

# Mental Health of Forced Migrants

Subjects: **Social Work**

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Medicalizing mental health issues by relying solely on the effectiveness of medicine was a controversial risk factor that negatively affected the daily life activities of refugees and reduced their willingness for seeking professional mental health services. Empowering vulnerable minorities by giving them back their power and agency to be able to speak for themselves and raise voices of trauma and recovery was the missing protective factor for sustainable mental health practice. The benefits of group-based interventions were highlighted in which communities and individuals address mental health issues as well as isolation through building collective identities and support networks. Information and communication technologies (ICTs) can add more strength to any kind of mental health intervention. Finally, the benefits of applying an ecological perspective for the study of the mental health of refugees, and its implications for a sustainable intercultural practice, were discussed. Social workers in this model are the representatives of at-risk groups and thus require more agency and creativity in reflecting client's concrete needs.

mental health

risk factor

protective factor

refugee

asylum-seeker

sustainable intervention

## 1. Introduction

Across Europe and internationally there is a pressing need for the development of culturally appropriate mental health services for socially excluded and marginalized populations ([Mölsä et al. 2019](#)). Approaches to mental healthcare have undergone significant reforms around mental health intervention and immigrants' health policies, wherein social scientists have realized that mental health and well-being are influenced by various social determinants ([Hynie 2018](#); [Marmot 2020](#)). Through efforts to acquire holistic approaches towards mental health, social scientists have concluded that the social, cultural, and historical diversity of refugees adds to the complexity of mental health service delivery but also presents opportunities for reform ([Murray et al. 2010](#); [Hutchinson and Dorsett 2012](#)).

At present, most of the research in the field of migration is reproduced through the same dominant top-down patterns, confined to pathology and diagnosis and highlighting only prevalence rates of the mental health issues. Thus, voices, interests, and expectations of the immigrant communities are ignored. However, with the continued migration of refugees, there is increased attention to how to address the ongoing needs of refugees, resulting in greater demands for services appropriate to their needs.

Other studies on utilizing mental health services by refugees show that despite higher prevalence rates of mental health issues being documented, there still exists an underutilization of Western mental health treatment by refugee populations, the reasons given include both structural and cultural barriers ([Moreno et al. 2006](#); [Lamkaddem et al. 2014](#); [Agrawal and Venkatesh 2016](#)). Thus, existing research on mental health service barriers has identified issues of stigma, distrust of services and social and cultural problems that impact on “how problems are understood” and the question about whether help should be sought and if so, how” ([de Anstiss et al. 2009](#); [Colucci et al. 2015](#); [Brown et al. 2016](#)). It is therefore important for social workers to understand the barriers and reasons why underutilization exists and how to better support this vulnerable population ([Lamkaddem et al. 2014](#); [Rankopo and Osei-Hwedie 2011](#)).

It is evident from the literature review the mental health of forced migrants is a multidimensional phenomenon. It not only needs quick responses but also requires receiving constant feedback from the field. In other words, research must go beyond diagnosis and medical responses to the mental health needs of the forced migrants. Through identification of the commonly recognized risks and protective factors in this systematic review, we try to offer an alternative approach that guarantees the sustainability of mental health practice, which values forced migrant's viewpoints as active agents, capable of trauma growth and resilience.

## **| 2. Rationale for the Study**

The primary aim of the study is to systematically review the literature on the protective and risk factors for the mental health of forced migrants. Secondly, it focuses on providing an alternative approach to the mental health issues of the forced migrants that transcends from the usual pathologizing and medicalizing perspectives, highlighting the resilience, strength, and capability of these vulnerable minorities. The need to explore this area is supported by the fact that the cultural diversity of forced migrants calls for more in-depth practice research. Practice research is therefore the base for sustainable mental health intervention. This highlights the critical role of social workers who deal directly with forced migrants, grounded for a more preventive approach in mental health care than diagnosis.

## **| 3. Analysis of Findings**

The evidence presented in this systematic review supports the findings of previous studies that mental health issues of vulnerable populations are multidimensional, and widely measured outcomes of health issues are of great concern. However, the measures and perspectives that attempted to explain mental health issues especially in the included quantitative studies in this systematic review were top-down, and less of them by nature were supported to really explain refugees' points of view. This fact became more evident after comparing the quality and the depth of the findings in terms of the identified risks and protective factors in each of the included articles.

