

Work Package II: Conceptual framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees.

Country Profile

Country: ITALY

Responsible Partner: ZADIG Srl, società benefit



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**Co-funded by
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1. Introduction

Preliminary note: In many cases, it is difficult to collect accurate data both because of the inherent complexity of the phenomena and because different sources (governmental, non-governmental, and scientific) sometimes adopt different methods for counting and listing, or consider periods that are not directly comparable. In order to present a picture as faithful to reality as possible and to offer useful indications for the purposes of the report, several complementary criteria have been adopted: a) whenever the data agree with each other, or can be traced back to a single reliable source, they are reported as presented in the sources cited; b) in the event of discrepancies or variations over time, a weighted average has been applied and the data are reported rounded off with a margin of error of 1%; c) data take into account the latest available updates as of April 2023, including where relevant a comparison with previous years, to account for ongoing trends.

1.1 Migration Routes to and through Italy

Although migration routes rise and fall, depending on geopolitical, economic, and diplomatic factors, Italy represents persistently a primary arrival and passage country for migrants and refugees since several decades (Papavero, 2023; ISTAT, Rapporto Annuale 2022, 2022; ISTAT, Storia demografica dell'Italia, 2023). Due to its geographic position, the main path of irregular migration flows remains the sea, even though it is an extremely risky course in which thousands of people may lose their lives a year. The so-called Central Mediterranean Route is generally the itinerary of the greatest influx and, in the last years, also the deadliest one worldwide (IOM, Missing Migrant Project, 2023; Consilium, 2023). It can be divided into two carrier routes, from Tunisian and Libyan, to which a few people from Algeria (from the Western Mediterranean Route) are added to a small extent. In addition, the flow through the Adriatic-Ionian and Egyptian routes has grown considerably in the last decade, conveying part of the migrants and refugees from the broader Oriental Mediterranean Route (ARCI P.C., 2021; IOM, WORLD MIGRATION REPORT 2022, 2022; IOM, Displacement Tracking Matrix, 2023; Astuti, Bove, Brambilla, & al., 2020; Chiodi & Coletti, 2021).

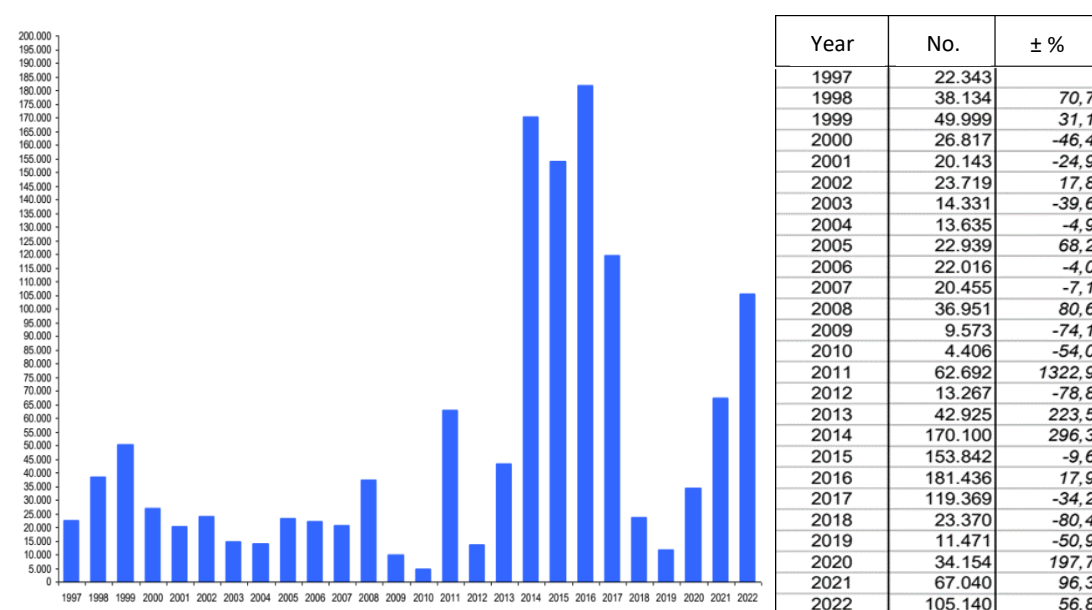


Figure 1: Arrivals by Sea in Italy - Tables from 'Sbarchi e accoglienza di migranti in Italia negli anni 1997-2022'; edited by G. Papavero - Statistics Department Fondazione ISMU, January 2023

Flows by land are also present, although in significantly smaller proportions. In this case, it is actually impossible to have precise statistics, also due to the state's failure to track this phenomenon. Data on entry from land borders, and in particular along the Balkan route at the border with Slovenia, are sporadically and unsystematically disseminated through official national or international reports. However, it may be indicative to consider that during periods of large influxes in the last years, estimates range from an average of 80 people per day to peaks of 200. A very rough percentage estimate puts the average overland flow at around 10-12% of the annual total. (ISMU, XXVII Rapporto sulle migrazioni 2021, 2022; MAECI, 2023). In any case, land flows have become a numerically significant phenomenon only in recent years, mainly as a result of conflicts in the Middle East and Eastern Europe. In fact, since the beginning of the current conflict in Ukraine, the number of refugees choosing Italy as their arrival country and reaching it by land has grown considerably. This has come on top of the variable, but essentially uninterrupted flow of migrants and refugees arriving from the Balkan route since 2015-16 (Gorza, *La Frontiera Alpina del Nord Ovest*, 2022; Chiodi & Coletti, 2021).

Anyways, it is also important to stress that for a significant number of migrants and refugees, Italy doesn't represent the desired ultimate destination – plausibly it applies in higher proportions to migrants and refugees arriving by land. Basically, Italy itself is the site of several irregular migrations routes overland to central and northern EU countries – without taking into account legal transfers to other European countries, granted for instance through the new relocation agreements from 2018, or family reunification procedures. – Unfortunately, even in this case it is impossible to collect statistics, since the Dublin III Regulation (No. 604/2013) requires migrants to apply for asylum in the country of first arrival and, therefore, prohibits free transition. Nevertheless, a comparison of the figures between yearly arrivals and asylum applications at the Italian and European levels can help paint an indirect rough picture of the real situation. Although in the last two decades, Italy has often ranked first or second in Europe in terms of the number of arrivals, on average it has often remained fourth or fifth among Member States in terms of the number of asylum and protection applications. (EUROSTAT U. , 2022) In particular, excluding arrivals in previous years, between 2015 and 2022 the total difference between new arrivals in Italy and successful applications for asylum and international protection amounts to about 70,000 people – considering also the number of persons directly relocated for expulsion – (Mdi, *Quaderno Statistico per gli anni 1990-2020*, 2021; Papavero, 2023; Statista, *Number of immigrants who arrived by sea in Italy from 2014 to 2021*, 2023; ISMU, *Sbarchi e accoglienza di migranti in Italia negli anni 1997-2022*, 2023). Bearing in mind that the submission of applications can be months or years late, that the assessment procedures can take several months, and that not all new arrivals are recorded, it is clear that this reference figure is a considerably downward estimate. As proof of this picture, it should be also considered the number of rejections by other European countries at the Alpine borders, as well as the so-called “Dubliners” phenomenon, i.e., migrants and refugees who have crossed borders and are intercepted through the Eurodac network in third countries (often France, the Netherlands, Germany, and Sweden) and then brought back to Italy. These phenomena emerge typically at times of “overwhelming flows” and in both cases, the figures can reach into the tens of thousands per year (Statista, *Migration routes via Italy to Europe - Statistics & Facts*, 2021; MSF, *Mal di Frontiera*, 2018; Gorza & Moschella, *Il rapporto sulla rotta*

Nord-Ovest delle Alpi, 2021; StC, Nascosti in piena vista, 2022; IOM, Displacement Tracking Matrix, 2023).



Figure 2 Main migrant and refugee routes involving Italy, based on 2015-2022 data from (Idemudia & Boehnke, 2020; IOM, WORLD MIGRATION REPORT 2022, 2022; Astuti, Bove, Brambilla, & al., 2020)

1.2 Pivotal Concept and Strengths of the Italian Reception System

Tracing the evolution of the Italian reception and assistance system for migrants and refugees, Geraci & Mazzetti (2019) show how Italy has over time aimed to regulate and to structure a system of protection for those who apply for it of great political and social significance. Even from a health point of view, Italy has an important tradition in the protection of immigrants and refugees. Since 1995, policies and norms have taken into account the foreign population, even in conditions of social fragility and legal weakness, defining a highly inclusive legal body. In this respect, health policies have been guided mainly by two principles: «1) full equality of rights and duties, regarding health and welfare rights, between Italian citizens and legally present foreign citizens, with full coverage by the public health system; 2) broad protection and assistance possibilities also for irregular migrants, with particular reference to women and children and the area of infectious diseases.» (Marcera, 2013) Precise health policies on migrants' health have been outlined through legislative measures that were stabilised at the end of the 1990s and merged into an organic law known as the 'Consolidation Act on Immigration' (Mdl, Testo unico sull'immigrazione 2023, D.Lgs. n. 286/1998 aggiornato con le modifiche apportate, da ultimo, D.L. n. 34/2023, 2023). The guidelines that are still valid today can be traced back to this law and subsequent regulatory measures.

The roots of the current Italian reception system were laid between 2002 and 2005, conceiving it on two levels: First reception and Second reception. The entire process was designed to accompany and support migrants and refugees from the first moment of arrival until their full integration into Italian communities once their right to asylum or special protection has been recognised. (Schiavone, 2023; FIS, 2021).

Currently, First Reception is – theoretically – divided into three types of collective centres: Hotspots, First Reception Centres (CPA), and Permanence and Repatriation Centres (CPR). Hotspots are centres where migrants and refugees are collected upon arrival in Italy. Here they receive initial medical treatment, undergo health screening, are pre-identified, and photographed, and can apply for asylum or protection (most of them do so). After an initial assessment, people applying for asylum and protection are transferred – supposedly within 48 hours – to CPA, where they are held for the time necessary to find a solution in the Second reception. Otherwise, in the few cases where people do not apply for asylum, they are led to the CPR, where they are administratively detained, for a maximum of 90 days, with the view to being repatriated, together with those who under other circumstances receive expulsion proceedings (d.lgs. 142/2015, art. 9 (Openpolis, Come funziona l'accoglienza dei migranti in Italia, 2023)).

Once they have passed through Hotspots and CPA, asylum and protection seekers are assigned to Second reception, which – theoretically, beyond emergency situations – should be based exclusively on the Reception and Integration System (SAI). In this case, it is mostly no longer a question of mass collection centres, but of placements, as targeted as possible, – 85% of cases are flats, 6,5% small centres – according to the availability and particularities of local entities' projects. Each SAI is in fact based on a project submitted by the municipalities and approved and financed by the state. The projects must mandatorily be contracted to non-profit organisations implementing the basic principle of the system: integrated reception, which implies the establishment of a local network (with third sector organisations, volunteers, but also other stakeholders) to take care of an all-round integration in the local community, to be achieved through social, educational, work, and cultural inclusion activities. Refugees and beneficiaries of subsidiary protection can stay in the SAI placements for six months, extendable by another six months, during which they are accompanied to find independent accommodation. In addition to the accommodation, the managing bodies are called upon to provide a series of goods and services: cleaning and environmental hygiene (which are also carried out by the guests in self-management); food (breakfast and two main meals, better if self-managed by the guests); kitchen equipment; clothing, linen and products for basic personal hygiene; a telephone card and/or recharge card; a season ticket for urban or extra-urban public transport based on the characteristics of the area. Here, asylum and protection seekers also receive legal, health and language assistance. As soon as the right to special protection is officially recognized, protection holders have access to services more explicitly aimed at social integration (civil registration, obtaining a tax code, registration within the national health service, insertion in school for all minors, socio-cultural and sports activities, etc.) and job orientation. Finally, similar assistance is provided to asylum holders through further integration paths launched by the same host local administrations (Openpolis, Come funziona l'accoglienza dei migranti in Italia, 2023; Colombo, IL SISTEMA DI ACCOGLIENZA DEI MIGRANTI IN ITALIA, SPIEGATO PER BENE, 2022; FIS, 2021).

It is significant to note that the basic concept of the SAI originated in a decentralised reception network involving municipalities and third-sector organisations, spontaneously engaged in the experimentation of reception experiences already active in 1999. It was, therefore, a bottom-up good practices system, which was then institutionalised through Law 189/2002 becoming a national system. By virtue of this, not only is it a model that has already been calibrated and proven effective, but it has also been the bearer of a particular deontological, social, and organisational culture of reception that still largely characterises this specific context. On this basis, a corpus of different stakeholders (coordination and administration

personnel, social workers, psychologists, social assistants, legal operators, interpreters and cultural mediators, Italian language teachers, etc.) has developed over the last two decades, accumulating vast methodological experience and specific knowledge. Moreover, the same spirit of the initiative has given rise to some realities of excellence in the territorial sphere, sharing a transcultural and all-embracing approach to care and assistance, as well as targeted transversal training (SIMM, La SIMM informa, 2020; Cioppi & Seu, 2022; TNIA, 2022).

1.3 Structural Weaknesses of the Italian Reception System

However, twenty years after the institutionalisation of the two-level reception system modelled on the SAI, as a flagship, Italy has not been able to truly promote and take advantage of its core principles and innovative approach on a large scale yet. This resulted in a *de facto* non-implementation of the system at a national level. It derived rather into a limited, fragmented, and unbalanced development of the different efforts and structures involved. Most of the sector's expertise at all levels agrees in attributing the serious deficiency of planning and practical implementation to conflicting attitudes towards migration and weak political will, both in terms of centralised governance and local availability (EC.europa, 2018; Schiavone, 2023; ActionAid, 2023; DLCL, 2015; Re.Co.Sol, 2021; Openpolis, Il sistema a un bivio, 2020; TNIA, 2022; ASGI, Caritas, Emergency, & al., 2022).

