WPA-APAL Declaration on Refugee and Asylum-seeker Mental Health

Background

It is estimated that Latin America has over 16 million migrants. Migrants can move for economic, educational, political or religious reasons. A migrant needs to be differentiated from refugees and asylum seekers in that a migrant is someone on the move and may differ from those who have yet to complete the legal process of claiming asylum. Often economic migrants are confused with refugees and asylum seekers. Many refugees and asylum seekers move for political reasons as escape from war or conflict regions.

In this document we do not propose to discuss rural-urban migration.

WPA-APAL call for action:

WPA-APAL organized a round table conference on migration and mental health in Bogota on February 11th, 2016. Present were 17 Presidents representing National member associations of APAL, Mental Health representative from PAHO, and Zonal representatives of WPA. This Bogota declaration was signed in February 12th, 2016.

1. Policy

a. We call upon all governments to provide adequate resources in the context of their National Mental Health policy (this may mean providing additional financial resources) required to evaluate medical, psychological and social needs of migrants and developing inter-sectoral collaboration.

b. We urge National governments to educate communities, raise consciousness and protect legal rights of migrants, especially vulnerable groups such as women, children, elderly, and sexual minorities.

c. Clear policies must take into account human rights of migrants, refugees, asylum seekers, and migrants, and different parts of the government (e.g., health, justice, education, home, external affairs) should be involved and work collaboratively.

d. Community education and specific public mental health messages should be offered as a matter of urgency for refugees, asylum seekers and migrants.

We call upon all National governments to respect uphold and administer the UN Refugees Convention (1951) with promptness.

2. Clinical

a. We urge all clinicians to carry out a total clinical and social assessment using standardized relevant tools. Proper information should be collected
on the pre-migration status, including resilience and protecting factors, such as social networks. In clinical assessment, clinicians should ascertain levels of acculturation.

b. We call for protection for individual, migrants, cultural, religious and spiritual dignity. There must be no barriers to help seeking by the migrants and their families.

c. Mental health services must be culturally sensitive and emotionally appropriate, so that migrants feel welcomed. At times, other models, such as employing a culture broker or a cultural liaison worker, may be needed. Resources informing them of specific cultural issues should be made available to clinicians.

d. Proper attention must be paid to language and other needs of migrants, refugees and asylum seekers.

3. Training

All clinicians should be trained how to use interpreters and in cultural competence. Adequate resources for training should be available. Mental health issues of migrants, refugees and asylum seekers should be part of the curriculum and training of clinicians at all levels. Cultural sensitivity training must be a part of training of all health professionals.

4. Research

We urge that National governments provide sufficient funding for research into mental health needs of migrants and the impact of policy factors. Adequate resources should be made available according to the needs. Epidemiological factors, as well as qualitative approaches, should be researched. Detailed research may be indicated to access treatment accessibility, acceptability and usage.

Further reading:


