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INSECURE RESIDENCE STATUS, MENTAL HEALTH AND RESILIENCE

Briefing paper

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Preface

"It's just always there. I feel like that will be the same for every migrant. It's the dark cloud that's just always over your head."

April, 24, living in the UK since age 8 with limited leave to remain (from [We Belong](#) (2020))

Insecure residence status creates insecurity that casts a long shadow of uncertainty over a person's future. It also has a profound impact on their present, restricting opportunities, limiting access to services and recourse to assistance and support. All of this creates a burden that is carried, invisibly, sometimes over years, with important consequences for health and wellbeing.

And yet positive mental health fuels resilience. It is influenced by factors as varied as our social ties and social status, our level of material advantage, our biology, our experience of belonging and acceptance, our sense of stability and control over our lives. This means that relationships and community can go a long way towards empowerment. But they cannot compensate for or remedy the profound inequalities that perpetuate oppression and exclusion. This requires policy change, to address barriers to mental health care and other services, as well as policies that drive criminalisation based on administrative status, themselves based on fundamentally discriminatory and dehumanizing premises.

This briefing springs from a meeting of PICUM members held on 14 October 2021 to discuss the relationship between irregular residence status and mental health. Rich insights were shared on the many factors influencing the mental health of undocumented children and adults, including precarious social and economic conditions. It distills some of the key reflections from the meeting and from resources prepared or recommended by members and other partners on mental health and undocumented people. It also draws on previous PICUM publications that address mental health, respectively, in the context of growing up undocumented¹ and deprivation of liberty due to immigration detention.²

The topic is vast and deep, and this briefing does not purport to be comprehensive, but we hope it can nonetheless be a useful reference for our collective work going forward.

Michele LeVoy
Director, PICUM

1 PICUM (2021), [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

2 PICUM (2021), [Preventing and Addressing Vulnerabilities in Immigration Enforcement Policies](#).

Introduction

Mental health is a crucial part of overall health and wellbeing. It is influenced by many interconnected factors related to our personal circumstances as well as our social and economic situation.

Being undocumented or having precarious residence status can bring its own mental health burden and create circumstances – included those related to poverty, social exclusion and discrimination – that undermine mental health and wellbeing. At the same time, undocumented children and adults are frequently characterised as “vulnerable” when, in the face of often profound adversity, they show extraordinary strength and resilience, individually and through collective action.

Mental health and inequalities

In its 2009 report³ on mental health, resilience and inequalities, the World Health Organization (WHO) stressed that mental health is a fundamental element of resilience, allowing us to adapt positively to change, to cope with adversity and to reach our full potential. Mental health affects a broad set of outcomes, for both individuals and communities – including better physical health and recovery from illness, greater productivity and earnings, better relationships and improved social cohesion.⁴ The report urges an approach to mental distress more as a response to relative deprivation and social injustice, and less as a matter of individual illness:

A focus on social justice may provide an important corrective to what has been seen as a growing over-emphasis on individual pathology. Mental health is produced socially: the presence or absence of mental health is above all a social indicator and therefore requires social, as well as individuals, solutions.⁵

A report by the Commission for Equality in Mental Health⁶ in the UK looks at the link between mental health and social disadvantage, which it finds can result in a phenomenon referred to as the “triple barrier” of mental health inequality: unequal determinants of mental health (related to the balance between risk and protective factors), compounded by unequal access to mental health support and unequal experience and outcomes, even when there is access.⁷

Mental health inequalities correlate with economic and social inequalities – that is, inequalities in wealth, power, voice and autonomy.⁸ Racism, misogyny, homophobia and other forms of oppression and discrimination can also cause lasting harm to a person's wellbeing. In light of this, the Commission for Equality in Mental Health recommends steps to tackle poverty and to reduce income and wealth inequality by, among others,

3 World Health Organization (2009), [Mental Health, Resilience and Inequalities](#).

4 Ibid.

5 Ibid.

6 Centre for Mental Health (2020), [Mental health for all?](#)

7 Ibid.

8 Ibid.

instituting a living wage and promoting social solidarity, and the setting of a clear, ambitious roadmap for achieving mental health equality, with actions across all governmental departments.⁹