Socio-demographic factors in this literature review appeared to reflect the findings of previous research. Women were at greater risk of developing poorer mental health than men and poor mental health was associated with

having more children ([Poole et al. 2018](#); [Segal et al. 2018](#)). Due to the possibility of adapting to a new environment and behavioral resilience, young refugees found adjustment to a new culture easier compared to the older age refugees ([Georgiadou et al. 2018](#)). The country of origin and the reasons for migration appeared to be positively associated with mental health, post-traumatic stress disorder and depression symptoms ([Pandya 2018](#)). Low socioeconomic and educational levels were strongly associated with mental health outcomes, as poorly educated refugees with lower incomes were at greater risks of developing adverse mental health outcomes ([Im et al. 2017](#); [Şimşek et al. 2018](#); [Dietrich et al. 2019](#)). However, it is proven that recently resettled refugees with higher education and socioeconomic backgrounds were at greater risks of developing mental health issues during the period leading up to the outcome of their asylum application ([Carswell et al. 2011](#)).

Infrequent contact and interaction with relatives and friends were found to be associated with poorer mental health outcomes ([Chung et al. 2018](#)). Development of new social networks in host countries found to be an offsetting element ([Şimşek et al. 2018](#)). Distrust of western mental health practice, and dissatisfaction with the centrality of the medicine in the treatment of the mental health issues, were controversial risk factors calling for more in-depth research ([Omar et al. 2017](#); [Savic et al. 2016](#); [Yassin et al. 2018](#)). The importance of language acquisition for social interaction was highlighted. Involvement in social activities and community networks requires acceptable knowledge of language skills ([Campbell et al. 2018](#)). Without linguistic skills, no connection, and consequently, no integration is possible. This problem was mostly common amongst older refugees. The potential for learning a new language decreases as age raises ([Beiser and Hou 2001](#)). Thus, social isolation, due to not having enough language skills, was strongly associated with negative mental health issues.

Selected qualitative studies in the current review provided more in-depth view of the risks and protective factors for mental health issues. In terms of protective factors, community support and social networks of refugees seemed to play a crucial role in dealing with mental health issues ([Alemi et al. 2017](#); [Im et al. 2017](#); [Omar et al. 2017](#); [Poudel-Tandukar et al. 2019](#); [Valtonen 2008](#)). According to the findings of Affleck et al. community representatives of Sri Lankan Tamil refugees were actively screening mental health of each member of the community and, in doing so, those who were recognized suffering from various mental health issues were closely taken care and treated according to the traditional practices ([Affleck et al. 2018](#)). This can be a good example for a sustainable mental health program that shows how to use community potentials to manage its members' well-being and health.

## 4. Current Insights

Pre-migration conditions, movement difficulties, and resettlement challenges are interwoven periods in forced migration that can have adverse mental health effects lasting for years or even generations ([Ceri et al. 2017](#)). However, a review of the literature proved that involving forced migrants, and using community potentials in research and further in mental health intervention plans can yield positive, sustainable effects ([Affleck et al. 2018](#); [Shawyer et al. 2017](#); [Slewa-Younan et al. 2017](#); [Lillee et al. 2015](#); [Rizkalla and Segal 2018](#); [Acarturk et al. 2018](#); [Pandya 2018](#)).

Some of the important pre-migration risk factors identified in the included studies were experiencing discrimination, constant fear, abrupt separation from family, leaving close kin behind, and witnessing the death of family members or relatives ([Aleml et al. 2016](#); [Savic et al. 2016](#)). These risk factors clearly call for providing quick access to mental health services upon arrival of the forced migrants in host communities ([Yassin et al. 2018](#); [Yu et al. 2018](#); [Campbell et al. 2018](#); [Şimşek et al. 2018](#); [Segal et al. 2018](#)). However, culturally sensitive mental health services are missing protective factor that positively impact willingness in seeking sustainable services in forced migrants ([Şimşek et al. 2018](#); [Shawyer et al. 2017](#); [Lillee et al. 2015](#); [Rizkalla and Segal 2018](#); [Pandya 2018](#)).

