

Barriers and challenges around addressing the mental health of refugees and asylum seekers in Chile

Alice Blukacz^a , Alejandra Carreño^{a*} , Báltica Cabieses^{a, b} 

^a Programa de Estudios Sociales en Salud, Instituto de Ciencias e Innovación en Medicina, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile

^b Senior visiting scholar, Department of Health Sciences, University of York, York, United Kingdom

*** Corresponding author**
a.carreno@udd.cl

Citation

Blukacz A, Carreño A, Cabieses B. Barriers and challenges around addressing the mental health of refugees and asylum seekers in Chile. *Medwave* 2022;22(1):002521

DOI

10.5867/medwave.2022.01.002521

Submission date

Aug 28, 2021

Acceptance date

Nov 23, 2021

Publication date

Jan 21, 2022

Keywords

Mental Health, Asylum Seekers, Refugees, Health Policy, Chile

Postal address

Avenida Las Condes
12461, Las Condes, Región Metropolitana de Santiago, Chile

Abstract

Asylum and refuge in Chile have received limited attention in policy-making and academia, and there is scarce evidence on their mental health needs and outcomes. Studies on mental health-care access for international migrants suggest systemic barriers linked to costs and coverage, administrative issues, and adequacy of services. Today, we see that asylum and refuge is an emerging topic in Chile, which opens up some of the challenges around the mental health of refugees and asylum seekers. This topic is gaining visibility due to increased asylum claims over the past ten years, making it an urgent topic at a policy level. An exploratory qualitative study was conducted in 2018 on the health and social needs of asylum seekers and refugees from Latin America in Chile. This study indicated a general lack of knowledge on the mental health needs of refugees and asylum seekers and Chile and a lack of training in mental health professionals to address specific needs. Consequently, the health needs of these people remain largely unaddressed in terms of the number of available services and the relevance and pertinence of the services delivered. As Chile is positioning itself as a receiving country of refugees and asylum seekers in Latin America and the Caribbean, there is an opportunity to "do better" and adequately address the mental health of these marginalized populations.

AUTHOR PROOF

MAIN MESSAGES

- ◆ Despite an increase in both migration fluxes and asylum claims, there is limited evidence regarding the mental health of international migrants in general and, more specifically, of refugees and asylum seekers in Chile.
- ◆ A qualitative study identified that healthcare services are not prepared to address the mental health of these populations due to inequities and systemic inequalities, in addition to a lack of knowledge on the refuge and the violence and persecution determinants of migration.
- ◆ This study indicates the urgent need for public policies that explicitly promote mental health protection of refugees and asylum seekers in Chile and Latin America through multi-level and intersectoral cooperation, strategic research, and long-term social participation.
- ◆ Recommendations are (i) promoting access to health care for migrants as a unique agreement between all Latin American and Caribbean countries; (ii) strengthening Chile's Decree 67 that allows access to health care to migrants regardless of their migratory status; (iii) developing specialized training on refugees' mental health; (iv) supporting the implementation of integrated mental healthcare programs that address the neglect, abuse, violence, post-traumatic stress disorder and affective disorders that refugees and asylum seekers may be facing; and (v) multi-level, interdisciplinary and multisectoral coordination.

INTRODUCTION

Until the last decade, asylum and refuge in Chile were mainly addressed concerning the thousands of people who left the country during the military dictatorship of General Pinochet (between 1973 and 1990) amidst political persecution, kidnappings, and murders of left-wing activists and civilians. The exiled have been part of the national reality since then. Chile was a country from which people left, not where they sought refuge. However, since the transition and return to democracy in the 1990s, Chile has been a politically and economically stable country in Latin America, with an outward narrative of safety and economic boom, despite significant disparities between socioeconomic groups. As other countries in the Latin America and Caribbean region face greater instability and – in some cases – internal conflict or authoritarian governance, Chile has been increasingly considered as a potential country of refuge by those seeking protection.