The Commission on the Social Determinants of Health, which investigated the link between health and a person's position in the social hierarchy, concluded that "social justice is a matter of life and death."¹⁰ A person's socioeconomic position shapes their access to resources and every aspect of experience across different spaces spanning home, community and work, "structure[ing] individual and collective experiences of dominance, hierarchy, isolation support and inclusion"¹¹ – all of which affect wellbeing. In the context of his research on undocumented children and young people in the United States, Roberto Gonzales refers to irregular status as a "master status" that comes to dominate all aspects of an undocumented person's lives.¹²

Understanding the relationship between mental health and inequalities sheds lights on the limits of what promoting positive mental health can achieve.¹³ The ability of positive mental health to confer protection and advantage holds true mainly for people with similar levels of resources; the upshot is that those who are better off will generally do better than very resilient, but otherwise more socially disadvantaged, individuals.¹⁴

9 Ibid.

10 Commission on Social Determinants of Health (2008), [Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health](#).

11 See note 3, above.

12 Roberto Gonzales, *Lives in Limbo: Undocumented and Coming of Age in America*, University of California Press (2015).

13 See note 3, above.

14 Ibid.

Irregular residence status and mental health

Social determinants of mental health

Many undocumented people face limited access to the main elements of social inclusion, namely health, shelter, education and a fair income, which effectively pushes them into poverty. The legislative and practical barriers that undocumented migrants face when attempting to avail themselves of their social rights can drive them into destitution, increasing their marginalisation and stigmatisation in the eyes of the general population. Restricting access to social services for undocumented migrants can in turn undermine policy objectives in the areas of social cohesion, public health, and education strategies, and risk eroding labour conditions.¹⁵

An Economy of Wellbeing

An “economy of wellbeing” aims to place human wellbeing at the heart of economic policy and growth and was a major priority for the 2019 Finnish Presidency of the Council of the European Union. Under the Finnish Presidency, Council conclusions¹⁶ on this theme were unanimously approved.

The core idea is to adopt an approach across sectors that increases our understanding of how investing in wellbeing enhances and generates economic growth, highlights how legislative and policy measures affect people’s wellbeing, and underlines wellbeing as a value in itself and a source of societal resilience. It includes, among others, a focus on vulnerable groups, gender equality, and access for all to health services, long-term care, health promotion and disease prevention. Health is understood as a key indicator of wellbeing and improved health conditions as contributing to increased economic growth.¹⁷

The Council conclusions refer to the promotion of good mental health and advancing the prevention, early diagnosis, treatment, and de-stigmatization of mental disorders to contribute to non-discriminatory work environments. The Council proposes a Mental Health Strategy for the Union, which considers the cross-sectoral impact of different policies on mental health. In July 2020, the European Parliament adopted a resolution on the EU’s public health strategy post-Covid-19 that calls for an EU Action Plan on mental health, “will equal attention being to the biomedical and psychosocial factors of ill mental health”.¹⁸

15 PICUM (2015), [Undocumented Migrants and the Europe 2020 Strategy: Making Social Inclusion a Reality for all Migrants in Europe](#).

16 Council of the European Union [No. 13171/19 \(2019\)](#).

17 P. Mattila-Wiro and R. Pellikka, Ministry of Social Affairs and Health, 9 March 2021, “[An economy of wellbeing simultaneously increases wellbeing and sustainable economic growth](#)”; L.M. Voipio-Pulkki, N. Heinonen, P. Korhonen, P. Mustonen (2019), “[The Quest for more Balanced Policy and Decision-Making – the Economy of Wellbeing](#),” *Eurohealth* 25(3) 23-25.

18 European Parliament resolution of 10 July 2020 on [the EU’s public health strategy post-COVID-19 \(2020/2691\(RSP\)\)](#).

