



THE NEW EU PACT ON MIGRATION AND ASYLUM BRINGS THE RISK OF NEW MEGA-RECEPTION CENTRES SUCH AS MORIA

Approximately 1,900,000 refugees and migrants have arrived in Europe by crossing the Mediterranean Sea since January 2015¹. Most of them have experienced violence and other interpersonal traumatic events in their countries of origin or along migratory routes. Consequently, they could have a high burden of post-traumatic stress disorder (PTSD)² and other mental health problems as they seek asylum.

A recently published study in the *International Journal of Social Psychiatry* by Medici per i Diritti Umani - MEDU (Doctors for Human Rights Italy) showed that stressors in the receiving countries, such as inadequate reception conditions in large facilities, can have detrimental effects on the mental health of asylum seekers and refugees^{3,4}. The study found that living in a large reception centre (e.g., the reception centre for asylum seekers located in Mineo, Italy, which hosted >1,000 people) rather than in small or medium-sized centres (i.e., <1,000 people) was associated with PTSD. Several studies emphasise the importance of the post-migration environment on mental health outcomes and describe several post-migration stressors that are risk factors for PTSD symptomatology. Among these stressors were several characteristics of the large reception centre model - e.g., living difficulties⁵, long-term institutional accommodation⁶, loneliness⁷, poor social integration⁷, difficulties accessing health care and social services⁸, difficulties in obtaining a permanent visa⁸.

It is particularly relevant for public health at a time when refugees and asylum seekers are increasingly being hosted in huge and overcrowded first reception centres, including in high-income countries.⁹ The Moria hotspot (i.e., a first reception centre located on the EU borders) on the Greek island of Lesbos, destroyed by a fire in September 2020, is a striking example of these reception centres in Europe. Before the fire, at least 13,000 asylum seekers had been living in poor conditions, in a space designed to accommodate 3,000 people. The Moria camp was set up in 2015 as part of the European Agenda on Migration. Initially, it was expected that people arriving to Greece from Turkey by sea would stay in the reception centre for the short-term (i.e., a few days) so that they could be identified and fingerprinted before being relocated to other EU countries. However, programmes on asylum seeker relocation from Greece and Italy were suspended in 2017, and overcrowding and length of stay in Moria, and other camps in Europe, increased substantially.

The New Pact on Migration and Asylum (NPMA)¹⁰, formed in September 2020 by the European Commission, now risks fuelling the model of large reception centres at the EU's external borders. Indeed, the general approach of the Pact seems to confirm and, in some ways, exacerbate several critical aspects of the current EU policy to manage migratory flows. In particular, the proposed reforms aim at strengthening and making more effective the procedures at the EU external borders, once again relying on the so-called *Hotspot Approach*. By analysing migratory flows data for 2016 and 2020, a study just published by EuroMed Rights predicts that if the Pact is implemented a country like Italy should multiply its capacity of hotspots and repatriation centres by 7.5 times in normal years, and even 50 times in years of particularly critical migratory flows, such as the crisis in 2016¹¹. Furthermore, the analysis estimates that the time limit proposed by the Pact (12 weeks) for carrying out asylum procedures at the border is totally unrealistic, in a country like Italy where the average duration of the procedure is currently two years. To sum up, the simulation study indicates how the implementation of the measures envisaged by the Pact would result in a massive and prolonged use of detention for asylum seekers within mega-hotspot facilities.

As Silove and Ekblad appropriately noted in the early 2000s, although the prevention of violence inflicted on refugees in their countries of origin may be beyond the control of European countries, the host countries can (and must) play an important role in addressing the post-migration challenges faced by refugees and migrants after their first arrival¹². According to the two researchers, it is therefore important for all European countries to extend their strategies beyond the short-term goal of immigration control to a more global perspective of public health. If not, trauma-related mental and physical distress among refugees and migrants could be prolonged and intensified, and the host societies, considered as a whole, should be ultimately borne the health, social and economic costs. Nowadays, it is undeniable that the words of these authors sound like a prophecy in Italy and Europe. PTSD and depressive disorders, which are often present with comorbidities, make the integration process challenging and often results in isolation of individuals, which further amplifies psychological distress and PTSD symptoms.

All this appears even more serious when one considers the effects of the COVID-19 pandemic on the mental health and the psychosocial well-being of asylum seekers and refugees. The uncertainty of the future, the loss of earning capacity, the economic difficulties, the loss of loved ones, the stigma, the effects of isolation and a general sense of fear are actually causing unusual psychological reactions that can worsen or exacerbate pre-existing mental conditions and vulnerabilities¹³. It is therefore conceivable that in reception "mega-centres", asylum seekers may not only have greater difficulty of adherence to the relevant hygiene recommendations, but also find themselves experiencing exasperated feelings of fear, anger, and anguish due to the distinguishing characteristics of large reception centres.

As the European Parliament and the European Council prepare to examine the new Pact, it is essential that policy-makers seek to learn from the failed experiences in the recent past. Nowadays, an effective and fair redistribution of asylum seekers among European countries along with an exhaustive and timely assessment of asylum application are needed. It is necessary that the European Union abandon the mega-centres/hotspot model and, in turn promote policies prone to favour reception in small-scale facilities, integration into the social environment, provision of appropriate services, and genuine inclusion to the benefit of hosted migrants and refugees as well as of the receiving societies.

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