In the last decade, Chile has seen an increase in asylum claims from people within Latin America such as Colombia (43.7% of total claims between 2010 and the first trimester of 2020, or 7335 people), Cuba (29.7%, or 4985 people) and Venezuela (21.5%, or 3609 people). Although the asylum claims fluctuate over time, they reached an all-time high in 2018, with 5727 claims, before falling to 780 in 2019. Additionally, a small proportion of asylum claims turn into refugees; concretely, only 171 individuals in 2018 and 30 in 2019 [1]. The increasingly restrictive management of migration fluxes [2–4], instrumentalized anti-migrant sentiment, acts of xenophobic violence [5], and closed borders due to the COVID-19 pandemic have only exacerbated the urgency for adequate solutions to address asylum, refuge, and, more broadly, forced migration.

Despite the increase in asylum claims, refuge and asylum is a topic that has received little attention at a national level, both in policy-making and academia. In turn, mental healthcare is a

critical public health issue in Chile, as recent studies have shown a steady increase in the prevalence of mental health disorders over the past 50 years [6,7]. However, there is scarce evidence surrounding the mental health needs and outcomes of refugees and asylum seekers in Chile and their access to mental healthcare [8,9].

While the mental health of refugees and asylum seekers has been neglected, the mental health of international migrants as a broader "catch-all" category is an emerging topic. The existing evidence in Chile identifies multiple barriers to access mental healthcare. These barriers are strongly tied to structural inequities in the mental healthcare model that prevails in Chile [10–12]: costs, insurance coverage, migratory status, and adequacy of the services in terms of the relevance and acceptability of the mental healthcare provided. Furthermore, these inequities are born out of broader systemic socioeconomic and racial inequalities in Chile [13,14] and documented administrative barriers to seeking and obtaining refuge [15].

Amidst the pandemic, the existing evidence at the global level highlights the importance and urgency of this topic. Trauma linked to violence, persecution, and unsafety exacerbate stressors related to the COVID-19 pandemic. These stressors may include fears around the infection, unemployment, economic hardship, isolation, social exclusion, migratory status, and disinformation [16–19]. This communication describes the main challenges regarding the mental health of refugees and asylum seekers in Chile, based on results from a qualitative study carried out in 2018 on the health and social needs of asylum-seekers and refugees from Latin America in Chile.

AUTHOR PROOF

IDENTIFYING CHALLENGES OF REFUGEES AND ASYLUM SEEKERS TO ACCESS MENTAL HEALTHCARE

An exploratory qualitative study was conducted in 2018 with the support of the Christian Churches Support Foundation and the United Nations High Commissioner for Refugees [20]. The study identified the experiences and needs related to healthcare through semi-structured interviews with refugees and asylum seekers, health professionals, government officials in charge of asylum and international protection, and volunteers.

The results of this study suggest a general lack of knowledge on the mental health needs of refugees and asylum seekers in Chile and a lack of training of mental health professionals to address these specific needs. Addressing their mental health from social and health perspectives [21–23], including poor mental health outcomes throughout the cycle of migration, is problematic. Both institutional actors and the asylum seekers and refugees interviewed reported that when psychological support was provided, usually it did not address correctly the past trauma experienced, especially when that experience involved violence detached from Chile's current reality. In that sense, one of the refugees interviewed argued: "I do not think that any psychologist, without being prepared, with all my respect, can understand the trauma experienced because it is related to another reality, one that is not known here" (Colombian woman, asylum seeker). Another refugee pointed that the support offered was based on volunteer students, who were not trained to deal with patients with the kind of experiences she had lived.

Furthermore, the institutional actors interviewed pointed towards a lack of knowledge in Chile around refuge and the conflicts behind it altogether. Asylum seekers and refugees are usually perceived as economic migrants, making their specific protection needs invisible and perpetuating existing patterns of discrimination towards the socioeconomically vulnerable sectors of society. This aspect indirectly underestimates refugees' and asylum seekers' mental health needs related to experiences of violence, conflict, and persecution. Additionally, not acknowledging the impact on the physical and mental health of fleeing one's country and seeking refuge in another further undermines refugees' and asylum seekers' mental health needs.