Children raised in poverty, as many undocumented children are, are likely to face multiple disadvantages. This includes inadequate housing, with its attendant harms to a child's health, both on the short and long term.¹⁹ Children's risk of ill-health and disability increases by up to 25 percent during childhood and early adulthood when they experience multiple housing problems.²⁰ Nearly half of the homeless migrant children surveyed by the NGO Refugee Rights in Paris said they "don't feel safe" or "don't feel safe at all."²¹ A child's housing situation affects their education: homeless children have lower levels of academic achievement that cannot be explained by differences in ability. A child's housing situation also affects their social life and their ability to make lasting friendships and maintain social networks.²²

Mental health among unaccompanied migrant children and youth in France

Camille Boittiaux and Daniel Brehier, Médecins du Monde France (MDM)

Médecins du Monde (MDM) is a medical and advocacy organisation, running programs both at the national and international levels. In France, MDM has 54 ongoing programs and in many of these, children in situations of vulnerability are involved. Among them, 1,320 children were unaccompanied in 2019.

Migrant children who have reached France often face rejection and suspicion from authorities, who question their identity, age, and history. Based on summary, subjective and inadequate social and age assessments, most of them find themselves excluded from any care. While contesting authorities' refusal to properly recognize their age and waiting for a court ruling in their case, which for half of them is likely to result into the status of unaccompanied child, they are left in limbo for months. During this limbo period they are not able to access basic services such as accommodation and health care.

MDM decided to open three programs for unaccompanied children, specifically directed to those not yet recognized as children and living in this situation of administrative limbo. The three programs – located in Paris, Nantes, and Caen – offer a safe environment, information, address social concerns, provide medical and psychological support, offer a variety of workshops, and help in addressing basic needs. MDM programs also offer empowerment through a group approach to mental health and peer support, which have been recognized by mental health professionals as a good practice for this particular target group of teenagers.

Among the factors that push children to leave their country of origin are violence in the home and having no place to stay. Those who lost their families also have often lost the right to education, and ultimately their sense of belonging in their own country. Some turned to other people for help who unfortunately took advantage of them. As a result, a common feature of these children and young people is the lack of trust towards people in general, even towards those who are trying to help them. And yet unaccompanied children usually have to depend on other people. They do not have much of a choice – both during the journey and after they have arrived in France. They hardly ever speak about their journey to Europe – in some cases, a journey in which many people may have died.

19 PICUM (2021) [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

20 Shelter (2006), [Chance of a lifetime - The impact of bad housing on children's lives](#).

21 Refugee Rights Europe (2018), [Still on the Streets: Documenting the situation for refugees and displaced people in Paris, France](#).

22 See note 19.

The first thing they get acquainted with once in France is the street. At MDM's program in Paris, psychological interviews only occur after a medical appointment with a doctor. Unaccompanied children usually come to MDM to deal with physical health problems. However, once there, they raise other issues and traumas related to their experiences in their countries of origin as well as during their journey to Europe. They often present with general confusion between past, present, and future, resulting in mixing up of events and memory loss.

MDM provides individual consultations with patients and group sessions, where they have an opportunity to speak freely, without risk of judgment or consequences. There are also activities focused on art and expression. These initiatives are intended to foster the children's resilience and help them to acquire the maximum autonomy concerning their health. Mental health professionals invite them to confront their traumas, interiorize, and turn their feelings into words. There are various ways through which these feelings and traumas may come forward. These children suffer from the absence of a holistic approach to mental health care, and a fragmented system that does not take into account factors like accommodation, meals, and other basic needs. Mental health should be part of a global treatment and care approach.

Chronic and Toxic Stress

Poverty is an important driver of stress, with evidence that the chronic stress of struggling with material disadvantage is made worse by doing so in an unequal society.²³

The term "chronic stress" refers "a constant stress experienced over a prolonged period of time, [which] can contribute to long-term problems for heart and blood vessels."²⁴ The term "toxic stress" comes from the Adverse Childhood Experiences research refers to a phenomenon that:

alters the developing brain and gives rise to diseases, both physical and mental. Stress hormones such as cortisol and adrenaline shut down areas of the brain as a defence against uncontrollable feelings related to fear. Toxic stress is of a different order to ordinary stress in that it is persistent and systemic, the child has no control over their situation and nothing they can do will make a difference, they are powerless to change the situation and it is a more or less permanent situation.²⁵