In this regard, the long-standing crucial issue of the opening of new SAI is exemplary of the limitations inherent to the implementation of the Italian reception system, as well as of the socio-political controversy surrounding the topic of migration in Italy – with more than one parallel to the political debate at European level. – In fact, although each SAI is financed with state funds, the initiative for new integration projects is left to the local administrations. These, however, for the most part, have always remained reticent to put themselves forward – currently, only around 23,2% of all local administrations are available to host a reception centre or an integration project (ActionAid, 2023). Such a situation sometimes is due to the logistical or material impossibility of organising suitable initiatives, but also often either because of political culture or, anyways, for reasons of electoral consensus. In any case, the obvious main consequence was and is the persistent impossibility of redistributing migrants and refugees to be taken into care, thus, overwhelming first-level facilities and exacerbating reception and integration conditions in the second level (Schiavone, 2023).

As far back as the first decade of the Reception System, the slow growth of the network of SAI projects and its consequences has come on top of intrinsic imbalances of the migratory phenomenon (e.g. for purely geographical reasons hotspots and CPAs are inevitably more concentrated in southern regions) and structural idiosyncrasies of the country (e.g. differences in resources and human capital between regions, different regional administrative models, especially in the field of health, etc.) Therefore, major humanitarian organisations and expertise have denounced the inadequacies of the Italian reception, especially regarding health and social care, since its first decade (MSF, Anatomia di un fallimento, 2005; Angeli, 2006; MSF, Al di là del muro., 2010; MSF, Rapporto CAR, 2014).

Afterwards, starting with the Arab Spring and the civil war in Syria in 2010-2011, the radical and sudden increase in refugee arrivals forced on the one hand a reaction with extraordinary measures that further distorted the process of the reception system. On the other hand, it deeply impacted the public perception of the migration phenomenon and, consequently, the Italian socio-political context. On the first point, the most significant legacy of that emergency time has been the creation of the Emergency Reception Centres (CAS). These services are

basically hybrid forms between CPA and SAI: 1) they can be either mass centres or targeted accommodation; 2) in case of need, they receive migrants and refugees directly from the Hotspots or even directly instead of them. Moreover, they can be contracted out also to for-profit organisations. It is important to bear in mind that, although “indispensable” at the time of their introduction to respond to the emergency, these types of centres have proven to be averagely incapable of providing an adequate and quality reception, care, and integration service. This is both by its own nature and by its contingencies. In fact, CAS are expected to provide for a large number of different needs within proportionally reduced facilities and with limited time and material resources. Therefore, they do not have the possibility to support migrants and refugees until their full integration into the citizenship system and the social texture of the territory. Moreover, the massive intervention of for-profit organisations, especially large ones, favours a levelling of services following economic logic and to the detriment of migrants' and refugees' wellbeing. (DLCL, 2015; FIS, 2021).

Concerning the impact of the refugee crisis on public opinion, Italy – like many other European countries (EC.europa, 2018) – has seen a radicalisation of narratives on the migration phenomenon and the increase of disinformation because either of media infodemic or of political instrumentalization. Concurrently, on a political level, there has been a proliferation of new decree-laws that have reshaped the Consolidation Act on Migration several times in a few years. Depending on the political line prevailing at the time, the main aims have been to try establishing new forms of migrant and refugee management centres - besides those mentioned above, many other forms have overlapped in the meanwhile: CPSA, CARA, CID, CIE, SPRAR, SIPROIMI, etc. – and, correspondingly, to expand or reduce forms of protection and asylum (Colombo, IL SISTEMA DI ACCOGLIENZA DEI MIGRANTI IN ITALIA, SPIEGATO PER BENE, 2022). According to many commentators and experts, this unstable context aggravated and highlighted another structural weakness: the inability of Italian governments – from any political party – to look beyond the moments of acute crisis and to recognise migration movements as systemic and mostly “ordinary” phenomena, and thus to equip itself structurally for it. Hence, the paradox of the so-called “permanent emergency” (Valbruzzi, 2019; Coresi, 2022; Openpolis, L'emergenza che non c'è, 2022) and the persistent lack of planning to provide Italy with a chain of services capable of responding effectively to both ordinary situations and moments of crisis. (SIMM, SitI, & ISS, DICHIARAZIONE DI ERICE su ‘LA SALUTE DEI MIGRANTI. UNA SFIDA DI EQUITÀ’ PER IL SISTEMA SANITARIO PUBBLICO’, 2022; ASGI, Caritas, Emergency, & al., 2022; ActionAid, 2023; TNIA, 2022).

Finally, it is worth pointing out that this lack of planning and systemic vision of the migration phenomenon is also reflected in the failure to implement basic training programmes for health professionals. It should be noted that the “legally” resident foreign population in Italy grew between 2002 and 2022 from 1.3 to 5.2 million, i.e., 8-9% of the total population (ISTAT, Storia demografica dell'Italia, 2023). At the same time, there has been a steady fluctuation over the years in the presence of 'irregular' foreigners, whose estimates ranged from highs of 760,000 to lows of 250,000 (ISMU, Stime stranieri irregolari ISMU, 1991-2021, 2022). Nevertheless, it was only in the wake of the refugee crises of the last decade that a few university courses were created that focused on a transcultural, ethnological or migration perspective in academic training courses in medicine, nursing, psychology, or psychiatry. In any case, these have remained very few, present in only a few universities, optional and occasional. The many relevant training offers that have been produced in recent years, including those of the institutions of excellence on migration, have remained prerogative of

the third sector. Therefore, limited in resources, in the continuity, and subject to the principle of voluntariness on the part of both providers and participants.

1.4 The Restrictive Drift of the Italian Reception System in recent years

Over the last few years, the flawed political logic of the permanent emergency has degenerated on the whole into a re-orientation towards more restrictive policies of reception and social control: less concerned with the well-being and the integration of migrants and refugees, but more with the “Italian security”, as well as with the hasty, rough, or even rejecting management of this “pressing issue” (Openpolis, *La sicurezza dell'esclusione*, 2020; Valbruzzi, 2019; MPE, CPR, *Hotspot e altri luoghi di confinamento*, 2021). The already fragile and distorted Italian Reception System has consequently suffered a setback, on numerous levels, in the opposite direction to the original reception and integration concept.

First, since the CAS were centres designed just for emergencies, – to be resorted to only in the event of overcrowding in the SAI – they have turned into permanent services, stabilising their specific weight within the reception and integration system in a majority role (DL 113/2018 and DL 53/2019, the so-called 'Security Decrees'). The latest data available on the various types of centres are from 2021 and speak of approximately 59,500 available positions in CAS out of a total of 97,670 throughout Italy, i.e., a proportion of 61% of the entire Italian Reception System (ActionAid, 2023). This happened even though the average of new arrivals has drastically dropped since 2018: an average of about 156,000 yearly between 2014-2017 – when the CAS started to spread – against an average of “only” 35,000 between 2018-2021 (Statista, *Number of immigrants who arrived by sea in Italy from 2014 to 2021*, 2023). Diametrically, the places in the ordinary SAI have reduced in absolute terms – 1,137 positions were lost between 2018 and 2021 – and the SAI centres have acquired a specific weight of just 35.5% within the whole system (ActionAid, 2023).

Secondly, it is significant that the positions lost in recent years have been in a higher percentage (more than 50%) in small and medium-sized CAS and SAI, which are structurally more effective in terms of services to the people hosted and impact on the host communities (ActionAid, 2023). Instead, it was invested in the concentration of migrants and refugees mostly in mass structures for hundreds of people (often in large metropolises and managed by large private companies), which are less functional and suitable for reception and integration but make it easier to keep people under control. The fact that it is to all intents and purposes a deliberate abandonment of the initially pursued model of widespread reception, in favour of security and control management, is also evident from the lack of internal redistribution toward the integration process. Indeed, while political and public discourse continued to fear collapse due to an alleged “overload of the reception system”, in reality between 2018 and 2021 the average number of free, unused positions in the system was around 29,000, a third of these in the SAI (O&A, 2023). In other words, the system does not collapse because of the sheer number of people but rather breaks down because of internal obstructions and obstacles based on a underlying reluctance to integration policies.

Thirdly, most of the last governments have directly or indirectly implemented rejection propaganda and policies. The resources allocated to integration services have been progressively reduced (from 35€ to 26€ per capita/per day), redirecting part of those resources to the expansion of CPR and the construction of new similar detention centres. - the last measure in this sense is of the government currently in charge, 01/01/2023, L. 197/2022, realised on the instrumental basis of an official declaration of a ‘state of

emergency' (Openpolis, Aumentano le previsioni di spesa per i Cpr, 2023; O&A, 2023; DPC, 2023). However, the investment of millions in CPR seems to be aimed only at expanding their capacity and spreading them across the territory, not at improving the "administrative" detention conditions. Yet, since 2017, there has been a steady increase in reports from NGOs monitoring the treatment of migrants and refugees, about the recurring violation of human rights in CPR and the serious impact on the psychological and physical health of people who find themselves transiting through them. Indeed, with administrative detention, irregular migrants are *de facto* detained as if they were in a prison, and indeed in conditions that are often worse, without the guarantees and protections provided by the prison system. (MSF, Fuori Campo. Secondo Rapporto, 2018; CILD, 2021; CdP, 2022; ASGI, Il libro nero del CPR di Torino, 2021; Altreconomia, 2023; ASGI, Report sulla visita al Centro di Permanenza per il Rimpatrio (CPR) di Palazzo San Gervasio, 2022).

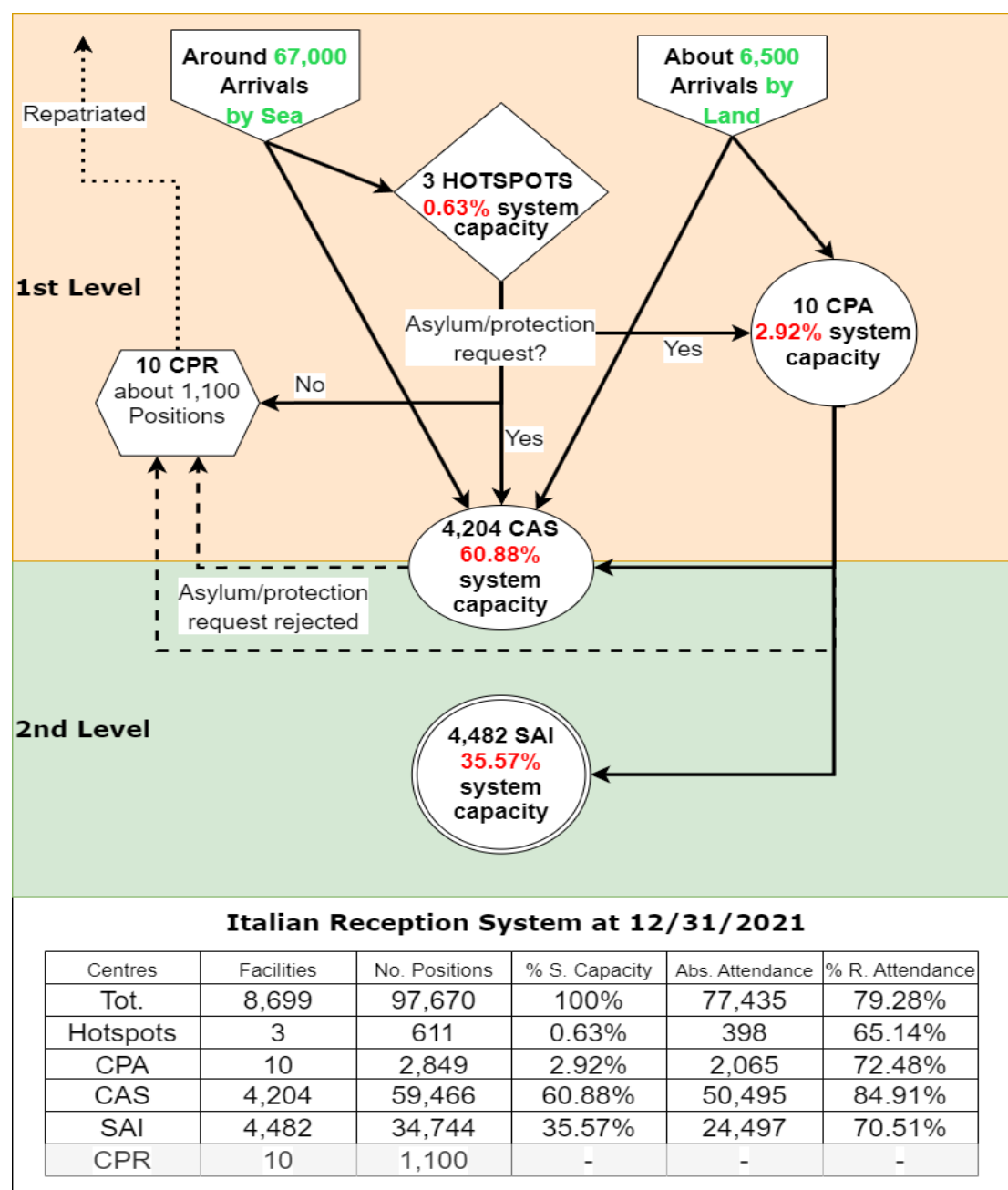


Figure 3: Snapshot of the Italian Reception System according to the latest count of 2021. The data were composed by deriving them from (ActionAid, 2023; ISMU, XXVII Rapporto sulle migrazioni 2021, 2022; CILD, 2021; CdP, 2022).

