Mig-HealthCare Roadmap & Toolbox

Mental Health

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Mental Health

1. Magnitude of the problem

Prevalence of mental health

According to the WHO's *Mental Health Atlas 2017* progress in terms of mental health policy making and planning has been made in some countries. However, the global shortage of health workers specifically trained in mental health is of great concern. Moreover, the lack of investment in community-based mental health facilities gives cause to worry.

In low-income countries, the rate of mental health workers can be as low as 2 per 100 000 population, compared with more than 70 in high-income countries. This is in stark contrast with needs, given that 1 in every 10 person is estimated to need mental health care at any one time (World Health Organization, 2018).

2. Reference to the problem concerning migrants/refugees

Mental health and psychosocial wellbeing among migrants and refugees

Migrants and refugees in Europe were often confronted to traumatic experiences, such as war and persecution in their countries of origin. (Forced) displacement, hardship in transit countries and dangerous travels together with lack of information, uncertainty about the future, hostility in the host country are just some few factors that add supplementary stress. Furthermore, such situations require many adaptations in short periods of time. It is common that pre-existing social and mental health problems can be exacerbated (Ventevogel et al., 2015).

- Various studies underline that the rate of posttraumatic stress disorders (PTSD) is higher among refugees due to forced displacement.
- There is a tendency among refugees who have lived in a host country for more than five years to be more likely suffering of depressive and anxiety disorders than the host population.
- Mental disorders are more prevalent among long-term refugees as they lack social integration and employment (Mental health promotion and mental health care in refugees and migrants Technical guidance, 2018).

The WHO outlines the following risk factors and stressors:

- Pre-departure:
  - Exposure to war and persecution
  - Economic hardship
- Travel and transit:
  - Life-threatening events
  - Physical harm
  - Human trafficking
- Arrival:
  - Residing in a country intended as “country of transit”
  - Poor living conditions

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- Integration:
  - Poor living conditions
  - Acculturation difficulties
  - Issues with obtaining entitlement and detention
  - Social isolation and unemployment
  - Facing return (Mental health promotion and mental health care in refugees and migrants Technical guidance, 2018)

A 2018 survey study of 1,286 migrants and refugees within the MIGHEALTHCARE project investigated among other health issues the prevalence of mental illness among migrants and refugees across 10 European countries. The study found that 29.6% of participants reported suffering from psychological diseases, including depression, anxiety, worry and stress.

The survey also generated a SF-36 score for overall mental health for each participant, with values from 0 to 100 and lower scores indicating greater disability. Researchers found an average mental health SF-36 score of 60.1 (SD 21.4) across all 1,286 participants, which is lower than the normative scores for EU populations, which lie above 65. However, these scores varied significantly by country of origin. The highest average mental health scores were reported by migrants from Nigeria (65.0) and Syria (64.2), and the lowest were reported by migrants from Iran (50.6) and Afghanistan (51.0). Average scores also varied by country of current location, with the highest refugee and migrant mental health scores reported in Sweden (65.1) and Italy (65.3), and the lowest reported in Cyprus (53.6) and Greece (53.7).

3. Reference to issues of particular interest

Post-traumatic Stress Disorder (PTSD)

Some people develop this anxiety disorder after having experienced a traumatic event. One-third of people having developed PTSD, can remain symptomatic for more than 3 years and are at risk of secondary problems. The condition can have long-lasting effects. However, not everyone who experienced traumatic stress develops PTSD. Even though factors contributing to resilience in the face of such stressful events are not well understood, it seems that stability within families and stable resettlement are highly important (Beiser & Korczak, 2018).

Studies highlight that PTSD often occurs along other psychiatric disorders. Most people diagnosed with PTSD also suffer from at least one other psychiatric disorder, some have 3 or more other psychiatric diagnoses. There is a substantial amount of symptom overlap between PTSD and a number of other psychiatric diagnoses, especially major depressive disorder (Brady et al., 2012).