Movement difficulties commonly occurred in the migration phase through borders and usually associate with human right violations, migrants smuggling, and systematic discrimination in transit countries ([Yu et al. 2018](#); [Shawyer et al. 2017](#)). Traumatic experiences of movement periods usually remain forever and need attention as soon as possible but, it is the duty of the international organizations such as UNHCR or IOM to hold transit countries accountable, encouraging them to legally recognize forced migrants' human rights ([Perrin 2010](#)). As for the resettlement phase in the host countries, we found structural factors that could negatively associate with mental health of forced migrants. Some of those identified factors included un/under employment, neighborhood disadvantages, prolonged asylum application process, short length of residence permits, stigmatization, isolation, impossibility of reunion with the rest of the family members, and cultural encounters ([Vitale and Ryde 2016](#); [Hocking and Sundram 2015](#); [Georgiadou et al. 2018](#); [Grupp et al. 2018](#); [Kandemir et al. 2018](#); [Shawyer et al. 2017](#); [Lillee et al. 2015](#); [Leiler et al. 2019](#); [Rizkalla and Segal 2018](#)). These structural level issues could be dealt with in the host countries by actively revising, and updating policies towards forced migrants' wellbeing ([Hagelund 2020](#)).

## References

1. Mölsä, Mulki, Marja Tiilikainen, and Raija-Leena Punamäki. 2019. Usage of Healthcare Services and Preference for Mental Healthcare among Older Somali Immigrants in Finland. *Ethnicity & Health* 24: 607–22.
2. Hynie, Michaela. 2018. *The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review*. Los Angeles: SAGE Publications.
3. Marmot, Michael. 2020. Health Equity in England: The Marmot Review 10 Years On. *BMJ* 368: m693.
4. Murray, Kate E., Graham R. Davidson, and Robert D. Schweitzer. 2010. Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations. *American Journal of Orthopsychiatry* 80: 576–85.
5. Hutchinson, Mary, and Pat Dorsett. 2012. What does the Literature Say about Resilience in Refugee People? Implications for Practice. *Journal of Social Inclusion* 3: 55–78.

6. Moreno, Alejandro, Linda Piwowarczyk, Wayne LaMorte, and Michael Grodin. 2006. Characteristics and Utilization of Primary Care Services in a Torture Rehabilitation Center. *Journal of Immigrant and Minority Health* 8: 163–71.
7. Lamkaddem, Majda, Karien Stronks, Walter D. Devillé, Miranda Olf, Annette A. M. Gerritsen, and Marie-Louise Essink-Bot. 2014. Course of Post-Traumatic Stress Disorder and Health Care Utilisation among Resettled Refugees in the Netherlands. *BMC Psychiatry* 14: 90.
8. Agrawal, Pooja, and Arjun Krishna Venkatesh. 2016. Refugee Resettlement Patterns and State-Level Health Care Insurance Access in the United States. *American Journal of Public Health* (1971) 106: 662–63.
9. de Anstiss, Helena, Tahereh Ziaian, Nicholas Procter, Jane Warland, and Peter Baghurst. 2009. Help-Seeking for Mental Health Problems in Young Refugees: A Review of the Literature with Implications for Policy, Practice, and Research. *Transcultural Psychiatry* 46: 584–607.
10. Colucci, Erminia, Harry Minas, Josef Szwarc, Carmel Guerra, and Georgia Paxton. 2015. In or out? barriers and facilitators to refugee-background young people accessing mental health services. *Transcultural Psychiatry* 52: 766–90.
11. Brown, Menna, Alexander Glendenning, Alice E. Hoon, and Ann John. 2016. Effectiveness of Web-Delivered Acceptance and Commitment Therapy in Relation to Mental Health and Well-being: A Systematic Review and Meta-Analysis. *Journal of Medical Internet Research* 18: e221.
12. Rankopo, Morena J., and Kwaku Osei-Hwedie. 2011. Globalization and Culturally Relevant Social Work: African Perspectives on Indigenization. *International Social Work* 54: 137–47.
13. Poole, Danielle N., Bethany Hedt-Gauthier, Shirley Liao, Nathaniel A. Raymond, and Till Bärnighausen. 2018. Major Depressive Disorder Prevalence and Risk Factors among Syrian Asylum Seekers in Greece. *BMC Public Health* 18: 908.
14. Segal, Steven, Vicky Khoury, Ramy Salah, and Jess Ghannam. 2018. Contributors to Screening Positive for Mental Illness in Lebanon's Shatila Palestinian Refugee Camp. *The Journal of Nervous and Mental Disease* 206: 46–51.
15. Georgiadou, Ekaterini, Ali Zbidat, Gregor M. Schmitt, and Yesim Erim. 2018. Prevalence of Mental Distress among Syrian Refugees with Residence Permission in Germany: A Registry-Based Study. *Frontiers in Psychiatry* 9: 393.
16. Pandya, Samta. 2018. Spirituality for Mental Health and Well-being of Adult Refugees in Europe. *Journal of Immigrant and Minority Health* 20: 1396–403.
17. Im, Hyojin, Aidan Ferguson, and Margaret Hunter. 2017. Cultural Translation of Refugee Trauma: Cultural Idioms of Distress among Somali Refugees in Displacement. *Transcultural Psychiatry* 54: 626–52.