Moreover, protective rights have been restricted or, at least, their recognition has been made in fact more difficult to achieve. In this sense, it is worth considering the case of 'special protection'. Similar forms of protection exist in 18 European countries and are addressed, among others, to those who were at risk of being subjected in third states to torture, inhuman or degrading treatment, or persecution for reasons of race, sex, sexual orientation, gender identity, language, nationality, religion, political opinion, personal or social conditions. The Italian special protection has been abolished, reintroduced, and amended several times over the past five years. The latest amendment (the so-called 'Decreto Cutro') rectified by the Italian Senate on 04/20/2023 (Mdl, Testo unico sull'immigrazione 2023, D.Lgs. n. 286/1998 aggiornato con le modifiche apportate, da ultimo, D.L. n. 34/2023, 2023) effectively excludes (except in special cases) those who need protection for psychophysical reasons or serious calamities in their origin countries; moreover, it deletes the part concerning the protection based on the consideration of the family ties of the person and his/her effective social integration in Italy. Finally, it makes the following integration process impossible for future holders of this type of protection by preventing the conversion of protection into a work permit (Spena, 2023).

More significant, however, is the fact that even before this formal restriction, the process of obtaining this type of protection had already been hampered *de facto* by the practices of the police headquarters and the inefficiency of the public administration, which prevents the fulfilment of procedures for regularisation on the territory (Tiberio, 2023; Ambrosini, 2023). To this example can be added many others, ranging from the so-called "criminalisation of solidarity" – i.e., the new set of legal obstacles and penalties for the third sector dealing with migrants and refugees (L.A.W., 2023; ASGI, Country Report: Italy, 2022) – to many forms of discrimination (often on ethnic, religious, or national grounds) perpetuated by institutions, which in fact treat the various groups of migrants differently – it is meaningful that the Ukrainian refugees who arrived in Italy in 2022 are not usually counted in the statistics under the general category 'refugees', and that only 20 per cent of them were referred to CPA and CAS centres, while 80 per cent were relocated with special support by family members and compatriots (UNHCR, Italy, Factsheet December 2022, 2023; UNICEF, RAPPORTO ANNUALE 2022, 2023; ASGI, Country Report: Italy, 2022). Essentially, there is currently a dense network of more or less informal obstacles and hostile practices in Italy that pushes many migrants and refugees towards illegality, stigmatisation, and marginalisation, further restricts access to essential services and care, and discourages the intervention of the third sector (TNIA, 2022).

Finally, it is also important to point out that the general domestic drift into a more hostile and rejecting attitude towards migrants and refugees is also reflected in the level of foreign migration policies in recent years. In fact, Italy soon aligned itself with the rest of the major European countries in the so-called 'externalisation of borders to third countries' policy after the beginning of the Syrian crisis. This resulted in a temporary reduction of sea flows, however, at the cost of brutally worsening the situation of migrants and refugees stranded for years in the countries of departure, especially on the Central Mediterranean Route (ASGI, L'ESTERNALIZZAZIONE DELLE FRONTIERE E DELLA GESTIONE DEI MIGRANTI, 2019; AI, 2021; MPE, La Tunisia non è né un paese di origine sicuro né un luogo sicuro di sbarco, 2023).

2. Migrant and Refugee Demographic Characteristics

In this report, the terms 'migrant' and 'refugee' are used as umbrella terms, in accordance with their common usage in Italy and in the international context. However, to get a better idea of the demographic characteristics of the foreign population in the Italian context, it may be useful to start by distinguishing four main legal statuses, as well as by focusing on the special cases of unaccompanied minors and of the temporary protection.

2.1 Legal Statuses and Regulations

Regular migrant: Migrants are people who change their residence and move to another country without being forced to do so and can safely return to their country. In Italy, they are defined as 'regular' when they are EU citizenship, or in case they hold a regular residence permit, issued by the competent authority based on a pre-established reason, generally for study, work, or family reunification (Mdl, Il rilascio del permesso di soggiorno, 2023). Mostly, the following periods of validity of the residence permit are provided for:

- up to six months for seasonal work, and up to nine months for seasonal work in sectors requiring such extension (circular prot. 47457 of 5.12.2016);
- up to one year for attending a course for study or vocational training that is obviously documented (circular prot. 106051 of 16.10.2018)
- up to two years for self-employment, for permanent employment and for family reunification.

Foreigners who come to Italy for visits, business, tourism, and study for periods not exceeding three months do not have to apply for a residency permit, but rather for a declaration of presence. Whereas foreigners who apply for a residency permit for a period of no less than one year are required to sign an integration agreement with the Italian State, whereby they undertake to sign specific integration objectives to be achieved during the period of their residency. In addition, these long-terms permits can be renewed – if the necessary status, economic and/or integration requirements are met – and entitle the person to apply for family reunification. The latter presupposes two requirements: a) an accommodation (even if different from one's own) that meets the necessary hygienic, sanitary and housing requirements; b) a minimum annual income of no less than the amount of the social allowance for the current year, increased by half for each family member to be reunited after the first. Family reunification can be addressed in the following cases (INPS, Ricongiungimento familiare - Scheda, 2023):

- the spouse who is not legally separated and not less than 18 years of age;
- minor children, including those of the spouse or born out of wedlock, who are unmarried, on condition that the other parent, if any, gives his/her consent;
- dependent children of major age, if they cannot permanently provide for their own living needs due to their state of health condition resulting in total disability;
- dependent parents, if they have no other children in their country of origin or provenance, or parents aged 65 or over, if their other children are unable to support them for documented serious health reasons.

Refugee: In international law, 'refugee' is the legally recognised status of a person who has left his/her country and found refuge in a third country, «in justified fear of being persecuted on account of his/her race, religion, nationality, membership of a particular social group or political opinion, is outside the state of which he/she is a national and is unable or, owing to such fear, unwilling to seek the protection of that state.» (Art. 1, Geneva Convention, 1951) A person who, «being stateless and being outside his/her State of domicile as a result of such events, cannot or, owing to the fear mentioned above, does not wish to return there», is also considered a refugee. Italy incorporated the definition of the convention in L. 722 of 1954. Refugee status entails the application of two principles:

- non-extradition: a foreigner who is to stand trial in his/her own country for political offences may not be extradited from the territory of the State that has granted him/her asylum; in Italy this principle is affirmed by Article 10 of the Constitution;
- non-expulsion: recognition of political refugee status prevents expulsion from the territory of the State, an act that would place him at the mercy of the authorities of his State of origin.

Once refugee status has been granted, the foreigner may apply to the Immigration Office for an asylum residence permit. The residence permit for asylum is valid for five years and is renewable. For refugee status holders, half the time is allowed for applying for Italian citizenship by naturalisation: they will therefore be able to apply for it after only 5 years of residence in Italy. Furthermore, holders of asylum permits may apply for family reunification in order to allow their family members to enter Italy, without having to prove that they meet the accommodation and income requirements for holders of other types of residence permits (INPS, PERMESSO DI SOGGIORNO PER ASILO POLITICO , 2023).

Beneficiary of humanitarian protection: It defines a person who is not recognised as a refugee because he/she is not a victim of direct persecution but is nevertheless recognized as person in need of protection and assistance because he/she might suffer violence if returned or expelled, or because he/she is particularly vulnerable from a medical, psychological, or social point of view. In Italy, there are two main forms of humanitarian protection, one international at the European level, and one specifically national (although 18 of the 27 Eu countries have similar protection forms):

- Subsidiary protection: institutionalised at European level, it is granted when there is a proven risk of suffering serious harm if returned to his/her country of origin. Serious harm is defined as: death sentence or execution, torture or other inhuman treatment, serious and individual threat to life resulting from indiscriminate violence in situations of internal or international armed conflict.

Holders of subsidiary protection status are granted a residence permit for subsidiary protection valid for five years, renewable after verification of the conditions that permitted the granting of subsidiary protection. (INPS, IL PERMESSO DI SOGGIORNO PER PROTEZIONE SUSSIDIARIA, 2023).

- Special protection: it can be issued when neither the requirements for political asylum nor those for subsidiary protection are met. Requirement is that there is a risk that refusing him/her may subject him/her to persecution on the grounds of race, sex,

sexual orientation, gender identity, language, nationality, religion, political opinion, personal or social conditions. Furthermore, all situations in which there are reasonable grounds to believe that the foreigner, in the event of expulsion, risks being subjected to torture, or inhuman or degrading treatment or systematic and serious violations of human rights are protected. Finally, it expressly excludes the possibility of expelling a foreigner if this would lead to a violation of the right to respect for one's private life.

The special protection residence permit generally is valid for two years. Its renewal is subject to a reassessment of the situation by the Territorial Commission. However, in case of serious calamities as application ground, it is valid for only six months, renewable only one time (Spena, 2023).

Both forms of humanitarian protections give right to apply for family reunification. However, as for migrants present for other reasons, the person must prove that the accommodation and income requirements are met (INPS, Ricongiungimento familiare - Scheda, 2023).

Asylum seeker: defines a person who has already applied for refugee status or the other two forms of protection and is awaiting a response. Until then, the person is entitled to stay legally in the country even if he/she has entered irregularly or without identity papers. The status of asylum seeker provides rights and obligations similar to those granted to those who subsequently obtain any form of asylum or protection. In particular:

- be informed in an understandable language;
- contact the UNHCR;
- remain in Italy;
- receive an identification document;
- receive free healthcare;
- have access to public education;
- work, starting two months after registration of the request;
- receive a place in a reception centre.

However, this transitional status does not give direct possibility for family reunification, nor can it be converted directly into a work permit (Mdl, Diritti e doveri dei richiedenti asilo, 2023).

UASC: UASC refers to minors who do not have Italian or European Union citizenship and who are for any reason in the territory of the State, or who are otherwise subject to Italian jurisdiction, without the assistance and representation of their parents or other adults legally responsible for them according to the laws in force in the Italian legal system.

Law 47/2017 establishes that unaccompanied foreign minors are entitled to rights in the field of child protection on an equal footing with minors of Italian citizenship. Moreover, it provides for a unitary system throughout the national territory for the reception, identification, age assessment and protection of UASC, guaranteeing first and foremost their right to health, education and hearing in administrative proceedings concerning them. Protections for the right to health and education of children are also strengthened, with simpler procedures for registration in the national health service (S.S.N.) and the school system. Among the instruments indicated by the law for the protection of the child's best interests is the

establishment of the figure of the voluntary guardian. Furthermore, two other aspects of special care are significant. On the one hand, the maximum time during which minors can reside in first reception facilities before being transferred to SAI projects, is defined as 30 days. On the other hand, if suitable family members are found to take care of the UASC, this solution must be preferred to community placement.

Finally, Legislative Decree 142/2015 states that in the application of reception measures, the best interests of the child take priority, so as to ensure living conditions appropriate to the child's age, with regard to the child's protection, well-being and development, including social development. It is necessary to listen to the child, taking into account his/her age, degree of maturity and personal development, also with a view to learning about previous experiences and assessing the risk of the child being a victim of human trafficking, as well as to verify the possibility of family reunification, once provided it corresponds to the best interests of the child. (MLPS, Normativa e pubblicazioni MSNA, 2023; StC, IL SISTEMA NORMATIVO A TUTELA DEI MINORI STRANIERI NON ACCOMPAGNATI, 2019; UNICEF, RAPPORTO ANNUALE 2022, 2023).

Temporary Protection: it is an exceptional form of protection that provides immediate protection for people who have been displaced from Ukraine since 24 February 2022, following the invasion by Russian armed forces. The Decree of the President of the Council of Ministers of 28 March 2022 regulated temporary protection in Italy (transposing the EU implementation of 4 March 2022). Refugees are issued by the police headquarters with a residence permit, which allows registration with the National Health System and access to work, study, and welfare measures. Art. 1 of the DL. of 2 March 2023 stipulated that the residence permits issued to beneficiaries of temporary protection from Ukraine would remain valid until 31 December 2023 – unless revoked should the state of emergency in Ukraine end sooner – and is then renewable by the police headquarters from 6 months to 6 months for one year.

If no accommodation is available, one can take advantage of accommodation within the network of CAS and SAI centres or in other forms of reception provided by the State, such as temporary accommodation (hotels, accommodation facilities and religious institutes) or accommodation within the widespread reception system. Otherwise, if an independent accommodation has been found, including with relatives, friends and host families, one is entitled to a subsistence contribution of €300 per month. In addition, a contribution of EUR 150 per child per month may be granted for each dependent child. The contribution is granted for a maximum duration of three months.

At present, there is no possibility of converting temporary protection into a residence permit for work. The residence permit for temporary protection allows in any case to carry out employment (including seasonal employment) or self-employment, attend a vocational training course, do an internship and access other active labour policy measures, under the same conditions as Italian citizens. For recruitment and other procedures, only the receipt of the application (if still waiting for the permit to be issued) is valid, as well as the Italian tax code that is assigned when applying for the permit (Mdl, Opuscolo informativo Protezione temporanea in Italia, 2023).

2.2 Structure and Characteristics of the Migration Flows over the last years

Looking at the structure of migratory flows over the last decade, a two-sided picture emerges. On the one hand there has been a greater rootedness in the territory of migrants who arrived in past decades, and on the other a significant change in new migratory flows arriving. This last aspect is particularly relevant regarding non-EU migrants and refugees. Specifically, three main phenomena stand out: a) an unprecedented contraction of flows for work and economic reasons, (i.e., of what made up a large portion of regular migrants until 2010); b) a substantial stability of those for family reunification (linked to stabilisation processes in the territory), which has remained the main trend; c) a sudden increase in arrivals of people seeking international or humanitarian protection (ISTAT, Rapporto Annuale 2022, 2022).