However, the lack of knowledge and recognition of refugees and asylum seekers and mental health implications may also explain fearing the stigma and avoiding addressing mental health issues in fear of revictimization. Refugees and asylum seekers reported having common mental disorders such as depression and anxiety, which were not present before leaving their country, together with a lack of orientation to cope with these health issues. Many of the stress factors reported by the interviewees were related to the settling phase: uncertainty and frustration around the administrative aspects of asylum, difficulties to find employment that matched their skills, and acculturation challenges. Additionally, they reported that the

assessment process of their asylum claim had harmed their mental health and re-victimized them [15].

In all, refugees and asylum seekers in Chile have difficulties coping with past trauma and experience additional stress settling in a new country. The inability of the care system to address their needs is rooted in inequities and systemic challenges. Furthermore, a general lack of knowledge on the refugee and the conflicts behind displacement in Latin America contributes to leaving their mental health needs unaddressed (or inadequately addressed) [23].

RECOMMENDATIONS

Chile is receiving an increasing number of people requiring international protection. Therefore, it is crucial to improve knowledge and training among institutional actors around the current reality of refuge and their right to access health and good-quality, culturally and linguistically relevant mental healthcare.

First, as international literature shows [24,25], improving access to primary healthcare can reduce the barriers to mental healthcare, especially in groups such as refugees and asylum seekers. In that sense, eliminating administrative barriers linked to migratory status is paramount, as is eliminating discretionary treatment at borders and in healthcare centers, as observed during the humanitarian crisis stemming from the COVID-19 pandemic in the northern regions of Chile [26]. Additionally, reducing out-of-pocket costs and prioritizing mental health is needed to reduce inequities. Moreover, anonymous care and digital interventions are also relevant to reducing mental health stigma [27,28]. Concretely, we recommend promoting access to health care for migrants as a unique agreement between all Latin American and Caribbean countries, following recommendations from the World Health Organization's "Promoting the health of refugees and migrants: draft global action plan, 2019–2023" [29]. We also recommend strengthening Chile's 67 decree that allows migrants to access health care regardless of their migratory status, as implementation pitfalls were exacerbated during the pandemic. These recommendations should be one of the cornerstones for Chile's Health Policy of Migrants Action Plan, which has not been launched since its release in 2018.

Second, regarding the adequacy of the services, training mental health professionals to address the needs of refugees and asylum seekers in the regular healthcare system is required. This measure would allow adequate care without setting up parallel attention mechanisms with limitations in terms of the quality and continuity of care. Evidence from experienced countries in terms of refuge [30–32] shows the importance of promoting early interventions to address the needs of refugees and asylum seekers by strengthening healthcare teams in borderlands and coordinating with civil society organizations that receive people in need of international protection. Currently, there is no consensus on the effectiveness of creating specialized mental

healthcare services for migrants, refugees, and asylum seekers. However, – and considering the risk of marginalization they may cause [30] – there is a certain level of agreement around the need to include specialized healthcare professionals in addition to peer mentors in healthcare teams [33]. In line with the community approach endorsed by the mental healthcare model in Chile [7], it is crucial to promote the active participation of refugees and asylum seekers in the development of mental health policies, programs, and interventions.

Third, – and most importantly – we should note that addressing the challenges surrounding the mental health of asylum seekers and refugees in Chile requires a political commitment from the government. Those seeking international protection should be considered more than "economic migrants in disguise". The government should endorse a multisectoral approach involving policy-making efforts at a national level, develop solutions within the health sector, and encourage the participation of refugees and asylum seekers in these processes. As noted before, these solutions include releasing Chile's Strategic Action Plan for the Health Policy of Migrants, which is relevant to the health of both the migrant and local population. It also includes multi-level and interdisciplinary action within the healthcare system, especially when developing integrated mental health services for refugees and asylum seekers that do not currently exist. Finally, it highlights the need for multi-lateral cooperation between Latin American health systems, governments, international organizations, and civil society. We must leave no one behind and promote well-being and positive mental health to every person in the region, regardless of their socioeconomic status, migration status, country of origin, gender, or skin color.

