

**WPA Discussion Paper Migration and Mental Health: The Perspectives from Geopsychiatry**

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**WPA Discussion Paper**

## **World Psychiatric Association**

*Geopsychiatry Action Plan Group:*

### **WPA Migration and Mental Health: The Perspectives from Geopsychiatry**

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### **Introduction**

Recently, there has been a newly emerging field of Geopsychiatry, which studies the interface between geography and psychiatry. This discipline focuses on the efforts and impact of many facets, such as

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population growth and movement, climate change, disasters, globalisation, industrialisation, and health practices in mental health [1].

Regarding the population movement on migration, it is important to recognise the mental health needs and problems of migrants and refugees. However, differences in culture and language can make it difficult for migrants to articulate their mental health needs as well as for health practitioners to properly identify the mental health problems of the migrants, which can sometimes lead to the unnecessary medicalisation of normal psychological reactions to abnormal stressful events. This paper aims to review the effects and impact of migration on mental health and to find an appropriate approach to improving the mental health and well-being of migrants and refugees.

### **Evidence**

Migration refers to the process of moving geographically from their usual location to another, either within a country (such as between rural and urban areas) or across an international border [2]. It can be temporary, seasonal, or permanent moves and can be divided into three stages of migration (pre-migration, migration, and post-migration) [3]. People may migrate as a group or singly. Migration can stem from various motivations, such as seeking improved educational prospects, employment opportunities, and overall living conditions (pull factors), whereas certain individuals are compelled to relocate due to economic hardships, political discord, and volatile circumstances (push factors) [4]. Refugees represent a distinct population who face extreme peril in their home countries, making it too hazardous for them to consider returning due to armed conflicts or persecution [5]. In addition, climate changes increasingly pressure people to migrate due to major disasters, land inhabitability, or climate-related conflicts [6]. Consequently, numerous migrants find themselves compelled to resort to irregular migration methods, which expose them to a range of hazards, including human trafficking, illegal occupations, sexual and physical violence, and life-threatening circumstances.

There are common stressors that migrants may encounter across the three stages of migration. For example, before leaving their homeland, many migrants often bear witness to or directly experience traumatic situations linked to adverse living conditions and unrest in their country [7, 8]. Moreover, they frequently encounter frustration arising from the protracted and intricate documentation and application procedures associated with migration. During travel, people may be exploited financially, physically, and mentally, especially those using irregular migration routes. After arrival, many migrants initially feel relieved as they arrive at 'safe heaven'; however, they subsequently come to comprehend

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that, to varying degrees, they must relinquish aspects of their original culture and embrace a new one—a process known as "acculturation" [9]. This can be challenging if migrants and people around them find the two cultures are conflicting. Discrimination based on, for example, race, religious beliefs, and gender is common and can further worsen migrants' acculturation and social integration [10]. Migrants also feel they lack social support as they must leave their family and social networks behind, or at least have less physical contact with them. However, remote communication technologies may help lessen this problem. Migrants who lack adequate language proficiency often face difficulties when it comes to daily communication and navigating crisis situations. It is not uncommon that migrants, especially those undocumented, are under-protected by occupational safety and social care benefits and unable to access standard educational programs and healthcare services, including mental health care [11]. These stressors lead to mental health problems and psychiatric disorders among migrants.

Many psychiatric conditions are associated with migration. In a large-cohort Swedish study, the risk of non-affective psychosis among migrants increased almost three times compared to the Swedish-born population [12]. Similarly, another recent meta-analysis reported increased rates of non-affective psychosis in both first- and second-generation migrants. No significant differences between the two generations were found [13]. Many migrants struggle with achieving new cultural and social expectations, resulting in low self-esteem [14], and this could make depression common in migrants, with the aggregate prevalence identified from a meta-analysis to be 15.6% [15]. Post-traumatic stress disorder (PTSD) in migrants is sometimes over-diagnosed, as reported in previous studies with a high prevalence of 47% [16]; otherwise, the PTSD-like symptoms can be normal reactions in people from some cultures [14]. Although substance use disorders are not uncommon among migrants [17], they can be poorly recognised and managed due to different concepts towards certain substances and addictive behaviours in migrants' original and new cultures [3]. A recent systematic review reported that, compared to their non-migrant counterpart, young migrants had higher rates of self-harm and suicidal attempt but no major differences in suicidal ideation and suicidal death [18].

