Psychosocial and Mental Well-Being of Migrants[1]

Migration generally requires major adaptation, as people cross interpersonal, socio-economic, cultural and geographic boundaries. Even a carefully planned move implies a redefinition of identity and value systems, with frequent loss of support and disempowerment for foreigners in the new community; it may also represent an upheaval and a source of stress for the individual, the family or the community. Although migration does not necessarily threaten mental health, it may create a specific psychosocial vulnerability and, as a result, mental health can be affected when these pressures are combined with other risk factors.

Mobile populations can be more vulnerable to mental health problems than the native population, due to their status as migrants and their limited access to adequate services, especially if they can no longer refer to their traditional community support and remedies.

The concepts of mental health and psychosocial approach

From a cross-cultural perspective, it is virtually impossible to define mental health comprehensively. It is, however, agreed that mental health is broader than "a lack of mental disorders" and that mental health functioning is fundamentally interconnected with physical and social functioning and health outcomes. [2] This broad understanding of mental health is particularly important in the context of mobile populations which, by definition, come from and travel to places that will have different outlooks and cultures.

A psychosocial approach is a particular way of comprehending and dealing with mental health. Taking a psychosocial approach implies that there is a link between social and cultural factors and mental well-being. Hence, a psychosocial approach implies that one can affect the "mental well-being" of an individual or a group by acting on the social factors that surround them.

The migration process and mental well-being

The various stages of the migration process carry with them specific risk factors which can lead to increased vulnerability to mental health difficulties. Experiences prior to departure, especially in cases of armed conflict, hunger, human rights' violations or other pre-migratory traumatic experiences, will mean that the migrant is particularly vulnerable and will modify his/her way of experiencing exile. Once uprooted from their culture, migrants may suffer a sense of loss, particularly in the case of forced migration: loss of home; separation from family and community; loss of a job, position in society and the resulting identity loss; loss of support networks, and an uncertain future for the individual or the family. When settled in host communities, a variety of factors may increase psychosocial vulnerability, such as cultural differences, racism, and

[1] This background document is extracted from *MC/INF/271 IOM Position Paper on Psychosocial and Mental Well-Being of Migrants,* 2003
[2] The World Health Organization estimates that 12 per cent of the global burden of disease is due to mental health and behavioral disorders, but mental health budgets of most countries constitute less than 1 per cent of their national expenditures. Forty per cent of countries have no mental health policy and 30 per cent no mental health programmes. WHO: World Health Report, 2001, Mental Health: New Understanding, New Hope. Geneva, World Health Organization, 2001.

unemployment. Language barriers further hinder communication and can lead to isolation and feelings of helplessness. Migrants in an irregular situation often live for prolonged periods in a state of uncertainty about their fate, and have limited or no access to services, factors which impact negatively on their mental well-being.

When return is possible, for instance after cessation of an armed conflict, migrants may find their home, communities and services destroyed. They may not be able to trace family members and friends, and find few possibilities of employment or schooling for their children.

In the context of post-conflict or post-emergency situations, providing mental health support and psychosocial services in the very first phase of humanitarian response to a crisis, along with the provision of basic survival needs, can avoid debilitating long-term mental health problems as a delayed reaction. Attending to the mental well-being of the affected population is an important contribution to future stability and reconstruction.

Case study: National Mental Health Programme, Cambodia

The National Mental Health Programme in Cambodia aims at restoring the mental health and psychiatric services that were destroyed during the Khmer Rouge regime and assisting the population following decades of conflict, sanctions human rights violations and consequent internal displacement. Since 1994, IOM has assisted the Government of the Kingdom of Cambodia re-establishing mental health training and services, including the training of the first 20 Cambodian psychiatrists following the Polpot regime and an additional 20 psychiatric nurses.

In 2003, the National Mental Health Programme provided capacity-building to Cambodian psychiatrists and nurses and delivering mental health services at eight outpatient clinics in the country, including seven clinics in the provinces and one in Phnom Penh capital. During the course of the year, 7021 new patients (of whom 70% females) visited the clinics, and 50,779 psychiatric consultations were provided. In addition, short-term training was provided to 40 general practitioners and 57 nurses in the country. In contrast to previous IOM mental health programmes in Cambodia, the programme is almost entirely managed by formerly IOM trained Cambodian professionals. The Programme is financed by the Norwegian Agency for Development Cooperation (NORAD).

Guiding principles

These basic principles, drawn from experience, are to be taken into account when designing and implementing mental health programmes.

Ethics and confidentiality

Ethical standards and confidentiality must be respected when working in the field of mental health of migrants. In all circumstances, neutrality by service providers must be preserved and human rights respected and promoted.

Local capacity-building

Programmes should aim at local capacity-building by mental health professionals in order to empower communities to offer sustainable solutions. Training should include local health

professionals, humanitarian aid and primary health workers, teachers, management staff, leaders and other networks concerned in the welfare of migrant populations.

Integration into national structures

Any programme should be set up to strengthen the existing networks and with the idea of its future integration into the national structures: programmes need to be requested or accepted by local governments and integrated into national health plans in order to ensure that services will become sustainable.

Awareness raising in host countries

In the case migrants leave their own nations, responsiveness and training can be particularly necessary in host countries where public facilities, schools, hospitals and authorities, including immigration officials, may be unfamiliar with the past experiences and cultures of migrants. In addition to language barriers, care provided to migrants in need, may be based on an outlook on mental illness which differs radically from that of the community of migrant origin. As a result, the treatment is not necessarily appropriate to the condition, and may result in resistance to the treatment. It might be necessary to work with representatives of the community of origin who can serve as " cultural mediators" and/or counsellors.

Interagency coordination and partnerships

As much as coordination with local authorities is essential, so is coordination with other national, international and non-governmental agencies involved in the field of mental well-being. Duplication of effort needs to be avoided at all times, and experiences and information shared to optimize effective actions.