

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

Country Profile

Country: SPAIN

Responsible Partner: Polibienestar Research Institute. University of Valencia, Spain.



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1. Migrant and Refugee Demographic characteristics

This thematic unit should cover the following issues:

- *Number of migrants/refugees in each country*
- *Special reference to minors and adults*
- *Main countries of origin*

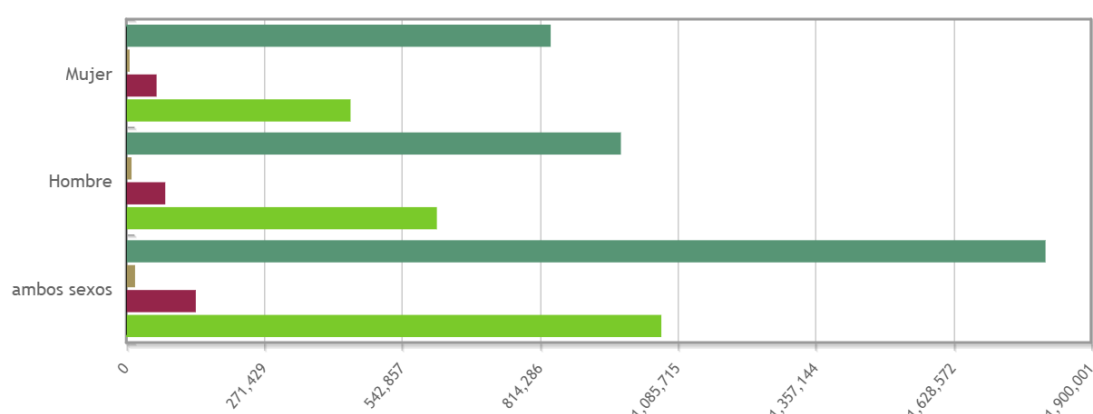
As all socio-demographic analyses of migration reiterate, in less than 20 years (1980-2000), Spain went from being a country of emigration to a country of immigration. The change of sign of the migratory balance in the middle of this decade due to emigration flows, plus the combined effect of a notable return of former Spanish emigrants and the first international immigration flows to Spain became one of the driving phenomena of Spanish population growth in the first decade of the 21st century (González et al., 2010).

According to the National Statistics Institute (INE), the total number of immigrants in Spain in 2020 was 5,434,153 with no difference by sex (50.05% women versus 49.9% men). By nationality, 94.0% of Spaniards were born in Spain, compared to 9.4% of foreigners. By age, 14.9% of the population is under 16 years old, 35.0% is between 16 and 44 years old, 30.1% is between 45 and 64 years old, and 20% is 65 years old or older.

Of the total number of migrants, 34.5% were from the European Union (27), with a minimal difference between women (49.9%) and men (50.0%), which could be due to work-related reasons. The largest number of migrants by nationality were Romania (667,378), Italy (252,008), Bulgaria (122,375) and Germany (111,937).

With regard to the ages of immigrants coming to Spain according to Statistics of the Continuous Register, INE (2018), the percentages are obtained from 14 % of the total number of immigrants. Therefore, 0-15 years old are 413,141 people (6%), between 16-44 years old are 3,617,664 (21%), between 45-64 years old are 1,866,690 (14%) and 65 years old and over are 489,409 (5%).

Table 1. National Immigrant Survey, Sex, Total, Reasons for relocation



(2023). National Immigrant Survey, Sex, Total, Reasons for relocation. Madrid: INE

Table 1 shows the migration flow to Spain by reason of unemployment (dark green); political reasons (orange); religious reasons (light green) and quality of life (burgundy). The data are segregated by sex.

2. Factors affecting the psychological wellbeing in migrant/refugee population

This thematic unit should cover the following issues:

- *Factors that affect psychological wellbeing in respect to the migrant/refugee population*
- *Policies about reception and integration of migrants/refugees, as factors that might affect psychological wellbeing*

The migrant population is exposed to worse socioeconomic conditions, greater mental health problems and lower consumption of medicines (Malmusi & Ortiz-Barreda, 2014). Despite the fact that the immigrant population has a lower prevalence of chronic diseases, a worse self-perception of health is observed, which stands out in women and who stay longer (Perreten et al., 2010).

According to a published study on the perspective of migrant people on access to health care (Ruiz-Azarola et al., 2020) in relation to the entry to the health system, the main barriers to access are administrative procedures, in addition to the lack of information about the necessary procedures to be able to receive health care, since, there is not a great deal of information from the institutions about these situations.