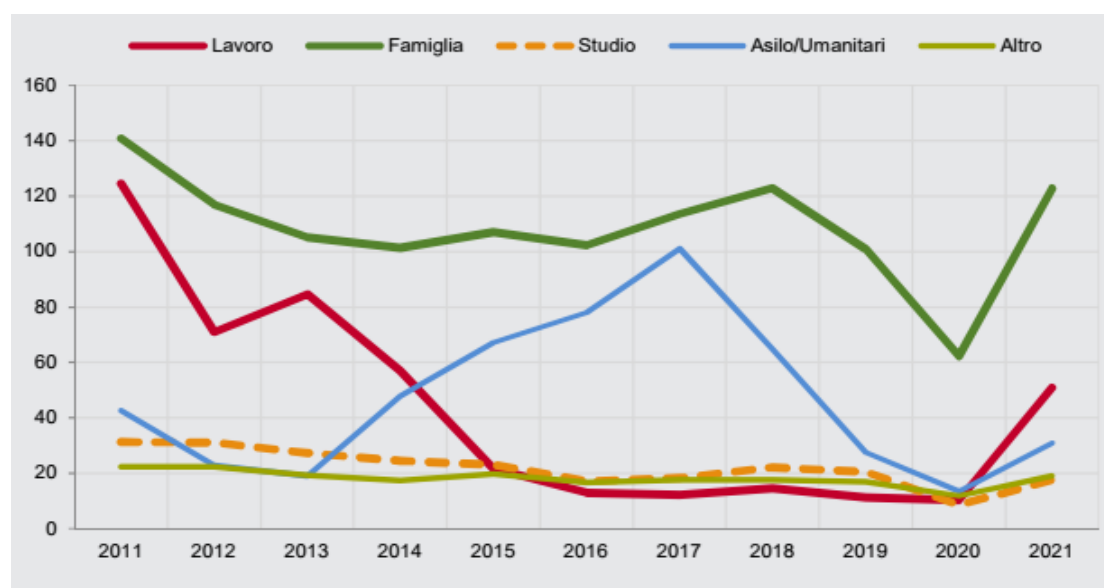


Figure 4: New residence permits issued in the year by reason. Years 2011-2021 (absolute values in thousands, for work in red, for family reunification in dark green, for study in orange, for asylum/protection in blue, for other reasons in light green). Graph from 'Rapporto Annuale 2022', edited by ISTAT, July 2022.

According to the most-updated ISTAT annual report: «The flows of people seeking international protection have contributed to the transformation of this Italian migration scenario also because, in the case of this type of migration, the South of Italy has played an even more relevant role as a land of first arrival. The flows of asylum seekers arrive from different countries than those from which the flows to Italy traditionally came, and with very different characteristics and migratory projects than those of labour or family migrants. Between 2011 and 2021, a total of about 516,000 permits were issued for asylum-related reasons. Growing rapidly since 2013, in 2016 and 2017 permits issued for these reasons peaked, accounting for more than 30% of new issuances. Subsequently – from 2018 onwards – there was, however, a steady decline in new permits issued for international protection reasons, both in absolute terms and as a share of total issuances [because of political choices and the pandemic international context (Covid-19)]. [...] During 2021, there was [again] an upturn in the issuance of new permits (a total of almost 242,000) and new asylum documents also returned to growth: almost 31,000 were issued. [...]

The migratory flows of people seeking protection have also led to a change in the rankings of the main citizenships, which have changed significantly in correspondence with political crises and conflicts in different parts of the world. Between 2016 and 2017, for example, there was a peak in the number of Nigerians who jumped to the top of the list in terms of the number of arrivals; this dynamic is to be traced above all to the humanitarian crisis of the period, which then, at least in part, receded in the following years; a similar trend, albeit with smaller numbers, can also be seen for arrivals from Mali. More constant over time, although with less evident peaks, was the growth in arrivals from the Indian subcontinent (India, Pakistan and Bangladesh), only partially attributable to the search for international protection.

Asylum flows are inflows in which, generally, the share of women and minors is very small, although in recent years the presence of minors has increased. Focusing on 2021, it can be seen that most of the nearly 31,000 new documents were granted to citizens of Pakistan (6,090 new permits issued), followed - but at a distance - by citizens of Bangladesh (almost 5,000 permits) and Nigeria (over 3,000). During 2021, the flows of people seeking protection from Africa (Egypt, Mali and Ivory Coast) also returned to relevance, while entries from Latin American countries (especially Venezuela and Colombia), which had played a primary role in 2020, lost relative importance. Arrivals from the Indian subcontinent continued, and Afghanistan rose in the top ten countries for number of entries for protection requests. With the return to growth of arrivals from Africa, the share of men in the total number of new entries for asylum is also increasing: in 2020 it was 76.2%, in 2021 it is 80.2%. Among the top ten communities by number of entries for this reason only Georgia sees a clear prevalence of women (82.3%). Women represent about 40% of asylum seekers from Nigeria and 31.3 per cent among those arriving from Côte d'Ivoire. The male predominance is, however, clear: for three communities in the top ten it is around 99% and for Mali it is over 97%. The share of minors arriving for asylum has also significantly increased compared to the past: they were just over 3% in the 2016 flows, in 2021 they represent on average 9.5% of inflows for protection-related reasons (with a slight decrease compared to 2020). For some communities, the presence of minors is particularly relevant: for citizens of Nigeria, El Salvador, Afghanistan and Peru, the share of persons under 18 in the total inflows in 2021 exceeds 23%» (ISTAT, Rapporto Annuale 2022, 2022).

2.2.1 Migrants and refugees in 2022 and early 2023

2022 then represented a new peak in arrivals both due to the new conflict in Ukraine and following the previous year's upward trend in landings from Africa. Concerning the first case, 173,638 new refugees have arrived (53.2% women, 18.3% men, 28.5% minors). Of these, 167,802 have applied and received temporary protection (CIR, 2023). The Ukrainian refugees resulted in a net increase of 75% of the existing community (UNHCR, Italy, Factsheet December 2022, 2023). At the moment, however, it is not possible to make reliable predictions about how this situation will develop. It is true that after only a few months, a (small) number of Ukrainian refugees have already left either to return home or to other countries. At the same time, the Ukrainian community in Italy is a long-standing presence, well rooted in the territory – although significantly skewed towards the female gender – and therefore capable of facilitating paths of integration (ISTAT, Rapporto Annuale 2022, 2022).

As far as new arrivals by sea are concerned, the more than 105,100 people who arrived on Italian shores in 2022 – of them 13,386 were UASC – represent an overall increase of almost one third compared to the total in 2021. (Mdl, Cruscotto statistico giornaliero 31-12-2022, 2022). Based on the identification processes carried out so far, the composition mostly appears to confirm recent trends regarding Africa the Indian subcontinent, and the Middle East:

Egypt	20,542	20%
Tunisia	18,148	17%
Bangladesh	14,982	14%
Syria	8,594	8%
Afghanistan	7,241	7%
Côte d'Ivoire	5,973	6%
Guinea	4,473	4%
Pakistan	3,188	3%
Iran	2,326	2%
Eritrea	2,101	2%
Others	17,561	17%
Total	105,129	100%

Anyway, of all these people, only about 77,200 (of which 1,660 UASC) have already applied for asylum or some form of protection. Moreover, measuring these figures together with the 45,200 first-time asylum applicants in 2021, it emerges that only 34.6% of the applications were already examined, resulting in still 80,005 asylum seekers on Italian territory at the end of 2022 (EUROSTAT, 2023).

Also, it is worth to point out that the increasing trend of new arrivals by sea seems to continue in early 2023: in the first three months there have already been more than 33,400 arrivals, – in 2022 on the same date they were “only” 8,432 – including around 7,200 minors (3,142 UASC), fleeing from the Middle East and North Africa, Sub-Saharan Africa, Central and South Asia (Mdl, Cruscotto statistico giornaliero 15-04-2023, 2023):

Côte d'Ivoire	5,568	17%
Guinea	4,208	12%
Pakistan	3,412	10%
Tunisia	2,764	8%
Egypt	2,685	8%
Bangladesh	2,339	7%
Cameron	1,590	5%
Syria	1,330	4%
Mali	1,053	3%
Burkina Faso	966	3%
Others	7,565	23%
Total	33,480	100%

Finally, several CAS centres were reopened to accommodate the growth in arrivals. As of 04/15/2023, the state of the reception system is as follows:

MIGRANT PRESENCE IN THE RECEPTION SYSTEM				
	Hotspots	CAP & CAS	SAI	Total presence
No. Tot	1,485	78,746	34,741	114,972

2.2.2 The special case of UASC

The issue of UASCs deserves a separate brief discussion. In general, although presence in absolute terms as well as differentiation by country of origin are variables that change over time, from the study of trends in recent years, three constants characterising UASC can be identified: age, gender composition, and tendency towards non-traceability. In fact, this group follows constantly a certain trend line, since the majority of UASC are between 15 and 17 years old (currently about 70% of them, but often over 90%). Moreover, this particular migration phenomenon almost exclusively involves male minors (often over 80-90% of them). – Concerning the underage girls, it has been noted that, in most cases, the UASC coming from West and sub-Saharan African countries are victims of trafficking for prostitution. – Finally, this sub-group generally shows a high percentage (sometimes thousands in absolute values) of "untraceable" minors, i.e., who leave the reception facilities and whose traces are lost. In fact, many minors, especially those who could apply for international protection, make themselves unavailable in order to continue their journey to northern European countries, with the desire to reunite with their families or their diasporas. In general, for many minors, staying in the Italian reception system is perceived as an obstacle on the road to socio-economic autonomy, especially in the presence of a strong family mandate, as in the case of North African minors (CeSPI, Primo Rapporto: 2020, 2020).

«The migration phenomenon of Unaccompanied Foreign Minors in Italy has become increasingly important over time. [...] Similarly to what happened to the presence of migrants in absolute terms, the presence of foreign minors arriving alone has intensified following the Arab revolutions that from Tunisia, in December 2010, rapidly spread to Egypt, Libya, Syria and other countries in the region. [...] During 2014 there was a significant increase in the number of admissions, connected to the significant increase in the flows of entry by sea. [...] According to Viminale data, 70,547 unaccompanied foreign minors arrived on Italian shores between 2014 and 2018.» (CeSPI, Primo Rapporto: 2020, 2020) After a significant decrease in arrivals in 2019 (-43%) and during the years of the covid-19 pandemic, the trend started to grow again markedly. At the end of 2021 there were 11,159 UASC in Italy. (CeSPI, Secondo Rapporto: 2021, 2021) Then, the presence of unaccompanied minors almost doubled in the course of a year, in large part due to the war in Ukraine, reaching more than 20,000 at the end of 2022. (ISMU, Unaccompanied foreign minors in 2022 in Italy., 2023) Finally, as of March 2023, 19,640 UASC were reported to be present on Italian territory: 85,4% males and 14,6 females (Mdi, REPORT MENSILE MINORI STRANIERI NON ACCOMPAGNATI (MSNA) IN ITALIA, 2023). The last Ministry of the Interior's monthly report (03/31/2023) also shows the following graph on their main citizenships:

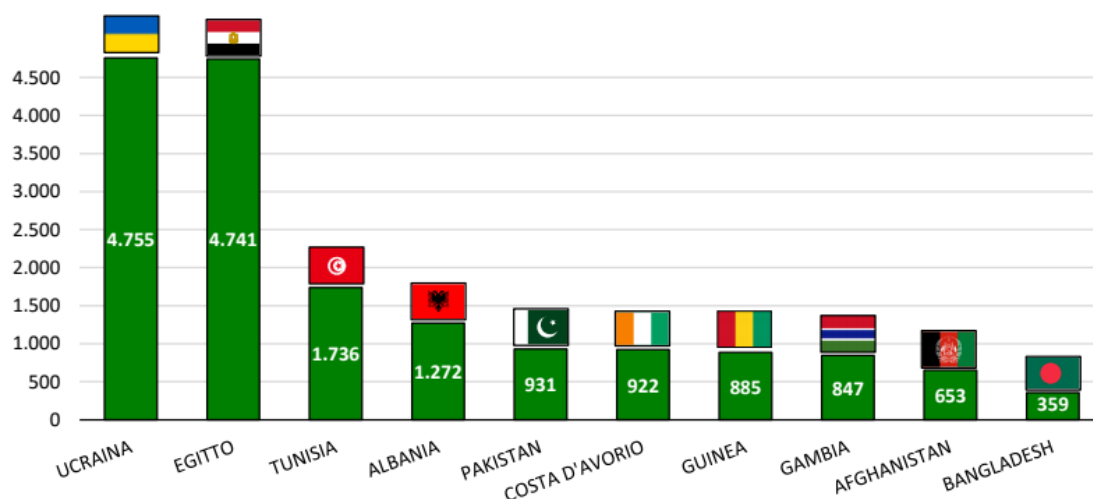


Figure 5: UASC BY CITIZENSHIP (absolute values). Graph from 'REPORT MENSILE MINORI STRANIERI NON ACCOMPAGNATI (UASC) IN ITALIA. Dati al 31 Marzo 2023' Edited by lavoro.gov.it, Mdi 2023

2.3 General Dimensions of the Foreign Population in Italy

The latest estimates (based, in turn, on census statistics in 2022) suggest a 3.9% increase in the number of foreigners residing in Italy as of 1 January 2023, giving a total figure between 5,050,176 and 5,213,699 persons (ISTAT, Rapporto Annuale 2022, 2022; ISTAT, Indicatori Demografici - anno 2022, 2023). Of these, more than 3.5 million are non-EU citizens (68,3%). These general figures include both adults and minors of all four main statuses mentioned above: regular migrants, refugees, beneficiaries of international protection, and asylum seekers. Despite the surge in arrivals reported over the past two years, these figures are to be seen within a stable trend of the foreign presence over the last ten-twelve years, which is only slightly increasing overall.