Experiences of even low-level stress, when chronic, can negatively affect the neuro-endocrine, cardiovascular and immune systems, resulting in the release of hormones like cortisol and cholesterol, increased blood pressure and inflammation.²⁶ Children who experience toxic stress face a greater risk of cardiovascular disease, cancers, asthma, and depression when they are adults.²⁷ People who live in poverty, as many undocumented people do, are likely to focus on their short-term (pressing) circumstances and make their decisions based on these conditions, which at times can be at the expense of long-term goals.²⁸

23 World Health Organization (2009), [Mental Health, Resilience and Inequalities](#).

24 Dympna Cunane, 13 March 2018, "[Toxic stress vs chronic stress – what is the difference?](#)".

25 Ibid; see also PICUM (2021) [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

26 See note 4, above.

27 See note 19, above.

28 Ibid.

Violence

While exposure to violence transcends age, income, education and occupation, exclusion and economic precarity can increase a person's exposure and the likelihood of poor outcomes in the future.²⁹ Being undocumented or having a residence permit tied to one's spouse or employer can heighten this risk and diminish the probability that they will seek help or justice for fear that doing so could mean loss of work, loss of status and deportation.³⁰

Thirty-one percent of migrant children interviewed by Refugee Rights Europe in early 2018 reported having experienced police violence while living homeless in Paris,³¹ with 83.3 percent of these reporting having been tear gassed, 27.8 percent reporting verbal abuse and 22.2 percent physical abuse. Seven percent had experienced violence by individual citizens, mainly verbal abuse, and one child experienced physical violence.³² Their physical and mental health invariably suffered. Twenty percent of the children seen by psychologists in the Pantin centre for unaccompanied children, run by Médecins Sans Frontières, had experienced violence, torture or mistreatment since coming to France; and 34% of children seen by psychologists at the centre suffered from psycho-traumatic syndromes, exacerbated by the situation they were in.³³ Their most noted medical needs and conditions identified by Médecins du Monde in Paris in 2019 were Hepatitis B, incomplete vaccinations, serious dental problems and mental health issues (including anxiety, depression and post-traumatic stress).³⁴

Mental health and trauma services for undocumented survivors of violence in Italy

Giovanna Bruno (Differenza Donna)

Differenza Donna is an association dealing with gender-based violence, undocumented status, sexual violence, child abuse, genital mutilation, human trafficking, sexual exploitation, labour exploitation, and forced abortion, among other issues affecting women.

Many women have a lot of trauma due to having witnessed killings, being separated from their children or being exposed to gender-based violence. Most of the women with whom Differenza Donna work experience post-traumatic stress and many other symptoms of poor mental health, including low self-esteem, sleeping disorders, lack of trust, constant headaches, and stomach aches. In addition to the specific psychological traumas each woman has experienced, they are also confronted with multiple levels of discrimination in Italy, as well as factors related to the social aspect of their experience in Italy, which increase their sense of loneliness and hopelessness. Other important barriers faced by the women are linguistic and cultural. Staff working in immigration offices and hospitals often do not speak other languages than Italian and there is poor cultural and linguistic mediation.

29 American Psychological Association (2010) "[Violence & Socioeconomic Status](#)".

30 PICUM (2021) [Preventing Harm, promoting Rights: Achieving Safety, Protection and Justice for People with Insecure Residence Status in the EU](#).

31 Refugee Rights Europe (2018) [Still on the Streets : Documenting the situation for refugees and displaced people in Paris, France](#).

32 Ibid.

33 Médecins Sans Frontières (2019) [Les Mineurs Non Accompagnés, Symbole d'une Politique Maltraitante](#); see more generally PICUM (2021) [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

34 Médecins du Monde (2020), Programme Mineurs Non Accompagnés (MNA) Paris.

Differenza Donna provides multi-professional support to women, including psychologists, teachers, and educators covering women's different needs. The relevant staff are committed to actively listening to their stories with the guarantee of no judgement. Another important task of the staff is to try to remove the constant sense of gratitude expressed by women towards the people and structures that are helping them. Differenza Donna stresses the fact that they have the right to these supports and services.

As part of this work to support women in the vindication of their rights, the organisation assists them with obtaining necessary documents, protection, accommodation, legal counselling, and access to justice. Differenza Donna also works to increase referral mechanisms and to improve cooperation with other organisations, including through the provision of training to social professionals. It also advocates for changes to Italy's laws and policies to better serve migrant women.

Differenza Donna runs workshops to help women overcome the sense of loneliness by trying to provide multilingual and cross-cultural support. The organisation focuses on empowerment work, vocational trainings, and cultural activities, ultimately trying to build independence.

Immigration procedures

Migration procedures themselves can be traumatic, calling on people to recount past traumatic experiences in the context of asylum applications, regularisation procedures on medical or humanitarian grounds, procedures for victims of trafficking or crime and related appeals procedures. While decisions in migration procedures should be grounded in evidence and people need to be heard, it is also vital that steps be taken to limit the potential to re-traumatise and otherwise harm mental health.³⁵

The immediate mental health impact of a negative decision on an immigration procedure can be profound. An analysis of 16,095 migrants, including refugees, asylum seekers, unaccompanied children and undocumented migrants who underwent a health check by the French organisation Comède between 2007 and 2016, found people's mental health deteriorated significantly the moment they became undocumented, with evidence of psycho-traumatic disorders, depression, concentration, attention or memory problems, and suicidal thoughts.³⁶

The mental health impact on children of an unsuccessful proceeding can also be dramatic. First observed in the 1990s in Sweden, *uppgivenhetssyndrom* (also called resignation syndrome or traumatic withdrawal syndrome) is believed to be an extreme and life-threatening stress reaction to trauma experienced in a child's country of origin combined with the dread, after acclimating to Swedish society, of returning following a negative residence application.³⁷ The condition manifests initially as depression, followed by social withdrawal, and can lead children to stop eating, talking and walking.³⁸

We Belong, a UK-wide campaign organisation led by young migrants, published a report³⁹ in 2020 based on interviews with young migrants aged 18 to 27 years who had been living in the UK for a minimum of seven

35 PICUM (2021), [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

36 COMEDE, n.d. [Présentation](#).

37 See note 35.

38 E.W., 24 October 2018, "[What is resignation syndrome?](#)" *The Economist*.

39 We Belong (2020), [Mental Health Check](#).

years on limited stay residence permits, known as “limited leave to remain”. Thirteen of fifteen interviewees said they were worried about the impact of the immigration process on their long-term mental health. When asked about their feelings about their most recent visa application or renewal, ten reported changes in their sleep patterns, eleven reported crying, twelve feeling overwhelmed, and eleven felt worried, stressed, afraid or insecure. Other words used to describe feelings about their immigration situation included: frustration, agitation, guilt, uncertainty, marginalization, uncertainty, unwelcome, anger, anxiety, tired, defeated, hopeless, racing thoughts. Physical symptoms were also reported by interviewees, including chest pain, nausea, headaches, and chronic insomnia.⁴⁰ A number had sought counselling and therapy, although the cost was prohibitive for some. Four reported thoughts of self-harm, six reported suicidal thoughts, one reported actual self-harm, and one attempted suicide. The report calls for shortening the length of time someone has to have lived in the country to be qualified for settled status and reducing the financial burden of the system, as well as removing the surcharge that people with limited leave to remain must pay to access certain forms of health care.⁴¹

Pre-removal detention

When examining Home Office policies affecting the welfare of immigration detainees in the United Kingdom, independent expert Stephan Shaw, former Prisons and Probation Ombudsman for England and Wales, wrote: “No issue caused me more concern during the course of this review than mental health.”⁴² Several studies indicate that detention has a severe impact on mental health, resulting in a higher incidence of anxiety, depression and post-traumatic stress disorder compared to the rest of the population, and an average of very high levels of depression in four of every five people in detention.⁴³

A study conducted by the Jesuit Refugee Service Europe (JRS)⁴⁴ based on 680 one-on-one interviews shows that even short periods of detention increase individuals’ position of vulnerability. Nonetheless, detention of children, families, people who have suffered torture, violence or trafficking in human beings, people with mental and physical health problems, and people with disabilities is widespread throughout Europe. This also includes many who develop poor mental health conditions, including anxiety, depression and post-traumatic stress disorder, as a consequence of detention itself.⁴⁵ The JRS study found that in detention “persons with pre-existing physical and mental conditions often fare worse, and otherwise healthy persons find that their overall health deteriorates”.⁴⁶ Eighty-seven percent of people in detention interviewed for the JRS study said that psychological assistance was not available to them.⁴⁷

40 Ibid.

41 In October 2021, following We Belong’s campaign, and [litigation](#) by Islington Law Centre and Migrant and Refugee Children’s Legal Unit, The UK Home Office [published a concession](#) allowing young people aged between 18 and 25 who entered the UK as children or were born there to secure an indefinite leave to remain via a ‘five-year route’ instead of the ‘ten-year route’. The policy change comes after litigation brought by [Islington Law Centre and Migrant and Refugee Children’s Legal Unit](#) and campaigning from young migrant activist group [We Belong](#).

42 Stephan Shaw, Report to the Home Office (January 2016), [Review into the Welfare in Detention of Vulnerable Persons](#).

43 PICUM (2021), [Preventing and Addressing Vulnerabilities in Immigration Enforcement Policies](#).

44 Jesuit Refugee Service (2010), [Becoming Vulnerable in Detention](#).

45 M. von Werthern, K. Robjant, Z. Chui, R. Schon, L. Ottisova, C. Mason & C. Katona, 2018, [The impact of immigration detention on mental health: a systematic review](#), *BMC Psychiatry*.

46 Jesuit Refugee Service, 2010, [Becoming Vulnerable in Detention](#).

47 Ibid.

Mental health in the context of immigration detention in Belgium

Ruben Bruynooghe – Jesuit Refugee Service (JRS) Belgium

JRS Belgium's main work is to accompany and serve refugees and migrants, as well as to advocate for their rights. The organisation does not have a specific specialisation or training on mental health or collect data on mental health in the context of immigration detention.

Nonetheless, representatives from JRS work closely with undocumented people in immigration detention and have individual meetings with them on a regular basis. As a result, they are often able to gain insight through these regular visits into an individual's mental state and their evolution over time.

Mental stress is constant in detention centres. Often it derives from an individual's personal situation or experience before detention, and before reaching Europe. However, undocumented migrants' mental health deteriorates during the detention period. Almost all fear deportation, and a majority lose any kind of positive perspective for the future.

JRS representatives have also noticed physical indicators of poor mental health, such as gastrointestinal issues and sleeping disruptions, as well as an increasing use of tobacco. The average rate of suicide is low, but many people say they would rather die in detention than return to their country of origin.

JRS has noted that among the causes of poor mental health as identified by migrants in detention include limited communication with friends and family and limited access to the internet (which is always supervised). Other causes are boredom, and a general sense of uncertainty about the future. Another cause is the loss of control. While in pre-removal detention, migrants have a fixed schedule and timing for everything: meals, showers, sleeping hours, etc. There is very little flexibility or control over their daily routine and they must ask permission if they want to do something. Sometimes during visits people will ask, "Why are we treated like this?"

Access to support and services

The right to health is universal and not dependent on status of any kind. It is established in numerous international and regional human rights treaties, and in many national constitutions, as a universal right guaranteed to all.⁴⁸ But in reality, laws, policies, and practices in all EU member states deviate from these obligations to varying degrees. In most EU member states, undocumented migrants are only entitled to access emergency health care, and in some, even this is liable to charging after care.⁴⁹ In others, additional health services are made available by law, but are not accessible in practice because of contradictory laws requiring public officials to report people without status to the immigration authorities, or because of financial, administrative or other practical barriers. Barriers to care – including mental health care, as well as broader social care for needs arising from illness, disability, advanced age or poverty – are therefore a prevalent reality for people with insecure status.⁵⁰

A 2011 report by the EU Agency for Fundamental Rights (FRA)⁵¹ looked at access to health care for undocumented people in ten EU member states (Belgium, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Spain and Sweden), and concluded that access to mental health care was very limited, with only four of the countries considered (Belgium, France, Italy and Spain) having provisions, at least formally, granting access. This reality exists against a backdrop of generalised under-investment in mental health care services for the general population.⁵²

Mental Health Services for Undocumented People in Norway

Linnea Näsholm – Health Centre for undocumented Migrants in Oslo

In Norway, legislation only provides for undocumented people's access to acute health care and care that "cannot be delayed". This makes it hard to refer an undocumented person for mental health support unless their life is in danger. The difficulty of accessing any paid work in Norway (even in the informal sector) combined with limited access to health and social services means that undocumented people often depend heavily on others for their daily survival.

The Health Centre for Undocumented Migrants opened in Oslo in 2009, and currently has four staff and 180 volunteers. In addition to holding individual medical consultations for patients, the Health Centre for Undocumented Migrants in Oslo provides information to undocumented migrants about a range of services, such as shelter, Norwegian language courses, legal support, and where to find food and clothes. Psychologists are volunteers, which means that they are not present every day. The Health Centre also focuses on group exercises run by psychologists as well as group activities and supporting parents in their roles. Some patients come to the waiting room to just sit or have a cup of coffee, because they feel it's a safe space for them.

48 United Nations Committee on Economic, Social and Cultural Rights, 13 March 2017, [Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights](#), E/C.12/2017/1.

49 PICUM (2017), [The Sexual and Reproductive Rights of Undocumented Migrants: Narrowing the Gap Between Their Rights and The Reality in the EU](#).

50 Ibid.

51 FRA (2011), [Migrants in an irregular situation: access to healthcare in 10 European Union Member States](#).

52 Ibid; see also Médecins du Monde (2019), [Legal Report on Access to Healthcare in Belgium, Germany, Sweden and the United Kingdom](#).

People develop coping strategies by creating networks. For instance, some patients decide to work as volunteers in the centre, while others are involved in the centre's advocacy work to improve the legislative system in Norway. In doing so, they cultivate a sense of belonging and agency.

Resilience

Resilience is based on interactions between the individual and their environment.⁵³ That environment can include both protective and mediating factors. A risk factor could be stress resulting from the threat of deportation; a mediating factor could be the family's resources and socio-economic status. For a child, protective factors could be a warm parent-child relationship or supportive friendships. Individuals may be resilient to some risks, but not to others, and risk and protective factors do not have the same effects in all conditions on everyone.⁵⁴

There is an extensive body of research indicating that positive mental health confers resilience and protection at both the individual and community levels.⁵⁵ These protective factors, which can be social or cultural, act as a buffer that reduces the impact of risk factors.⁵⁶

Social relationships are important mediators of psychosocial stress:

For individuals, social participation and social support in particular are associated with reduced risk of common mental health problems and better self-reported health. Social isolation is an important risk factor for both deteriorating mental health and suicide.⁵⁷

Table 1. Factors influencing mental health⁵⁸

Protective factors	Risk factors
Secure attachment	Traumatic events
Positive parenting	Abuse and neglect
Secure housing	Isolation
Economic security	Bullying
Positive school experience	Poverty
Procedural justice, e.g., at work	Insecure housing
	(Fear of) crime
	Discrimination
	Racism

53 PICUM (2021) [Navigating Irregularity: The Impact of Growing Up Undocumented in Europe](#).

54 Ibid.

55 World Health Organization (2009), [Mental Health, Resilience and Inequalities](#).

56 Ibid.

57 Ibid.

58 Presentation (14 October 2021), Andy Bell, [Centre for Mental Health](#).

Communities, therefore, can play a key role in achieving mental health equality and promoting resilience. To be able to make valuable contributions, communities need investment from public bodies, funders, and civil society organizations.⁵⁹ Community and user-led organisations provide an opportunity for people facing inequalities to achieve greater voice and power.⁶⁰ Local authorities need funding to coordinate action on mental health equality, and to effectively build partnerships to understand needs and assets in communities, identify gaps and inequalities, and develop solutions. Primary health systems should be reoriented to address existing inequalities in access, including to mental health services, and mental health services should be accountable for reducing inequalities in access, experience and outcomes.⁶¹

Criminalisation and stigma: mental health and sex workers

A recent study⁶² looked at sex workers' mental health needs and their experiences in terms of access to health services, focusing on Germany, Italy, Sweden and the United Kingdom, during the period from September 2016 to August 2018. The project was based on a participatory methodology involving peer researchers. Sex workers, or people with significant experience working with sex workers, from each country were interviewed to hear about their experiences. The project also included mental health providers, psychologists, psychiatrists, psychotherapists, nurses, social workers, and sexologists.