Legal requirements, lack of job opportunities, difficulties in meeting basic social needs and accessing social services, housing, cultural and language barriers, hostile acculturation attitudes

and discrimination are only a few of the many problems that migrants have to face in the host country according to current literature.

Mental health difficulties

This thematic unit should cover the following issues:

- *Main mental health problems recorded*
- *Possible cultural differences and somatization issues*

According to an article published by Achostegui (2016) in relation to the mental health of immigrants in the 21st century, it is noted that immigrants suffer from the same mental disorders as the rest of the population, as mental disorders are universal. Migration-related issues include those related to the impact of migration on public health, as migrants may be subjected to multiple forms of discrimination, violence and multiple forms of discrimination, violence and exploitation, which often directly affect their physical and mental health. Achostegui's research opened up a different approach to the mental phenomenon in the immigrant population, coining the term "Ulysses Syndrome", to account for the syndrome of the immigrant with chronic and multiple stress; which corresponds more to a symptomatology typical of a process of adaptation to the host society, which can generate psychopathology.

In Spain, the people most at risk of suffering from mental and neurological disorders are those who emigrate to live and work in another country and end up living in exploitative and isolated conditions, as well as those who seek refuge from hunger, violence and political unrest. In these cases, when they arrive at the place of refuge, they often find themselves in a situation of lack of information, unemployment and homelessness, which increases the risk of social exclusion and rejection by the native population (Irrarázaval, M & Armijo, 2016). Risk factors for mental and neurological disorders differ according to the stage of the journey in which the individual is in the process of preparing for the journey. Among migrants, fear, anxiety, hunger, family loss and economic conditions, as well as bereavement, depression, trauma, separation from family and breakdown of social support stand out. In the asylum process, repatriation difficulties, non-hospital conditions, unemployment and food shortages stand out, and during the resettlement process, social isolation, acculturation problems, prejudice, language barriers and marginalisation (Vilar Peyrí & Eibenschutz Hartman, 2007).

Según varios estudios (Elgorriaga, 2011; Hidalgo et al, 2009) las mujeres inmigrantes presentan niveles de estrés y malestar más altos que los hombres y muestran más alteraciones psicológicas

que pueden estar debidas a la sobrecarga de roles, a los trabajos sin contrato y a los horarios exhaustivos, etc. (Patiño y Kirchner, 2008).

According to several studies (Elgorriaga, 2011; Hidalgo et al, 2009) immigrant women present higher levels of stress and discomfort than men and show more psychological disturbances that may be due to role overload, jobs without contracts and exhaustive schedules, etc. (Patiño and Kirchner, 2008).

3. Mental health services

This thematic unit should cover the mental health services which are available to migrant/refugee population based on published literature in the partner country language

There are different types of access to mental health services for immigrants or refugees; immigrants, regardless of the regulation of their situation in Spain (residence permit...), have the right to health care and therefore, to psychological assistance. However, the mental health services and counselling services mostly used by immigrants and refugees are those provided by the different non-governmental organizations and NGOs in agreement with the different public administrations. These include those offered by recognized institutions such as:

1. CRUZ ROJA
2. Médicos sin fronteras
3. ACCEM
4. CESAL
5. CEAR
6. ACNUR
7. KIFKIF
8. FUNDACIÓN ACSAR
9. RED ACOGE
10. ONG RESCATE
11. ASOCIACIÓN KARIBÚ

In relation to the available mental health services for immigrants in Spain, it should be noted that there is a lack of sufficiently in-depth research on the subject. Despite this, a study on the perception and experiences in the access and use of health services in the immigrant population has been glimpsed (Bas-Sarmiento et al., 2015). The main difficulties encountered are language barriers (little use of Spanish and therefore difficult communication), the application of technical

terms, waiting times, a clear lack of knowledge of current legislation and the administrative procedures necessary to be able to stay in Spain indefinitely.

4. Legislation regarding the use of mental health services

This thematic unit should cover the following issues:

- *Possible differences based on the legal status and time of arrival*
- *Possible differences based on the country of origin*
- *Possible differences based on the age (minors vs adults)*

With regard to the health care problems of immigrants, since the approval of the General Health Law (LGS) in 1986 and the entry into force of the General Public Health Law (33/2011), there has been a major expansion in its scope of coverage, to include in practice the integration of undocumented immigrants through the Organic Law on the Rights and Freedoms of Foreigners in Spain (4/2000). Considering that the route by which undocumented immigrants could access healthcare was through registration (Fuentes et al., 2015), immigrants have the same right as any other Spanish citizen to the national health system regardless of their time in Spain, origin or administrative situation.

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