The Role of Shelter in Supporting Migrant Mental Health


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In this reflective article, Khadim Diagne and Laura Arduini discuss the work of Casa della Carità in Milan, a shelter that supports migrants facing complex mental health challenges, in particular the psychological aftermath of torture. Drawing on years of experience and national guidelines, the authors explore how holistic, multidisciplinary, and trauma-informed care in shelters is essential for supporting migrants experiencing homelessness. They advocate for shelter spaces that are not only physically safe, but emotionally stabilising, offering dignity, community, and timely, individualised care.

Casa della Carità Angelo Abriani is a charitable foundation that runs a shelter in Milan. It opened in 2004 with the aim of providing a reasoned and integrated response to the needs of the most marginalised in society. With a structure that can accommodate up to 140 people, and with the support of 80 members of staff and as many volunteers, Casa della Carità accompanies and cares for each individual with a tailor-made approach, making use of the educational, social, clinical, psychiatric, legal and relational skills of a multidisciplinary team. This framework guarantees that every individual's unique needs are addressed, with a particular focus on their mental health.

The multi-faceted problems that people face have made the nature of our work increasingly complex in recent years, this is also due to the hosting of migrants with psychological problems. The increase in migrants arriving in Italy has led to a growing demand in Milan for shelter for asylum seekers or refugees who are either psychologically or physically vulnerable. Our 20 years of experience working with individuals with increasing complexities, who would otherwise have struggled to find suitable shelter elsewhere, has led us to develop a care model tailored to complex cases.

According to UNHCR data for 2024, 122.6 million people are forced migrants. They are forced to flee their countries for political, economic or social reasons. Of these, approximately 22.5 million are refugees, i.e., persecuted as defined in Article 1 of the Geneva Convention, more than half of whom are under the age of 18. Globally, these numbers mean that 1 in 113 people are now either asylum seekers, internally displaced persons or refugees. In recent years, the number of migrants has progressively increased in Italy and, among these, the proportion of applicants for international protection has also increased. In 2024, Italy was the third-highest recipient of asylum applications in Europe, after Germany and Spain.

If we define torture as "the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason"[1], it is not difficult to grasp how widespread of a phenomenon it is. Its devastating impact has far-reaching consequences beyond the individual, also affecting the community.

In a world where vast numbers of refugees are fleeing wars, persecution, ethnic cleansing, and bloody dictatorships, the repercussions are widespread. Although it is not easy to provide a precise number of people who systematically suffer physical or psychological violence, our experience indicates that a significant proportion of refugees have been victims of severe forms of torture.

Torture is the systematic infliction of pain: research by Amnesty International has shown that beatings are widely the most common method of torture in over 150 countries. Beatings are inflicted with fists, sticks, gun butts, improvised whips, iron pipes and electric wires. Victims suffer bruises, internal bleeding, fractures, even damage to vital organs and death. Rape and sexual abuse of prisoners are widespread. Other common methods of torture include electrocution (in 40 countries), suspension of the body (in 40 countries), blows with sticks on the soles of the feet (over 30 countries), suffocation (over 30 countries), mock executions and death threats (over 50 countries) and prolonged solitary confinement (over 50 countries). Other methods include immersion in water, the extinguishing of cigarettes on the body, sleep deprivation, and sensory deprivation.

This disturbing list is an opportunity to explore the subject of this article beyond its relevance to clinicians or the development of new healthcare services. It is not merely a discussion about addressing the management of a phenomenon that leads to psychopathology and socio-economic distress, but rather a highly sensitive ethical and anthropological issue that concerns human dignity, the undeniable rights of every individual, and the fundamentals that define humanity and civilisation across the world. Donatella Di Cesare (2016) notes that because it is intentionally inflicted by others, torture is an especially harrowing form of trauma. Its effects leave lasting wounds that are often difficult to heal. She is echoed by Paul Ricoeur (1989), who states that at its core, beyond the physical suffering it inflicts, torture is a deliberate act designed to break down and dismantle a person's very sense of self.

The Italian Ministry of Health's 2017 guidelines for the care of refugees and victims of torture and international violence focus on the importance of creating suitable reception facilities, the value of the relationship between practitioners and victims of torture, and the importance of an integrated multidisciplinary approach. The guidelines refer to the 'exhausted migrant effect', asylum seekers who arrive in Italy and have already suffered a high degree of physical and psychological trauma. They describe how experiencing violence can trigger a cascade of psycho-neuro-endocrine-immunological responses in victims, which may compromise their immune system and make them more vulnerable to infections and long-term health conditions. These are people with whom we can almost never speak of a 'timely response' when it comes to trauma, because they come to our attention only after enduring months or even years of harassment in their country of origin, or in stalemate countries such as Libya. There is, however, an opportunity to act as soon as possible to address the re-traumatisation associated with the journey to Europe and to prevent further damage that may result from the impact of arriving in our country.

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While our work does not focus on the initial first reception of migrants upon arrival in Italy, we provide second reception shelter for vulnerable migrants (some are accepted into the Reception and Integration System (SAI) Mental Illness programme, and others arrive spontaneously at the Foundation from outside the national reception centre network). We dedicate significant energy to ensure that each migrant guest encounters a welcoming environment of warmth, familiarity, and recognition.

Based on our experience, we believe that specific criteria are essential in order to meet a good standard of care. We try to keep these principles in mind when working at Casa della Carità:

- It is crucial for migrants to be able to refer to a central hub that is well known within the community and that can respond to a myriad of complex problems all under one roof, without having to travel to multiple locations across the city;
- It is important to have knowledgeable staff who not only have expertise in their individual fields but also have a broader understanding beyond their specialisation: doctors who are familiar with legal matters, lawyers who know how to support vulnerable people, social workers who have expertise in multiple disciplines, and educators who are aware of political and transcultural policies and dynamics;

- Projects and pathways should be tailored to each individual, taking into account their unique history and specific needs. There is no set length of stay, nor a predetermined sequence of responses;
- Responding promptly is crucial - whether in an emergency, or when faced with new requests – whilst also demonstrating an ability to adapt and find creative solutions;
- The type of reception centre should be adaptable, particularly for those who are highly vulnerable, ensuring a swift transition from closely supervised community living to housing arrangements that foster greater independence, whilst also being ready to respond to potential setbacks;
- Acting as a bridge between Milan's citizens and the state, complementing the public system and proposing ideas and policy recommendations;
- Offering a warm, family-like setting where individuals can live for a period of time or can spend a few hours of the day, sharing relationships based on dignity and respect.
- Providing operators with spaces for one-on-one discussions with more experienced colleagues to support them during challenges and emergencies; periodic group supervision is also offered with an educational, psychological and social slant, and to help prevent burn out.

Supporting individuals who have suffered repeated trauma, torture, and extreme violence is a difficult and deeply engaging journey that raises very challenging questions. Italian government guidelines outline some procedures for intervention, acknowledging the right of forced and tortured migrants to receive care and peaceful citizenship. However, establishing best practices and dignified procedures is only the start of a broader conversation that must engage the entire community, in all its components. When considering the care of those affected by violence, there needs to be a focus on the most vulnerable - women, minors, and those with mental health issues. These are the voices that are least heard, often unable to recognise or articulate their suffering. Many questions remain concerning the link between health and the violence suffered, as well as a preventive view of stopping the transgenerational cycle of violence.

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ENDNOTES

1 WMA Declaration of Tokyo – Guidelines for physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment, Tokyo, October 1975