### **Global Challenges**

Certain groups of migrants are particularly vulnerable to developing psychiatric disorders and need special attention to receive screening programs and appropriate treatment. Within the context of detention or the migration process, children who are amid migrating may experience the distressing and protracted separation from their parents. This separation can be prolonged and traumatic for the

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children [19]. Their education may also be unnecessarily interrupted or even discontinued if host countries have no adequate policies and support in place. Older migrants often encounter the loss of their existing social network and face challenges in establishing new relationships with individuals from diverse cultures, which places them at heightened risk of experiencing physical illness and mental health issues [20]. Diagnosis of dementia in older migrants can be problematic due to language barriers and cultural influences on the applicability of cognitive assessments [21]. Woman migrants can be confused about their conflicting gender roles and expectations between their homeland and host cultures. As social norms undergo transformations, there is an observable increase in the migration of women who enter the workforce, leading to shifts in family structures and support systems. However, it is crucial to acknowledge that certain women may be subjected to coerced sex trafficking and may not receive sufficient support and protection from the host country or region [22]. Refugees and asylum seekers may be frustrated by the protracted asylum procedure and feel anxious and guilty about leaving their families behind [23]. Poor access to standard education, occupational opportunities and healthcare services among displaced people is also reported.

#### **Action for WPA**

Establish Centres for Geopsychiatry across all zones to integrate the evidence of migration and mental health with other geopolitical considerations into all WPA's workstreams, supporting compassionate actions, partnering, and developing global commitment, developing community-based approaches to reduce vulnerabilities with specific mental health programmes (focusing on individuals, families, conditions, and settings). Establish the Geopsychiatry Action Planning Group as a formal section of WPA.

World Psychiatric Association (WPA) and European Psychiatric Association (EPA) have outlined recommendations about mental health care for migrants [3, 14]. They suggest every stakeholder, including policymakers, service providers, and clinicians, make public education and appropriate resources accessible to migrants and tailored to their mental health needs. Pharmacotherapies should be provided with consideration of variations in genetics, ethnicity, diets, dietary taboo, and complementary medications because these can influence clinical response to psychiatric drugs and cause side effects in migrant patients [3, 14, 24]. Migrants may find psychotherapies in the new country or culture not applicable to them and perceive clinicians would not fully understand them, so they avoid psychotherapies. Clinicians must have an accurate understanding of migrant patients' cultural backgrounds, and this requires training in cultural competency for relevant clinicians [25].

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Medical interpreters should be readily available to help migrants effectively communicate their mental health needs and problems. WPA and relevant organisations should work collaboratively to design an intervention to make all these happen and have a sharing point for knowledge and practical solutions across their member parties.

To improve policies and interventions related to mental health in migrants, we need more research on such issues, both in quantitative and qualitative approaches. Existing literature is predominantly from Western studies and ego-centric societies; future research should be extended to the perspectives of Eastern and socio-centric cultures. Research on vulnerable populations needs to be examined deeply, such as migrating children and older people. Interactions between population migration and other aspects of Geopsychiatry, for example, climate changes, disasters, globalisation, urban conglomerations, and geopolitics, are still waiting to be explored.

### **Conclusion**

Migration is a significant aspect of Geopsychiatry, an emerging field of psychiatry, and it is associated with many mental health problems and psychiatric disorders. Throughout their journey, migrants carry mental health stressors, such as pre-migration traumatic experiences, difficulty adjusting to a new culture and discrimination in a new society. These lead to higher rates of psychiatric disorders, including schizophrenia, depression, and substance use disorders. Some migrant groups are particularly vulnerable to experiencing such stressors and developing such psychiatric problems. Pharmacotherapies and psychotherapies should be tailored to the needs of migrant patients, with consideration of their biological, psychological, cultural, social and language variations. However, it is not uncommon that mental health services are not accessible and applicable to most migrants. Every stakeholder, including research sectors, should pay more attention to the mental health needs and problems of migrants. This would require efforts from national and international bodies to develop relevant policies, secure adequate funding, and provide appropriate support to migrants in need.

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