

<b>Forum:</b>	World Health Organization (WHO)
<b>Issue:</b>	Addressing the Mental Health of Refugees and Migrants
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## Introduction

According to the Office of the United Nations High Commissioner for Refugees (UNHCR), there are around 25.4 million refugees around the world. As for migrants, the International Organization for Migration documented more than 257.7 million migrants around the world. The numbers of both migrants and refugees have been continuously increasing for the past decade and nativism and nationalism have created anti-immigrant sentiments across the world, barring these migrants from integrating with their newly-immigrated society. These anti-immigrant sentiments are often demonstrated by how states pass numerous legislation barring migrants and refugees from access to governmental benefits, such as health care services, even if these immigrants are the ones that need them the most. Refugees and migrants often are the ones suffering from mental illnesses such as post-traumatic stress disorder and depression. The lack of access to health care services and other barriers are often the deciding factor of the economic mobility of these immigrants, as mental health problems stop them from working with their full productivity, or at worst, lead them to take their lives. Therefore, it is imperative that addressing the mental health problems of refugees and migrants ought to be a priority to improve their lives.

## Definition of Key Terms

### Refugees

According to the Article 1 of the Convention Relating to the Status of Refugees, or the 1951 Refugee Convention, a refugee is defined as “a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.” Essentially, this means that refugees are the people who are escaping governmental prosecution who are unable to return back to their home states.

### Migrants

Migrants are generally defined as any person who lives temporarily or permanently in a country where he or she was not born and has significant societal ties to this country. The UN Convention on the Rights of Migrants defines a migrant worker as a "person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national."

## **Immigration**

Immigration is defined as "the action of coming to live permanently in a foreign country." This includes situations when one seeks better economic opportunity in a foreign country, seeks refuge in a foreign country fearing prosecution from their home countries, or any other instances where one travels and settles at a foreign country permanently.

## **Post-Traumatic Stress Disorder**

Post-Traumatic Stress Disorder, commonly referred to as PTSD, is an anxiety disorder caused by very stressful, frightening or distressing events. According to the National Health Service of the United Kingdom, PTSD can develop immediately after someone experiences a traumatic event or it can occur weeks, months, or even years later. People who repeatedly experience traumatic situations such as severe neglect, abuse, or violence, may be diagnosed with complex PTSD, which may cause re-experiencing, avoidance and emotional numbing, hyperarousal, and other mental health problems such as depression, anxiety, or phobias.

## **Background Information**

### **Mental Disorders in Refugees and Migrants**

Refugees and migrants can be exposed to various stress factors that could influence their mental health. These factors can be categorized as pre-migration factors (before one migrates), migration factors (during the process of migration), and post-migration factors (after migration).

#### ***Pre-migration risk factors***

Before migrating to another country, refugees and other migrants may have experienced traumatic events including persecution, armed conflict, or economic hardship, which all serve as factors that may exacerbate one's risk of suffering from mental illness. For refugees seeking asylum in other countries, persecution for their political, ethnic, religious, or other identities may lead them to torture, imprisonment, witnessing the death of their family member, and other fundamental violations of their human rights, traumatizing individuals. The exposure to conflicts, on the other hand, may range from witnessing the death of their family members or close acquaintances to having a number of traumatic experiences. Moreover, many individuals of the

refugee and migrant population also may face extreme economic hardship, lack of food, water, shelter, or other basic needs and resources in their home countries.

### ***Pre-immigration risk factors***

For pre-immigration risk factors, migrants and refugees may also face significant hardship that may be a cause of their mental health problems. Because of the lack of infrastructure, stability, and the rule of law, in their the journey of migrating across the world, refugees may face physical harm, including sexual violence, diseases, extortion, and human trafficking. Migrants and refugees often travel via unsafe boats, being enclosed and crammed in trains or trucks, or traveling on foot for hundreds of miles across unsafe land routes.



***Refugees arriving in a crowded boat***

### ***Post-migration risk factors***

Even when they settled in their host countries, refugees and migrants are still prone to other risk factors for mental disorders. For many countries, the procedure and waiting time for their asylum and visa applications are lengthy, leaving them in a constant state of uncertainty. Uncertainty about their asylum and visa applications make them prone to numerous mental health issues, including PTSD, depression, and anxiety. Refugees and migrants may also face detention depending on their individual cases which may significantly impede on the mental health of refugees and migrants. Studies have shown that the longer the length of time held in detention, refugees and migrants become more susceptible to deteriorating effects to their mental health including PTSD, anxiety, depression, and even suicide. Even when one is accepted and granted asylum within the host country, on multiple occasions, these new migrants often fail to fully integrate into society. Lack of social integration often has a long-term damaging effect on the mental health of refugees and migrants resettled for more than five years in a country. Moreover,

moving into another culture in itself may be difficult for migrants and for migrants and refugees to adjust into. Research has found that acculturation and adaptation, or even in some cases, discrimination and social exclusion, are factors that drive up psychotic disorders after migration.

### ***Prevalence of Mental Disorders***

According to studies published by the WHO, refugees and migrants are ten times more likely than the general population to have PTSD. Around 9% of all refugees and 11% of children and minors under 18 have PTSD. The rate of psychosis among refugees is around 2%, similar to the general population in western countries. Moreover, the rate of any kinds of mental disorders is higher in refugees that have stayed in their host countries for more than five years. This may show that refugees staying in foreign countries, unable to integrate into society, suffer from mental disorders due to lack of government policies to prevent discrimination and properly incorporate them into the country.

### **Barriers to Mental Health Care**

A major problem that exacerbates the issue with mental health amongst migrants and refugees is the barriers to mental health care. Because of the stigmatization of mental health, lack of trustworthiness with the authorities, poor knowledge of the legal entitlements and the health care system in the host country, and other different factors, migrants and refugees may feel left out, separated, and out of touch with the local health system.

### ***Mental Health Problems Are Not Acknowledged or Discussed***

In some communities, since refugees and migrants were described as “acculturated to having problems and not noticing the impacts on their mental health” and normalizing mental health issues, migrants and refugees are barred from access to health care systems even if they are provided to them. The normalization and lack of awareness of mental health issues lead to many populations of migrant and refugee groups to suffer from minor mental health problems. Moreover, many of the refugees and migrants suggest that mental health was a taboo in their community that is highly stigmatized by their community. Even when people wanted to talk about their problems, they might not be tolerated and ostracized by their community.

### ***Lack of Trust and Fear of Authority***

Lack of trust and suspicion of the host government often create barriers to seeking help for mental illnesses. Many experiences of refugees and asylum seekers from their home countries exacerbate the fear and lack of trust of the government. Many migrants and refugees, therefore, do not seek help from medical assistance from the host government because they are afraid that they may be exploited. Moreover, the rhetorics and policies of their host government also serve as a barrier that discourages migrants and refugees from seeking help. Because of

the hostile policies of the host government, many migrants and refugees, especially those who are undocumented, fear that if they seek from government-assisted medical care, they may face retaliation and potential deportation.

### ***Poor Command of the Host Country Language***

Many migrants and refugees, who speak different languages than their host country, often lack the ability to properly command the host country's language. Because of this, the lack of interpreting and translation services become barriers to accessing healthcare. Medical facilities that either don't provide interpreters for these groups, deny them of service or asked them to bring a friend or relative to interpret for them become burdens of the migrant and refugee groups. Moreover, problems within communication, health-damaging misunderstandings, or failure to identify mental disorders arise when one is not offered any interpreters.

### ***Other Practical Barriers to Access***

Other practical barriers also serve to prevent refugees and migrants from accessing adequate health care services. Migrants and refugees often have to work for long hours and have difficulty in taking time off work for mental health check-ups. Moreover, many migrants and refugee workers were transported to work in rural areas when they entered into their host countries. This makes it particularly difficult for them to find the time, transportation, or even the money that are necessary for them to make appointments for healthcare facilities.

## **Major Countries and Organizations Involved**

### **World Health Organization**

To achieve the aim of the 2030 Agenda for Sustainable Development and the health-related commitments outlined in the New York Declaration for Refugees and Migrants, the WHO has started its commitment in terms of addressing the health needs of refugees and migrants. The WHO has been studying and helping refugees and migrants in Nigeria, Syria, and other countries with a notable concern. Moreover, the WHO has published numbers of guidelines, newsletters, and other documents to help countries with the implementation of health care systems for migrants and refugees.