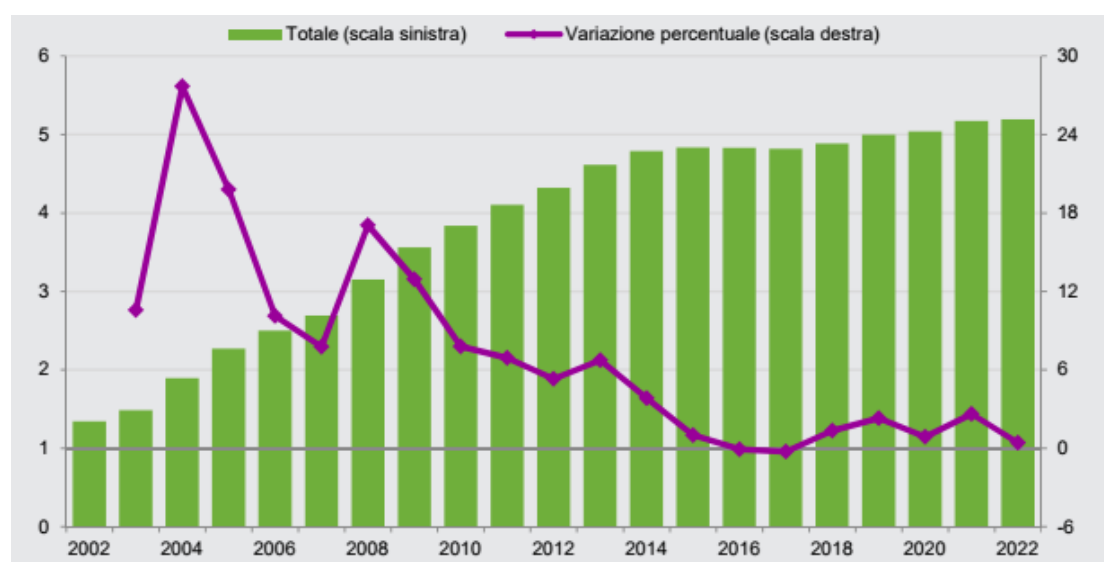


Figure 6: Resident foreign population in Italy. Years 2002-2022 (absolute values in millions on the left scale and annual percentage change on the right scale). Graph from 'Rapporto Annuale 2022', edited by ISTAT, July 2022.

However, in order to fully understand the real numerical extent of migration presence and, at the same time, the possible influences on health determinants, two peculiarities of the Italian

context must be considered: A) the complex dynamic between acquisitions of citizenship and second generations of migration; B) the complex relationship between the presence of so-called irregular migrants and their turnover in and out of the group of legal resident foreigners.

A) According to the latest available statistics, between 2011 and 2020 more than 1.2 million people acquired Italian citizenship. Also, it can be estimated that on 1 January 2021 the new citizens by acquisition of citizenship residing in Italy were about 1.6 million. Therefore, from this point of view, it can be considered that the overall population with a migratory background (both foreigners and Italians by acquisition of citizenship) the population of foreign origin has reached between 2021 and 2022 the quota of almost 6.8 – 6.9 million residents (ISTAT, Rapporto Annuale 2022, 2022).

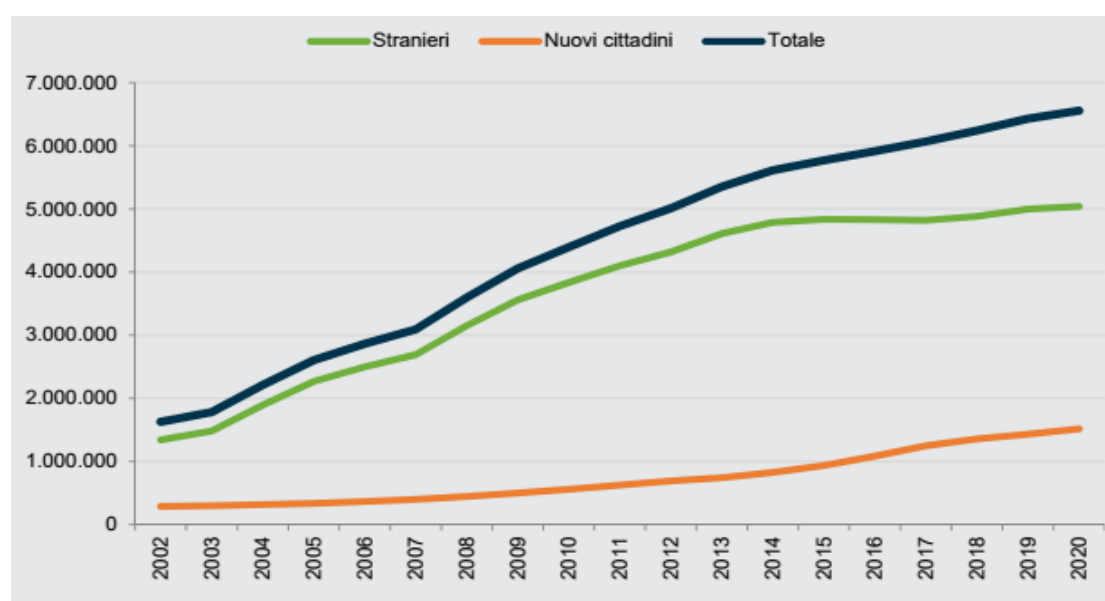


Figure 7: Foreigners and new citizens resident in Italy. Years 2002-2020 (absolute values, foreigners in green, new citizens in orange, total in blue). Graph from 'Rapporto Annuale 2022', edited by ISTAT, July 2022.

However, while it is important to consider this wider pool of people with a migration background, the classification of 'foreigners/Italians', in this case, is not a homogenous category and can be misleading in some circumstances, especially regarding the conditions, identity, or degree of integration of people. To better understand this, it is necessary to look at the distortions caused by the citizenship law concerning migration. Indeed, L. 91/1992 states that those whose parents (even if only their father or mother) are Italian citizens automatically acquire Italian citizenship at birth: actually, anyone who is the child of an Italian citizen according to the principle of *jus sanguinis*, whereas where one is born does not matter. Those born in Italy from both foreign citizens can apply for Italian citizenship at the age of 18 by proving that they have resided in Italy continuously since birth. The same law also says that Italian citizenship can be acquired by those who have resided in Italy for at least 10 years by proving that they meet the requirements of income (which remain discretionary but are in fact applied in many cases) and regularity of residence (G2, 2023). This legislative basis – criticised by most non-governmental organisations dealing with migration – has the main consequence that a considerable number of second generations of migrants are officially considered 'foreigners' even though they were born and raised in Italy. At the same time, there is a number of people (however small) who are officially considered Italian even though they have just arrived in Italy and their degree of integration is minimal.

The latest survey in this regard found that, as of 1 January 2018, there were approximately 1.316 million second-generation minors, including both “foreigners” and “Italians by hereditary transmission”. Of these, 991,314 were born in Italy (75,3%) and 325,181 were born abroad (24,7%). But of those born in Italy, as many as 78.5% (777,940) are still officially considered foreigners. While of those born abroad, 80.9% are actually considered foreigners and 19.1% are already naturalised Italians (ISTAT, *Identità e percorsi di integrazione delle seconde generazioni in Italia*, 2020). Although integration pathways are, in any case, individual and personal processes, it is plausible to assume that, not only minors already naturalised Italians, but also a large proportion of those considered 'foreign' born in Italy are significantly closer in identity, material conditions and degree of integration to Italian minors born of both Italian parents – though not in terms of recognition of rights and discriminatory experiences. This assumption seems to be confirmed, among others, by some surveys directly carried out in secondary and high schools (Openpolis, *L'inclusione delle seconde generazioni e il ruolo della comunità educante*, 2022). Ultimately, it is important to consider the complexity of this picture in approaching the overall figure of 5,050,000 or more resident foreigners, as well as in addressing the 1,600,000 and more new citizenships acquired in recent years.

B) The second peculiar factor influencing the population with migratory background present in the Italian territory is the impact of the irregular foreign presence. This is to be understood both in terms of the dynamics that characterise its formation, and in the extent of the constant turnover with the number of legally resident foreigners, also due to distortions in migration policies (MDP, 2022). According to the latest estimates, currently there are in Italy around 600,000 – 700,000 irregular migrants. Anyway, it is in fact a constantly present group, although with significant variations in quantity over the years: from the 1990s until nowadays the estimated average number of irregular migrants has been around 400,000, with lows of 140-160,000 and peaks of 750,000. More specifically, between 2010 and 2023, irregular migrants made up between 6 and 9% of the entire population with a migratory background in Italy (ISMU, *Stime stranieri irregolari ISMU, 1991-2021*, 2022).

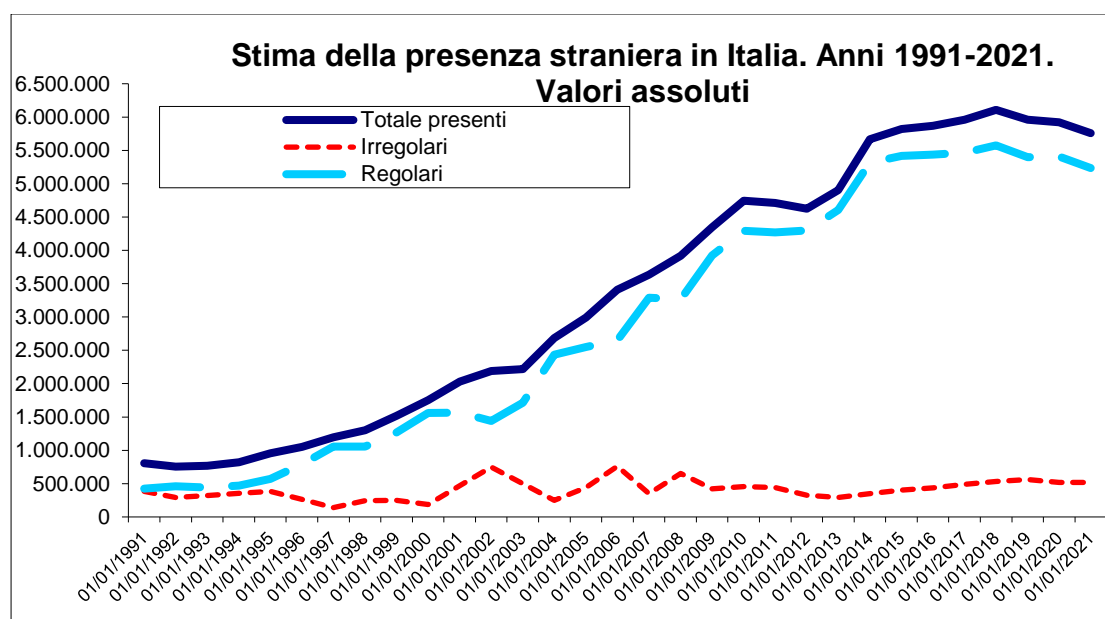


Figure 8 Estimated foreign presence in Italy. Years 1991-2021. (Absolute values: regular in light blue, irregular in red dashed, total in dark blue.) Graph from ‘*Stime stranieri irregolari ISMU, 1991-2021*’, edited by ISMU, 2022.

Apart from the relatively small percentage of people who are not immediately intercepted upon arrival in Italy, – for instance with false documents or without crossing at an official border crossing point – there are several processes that can lead a person to belong to the group of irregular migrants. Generalising a little, first, there are a few people who for various reasons do not apply for asylum/protection or do not get identified right at the level of hotspots and first reception. Usually, either they manage to get away from the centres without leaving traces – as in the above-mentioned case of several UASC – or more often they are transferred directly to the CPR with the prospect of repatriation. Nevertheless, the mechanisms for repatriation are structurally limited and historically unable to process the volume of people with an expulsion order or an illegal status. According to data collected since 2017, an average of about 4,800 people passes through CPR centres every year, but in fact just under half (48-49%) actually end up being repatriated. Almost all others (47%) are discharged on a legal basis (e.g. because the 90-day administrative detention period expires), but remain *de facto* illegally on the territory (Palma, de Robert, & Rossi, 2022; ISMU, Transiti nei CPR e Rimpatri anni 2016-2022, 2022).

Anyway, most of the irregular migrants are actually people who only subsequently lose their regular status and residence permit. Sometimes this happens within a relatively short-medium period of time (from a few months to two years). For example, in the case of people who obtain a seasonal work or short-term study permit and then, willing or unwilling, are not in a position to convert it into a long-term permit. Or in the case of asylum seekers to whom at the end of the verification process refugee status or humanitarian protection are denied. – This case occurs quite often: according to data presented by the Ministry of the Interior, from 2015 to 2021, out of a total of 515,640 asylum/protection applications, the average number of denials was 58% (Mdl, Quaderno Statistico per gli anni 1990-2020, 2021; Mdl, Confronto dati anno 2020 - 2021, 2022). – In other situations, the period of permanence may last several years: ranging from cases where long-term work permit or humanitarian or subsidiary protection is not renewed, up to extreme cases, such as those of some young second generations of migration who, once they reach the age of majority, are denied not only citizenship but also a residence permit due to insufficient income requirements or to bureaucratic formal flaws (G2, 2023). Non-compliance of administrative practices can be also the indirect cause of the irregular status. Indeed, various situations have been reported in which people have lost their jobs for this reason and consequently drifted out of regular circuits (Mangano, 2016; MSF, Fuori Campo. Secondo Rapporto, 2018; MEDU & UNHCR, Rapporto Margini, 2022). Moreover, in recent years it has frequently happened that changes in migration policies have reduced the types of protection, even changing the ongoing regular status of people (ISPI, I nuovi irregolari in Italia, 2018; ISPI, Fact-checking: migrazioni 2021, 2021).

Obviously, the ways of reacting to the condition of irregularity are extremely varied and individual. Anyway, it is worth noting that bureaucratic and judicial failures and obstacles cause that in many cases no expulsion order is officially formulated. Even more significant is the fact that even when this occurs, the expulsion decisions that are followed by actual voluntary or forced repatriation are actually a minority. According to last available data, between 2018 and 2021, out of 107,368 expulsion orders, only 21,366 people had actually returned to their country of origin through voluntary or forced repatriation, i.e., one fifth of the total (CdC, 2022; ISMU, Transiti nei CPR e Rimpatri anni 2016-2022, 2022). Ultimately, in many cases, people who lose their residence permit for whatever reason remain (at least for a certain time) in Italy. Yet, the main consequences of irregular status are of course the

worsening of access to health, educational, supplementary, and civic services (in a good number of cases also housing), as well as the impossibility of working legally. These conditions not only push people into social marginalisation, but often put them at risk of labour exploitation. In this sense, the phenomenon of *caporalato* (illegal recruitment) is exemplary: since decades it has been connoting the exploitation of people, especially in the agro-food chain – according to last data, more than 10,000 people (mostly from Romania, Morocco, India, Albania, Senegal, Pakistan and Nigeria) scattered in more than 150 illegal settlements – and only recently it has begun to be countered by statal interventions that try to coordinate all the stakeholders involved (ANCI, 2022; MLPS, Piano triennale di contrasto allo sfruttamento lavorativo in agricoltura e al caporalato 2020 - 2022, 2020).

