will eventually mean higher social costs because people who fall out of the system end up being users of costly support, for example, relying on medical care at the emergency rooms of hospitals. They end up living destitute, which means fewer healthy people who are working, fewer people in school, and fewer people getting the necessary preventive care so people do not erupt in severe bouts of mental and physical illness.

For migrants, evading the system means going without social support: no daily subsistence support, and potentially additional forms of deprivation such as homelessness, not to mention untreated physical and mental illness.

There it is extremely vital, for governments and migrants, for immigration procedures to better address people's mental health and how it is affected as a result of the immigration system.

The question is: how do we ensure this result?

We will need to use advocacy as a tool to ensure this result. To speak on behalf of others, in a way that leads to change that improves the lives of those for whom we speak – this is what I mean by advocacy. And it is not something only left for lawyers or lobbyists to do. The advocacy that we need must also be done by practitioners: psychiatrists, therapists, social workers, case managers and other types of social service providers who work directly with migrants and know well how the immigration system impacts their mental health and state of vulnerability.

After reflecting on today's conference and listening to the variety of inputs, several recommendations come to my mind that I invite you to consider. These are recommendations upon which, if you agree, can be the basis for a method of advocacy on behalf of migrants and refugees, and their mental health needs.

First, is to share your knowledge and professional expertise with people at all levels of a country's immigration system.

As I said, mental health concerns are not usually at the forefront of decision-making processes of the immigration system. This is why it is incumbent upon practitioners and experts to inform key and relevant personnel in immigration ministries about the mental health implications of their decisions. This can be done in a variety of ways.

- Meeting with staff who takes decisions on a person's immigration case. For refugee situations, these would be the people who determine whether a person gets refugee status. Or it could be the persons who decide on a migrant's entry into the territory. It could be the people who manage immigrant housing centres, or detention centres; it could also be the people who enforce removal from the country.
- This also means meeting with people who are higher-up in the decision-making and policy-making process. People who write the rules, who debate the policies and decide on them. In practice, these people could be parliamentarians, or senior level civil servants in the interior ministry.
- When meeting with these audiences, it would be important to inform them of the latest research and practices that concern migrants' mental health. Above all, it is absolutely necessary to be practical: propose concrete ways in which immigration personnel could improve the attention they give to people's mental health. If your suggestions are not applicable, then they're likely to be ignored.

Secondly, when sharing your expertise, a practical tool that I feel should be advocated for as much as possible is proper assessment.

Most governments conduct a sort of assessment of migrants, but this is mostly of a technical nature: to verify one's identity, nationality, their documentation, whether they've committed a crime, etc. Governments also assess factors such as the presence of family, or in the case of forced migrants, their application for refugee status.

But governments hardly ever properly assess people's mental health. People might say that this isn't necessary, and beyond the scope of the immigration system. But we've argued that the immigration system is closely linked to one's mental health. So properly assessing it seems like a natural thing for governments to do.

Proper assessment, at the start of one's immigration case and throughout, would enable governments to better decide which level of care a person requires, or which kinds of measures would be inappropriate. For example, a proper assessment might conclude that someone ought not to be detained, or that they require closer attention from a social worker, or that a psychiatrist should be involved with helping the person. Proper assessment leads to better, more efficient, procedures and a standard of care more closely attuned to people's needs.

Moreover, a proper assessment must be done by an independent and qualified practitioner. This is the only way that a migrant can feel that their privacy is respected and that their best interests are accounted for.

Thirdly, and similarly to my first recommendation, mental health practitioners should share their expertise with NGOs and others providing services to migrants.

It's necessary to form this kind of partnership, especially because NGOs usually already have the mechanisms in place to do advocacy. What they often need is help from experts who can provide them with the knowledge to use for advocacy.

For example, every year, JRS offices in Europe come together for a week-long seminar we call 'Detention Visitors Support Group'. It's for JRS staff and volunteers who visit detention centres. They are trained in how to deal with intercultural communication, burnout, and how to work with and assess detainees with mental health trauma.

These trainings are led by experts and practitioners who share their knowledge in a way that is useful for people who work daily with migrants who are in extremely vulnerable situations.

Fourthly, practitioners should join with NGOs and lawyers to form comprehensive support communities.

I am a social worker, and before my work with JRS I was providing case management services to people with chronic mental illness who were living in the community. We providing holistic support, as do other community based mental health organisations. Psychiatrists, therapists, case managers and families would come together to share their perspectives in order to provide the best support possible. And with this support, we could advocate for our beneficiaries to receive better state care, housing, access to welfare support and so on.

Ideally, such holistic support would also involve the immigration authorities to some extent. That is a long way off, but I think it is a path worth advocating for.

Fifthly, mental health practitioners should advise immigration authorities on how to provide for appropriate reception conditions and immigration procedures.

All around Europe we see migrants who are homeless, or living in substandard housing, and are not receiving adequate support. Families and children are left neglected. This is how migrants come to experience extreme vulnerability and a worsening of their mental health.

Mental health practitioners can advise governments, based on a properly done independent assessment, on which conditions to provide to ensure that migrants do not disengage from the immigration system and cooperate as fully as possible.

Of course, it is not only important to advocate for appropriate material conditions, but fair procedures as well.

Mental health practitioners should advocate for governments to thoroughly inform migrants of immigration procedures, to ensure they have access to legal assistance and to ensure that migrants are informed of all possible outcomes to their case – from being allowed into the country to being removed – as early as possible.

To sum up, I see five ways in which the information we heard today could be used for advocacy purposes:

- 1) Share professional expertise with people at all levels of a country's immigration system
- 2) Use professional expertise to develop proper assessment tools that governments and NGOs can use
- 3) Share expertise with NGOs who often have the mechanisms to do advocacy, but need knowledge to base their advocacy on
- 4) To form comprehensive communities of support for migrants, which incorporate mental health practitioners, lawyers, advocates and perhaps even governments
- 5) Use professional expertise to advise governments on the development of appropriate immigration procedures and reception conditions

With these recommendations I believe we can form a good basis to advocate for the protection of migrants' well-being. Thank you.