Insomnia

Among migrants/refugees, poor health and behavioural changes can be due to the stressful migration experience. A Swiss study had a look at sleep disturbances among immigrants (3.406 people) in order to compare the prevalence among them and non-immigrants (17.968 people) and to investigate whether emotional distress is the cause of sleep differences. Variables such as insomnia symptoms, emotional distress and clinical as well as socio-demographic data were examined. The study showed that immigrants suffer significantly more often from insomnia symptoms than non-immigrants. Furthermore, the results show that immigrants also endured higher levels of emotional distress. Higher

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emotional distress is related to other symptoms of sleep disorders. Scientists argue that immigrants with emotional distress were at significant risk of sleep disturbances and conclude that emotional distress may influence sleep disparities between immigrants and non-immigrants (Schneeberger et al., 2019).

Acculturative stress

The acculturation process faced by immigrants and refugees may cause stress which is known as acculturative stress. It is defined as stress experienced in response to conflicting life events that are rooted in intercultural contact. Factors contributing to this type of stress are social conflict (microaggressions, ethnic or racial discrimination, including discrimination and prejudice, language issues), language problems, and family conflict (intergenerational conflict, shift in roles within family structure)

Acculturative stress is a unique construct as it encompasses stressors in multiple domains of life. In light of the pervasive nature of acculturative stress, it is of high importance to do research on the prevalence in various immigrant/refugee communities in order to determine how it affects people psychologically (Bart-Plange, 2015).

4. Important steps for the Health care sector

In terms of health care services, the WHO recommends the implementation of the following policy considerations:

- Promoting mental health through social integration
- Clarifying and sharing information on entitlements to care
- Mapping outreach services (or setting up new services if required)
- Making interpreting services and/or cultural mediation services available, including through information technology
- Working towards integration of mental, physical and social care
- Ensuring that the mental health workforce is trained to work with migrants

In terms of service planning and evaluation, which is crucial for the improvement of mental health care provided to refugees and migrants, the WHO gives two main recommendations:

- Investing in long-term follow-up research studies and service evaluations in order to better inform service planning and provision
- Sharing principles of good practices across countries (Mental health promotion and mental health care in refugees and migrants Technical guidance, 2018)

5. Prevention

Key principles for promoting mental health and psychosocial wellbeing

The International Organisation for Migration (IOM) has formulated 11 practice principles:

1. Treat all people with dignity and respect and support self-reliance
2. Respond to people in distress in a humane and supportive way
3. Provide information about services, supports and legal rights and obligations
4. Provide relevant psycho-education and use appropriate language

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5. Prioritize protection and psychosocial support for children, in particular children who are separated, unaccompanied and with special needs
6. Strengthen family support
7. Identify and protect persons with specific needs
8. Make interventions culturally relevant and ensure adequate interpretation
9. Provide treatment for people with severe mental disorders
10. Do not start psychotherapeutic treatments that need follow up when follow up is unlikely to be possible
11. Monitoring and managing wellbeing of staff and volunteers (Ventevogel et al., 2015)

6. Examples of best practices

The Mig-HealthCare project reviewed and evaluated relevant interventions offered to migrants and refuges. We include in this roadmap some examples that can be used in different settings also based on the evaluation process of the systematic review that was conducted by the Mig-HealthCare partners in 2018. More information about these and other promising practices can be found on the project's website http://www.mighealthcare.eu/ by accessing the report titled 'D5.1: Report on models of community health and social care and best practices'.

I. Mental health improvement program using bilingual gatekeepers (Choi, 2017)

A mental health improvement programme addressing immigrant women in Korea with the use of bilingual gatekeepers. Using a pre-post test design, information on mental health literacy, acculturative stress and general mental health was collected. The program was effective in improving mental health and mental health literacy scores as well as reducing the degree of acculturative stress.

II. Projects within statutory mental health services and in the non-governmental ('voluntary') sector (Fernando, 2005)

A significant part of changing statutory sector mental health practice must be concerned with changing the clinical practice of psychiatry towards adopting a multicultural approach – both in terms of how mental health assessments are carried out and the scope of what goes for therapy.

III. Culturally centered integrated care model (combination of the patient-centered medical home model and cultural competency training) (Holden et al, 2014)

The model addresses the complex and multiple levels within the health care system—from the individual level, which includes provider and patient factors, to the system level, which includes practice culture and system functionality issues. It is the authors' intention that the proposed model will be useful for health practitioners, contribute to the reduction of mental health disparities, and promote better mental health and well-being for ethnic minority individuals, families, and communities.

7. Toolbox

Please access our toolbox for additional tools related to the management of mental health issues among migrants and refugees.

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