Notes

Contributor roles

AC and BC contributed to the conception and design, AC and BC contributed to data acquisition, and AC and BC contributed to analysis and interpretation of data. All three authors participated in drafting the manuscript and approved the final version.

Competing interests

The authors declare that they have no conflict of interest with the publication of this article.

Funding

Premio Santander El Mercurio 2017; ANID Chile Fondecyt Regular 1201461; ANID Chile Fonis SA19I0066.

Ethics

The data included in the manuscript was collected as part of the project "Ser Refugiado en Chile: trayectorias institucionales y experiencias de salud de solicitantes de protección internacional de origen latinoamericano", approved by the Ethics Committee of the Universidad del Desarrollo. Participants were asked to express written informed consent before participating. Their

privacy was respected throughout the study, and they could choose to remove themselves from the study at any point. Data were analyzed anonymously.

Provenance and peer review

Not commissioned. Externally peer-reviewed by three reviewers, double-blind.

Language of submission

English.

References

1. Departamento de Extranjería y Migración. Minuta Refugio en Chile. 2020. https://www.extranjeria.gob.cl/media/2020/03/Minuta_Refugio.pdf
2. Pavez-Soto I, Colomé S, Pavez-Soto I, Colomé S. Derechos humanos y política migratoria. Discriminación arbitraria en el control de fronteras en Chile. *Polis*. 2019;17: 113–136. <https://doi.org/10.32735/S0718-6568/2018-N51-1352>
3. Vásquez J, Finn V, Umpierrez de Reguero S. Cambiando la cerradura. Intenciones legislativas del proyecto de ley de migraciones en Chile. *Colomb Int*. 2021; 57–87. <https://doi.org/10.7440/colombiaint106.2021.03>
4. Thayer Correa LE, Durán Migliardi C, Correa S, Cortés C. Discursos sobre política migratoria en el campo político chileno. *Rev Estud Polit*. 2020; 97–127. <https://doi.org/10.18042/cepc/rep.190.04>
5. Lo que nos hicieron, no se le hace a un ser humano”: Migrante víctima de quema de carpas en Iquique. In: *BioBioChile - La Red de Prensa Más Grande de Chile*; 25 Sep 2021. <https://www.biobiochile.cl/noticias/nacional/region-de-tarapaca/2021/09/25/lo-que-nos-hicieron-no-se-le-hace-a-un-ser-humano-afectada-por-quema-de-carpas-en-iquique.shtml>
6. González G. E-Latina *Rev Electrónica Estud Latinoam*; 2020. <https://publicaciones.sociales.uba.ar/index.php/elatina/article/view/5357>
7. Minoletti A, Rojas G, Horvitz-Lennon M. Salud mental en atención primaria en Chile: aprendizajes para Latinoamérica. *Cad saúde colet*. 2012;20: 440–447. <https://doi.org/10.1590/S1414-462X2012000400006>
8. Carreño-Calderón A, Cabieses B, Correa-Matus ME. Individual and structural barriers to Latin American refugees and asylum seekers' access to primary and mental healthcare in Chile: A qualitative study. *PLoS One*. 2020;15. <https://doi.org/10.1371/journal.pone.0241153>
9. Carreño A, Blukacz A, Cabieses B, Jazanovich D. "Nadie está preparado para escuchar lo que vi": atención de salud mental de refugiados y solicitantes de asilo en Chile. *SC*. 2020;16: e3035. <https://doi.org/10.18294/sc.2020.3035>
10. Astorga-Pinto SM, Cabieses B, Carreño Calderon A, McIntyre AM. Percepciones sobre acceso y uso de servicios de salud mental por parte de inmigrantes en Chile, desde la perspectiva de trabajadores, autoridades e inmigrantes. *Rev Inst Salud Pública Chile*. 2019;3. <https://doi.org/10.34052/rispch.v3i1.49>
11. Blukacz A, Cabieses B, Markkula N. Inequities in mental health and mental healthcare between international immigrants and locals in Chile: a narrative review. *Int J Equity Health*. 2020;19. <https://doi.org/10.1186/s12939-020-01312-2>
12. Rojas G, Fritsch R, Castro A, Guajardo V, Torres P, Díaz B. Trastornos mentales comunes y uso de servicios de salud en