### **United States**

In the United States, states are required to provide a public health screening for all newly arrived refugees. A comprehensive program was created in 1997 which includes both a physical

examination and a mental health screening. However, some refugees and migrants find it difficult or discouraging to access to health care system. Public agencies are responsible for finding and funding interpretation services, which may be difficult and expensive to find for the numerous regional dialects of the refugees and migrants.

## European Union

According to Global Health Watch, ten out of twenty-five countries in the European Union have restrictions on the access of asylum seekers to health care, in spite of their being document migrants. In five EU countries, pregnant asylum-seekers were allowed access to emergency care only and that the entitlements of children were restricted in seven countries. In Germany, for example, asylum-seekers do not have the same rights as citizens until they have lived in the country for three years. In Sweden, asylum-seeking children have the same access to health care as other children, but asylum-seeking adults do not have the same access as other adults.

## Timeline of Events

<b>Date</b>	<b>Description of event</b>
April 7th, 1948	The World Health Organization was created as a specialized agency of the United Nations dedicated to international public health.
July 28th, 1951	The United Nations General Assembly passed the Convention Relating to the Status of Refugees, which defines who is a refugee, and sets out the rights of individuals who are granted asylum and the responsibilities of nations that grant asylum.
January 31st, 1967	The United Nations General Assembly passed the Protocol Relating to the Status of Refugees, a treaty that further amended the Convention Relating to the Status of Refugees, removed both the temporal and geographic restrictions from criteria of asylum seekers.

October 3rd, 2016 New York Declaration for Refugees and Migrants was passed at the UN Summit, which expresses the political will of world leaders to save lives, protect rights and share the responsibility of refugees and migrants on a global scale.

## Relevant UN Resolutions and Treaties

- Convention Relating to the Status of Refugees, 28 July 1951
- Protocol Relating to the Status of Refugees, 31 January 1967
- New York Declaration for Refugees and Migrants, 3 October 2016 (**A/RES/71/1**)
- Protection of Migrants, 29 January 2018 (**A/RES/72/179**)
- Health of Migrants, 24 May 2008 (**WHA61.17**)
- Reducing Health Inequities through Action on the Social Determinants of Health, 22 May 2009 (**WHA62.14**)
- Health of Migrants, 30 September 2016 (**CD55.R13**)
- Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, 13 September 2016 (**EUR/RC66/R6**)

## Possible Solutions

In the context of addressing mental health issues with migrants and refugees, it is extremely important to note that all of the pre-migration, pre-immigration, and post-migration risk factors and barriers to access health care must be acknowledged in order to alleviate the problem as a whole, since only addressing one facet of the problem simply cannot solve the issue as a whole. To address the problem with the risk factors that may cause refugees and migrants to be suffering from mental health issues, some of the possible solutions may include:

- Uphold international law and human rights of individuals against risk factors such as political prosecution, torture, or unjust imprisonment. By protecting the rights of individuals against crimes against humanity and other acts that may traumatize individuals, it would prevent individuals from developing PTSD and other mental health problems or even seeking refuge from other countries in the first place.

- Create an international program that provides a safe passage for migrants and refugees to travel to other countries whether by sea, by train, or by land. By establishing this international program, it would effectively ensure safety from physical harm such as sexual violence, diseases, extortion, and human trafficking.

On the other hand, the issues with barriers from access to public health care can possibly be solved by:

- Establishing an outreach program that aims that reach out to refugees and migrants in order to build a trusting relationship between the host government and the individual migrant groups. One major barrier that keeps migrants and refugees from accessing medical resources is that these have a lack of trust between these groups and the host government. By having an outreach program, it would facilitate the relationship between the migrant and refugee groups and the government and inform them about medical assistance that they may be lacking.
- For many countries, many migrants and refugees have been turned away from medical assistance even when they actively seek them. Another solution would be to establish programs that are specifically dedicated to these potentially vulnerable refugees and migrants, either from the host government or from other non-governmental organizations, in order to overcome any barrier that these refugees and migrants face.
- Governments should also provide more services that would make it easier for migrants and refugees to make appointments and going to medical facilities. This may include mandatory health checks for companies, public and accessible transportation to medical facilities, and translator services offered to those who do not speak the language of their country.

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