To complete this picture, it is important to consider that there are also mechanisms that possibly return people to regular status – actually, it is not unusual for migrants and refugees to enter and leave the “official” Italian system more than once. Although no structural procedures are foreseen in this regard, in reality, over the last decades the political practice has been established – on all sides – of resorting to regularisation measures. In a first phase, official general amnesties were used, every 2-4 years, to (re)integrate the foreign presence that had inevitably leaked out of the reception system and remained on the margins of society. In more recent years, recourse has been rather had mainly to the so-called annual 'flow decrees' – which have just become three-yearly with the latest amendment of 2023. – These, in theory, should establish from time to time the quotas for the admission of new foreigners from abroad, but in fact present the features of a sort of disguised amnesty. The real difference is that these are rather stringent amnesties, dedicated only to certain economic sectors or professions (e.g. domestic helpers and carers), in order to address the great need for regularisation in a targeted manner. In both cases, however, they are technically procedures that allow people who meet certain criteria to self-disclose their irregular position by applying for a residence permit for work reasons, anchoring the requirements mainly to existing work relationships or job-seeking or third-party sponsorship (Colucci, 2020; ASGI, Caritas, Emergency, & al., 2022; ASGI, Diritto, CILD, & al., 2020).

In conclusion, to adherently approach the reality of the population with a migrant background in Italy, it is necessary to take into account that two dimensions, the regular and the irregular, have existed for decades, coexisting in parallel, but with numerous points of contact and mutual transition over the time.

2.4 Demography of the Resident Foreign Population

Beyond the most recent flows discussed above, the most up-to-date statistical data on the composition and demographic characteristics of the foreign population resident in Italy are those collected by the ISTAT census at the beginning of 2022. The following are some tables elaborated from the same data and edited by Tuttitalia.it.

EUROPE	Area	Males	Females	Total	%
Romania	European Union	467.255	616.516	1.083.771	21,54%
Albania	Central Eastern Europe	215.58	204.407	419.987	8,35%
Ukraine	Central Eastern Europe	50.032	175.275	225.307	4,48%
Moldova	Central Eastern Europe	38.948	75.966	114.914	2,28%
Poland	European Union	18.933	56.048	74.981	1,49%

North Macedonia	Central Eastern Europe	28.059	25.384	53.443	1,06%
Bulgaria	European Union	18.226	30.979	49.205	0,98%
Kosovo	Central Eastern Europe	20.791	16.273	37.064	0,74%
Russian Federation	Central Eastern Europe	6.901	30.081	36.982	0,74%
Germany	European Union	12.602	20.382	32.984	0,66%
Serbian Rep.	Central Eastern Europe	15.29	16.052	31.342	0,62%
Francia	European Union	11.412	17.323	28.735	0,57%
UK	European Union	13.575	14.78	28.355	0,56%
Spain	European Union	8.824	17.593	26.417	0,53%
Bosnia-Herzegovina	Central Eastern Europe	11.227	10.007	21.234	0,42%
Turkey	Central Eastern Europe	10.972	7.958	18.93	0,38%
Croatia	European Union	7.722	8.032	15.754	0,31%
Byelorussia	Central Eastern Europe	1.723	7.088	8.811	0,18%
The Nederland	European Union	3.748	4.619	8.367	0,17%
Slovakia	European Union	1.904	5.945	7.849	0,16%
Svitzerland	Other European countries	3.228	4.418	7.646	0,15%
Hungary	European Union	1.995	5.603	7.598	0,15%
Greek	European Union	3.33	3.563	6.893	0,14%
Portugal	European Union	2.977	3.606	6.583	0,13%
Austria	European Union	1.89	4.213	6.103	0,12%
Belgium	European Union	2.52	3.251	5.771	0,11%
Czech Rep.	European Union	871	4.3	5.171	0,10%
Lithuania	European Union	955	4.04	4.995	0,10%
Ireland	European Union	1.617	1.73	3.347	0,07%
Slovenia	European Union	1.627	1.564	3.191	0,06%
Sweden	European Union	1.029	2.004	3.033	0,06%
Leetonia	European Union	496	2.235	2.731	0,05%
Montenegro	Central Eastern Europe	900	1.042	1.942	0,04%
Denmark	European Union	748	1.106	1.854	0,04%
Finland	European Union	366	1.209	1.575	0,03%
San Marino	Other European countries	760	528	1.288	0,03%
Estonia	European Union	198	965	1.163	0,02%
Norwegian	Other European countries	440	584	1.024	0,02%
Malta	European Union	283	436	719	0,01%
Cipro	European Union	104	174	278	0,01%
Luxemburg	European Union	125	138	263	0,01%
Island	Other European countries	62	86	148	0,00%
Principate of Monaco	Other European countries	23	13	36	0,00%
Città del Vaticano	Other European countries	14	12	26	0,00%

Liechtenstein	<i>Other European countries</i>	8	10	18	0,00%
Andorra	<i>Other European countries</i>	4	5	9	0,00%
Total EUROPE		990.294	1.407.543	2.397.837	47,66%

<i>AFRICA</i>	<i>Area</i>	Males	Females	Total	%
Morocco	<i>North Africa</i>	228.481	191.691	420.172	8,35%
Egypt	<i>North Africa</i>	92.658	47.664	140.322	2,79%
Nigeria	<i>West Africa</i>	68.742	50.693	119.435	2,37%
Senegal	<i>West Africa</i>	81.345	29.418	110.763	2,20%
Tunisia	<i>North Africa</i>	62.031	36.971	99.002	1,97%
Ghana	<i>West Africa</i>	32.634	15.646	48.28	0,96%
Côte d'Ivoire	<i>West Africa</i>	18.892	9.493	28.385	0,56%
Gambia	<i>West Africa</i>	20.989	837	21.826	0,43%
Mali	<i>West Africa</i>	19.05	958	20.008	0,40%
Algeria	<i>North Africa</i>	11.464	6.534	17.998	0,36%
Cameron	<i>Central Southern Africa</i>	8.174	6.839	15.013	0,30%
Burkina Faso	<i>West Africa</i>	9.595	4.572	14.167	0,28%
Guinea	<i>West Africa</i>	10.218	1.578	11.796	0,23%
Somalia	<i>East Africa</i>	6.388	1.982	8.37	0,17%
Eritrea	<i>East Africa</i>	3.493	3.082	6.575	0,13%
Ethiopia	<i>East Africa</i>	2.624	3.734	6.358	0,13%
Togo	<i>West Africa</i>	3.631	1.811	5.442	0,11%
Mauritius	<i>East Africa</i>	2.212	2.835	5.047	0,10%
Capo Verde	<i>West Africa</i>	1.278	2.416	3.694	0,07%
D.R. of Congo	<i>Central Southern Africa</i>	1.702	1.733	3.435	0,07%
R. of Congo	<i>Central Southern Africa</i>	1.384	1.429	2.813	0,06%
Libya	<i>North Africa</i>	1.802	840	2.642	0,05%
Kenya	<i>East Africa</i>	896	1.59	2.486	0,05%
Benin	<i>West Africa</i>	1.56	903	2.463	0,05%
Sudan	<i>North Africa</i>	1.891	553	2.444	0,05%
Guinea Bissau	<i>West Africa</i>	2.07	220	2.29	0,05%
Sierra Leone	<i>West Africa</i>	1.528	465	1.993	0,04%
Niger	<i>West Africa</i>	1.314	335	1.649	0,03%
Madagascar	<i>East Africa</i>	426	1.084	1.51	0,03%
Tanzania	<i>East Africa</i>	531	663	1.194	0,02%
Liberia	<i>West Africa</i>	933	211	1.144	0,02%
Angola	<i>Central Southern Africa</i>	566	542	1.108	0,02%
Mauritania	<i>West Africa</i>	560	171	731	0,01%
Sud Africa	<i>Central Southern Africa</i>	286	420	706	0,01%
Burundi	<i>East Africa</i>	255	396	651	0,01%
Uganda	<i>East Africa</i>	249	324	573	0,01%

Ruanda	East Africa	241	316	557	0,01%
Gabon	Central Southern Africa	244	220	464	0,01%
Chad	Central Southern Africa	344	78	422	0,01%
Mozambique	East Africa	139	213	352	0,01%
Seychelles	East Africa	107	232	339	0,01%
Zambia	East Africa	116	139	255	0,01%
Zimbabwe	East Africa	89	136	225	0,00%
Equatorial Guinea	Central Southern Africa	103	88	191	0,00%
Central African R.	Central Southern Africa	112	56	168	0,00%
Sud Sudan	North Africa	81	30	111	0,00%
Malawi	East Africa	26	39	65	0,00%
Namibia	Central Southern Africa	6	21	27	0,00%
São Tomé e Príncipe	Central Southern Africa	11	16	27	0,00%
Djibouti	East Africa	13	11	24	0,00%
Botswana	Central Southern Africa	5	9	14	0,00%
Eswatini	Central Southern Africa	7	6	13	0,00%
Lesotho	Central Southern Africa	6	4	10	0,00%
Comroe	East Africa	3	4	7	0,00%
Total AFRICA		703.505	432.251	1.135.756	22,58%

ASIA	Area	Males	Females	Total	%
China	East Asia	152.332	147.884	300.216	5,97%
India	South Central Asia	94.736	67.756	162.492	3,23%
Bangladesh	South Central Asia	113.368	45.635	159.003	3,16%
Philippine	East Asia	68.771	90.226	158.997	3,16%
Pakistan	South Central Asia	96.571	37.611	134.182	2,67%
Sri Lanka	South Central Asia	57.002	51.067	108.069	2,15%
Georgia	West Asia	3.565	19.342	22.907	0,46%
I.R. of Iran	West Asia	7.203	6.806	14.009	0,28%
Afghanistan	South Central Asia	11.466	2.081	13.547	0,27%
Japan	East Asia	1.786	5.069	6.855	0,14%
Syria	West Asia	3.626	2.483	6.109	0,12%
Iraq	West Asia	4.764	1.279	6.043	0,12%
Thailand	East Asia	552	4.897	5.449	0,11%
Lebanon	West Asia	2.624	1.458	4.082	0,08%
South Korea	East Asia	1.524	2.029	3.553	0,07%
Indonesia	East Asia	463	2.593	3.056	0,06%
Kirghizstan	South Central Asia	423	1.523	1.946	0,04%
Kazakhstan	South Central Asia	316	1.608	1.924	0,04%
Israeli	West Asia	972	798	1.77	0,04%

Nepal	South Central Asia	991	701	1.692	0,03%
Vietnam	East Asia	507	1.068	1.575	0,03%
Jordan	West Asia	884	554	1.438	0,03%
Armenia	West Asia	589	798	1.387	0,03%
Palestine	West Asia	893	353	1.246	0,02%
Uzbekistan	South Central Asia	320	783	1.103	0,02%
Azerbaijan	West Asia	471	435	906	0,02%
Taiwan	East Asia	167	431	598	0,01%
Malaysia	East Asia	273	231	504	0,01%
Myanmar	East Asia	119	209	328	0,01%
Yemen	West Asia	159	104	263	0,01%
Mongolia	East Asia	63	173	236	0,00%
Singapore	East Asia	50	153	203	0,00%
Cambodia	East Asia	63	134	197	0,00%
Saudi Arabia	West Asia	98	44	142	0,00%
Timor Est	East Asia	16	71	87	0,00%
North Korea	East Asia	27	46	73	0,00%
Tajikistan	South Central Asia	34	33	67	0,00%
Kuwait	West Asia	42	24	66	0,00%
Turkmenistan	South Central Asia	16	49	65	0,00%
Laos	East Asia	13	47	60	0,00%
Qatar	West Asia	32	5	37	0,00%
Bhutan	South Central Asia	13	10	23	0,00%
Bahrein	West Asia	12	10	22	0,00%
UAE	West Asia	13	7	20	0,00%
Oman	West Asia	11	7	18	0,00%
Maldives	South Central Asia	13	1	14	0,00%
Brunei	East Asia	1	2	3	0,00%
Total Asia		627.954	498.628	1.126.582	22,39%

AMERICA	<i>Area</i>	Males	Females	Total	%
Perú	Central and South America	39.899	54.232	94.131	1,87%
Ecuador	Central and South America	29.424	37.166	66.59	1,32%
Brazil	Central and South America	14.274	33.044	47.318	0,94%
Dominican Rep.	Central and South America	11.444	17.368	28.812	0,57%
Cuba	Central and South America	6.405	15.094	21.499	0,43%
El Salvador	Central and South America	8.661	11.947	20.608	0,41%
Colombia	Central and South America	7.487	11.538	19.025	0,38%
USA	North America	6.341	8.155	14.496	0,29%
Bolivia	Central and South America	5.071	7.853	12.924	0,26%
Venezuela	Central and South America	4.347	7.686	12.033	0,24%

