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WPA Position Statement on the Migrant and Refugee Crisis

New title

“WPA Position Statement on Migration, Forced Displacement and Mental Health”

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Forward

Since the “WPA Position Statement on Europe Migrant & Refugee Crisis” was published in 2016 the world has changed. In many parts of the world, old conflicts still exist and new ones have arisen so that the number of forcibly displaced people is increasing. According to UNHCR, in 2020 over 91.9 million people of concern needed to be protected and assisted in 132 countries and territories worldwide. Conflicts, wars and climate change are ongoing. Thus, it can be assumed that these numbers will continue to rise. Unfortunately, the COVID-19 Pandemic has worsened the living conditions of migrants and refugees, especially those who are most vulnerable and most at risk. Furthermore, after two years of pandemic, Europe is now confronted with a new dramatic emergency, a war, which has already caused civilian victims, mass displacement and the fear of a nuclear war. Europe has suddenly become a nightmare and is confronted with large number of refugees. All these conditions underline, that the WPA Position Statement on migrants and refugees has to be revised. The following “WPA Position Statement on Migration, Forced Displacement and Mental Health” has been re-worked and updated by the Working Group on Revision of the WPA Position Statement on Refugees and Migrants.

Introduction

Migration is an universal and historical fact. All societies have experienced migration, in varying degrees and forms. In fact, human kind owes its current existence to migration intermingled with evolution (1).

Migration is used as an umbrella term to signify various processes such as `forced migration`, `voluntary migration`, `migration of the work force`, `economical migration` etc. In general, migration is defined as the geographical movement of people from one place to another, but every occasion needs to be assessed in its singularity. Since, there is no `one uniform migration`, reviewing its impact on mental health, by taking it as an independent variable and searching its effects on the people who had migrated or hosted the emigration of the migrants would be misleading (1).

Migrant and refugee emergencies have significantly escalated in the last decade due to multiple factors such as an increase in the number of conflicts, climate related migration trends and other factors including socioeconomic and political instability in many countries. The last Position statement of the World Psychiatry Association was in 2016 following the massive European Refugee crisis in 2015 (2).

In the last seven years, the situation did not improve at all. The situation in Syria, Afghanistan remained the same and Venezuela joined the deluge of refugee producing countries following the disastrous economic collapse. Refugee influx from central American countries of Honduras and Guatemala have increased due to gang violence which is driving women and unaccompanied underage children to seek safety in the richer North American nations, particularly the United States. Conflicts in Africa persist. South Sudan, the Sahel region of Africa and the horn of Africa have hot spots of conflict ranging from Ethiopia, South Sudan to Congo and Nigeria. New waves of insecurity and coups resurfaced in West Africa. The situation in Asia is dangerously out of hand. In Myanmar, a fragile growing democracy was overthrown by a junta and this country produced 1.1 million refugees by 2021 along with its Rohingya ethnic violence. Rohingya and Uighars remain the most persecuted communities for their ethnicity and religious beliefs. The Russian invasion in Ukraine resulted in a huge wave of refugees and after 10 weeks of war more than 12 million people are believed to have fled their homes in Ukraine. Over 5.7 million have left for neighbouring countries and another 6.5 million people are thought to be displaced inside the war-torn country itself (3).

After two years of the COVID-19 pandemic, Europe is now confronted with a new dramatic emergency! A war which has already caused civilian victims, mass displacement and fear of a nuclear war, this will only serve to aggravate the economic and energy crisis. Again, Europe is preparing for new waves of war refugees, forcibly displaced people. Neighbouring countries such as Poland have taken in around 3.7 million people in a very short time, which is a great challenge for the mental health care system as well as for the whole society. The nightmare of a war in the middle of Europe has suddenly become a reality and we are confronted monumental challenges.

In Mid 2021, there were 84 million forcibly displaced people in the world. 48 Million were internally displaced people and 26.6 Million were refugees (4). Syrian refugees particularly are among the leading population who are affected by the decade long civil war and provide an example of how IDP and refugee life affect countries. They represent the largest forcibly displaced populations where mental health problems are of emergency nature place a huge burden upon services which are difficult to deliver (5). Their mental health needs are mainly studied through transit countries like Jordan or target host countries like Germany. They carry a significant number of mental health disorders including depression and Post Traumatic Stress Disorder (PTSD) (6).