AUTHOR PROOF

- población inmigrante. *Rev méd Chile.* 2011;139: 1298–1304. <https://doi.org/10.4067/S0034-98872011001000008>
13. Tijoux ME, Palominos Mandiola S. Aproximaciones teóricas para el estudio de procesos de racialización y sexualización en los fenómenos migratorios de Chile. *Polis Rev Latinoam;* 21 Oct 2015. <https://journals.openedition.org/polis/11351>
 14. Liberona Concha NP, Mansilla MA. Pacientes ilegítimos: Acceso a la salud de los inmigrantes indocumentados en Chile. *SC.* 2017;13: 507. <https://doi.org/10.18294/sc.2017.1110>
 15. Calderón AC, Matus MEC, Urrutia C, Cabieses B. “Te recomiendo que esperes”: burocracia y salud en solicitantes de asilo y refugiados de origen Latinoamericano en Chile. *Rev Chil Antropol.* 2021; 113–130. <https://doi.org/10.5354/rca.v0i43.64435>
 16. Liddell BJ, O’Donnell M, Bryant RA, Murphy S, Byrow Y, Mau V, et al. The association between COVID-19 related stressors and mental health in refugees living in Australia. *Eur J Psychotraumatol.* 2021;12. <https://doi.org/10.1080/20008198.2021.1947564>
 17. Saifee J, Franco-Paredes C, Lowenstein. Refugee Health During COVID-19 and Future Pandemics. *Curr Trop Med Rep.* 2021; 1–4. <https://doi.org/10.1007/s40475-021-00245-2>
 18. Rees S, Fisher J. COVID-19 and the Mental Health of People From Refugee Backgrounds. *Int J Health Serv.* 2020;50: 415–417. <https://doi.org/10.1177/0020731420942475>
 19. Cabieses B, Darrigrandi F, Blukacz A, Obach A, Silva C. Migrantes venezolanos frente a la pandemia de COVID-19 en Chile: factores asociados a la percepción de sentirse preparado para enfrentarla. *Notas Poblac;* 2021. <https://repositorio.udd.cl/handle/11447/4569>
 20. Carreño A, Cabieses B. Ser refugiado en Chile. Trayectorias institucionales y experiencias de salud de solicitantes de protección internacional de origen latinoamericano en Chile. Santiago, Chile: Universidad del Desarrollo; 2020. https://repositorio.udd.cl/bitstream/handle/11447/3809/Ser%20refugiado%20en%20Chile_Trayectorias%20institucionales%20y%20experiencias%20de%20salud..._Carre%C3%B1o%20A%20y%20Cabi%C3%A9ses%20B.pdf?sequence=1&isAllowed=y
 21. George LK. Life Course Perspectives on Social Factors and Mental Illness. In: Avison WR, McLeod JD, Pescosolido BA, editors. *Mental Health, Social Mirror.* Boston, MA: Springer US; 2007. pp. 191–218. https://doi.org/10.1007/978-0-387-36320-2_9
 22. Oxford University Press: *Global Mental Health*; <https://oxfordmedicine.com/view/10.1093/med/9780199920181.001.0001/med-9780199920181>
 23. Wylie L, Van Meyel R, Harder H, Sukhera J, Luc C, Ganjavi H, et al. Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. *Public Health Rev.* 2018;39. <https://doi.org/10.1186/s40985-018-0102-y>
 24. Rivera JMB, Puyat JH, Wiedmeyer M-L, Lavergne MR. Primary Care and Access to Mental Health Consultations among Immigrants and Nonimmigrants with Mood or Anxiety Disorders. *Can J Psychiatry Rev Can Psychiatr.* 2021;66: 540–550. <https://doi.org/10.1177/0706743720952234>
 25. Jensen NK, Norredam M, Priebe S, Krasnik A. How do general practitioners experience providing care to refugees with mental health problems? A qualitative study from Denmark. *BMC Fam Pract.* 2013;14. <https://doi.org/10.1186/1471-2296-14-17>
 26. Cabieses B, Obach A, Blukacz A, Carreño A, Larenas D, Mompoint E. Migrantes Internacionales en Residencias Sanitarias en Chile durante la Pandemia COVID-19: Hacia una Respuesta Ética en Emergencias Sanitarias. Santiago, Chile: Organización Mundial de la Salud; 2021. <https://repositorio.udd.cl/bitstream/handle/11447/3848/Migrantes%20internacionales%20en%20residencias%20sanitarias%20en%20Chile%20durante%20la%20pandemia%20COVID-19.pdf?sequence=3&isAllowed=y>
 27. Rubeis G. Digital interventions for refugees. Challenges, opportunities, and perspectives of agency *Ethik Med.* 2021; 1–18. <https://doi.org/10.1007/s00481-021-00621-6>
 28. Nickerson A, Byrow Y, Pajak R, McMahon T, Bryant RA, Christensen H, et al. “Tell Your Story”: a randomized controlled trial of an online intervention to reduce mental health stigma and increase help-seeking in refugee men with posttraumatic stress. *Psychol Med.* 2020;50: 781–792. <https://doi.org/10.1017/S0033291719000606>
 29. World Health Organization. Promoting the health of refugees and migrants: draft global action plan, 2019–2023. World Health Organization; 2019. <https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants-draft-global-action-plan-2019-2023>
 30. Jaschke P, Kosyakova Y. Does Facilitated and Early Access to the Healthcare System Improve Refugees’ Health Outcomes? Evidence from a Natural Experiment in Germany. *International Migration Review.* 2021;55: 812–842. <https://doi.org/10.1177/0197918320980413>
 31. Kiselev N, Morina N, Schick M, Watzke B, Schnyder U, Pfaltz MC. Barriers to access to outpatient mental health care for refugees and asylum seekers in Switzerland: the therapist’s view. *BMC Psychiatry.* 2020;20. <https://doi.org/10.1186/s12888-020-02783-x>
 32. Sen P. The mental health needs of asylum seekers and refugees - challenges and solutions. *BJPsych Int.* 2016;13: 30–32. <https://doi.org/10.1192/s2056474000001069>
 33. Kuey L. Do asylum seekers and refugees need specialised services? Pitfalls and challenges of mental health care for asylum seekers and refugees. 2020.

Barreras y desafíos en salud mental de refugiados y solicitantes de asilo en Chile

Resumen

Las temáticas de asilo y refugio han recibido escasa atención por parte de los decisores públicos y de la academia, existiendo poca evidencia respecto a las necesidades de salud mental, índices y acceso a atención de salud de refugiados y solicitantes de asilo. La literatura en temas de acceso a salud mental de migrantes internacionales en general sugiere la existencia de múltiples barreras vinculadas a costos y cobertura, temas administrativos y de adecuación de servicios. Algunos de los desafíos para abordar la salud mental de estas poblaciones aumentan en la medida en que es un problema emergente en el país, que ha ganado visibilidad debido al importante incremento de las solicitudes de refugio en los últimos diez años. Un estudio cualitativo exploratorio fue conducido durante el año 2018 sobre las necesidades sociales y de salud de refugiados y solicitantes de refugio de origen latinoamericano presentes en Chile. Los resultados indican que existe falta de disponibilidad y de competencias por parte de los profesionales de salud mental para abordar las necesidades de esta población. En consecuencia, la salud mental de esta población está quedando desatendida tanto en términos cuantitativos debido a la falta de disponibilidad de servicios, cuanto en términos cualitativos por falta de adecuación y aceptabilidad de los servicios ofrecidos. Debido a que Chile se está posicionando como país de acogida de migrantes en la región Latinoamérica y Caribe, incluyendo a refugiados, es necesario acoger la oportunidad de "hacerlo mejor" respecto a la salud mental de poblaciones particularmente emarginadas, como son solicitantes de asilo y refugiados.



This work is licensed under a Creative Commons Attribution 4.0 International License.