Argentina	Central and South America	4.797	5.725	10.522	0,21%
Mexico	Central and South America	1.579	3.188	4.767	0,09%
Honduras	Central and South America	1.042	2.081	3.123	0,06%
Chile	Central and South America	1.303	1.71	3.013	0,06%
Canada	North America	794	1.193	1.987	0,04%
Paraguay	Central and South America	503	1.311	1.814	0,04%
Uruguay	Central and South America	458	712	1.17	0,02%
Dominica	Central and South America	410	666	1.076	0,02%
Guatemala	Central and South America	315	590	905	0,02%
Nicaragua	Central and South America	252	523	775	0,02%
Costa Rica	Central and South America	169	354	523	0,01%
Haiti	Central and South America	149	187	336	0,01%
Panama	Central and South America	94	240	334	0,01%
Jamaica	Central and South America	59	69	128	0,00%
Trinidad e Tobago	Central and South America	10	29	39	0,00%
Guyana	Central and South America	8	10	18	0,00%
Barbados	Central and South America	7	10	17	0,00%
Bahamas	Central and South America	7	9	16	0,00%
Antigua e Barbuda	Central and South America	6	6	12	0,00%
Belize	Central and South America	6	5	11	0,00%
Saint Lucia	Central and South America	4	7	11	0,00%
Grenada	Central and South America	5	4	9	0,00%
Saint Kitts e Nevis	Central and South America	4	3	7	0,00%
Suriname	Central and South America	2	5	7	0,00%
Saint Vincent e Grenadine	Central and South America	2	3	5	0,00%
Total America		145.338	222.723	368.061	7,32%

OCEANIA	<i>Area</i>	Males	Females	Total	%
Australia	Oceania	567	854	1.421	0,03%
New Zealand	Oceania	158	160	318	0,01%
Samoa	Oceania	18	21	39	0,00%
Papua Nuova Guinea	Oceania	19	12	31	0,00%
Fiji	Oceania	9	14	23	0,00%
Tonga	Oceania	7	6	13	0,00%
Salomon Island	Oceania	0	5	5	0,00%
Vanuatu	Oceania	1	3	4	0,00%

Kiribati	Oceania	2	0	2	0,00%
Island Marshall	Oceania	1	0	1	0,00%
Micronesia	Oceania	1	0	1	0,00%
Palau	Oceania	0	1	1	0,00%
Total Oceania		783	1.076	1.859	0,04%

<i>Stateless persons</i>	//	Males	Females	Total	%
Total Stateless persons		328	293	621	0,01%

According to the ISTAT annual report 2022: «The different communities in Italy follow different patterns of integration. The specificities partly depend on the different degree of maturity reached by the presence on the territory. [However, the] migratory projects developed by the many citizenships present in Italy are multiple, over and above the average duration of the community's presence, since very often they also respond to the living conditions and political and social stability in the country of origin. One very important difference concerns the gender structure of the foreign presence, which is on the whole balanced: the gender ratio is 95 women for every 100 men. However, the overall balance conceals strong imbalances within the different communities. This is the case, for example, with some Eastern European citizenships that are strongly unbalanced in terms of women, such as Ukrainian and Russian citizenships for which the female component exceeds 75% of the total presence. More balanced is the gender ratio for Romanian citizenship for which women still account for almost 58% of residents (as of 1 January 2021). Other communities, such as Bangladesh, Egypt and Pakistan, are, on the other hand, unbalanced in favour of men, with the percentage of women between 28% and 34%.»

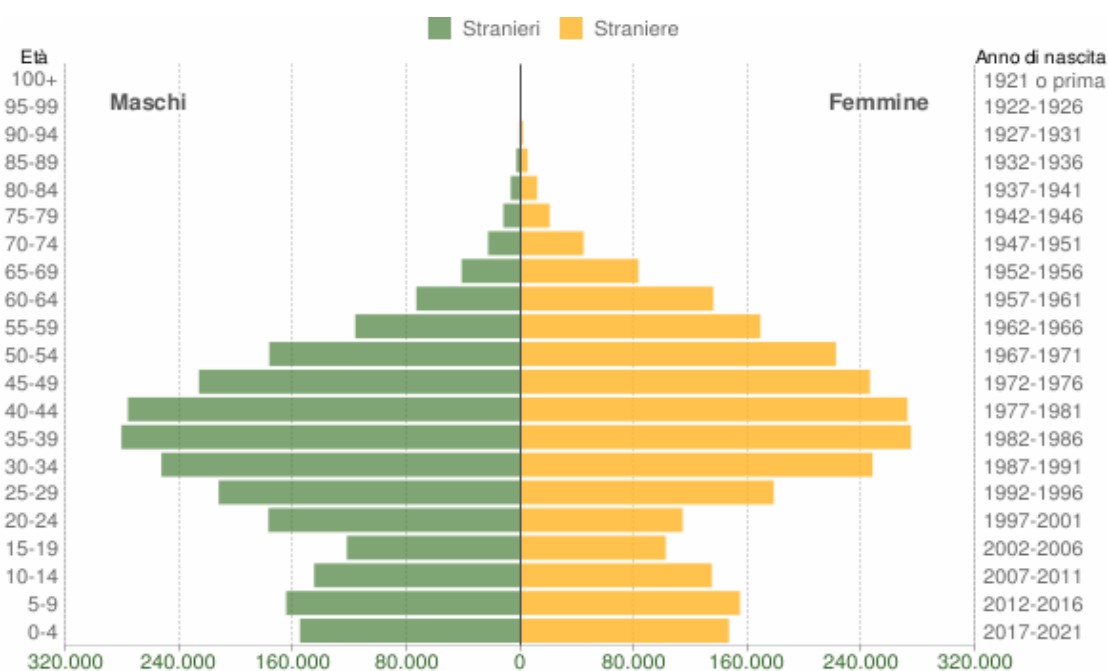


Figure 9: Distribution of the foreign population by age and gender (males in green, females in yellow). Data elaborated from (ISTAT, Rapporto Annuale 2022, 2022), edited by TuttItalia.it, 2023.

«The largest age group is that of 30-44 year olds, with an incidence of 30.9%. In general, almost 2 out of 5 non-EU foreigners (37.3%) are under the age of 30 and almost 7 out of 10 (68.2%) under the age of 45, while the over 45s do not even reach a third of the total (31.8%). The great predominance of young people also influences the marital status of this segment of the population, which in 3 out of 5 cases (59.6%) is made up of unmarried persons (single and single, amounting to more than 2,121,000 people), while the remainder is represented almost entirely by married persons (1,405,000, or 39.5% of the non-EU). The 18,000 widowed, the approximately 12,000 divorced and the more than 5,000 separated only come close to 1% of the total» (ISS, I numeri, 2022).

3. Factors affecting the Psychological Wellbeing in Migrant/Refugee Population

It is extremely difficult to provide an exhaustive and precise picture of the factors influencing the mental health status of migrants and refugees. «Determinants of health include a variety of individual, social and environmental factors that can cause poorer health outcomes among refugees and migrants compared with host populations. The determinants are highly interconnected and often interdependent. Many researchers consider the displacement and migration process to be a determinant in itself. Refugees and migrants are affected by the same determinants that affect the rest of humanity. However, their migratory status can add a layer of complexity that, when combined with other determinants, makes them particularly vulnerable to specific health risks, thereby affecting their overall health. [Given this premise, it is also important to consider that] social determinants disproportionately affect populations that are most vulnerable. When exploring the health of refugees and migrants, it is the social determinants of health (rather than diseases or medical conditions themselves) that explain most of their poor health outcomes. Key social determinants include income and social protection, level of education, unemployment and job insecurity, working conditions, food insecurity, housing and basic amenities, early childhood development, social inclusion and non-discrimination, conflict, and access to affordable health services of good quality.» (WHO, World report on the health of refugees and migrants, 2022)

Regarding mental health, a general approximation can be attempted by distinguishing the determinants with the (likely) greatest impact in the period before and during the migratory movement from those that are more relevant once they have reached the Italian territory. Anyways, it is important to bear in mind that this is not a rigid distinction.

3.1 Mental Health Stressors before and during migration

The review of the scientific literature underlying the above quoted 'World report on the health of refugees and migrants' (WHO, World report on the health of refugees and migrants, 2022) shows that, from a global perspective, migrant populations are not inherently less healthy than host populations and has no less healthy behaviors in the first instance. This overview confirms also the non-existence, to a significant extent, of 'import diseases' among migrants in Italy, which had already emerged in a previous report on the European Region (WHO, Report on the health of refugees and migrants in the WHO European Region, 2018). These data, referring to the overall epidemiology, had partially proven to be valid in the psychiatric field as well: hospitalization rates for mental diagnoses among migrants in Italy were particularly low despite what might have been expected due to the presence of risk factors related to the migration experience.

To this regard, a large number of studies, including in the field of psychology, conducted between the 1990s and the mid-2010s had highlighted the so-called "healthy migrant effect." Basically, the finding that most «migrants leave their countries healthy, which is quite obvious, if one considers how challenging the migration route generally is, and how it requires good health to cope» (Geraci & Mazzetti, 2019). Unfortunately, the change in migration flows to Italy in the last decade – see the previous chapter – have begun to transform this picture. Indeed, more and more people are leaving fleeing desperate situations of grave danger. WHO's General Director himself, presenting the latest report, also said that this trend is likely to continue in the coming years due to the increase of interconnected factors such as conflict,

climate change, sociopolitical instability, and inequality (ISS, Salute dei migranti: un nuovo report OMS, 2022). Thus, among the first pre-migratory stressors influencing mental health – particularly of refugees and displaced people – can be the following most significant (CSI, 2021; WHO, World report on the health of refugees and migrants, 2022; T. & H., 2020; Uphoff, Robertson, & Cabieses, 2020; Beiser & Hou, 2001; Allen, Balfour, Bell, & Marmot, 2014; Arega, 2017; Idemudia & Boehnke, 2020):

- traumatic events (conflict, human rights violation, sexual violence);
- reduced/impossible access to healthcare;
- reduced/impossible access to primary services, including education;
- pre-migration mental disorders.

In addition to these, there are peri-migratory factors related to the migration process itself as well as to the route to be taken. First, the detachment from the family environment and from one's own community can be, as losing social and psychosocial support networks, a factor of significant psychic suffering (Sanfelici, Wellman, & Mordeglia, 2021; Blackmore, Boyle, Fazel, & al., 2020; Morina, Akhtar, Barth, & Schnyder, 2018). Secondly, a number of generally relevant stressors can be highlighted with regard to the impact of the route travelled (CSI, 2021; WHO, World report on the health of refugees and migrants, 2022; Al-Hourani, Azzam, & Jaber, 2019; Allen, Balfour, Bell, & Marmot, 2014; Arega, 2017; Jamaluddine, Sahyoun, & Choufani, 2019; Napier, Oldewage-Theron, & Makhaye, 2018; UNHCR, Vulnerability Assessment of Syrian Refugees in Lebanon, 2020; Idemudia & Boehnke, 2020; Angeletti, Ceccarelli, Bazzardi, & al., 2020):

- duration of the travel;
- economic capabilities;
- food insecurity;
- absence of drinking water;
- absence of comfortable accommodation;
- (re)traumatising events;
- enforced detention.

Starting for this background, some specificities are worth pointing out in the specific case of migratory flows to Italy. Unfortunately, no conclusive studies are yet available concerning the large number of refugees that have recently arrived from Ukraine, but some contingencies typical of the routes by sea and the Balkan can be highlighted. As mentioned previously, in the last years the Central Mediterranean Route has proved to be the deadliest one, leading to the constant need for rescue operations by sea – sometimes carried out mostly by NGOs and even obstructed by the Italian governments themselves, thus, aggravating the conditions of the rescued people (OHCHR, 2021). In addition to this, the constant flow of migrants and refugees from sub-Saharan and West Africa, as well as those from the Middle East via North Africa, must first and foremost pass through territories characterised by poverty and political instability, including conflict. In this context, a dense criminal network dedicated to kidnapping, extortion, and human trafficking has taken root over the years between Tunisia, Libya and Egypt, resorting also to torture, exploitation, sexual violence and other brutal practices. Moreover, there have been increasing reports from international non-governmental organisations on how this criminal dimension has become synergistically integrated with arbitrary detention and coastal control practices implemented by the local authorities. Unfortunately, the aforementioned European policy of borders externalisation –

particularly the agreements made and renewed by Italy since 2017 – has played a decisive role in exacerbating this vicious circle. (AI, 2021; ARCI P.C., 2021; ASGI, L' ESTERNALIZZAZIONE DELLE FRONTIERE E DELLA GESTIONE DEI MIGRANTI, 2019; Idemudia & Boehnke, 2020; MPE, La Tunisia non è né un paese di origine sicuro né un luogo sicuro di sbarco, 2023; StC, Nascosti in piena vista - frontiera sud, 2023; MEDU, The Torture Factory, 2020). This set of criticalities means that currently, regardless of pre-migratory conditions and reason for leaving, many migrants and refugees already present trauma, psychopathological elements or conditions of extreme psychic vulnerability right upon arrival in Italy, anticipating the so-called 'exhausted migrant effect', thus, counteracting the healthy migrant effect (Angeletti, Ceccarelli, Bazzardi, & al., 2020; Aragona, Salvatore, Mazzetti, & al., 2020). The same policy of externalisation has also had repercussions on the Balkan route, in a context less characterised by the presence of entrenched criminal activities, but still systemically marked by episodes of harassment and intentional violence – typical are the so-called 'informal rejections' through violence – as well as by conditions of deprivation and indigence. The recent Covid-19 pandemic has also led to a significant worsening of temporary accommodation and transit situations, exacerbating the already widespread feelings of anxiety, intimidation and isolation, with further serious impacts on mental health (Chiodi & Coletti, 2021; Astuti, Bove, Brambilla, & al., 2020; ICS, 2021; BVMN, The black book of pushbacks - Volume I, 2020; BVMN, The black book of pushbacks - Volume II, 2020).

