## Time to rethink large refugee centres in Europe

Approximately 1900 000 refugees and migrants have arrived in Europe by crossing the Mediterranean Sea since January, 2015. 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)<sup>1</sup> and other mental health problems as they seek asylum.

A study published in September, 2020, by the charity Medici per i Diritti Umani (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.2 The study found that living in a large reception centre (eg, the reception centre for asylum seekers located in Mineo, Italy, which hosts >1000 people) rather than in small or medium-sized centres (ie, <1000 people) was associated with PTSD.

Several studies emphasise the importance of the post-migration environment on mental health outcomes and describe several postmigration stressors that are risk factors for PTSD symptomatology. Among these stressors were several characteristics of the large reception centre model-eq, living difficulties, long-term institutional accommodation, loneliness, poor social integration, difficulties accessing health care and social services, difficulties in obtaining a permanent visa.3.4 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.5

The Moira camp 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 13000 asylum seekers had been living in poor conditions, in a space designed to accommodate 3000 people. The Moria camp was a first reception centre located on the EU borders and 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 shortterm (ie, 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), formed in September, 2020, by the European Commission, now risks promoting large reception centres at the EU's external borders.

Although preventing trauma inflicted on refugees in their countries of origin is often beyond European governments control, recipient countries can address the post-migration challenges faced by incoming refugees.<sup>6</sup> It is important to extend deliberations beyond the shortterm goal of immigration control to a global perspective on public health. 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.

As the European Parliament and Council examine the NPMA, it is essential that policy makers learn from past failures. Effective relocation programmes between European countries along with exhaustive and timely asylum application assessments are needed. It is necessary that the EU abandon the Mineo and Moria models and promote policies

that favour reception in small-scale facilities, integration into the social environment, provision of appropriate services, and genuine inclusion for the benefit of hosted refugees and the receiving societies.

I declare no competing interests.

Copyright © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

## Alberto Barbieri alberto.barbieri@ mediciperidirittiumani.org

Psyché Centre for Transcultural Mental Health, Medici per i Diritti Umani, 00198 Rome, Italy

- 1 Rodolico A, Vaccino N, Riso MC, Concerto C, Aguglia E, Signorelli MS. Prevalence of post-traumatic stress disorder among asylum seekers in Italy: a population-based survey in Sicily. J Immigr Minor Health 2020; 22: 634–38.
- Barbieri A, Visco-Comandini F, Alunni Fegatelli D, et al. Patterns and predictors of PTSD in treatment-seeking African refugees and asylum seekers: a latent class analysis. Int J Soc Psychiatry 2020; published online Sept 22. https://doi. org/10.1177/0020764020959095.
- 3 Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. JAMA 2005; 294: 602-12.
- 4 Chen W, Hall BJ, Ling L, Renzaho AM. Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: findings from the first wave data of the BNLA cohort study. Lancet Psychiatry 2017; 4: 218–29.
- 5 EU Agency for Fundamental Rights. Migration: key fundamental rights concerns. 2019. https://fra.europa.eu/sites/default/files/ fra\_uploads/fra-2019-migration-bulletin-4\_ en.pdf (accessed Sept 25, 2020).
- Silove D, Ekblad S. How well do refugees adapt after resettlement in Western countries? Acta Psychiatr Scand 2002; 106: 401–02.



Published Online October 27, 2020 https://doi.org/10.1016/ S2468-2667(20)30255-3

This online publication has been corrected. The corrected version first appeared at thelancet.com/public-health on November 20, 2020

For statistics on Mediterranean sea and land arrivals see https://data2.unhcr.org/en/situations/mediterranean#\_ga=1.122368009.309748693.1485291701

For the New Pact on Migration and Asylum see https://ec. europa.eu/info/strategy/ priorities-2019-2024/ promoting-our-european-waylife/new-pact-migration-andasylum\_en