Findings indicate that sex workers working under criminalized and unsafe conditions, without valid documents or housing, experienced these factors as highly detrimental to their mental health. While sex workers who felt forced to work saw sex work as detrimental to their mental health, others experienced it as beneficial to their mental health, due to the financial independence it afforded that allowed them to process past traumas and to gain self-esteem. Many migrant and transgender sex workers experienced intersectional stigma in relation to their race or gender identity, which was extremely burdensome on their mental health.

Related to access to mental health, findings suggested that there is overall poor access to mental health services for sex workers. The reasons are multiple. Stigma, lack of valid documentation, and fear of being blamed are great deterrents for sex workers seeking mental health support. Many of those interviewed described the absence of tailored mental health support for sex workers specifically or, where this existed, lack of information about it. While 42% said they had a positive experience with mental health support – non-judgmental, LGBTQI, drug, and HIV sensitive services – fifty-eight percent of participants said that care was more damaging than helpful due to the highly judgmental and stigmatizing nature of their experience, as a result of their work.

59 Centre for Mental Health (2020) [Mental Health for All?](#)

60 Ibid.

61 Ibid.

62 P.G. Macioti, G.G. Geymonat, N. Mai (June 2021) [Access to Mental Health Services for People who Sell Sex in Germany, Italy, Sweden, and UK.](#)

Conclusion

Although they are frequently portrayed as “vulnerable”, undocumented people often demonstrate great strength in the face of adversity. But their precarious living and working situations, limited economic opportunities, exclusion from key services and the constant threat of being uprooted through deportation all contribute to chronic stress, uncertainty, and inequality, which erode their health and wellbeing.

Meaningfully addressing mental health among undocumented people and people with insecure status requires recognizing and addressing the dimensions of mental distress that are “a symptom of deprivation and social injustice.”⁶³

It is also critical not only to address mental ill health, but to promote positive mental health as essential to resilience. Relationships and community are vital to achieving this but must be accompanied by systemic reforms that address barriers to mental health care and other services, as well as policies across sectors that drive criminalisation and exclusion based on administrative status.

63 World Health Organization (2009) [Mental Health, Resilience and Inequalities](#).

Recommendations

Promoting the positive mental health and resilience of children and adults who are undocumented or who have insecure residence status requires:

- Opening up access to mental health care services for children and adults with irregular or insecure residence status by addressing systemic barriers they face, whether administrative or with respect to legal entitlements to mental health care, through changes in law and policy and/or practice.
- Ensuring that accessing mental health services, and other vital services and supports, does not have immigration consequences for people with irregular or insecure residence status through the creation of “firewalls”.
- Designing and implementing - with the active input of affected individuals and communities - responsive, trauma-informed, non-judgmental and non-stigmatising services for everyone who needs them, regardless of their residence status. These services should focus on holistically addressing a person's physical and mental health needs and supporting their empowerment and resilience.
- Addressing the drivers of social exclusion and deprivation related to irregular or insecure status, including those related to restricted access to the labour market and to a decent wage as well as to health and social services. This entails:
 - » Addressing inequities in the labour market that profoundly limit undocumented people's opportunities and rights, taking account of gender and racial inequalities;
 - » Ensuring that all residents of a country are included in social safety net programs to address poverty alleviation.
- Systematically assessing the mental health impact of policies across sectors, and reforming migration policies and practices to mitigate their harms, including by:
 - » Ending immigration detention and other policies or practices that are innately harmful to the mental health of migrants.
 - » Introducing greater transparency and fairness to immigration procedures and taking steps to reduce the risk of re-traumatisation.



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