Given these basic elements, it is useful to consider then other cross-cutting mental health determinants in the context of the pre- and peri-migratory phase. Regarding gender and sex, the latest WHO report highlights some main patterns impacting differently females, males, and generally LGBTIQ+ people. About the heightened health risks for women and girls: (Redden, Safarian, Schoenborn, & al., 2021; Shorey, E., & Downe, 2021; Im, Swan, & Isse, 2020; Usta, Masterson, & Farver, 2019; Nlзраne, Ossewaarde, & Need, 2019; Oliveira, Keygnaert, do Rosário Oliveira Martins, & Dias, 2018; UNICEF, Uncertain Pathways: How gender shapes the experiences of children on the move, 2021; WHO, World report on the health of refugees and migrants, 2022):

- unique challenges and vulnerabilities, such as unique privacy and security challenges in accessing water, sanitation and hygiene services and facilities, including for menstrual hygiene management;
- many displaced and refugee women are in their prime childbearing years. Thus, their health requires additional medical services for prenatal, labour, and delivery, and postpartum care. – Particularly, war exposure and daily stress can affect the general mental health of mothers and, thus, increase the risk of negative parenting behaviour, contributing to poorer psychosocial outcomes for children;
- female refugees and migrants faced high levels of sexual and gender-based violence, which is linked to trauma, poor mental health outcomes, and increased vulnerability to suicide and self-harm;
- practices such as female genital mutilation (FGM) and early marriage can drive girls to migrate in order to seek safer places.

On the other hand, regarding the specific stressors on mental health among men and boys, the following has been highlighted: (Mundy, Foss, Poulsen, & al., 2020; R., D., L., & O., 2017; Liebling, H., & L., 2020; L., E., & Rolland, 2020; P., S.M., Pessotti Aborghetti, & P., 2021; Belanteri, Hinderaker, & Wilkinson, 2020):

- in particular contexts (including migration to Italy), a greater exposure to the risk of physical violence, including torture, beatings and imprisonment – often as a result of political violence or driven by state actors. – These can result in a high burden of post-traumatic physical and psychological morbidity, as well as a poorer quality of life and social isolation;
- an often-ignored rate of sexual violence (lower compared to females, but still present). - In the Mediterranean zone has happened that 28% of sexual assault survivors reported were men. Most of them had experienced it during the migration period rather than in their country of origin.

«LGBTIQ+ refugees and migrants face particular risks and vulnerabilities as a result of their sexual orientation, gender identity, gender expression and sex characteristics, similar to LGBTIQ+ people among the host population. However, migratory status adds an additional layer of complexity.» (WHO, World report on the health of refugees and migrants, 2022) During the pre- and peri-migration period these are mostly (E., Hatzenbuehler, Berg, & al., 2017; Golembe, Leyendecker, Maalej, & al., 2020; Hopkinson, Keatley, Glaeser, & al., 2016; Alessi, Kahn, Greenfield, & al., 2020; Kostenius, Hertting, Pelters, & C., 2021; Clark, Pachankis, Khoshnood, & al., 2020; Rosati, Coletta, Pistella, & al., 2021):

- in the African Region these groups lack social support, face stigma and discrimination, and experience limited access to and poor treatment from local health services more often than the average of the other population. – In a study emerged that 40% of the men who have sex with men (MSM) from several migrant originated countries indicated that their reason for migration was to affirm their sexual orientation;
- displaced MSM and transgender women tend to present higher levels of psychiatric comorbidities compared with their counterparts in the host population as a result of experiencing both displacement- and stigma-related stressors;
- compared with other migrants, transsexual and transgender individuals experienced higher levels of violence, including sexual and psychological violence.

Age constitutes another significant cross-cutting factor in the initial stages of migration. Although there are fewer studies on the older migrant and refugee population, it is significant to note that recent changes in migration flows due to catastrophic events, famine and violent conflicts are leading an increasing number of this target population to move. Most studies to date, however, have focused on minors. On the one hand, evidences show that immigrant preadolescents are more exposed to psychopathological risk multi-factors than native peers. (Riva, Nachinovich, Brivio, & al., 2018) On the other hand, «UASC from the WHO African Region and WHO Eastern Mediterranean Region migrating to Europe often follow the Central Mediterranean Route or Eastern Mediterranean Route. However, the Central Mediterranean Route is particularly dangerous (Brauzzi & V., 2022)s for UASC as they are more likely not only to travel alone but also to be exploited, spend more time in transit, and have limited access to protective systems.» (WHO, World report on the health of refugees and migrants, 2022) Other elements related to the particularly high risk of developing psychological problems among UASC are (UNICEF, Harrowing Journeys: Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation, 2017; UNICEF, Buone pratiche di supporto psicosociale e salute mentale per adolescenti e giovani migranti e rifugiati in Italia, 2022; Brauzzi & V., 2022; Longobardi, G., & Prino, 2017):

- physical or psychological abuse in pre-migration time – moreover, a study on UASC in Italy (coming from Egypt, Albania, Senegal, Bangladesh, Gambia, Morocco, and Mali) reported that more than half were sexually abused before or during their migration.
- forced labour, reported by almost 50% of them passing through the Central Mediterranean Route;
- the effects of forced separation from the family, death of a family member and/or lack of social support.

3.2 *Mental Health Stressors in the Italian Context*

«Pre-migration trauma does predict mental disorders and PTSD, but the post-migration context can be an equally powerful determinant of mental health. Moreover, post-migration factors may moderate the ability of refugees to recover from pre-migration trauma.» (Hynie, 2018) However, it is only in recent years that a more substantial number of studies have begun to emerge on post-migration mental health determinants, – especially in the medium and long term – showing that especially social, economic, and environmental determinants, as well as access to health care, seem to play a predominant role. (IOM, WORLD MIGRATION REPORT 2020, 2020; Allen, Balfour, Bell, & Marmot, 2014; CSI, 2021; M., D., M., & S., 2012) Even more recent and few are the studies on the positive and negative effects of different reception systems, particularly the Italian one. Yet, the evidence gathered so far by this line of research seems to indicate that even the primary and first reception phase can play a decisive role in the worsening of migrants' and refugees' mental health – in accordance with what has been reported in other European contexts. (Nante, Gialluca, & De Corso, 2016; Barbieri, Visco-Comandini, Pirchio, & al., 2020; Crepet, Rita, A., & al., 2017; Hajak, Sardana, Verdelli, & Grimm, 2021) Starting from this frame, an attempt is hereunder made to outline the available relevant findings, also giving an account of the indications from international studies on comparable contexts.

Bearing in mind the current structural weaknesses and practical distortions of the Italian reception, it is significant to firstly point out that the actual conditions under which the primary reception process takes place are often inadequate. Indeed, despite the existence of specific protocols, guidelines, and recommendations on mental health at least since 2017, – see chapter 5 – the situations in Italian Hotspots, CAP and CAS are often variously characterised by environmental stressors, deprived conditions, and structural limits, such as: strong overcrowding; geographic and social isolation of the facility; unsuitability of massive facilities; lack of training of all stakeholders (not only health professionals); qualitative and/or quantitative lack of necessary staff; difficulty accessing the National Health System; difficulty accessing psycho-social and/or legal support; episodes of social degradation, violence and illegality; and very long stay. These daily life elements may affect migrants' and refugees' mental health as stressors and re-traumatising experiences, crucially contributing to the emergence of the Pervasive PTSD profile characterised by the symptoms highest severity, to higher prevalence of distress related to health problems, as well as to psychological disorders such as somatization disorder, psychotic disorder, anxiety disorder, and depression (Barbieri, Visco-Comandini, Pirchio, & al., 2020; Minihan, Liddell, Byrow, & al., 2018; Crepet, Rita, A., & al., 2017; Marchetti, Preziosi, & Zambri, 2023).

Without the possibility of offering an exhaustive picture, studies directly referring to the Italian context have highlighted some specific, partially mirrored, positive and negative

determinants (facilitators/barriers) of migrants' and refugees' mental health. Among the first are (Griffiths, Tarricone, Berardi, & al., 2017; Tessitore, Parola, & Margherita, 2022; CSI, 2021):

- language skill of patients;
- involvement of patients' family;
- voluntary services;
- organisation of the mental health system;
- specialist cultural psychiatric services.

In contrast, the following negative determinants were highlighted (Griffiths, Tarricone, Berardi, & al., 2017; CSI, 2021; Marchetti, Preziosi, & Zambri, 2023; Crepet, Rita, A., & al., 2017; Zambri, Marchetti, Colaceci, & al., 2020):

- patients' perceptions;
- lack of family support;
- poor funding of the mental health system;
- cultural knowledge of mental health workers;
- language skill of mental health workers.

In addition to the general importance of implementing mental health and support services, from this framework emerges the particular importance of training in ethnopsychiatry and transcultural psychiatry, as well as the fundamental role played by cultural mediators.

Finally, it is useful to complement this overview with two significant gender-related patterns involved in the first reception process. The latest WHO thematic report (2022) highlights that «LGBTQI+ people seeking refugee status [...] reported suffering negative psychological impacts while completing the refugee claims process. Reasons for this included re-traumatization while recounting experiences of violence and persecution, compressed service timelines leading to mental health and identity crises, and the additional burden of proving that they are members of a sexual or gender minority as part of the process.» On the other hand, «because men are not traditionally recognized as a vulnerable subgroup in the same way as women or children, the needs of men may be overlooked or neglected along the migration journey, particularly those relating to the provision of health services. [...] Cases of sexual violence among refugee and migrant boys and men are often underreported as a result of social and cultural stigma and the belief that men cannot be raped. [...] Many met negative attitudes in health care providers and staff, such as disbelief and lack of empathy, and were subjected to humiliating comments from service providers with xenophobic and homophobic misconceptions of male-on-male sexual violence.» (WHO, World report on the health of refugees and migrants, 2022; Chynoweth, Buscher, & Zwi, Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study, 2020; Chynoweth, Buscher, Martin, & Zwi)

4. Mental health difficulties

«From the various studies (e.g., Morina et al., 2018) regarding the health status of refugees, a great difficulty in estimating the prevalence of psychopathologies in this population has emerged; in fact, reviews show a very wide variation, ranging from 3% to 88% for post-traumatic stress disorder (PTSD) and from 5% to 80% for depression. These data were confirmed by a review conducted in 2018 (Morina et al., 2018), which found large differences not only regarding the prevalence rates of mood disorders, but also for alcohol dependence disorders and psychotic symptoms, concluding that these widely varying results are caused by a lack of studies on the subject. [...] A recently published study (Henkelmann et al., 2020) conducted a systematic review and meta-analysis regarding the prevalence of self-reported and diagnosed disorders in samples of adult refugees, children and adolescents resettled in high-income countries. In particular, anxiety disorders, depressive disorders and post-traumatic stress disorder were assessed. The study, analysing a total of 66 items, estimated that 1 in 3 refugees had a diagnosis of depression and post-traumatic stress disorder, while the presence of anxiety disorders was estimated to be 1-2 refugees in every 10. These data suggest frequent mental suffering that could hinder individuals' functioning and consequently their adaptive capacities (UNHCR, 2019; Edlund et al., 2018).» (Andrei Mitroi, 2023)

Given the complexity of the migration phenomenon and the relatively small number of studies on the prevalence of psychological disorders and problems in the migrant population in Italy, four excerpts of the main results available are given below for comparison, try to outlining a mixed picture.

- 1) cross-sectional study on mental health and discrimination among migrants from Africa: «Participants were 293. The prevalence of depression, anxiety, and PTSD was: 12.1%, 12.1%, and 24.4%. Only 7.2% declared not to be discriminated. Among significantly associated factors, waiting for/being in possession of temporary permits and discrimination were associated with all mental outcomes. Being (or having parents from) Sub-Saharan Africa increased the likelihood of discrimination. A relevant prevalence of mental illnesses was reported.» (Voglino, Gualano, Lo Moro, & al., 2021)
- 2) descriptive study on the frequency and correlates of psychological distress and psychiatric disorders in asylum seekers and refugees resettled in an Italian catchment area: «109 asylum seekers or refugees were recruited. The frequency of traumatic events experienced was very high. More than one-third of the participants (36%) showed clinically relevant psychological distress, and one-fourth (25%), met the criteria for a psychiatric diagnosis, mainly PTSD and depressive disorders. In multivariate analyses, time after departure, length of stay in the host country and number of traumatic events were independent factors associated with psychological distress and psychiatric disorders.» (Nosè, Turrini, Imoli, & al., 2017)
- 3) descriptive study on mental health and trauma in asylum seekers in a first reception facility: «among 385 individuals who presented themselves for a MH screening during the study period, 193 (50%) were identified and diagnosed with MH conditions. Most were young, West African males who had left their home-countries more than a year prior to arrival. The most common MH conditions were post traumatic stress disorder (31%) and depression (20%). Potentially traumatic events were experienced frequently in the home country (60%) and during migration (89%). Being in a combat situation or at risk of death, having witnessed violence or death and having been in

detention were the main traumas. Lack of activities, worries about home, loneliness and fear of being sent home were the main difficulties at the AS centres.» (Crepet, Rita, A., & al., 2017)

- 4) cross-sectional study on the prevalence of psychotic symptoms among Romanian immigrants living in very poor conditions: «Sixty eight subjects were evaluated. More than 80% had left Romania for economic reasons. 57% exceeded the four-point GHQ-12 threshold of potential mental disorder and 19% scored positively at the Psychosis Screening Questionnaire. [In conclusion,] this community of immigrants living in deprived conditions showed a high prevalence of distress and psychotic symptoms, related to health problems. Preventing excess of psychosis among immigrants and ethnic minorities in critical socio-economic conditions should mean, first and foremost, facilitating social integration and access to primary care.» (Tarricone, Atti, Salvatori, & al., 2009)

5. Legislation regarding the presence and use of mental health services

By law, Italy guarantees health care to all migrants with or without regular status, and irregular migrants are entitled to urgent and essential preventive or curative care. However, there exist barriers to accessing care for refugees and migrants, even when they are entitled to receive such care. In 2013 a national referral centre for transcultural mediation in the health system was established (WHO, World report on the health of refugees and migrants, 2022). Moreover, «on 24 April 2017, the Decree of the Ministry of Health on "Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence" was published in the Official Gazette with the relevant schemes for the various health interventions to be carried out. [...] The guidelines, [...] aim to protect applicants for international protection who are in a particularly vulnerable condition at any stage of their protection process and wherever they are hosted, creating the conditions so that victims of traumatic events can effectively access the procedures provided for by the norm and their condition can be adequately protected.» (Geraci & Mazzetti, 2019) Unfortunately, the fundamental problem of translating directives and recommendations into practice still remains.

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