18. Şimşek, Zeynep, Nebiye Yentur Doni, Nese Gül Hilali, and Gokhan Yildirimkaya. 2018. A Community-Based Survey on Syrian Refugee Women's Health and its Predictors in Şanlıurfa, Turkey. *Women & Health* 58: 617–31.
19. Dietrich, Hans, Radwan Al Ali, Sefik Tagay, Johannes Hebebrand, and Volker Reissner. 2019. Screening for Posttraumatic Stress Disorder in Young Adult Refugees from Syria and Iraq. *Comprehensive Psychiatry* 90: 73–81.
20. Carswell, Kenneth, Pennie Blackburn, and Chris Barker. 2011. The Relationship between Trauma, Post-Migration Problems and the Psychological Well-being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry* 57: 107–19.
21. Chung, Man, Nowf AlQarni, Mariam AlMazrouei, Shamsa Al Muhairi, Mudar Shakra, Britt Mitchell, Sara Al Mazrouei, and Shurooq Al Hashimi. 2018. Posttraumatic Stress Disorder and Psychiatric Co-Morbidity among Syrian Refugees of Different Ages: The Role of Trauma Centrality. *Psychiatric Quarterly* 89: 909–21.
22. Omar, Yusuf Sheikh, Justin Kuay, and Can Tuncer. 2017. 'Putting Your Feet in Gloves Designed for Hands': Horn of Africa Muslim Men Perspectives in Emotional Wellbeing and Access to Mental Health Services in Australia. *International Journal of Culture and Mental Health* 10: 376–88.
23. Savic, Michael, Anna Chur-Hansen, Mohammad Afzal Mahmood, and Vivienne M. Moore. 2016. 'We Don't have to Go and See a Special Person to Solve this Problem': Trauma, Mental Health Beliefs and Processes for Addressing 'mental Health Issues' among Sudanese Refugees in Australia. *International Journal of Social Psychiatry* 62: 76–83.
24. Yassin, Nasser, Nasser Yassin, Asma Taha, Asma Taha, Zeina Gbantous, Zeina Gbantous, Mia Atoui, Mia Atoui, Fabio Forgione, and Fabio Forgione. 2018. Evaluating a Mental Health Program for Palestinian Refugees in Lebanon. *Journal of Immigrant and Minority Health* 20: 388–98.
25. Campbell, Mark R., Kay D. Mann, Suzanne Moffatt, Mona Dave, and Mark S. Pearce. 2018. Social Determinants of Emotional Well-being in New Refugees in the UK. *Public Health* 164: 72–81.
26. Beiser, Morton, and Feng Hou. 2001. Language Acquisition, Unemployment and Depressive Disorder among Southeast Asian Refugees: A 10-Year Study. *Social Science & Medicine* (1982) 53: 1321–34.
27. Alemi, Qais, Susan C. Weller, Susanne Montgomery, and Sigrid James. 2017. Afghan Refugee Explanatory Models of Depression: Exploring Core Cultural Beliefs and Gender Variations. *Medical Anthropology Quarterly* 31: 177–97.
28. Poudel-Tandukar, Kalpana, Cynthia S. Jacelon, Genevieve E. Chandler, Bhuwan Gautam, and Paula H. Palmer. 2019. Sociocultural Perceptions and Enablers to Seeking Mental Health Support

- among Bhutanese Refugees in Western Massachusetts. *International Quarterly of Community Health Education* 39: 135–45.
29. Valtonen, Kathleen. 2008. *Social Work and Migration*. Abingdon: Routledge.
  30. Affleck, William, Umaharan Thamotheampillai, Judy Jeyakumar, and Rob Whitley. 2018. "If One does Not Fulfil His Duties, He must Not be a Man": Masculinity, Mental Health and Resilience Amongst Sri Lankan Tamil Refugee Men in Canada. *Culture, Medicine and Psychiatry* 42: 840–61.
  31. Ceri, Veysi, Zeliha Özlü-Erkilic, Ürün Özer, Tayyib Kadak, Dietmar Winkler, Burak Dogangün, and Türkan Akkaya-Kalayci. 2017. Mental Health Problems of Second Generation Children and Adolescents with Migration Background. *International Journal of Psychiatry in Clinical Practice* 21: 142–47.
  32. Shawyer, Frances, Joanne C. Enticott, Andrew A. Block, I-Hao Cheng, and Graham N. Meadows. 2017. The Mental Health Status of Refugees and Asylum Seekers Attending a Refugee Health Clinic Including Comparisons with a Matched Sample of Australian-Born Residents. *BMC Psychiatry* 17: 76.
  33. Slewa-Younan, Shameran, Anisa Yaser, Maria Gabriela Uribe Guajardo, Haider Mannan, Caroline A. Smith, and Jonathan M. Mond. 2017. The Mental Health and Help-Seeking Behavior of Resettled Afghan Refugees in Australia. *International Journal of Mental Health Systems* 11: 56.
  34. Lillie, Alyssa, Aesen Thambiran, and Jonathan Laugharne. 2015. Evaluating the Mental Health of Recently Arrived Refugee Adults in Western Australia. *Journal of Public Mental Health* 14: 56–68.
  35. Rizkalla, Niveen, and Steven P. Segal. 2018. Well-Being and Posttraumatic Growth among Syrian Refugees in Jordan. *Journal of Traumatic Stress* 31: 213–22.
  36. Acarturk, Caren, Mustafa Cetinkaya, Ibrahim Senay, Birgul Gulen, Tamer Aker, and Devon Hinton. 2018. Prevalence and Predictors of Posttraumatic Stress and Depression Symptoms among Syrian Refugees in a Refugee Camp. *The Journal of Nervous and Mental Disease* 206: 40–45.
  37. Alemi, Qais, Sigrid James, and Susanne Montgomery. 2016. Contextualizing Afghan Refugee Views of Depression through Narratives of Trauma, Resettlement Stress, and Coping. *Transcultural Psychiatry* 53: 630–53.
  38. Yu, Shieun, Jungeun Jang, Jin-Won Noh, Young Dae Kwon, Hyunchun Park, and Jong-Min Woo. 2018. What is it to be Mentally Healthy from the North Korean Refugees' Perspective?: Qualitative Research on the Changes in Mental Health Awareness among the North Korean Refugees. *Psychiatry Investigation* 15: 1019–29.
  39. Perrin, Benjamin. 2010. Just Passing through? International Legal Obligations and Policies of Transit Countries in Combating Trafficking in Persons. *European Journal of Criminology* 7: 11–27.

40. Vitale, Agata, and Judy Ryde. 2016. Promoting Male Refugees' Mental Health After they have been Granted Leave to Remain (Refugee Status). *The International Journal of Mental Health Promotion* 18: 106–25.
41. Hocking, Debbie, and Suresh Sundram. 2015. Demoralisation Syndrome does Not Explain the Psychological Profile of Community-Based Asylum-Seekers. *Comprehensive Psychiatry* 63: 55–64.
42. Grupp, Freyja, Marie Rose Moro, Urs M. Nater, Sara M. Skandrani, and Ricarda Mewes. 2018. "It's that Route that Makes Us Sick": Exploring Lay Beliefs about Causes of Post-Traumatic Stress Disorder among Sub-Saharan African Asylum Seekers in Germany. *Frontiers in Psychiatry* 9: 628.
43. Kandemir, Hasan, Hülya Karataş, Veysi Çeri, Filiz Solmaz, Sultan Kandemir, and Abdullah Solmaz. 2018. Prevalence of War-Related Adverse Events, Depression and Anxiety among Syrian Refugee Children Settled in Turkey. *European Child & Adolescent Psychiatry* 27: 1513–17.
44. Leiler, Anna, Anna Bjärtå, Johanna Ekdahl, and Elisabet Wasteson. 2019. Mental Health and Quality of Life among Asylum Seekers and Refugees Living in Refugee Housing Facilities in Sweden. *Social Psychiatry and Psychiatric Epidemiology* 54: 543–51.
45. Hagelund, Anniken. 2020. After the Refugee Crisis: Public Discourse and Policy Change in Denmark, Norway and Sweden. *Comparative Migration Studies* 8: 1–17.

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