Mental health conditions that forcibly displaced people experience constitute a serious public / mental health problem. There is increasing evidence that a large proportion of refugees and asylum seekers residing in different parts of the world suffer from the consequences of traumatic events and exhibit psychological problems or develop mental disorders mainly including, Post- Traumatic Stress Disorder, Depressive and Anxiety Disorders and relapses in Psychotic episodes (6).

Furthermore, forcibly displaced people have been among the most vulnerable groups of the Covid-19 Pandemic. Climate change is also driving displacement and increasing the vulnerability of those already forced to flee, facing increased food and economic insecurity as well as challenges to access health and social services.

This position statement follows the 2016 “WPA Position Statement on Europe Migrant & Refugee Crisis”, which was in partnership with the Centre for Applied Research and Evaluation – International Foundation (Careif) (2). The literature relating to mental health needs of refugees around the world has increasingly studied the mental health needs of refugee populations in transit and host nations while literature is limited at countries of origin. A recent United Nations Refugee agency primer series attempted to collect literature on specific countries and ethnic communities of interest like the Rohingya and the Somali people (7, 8). Pre migration and post migration mental health of refugees literature is on the rise, however the post-migration health dominates the research landscape of refugee mental health.

Considering this, the World Psychiatric Association (WPA) considers migration and forced displacement and its mental health consequences as an important public / mental health problem and aims to increase the capacity of its member societies in raising awareness and improving basic knowledge and skills of the psychiatric and mental health professionals involved. Accordingly, the aims of this position statement are summarized as following:

Aims

As a result of expanding globalization and the number of national and international conflicts, the number of persons crossing national and international borders is increasing. Migrating persons may face adverse conditions prior to, during, and post migration. They may have experienced deprivation, persecution, or various kinds of human rights violations; experiences that are all associated with an augmented risk of mental distress or disorders. Post-migration factors, such as unemployment, language problems, residence problems, may further lead to the development of mental disorders.

All in all, there is a demand for addressing the mental health problems of migrants and refugees, and forcibly displaced people.

Consequently, it is of decisive importance that policymakers, mental health professionals, and other service providers address the mental health and psychosocial needs of these populations and provide the necessary resources to carry out this task. It is also well documented that in many countries, barriers exist to psychiatric care for these groups, including lack of knowledge regarding access to care, or inadequate or insufficient treatment options. Furthermore, few countries provide health care services of the same standard as for the resident population. Even when, mental health services are available, they may not be suitable to meet the needs of many migrant groups.

Among other things, WPA aims to be a voice for the dignity and human rights for patients from all backgrounds.

Considering this, the objective of this position statement is that the WPA brings to the attention of policy and decision makers as well as mental health professionals the importance of providing adequate mental health care to this population. This may be done on a global level:

- * By calling for action to identify topics related to mental health of migrants and refugees
- * By identifying the size of the problem,
- * By developing strategies to overcome it, to enable mental health professionals to treat these severely traumatized people appropriately and adapting to cultural variety.
- * By developing recommendations for clinicians, researchers, and policymakers to reach these goals.

Main text

It has been demonstrated that refugees' overall mental health is endangered by exposure to the traumatic experiences associated with forced migration, resulting in a global mental health crisis (9, 10). According to the UN High Commissioner for Refugees, refugees are defined as those who have been forced to leave their country because of persecution, war, or violence, and who have a well-founded fear of persecution in their home country because of race, religion, nationality, political beliefs, or membership in a particular social group (11). According to research, the situations in which refugees find themselves post-migration, frequently in abject squalor, have a significant impact on their mental health (such as the camps on the Turkey- Syrian border) (12). Culture clashes, deportation fears, and near-constant instability are just a few of the challenges. It is concerning that refugees who have resided in a host nation for more than five years continue to have greater rates of depression and anxiety disorders than the host population, despite living in a comparatively safer setting (13, 12, 14 , 15, 16). A recent meta- analysis of international studies on refugees revealed high rates of PTSD (31.46%; 95% CI 24.43–38.5%), depression (31.5%; 95% CI 22.64–40.38%), and anxiety (11%; 95% CI 6.75–15.43%), and a meta-analysis of research in Germany reported similar rates of PTSD (29.9%; 95% CI 20.8–38.7%) and depressive symptoms (39.8%; 95% CI 29.8–50.1%) (17)

The various stages of migration are possibly the most significant of the many aspects that complicate research in this field. The three phases of pre-migration, migration, and post-

migration (18), as well as a five-phase model that covers pre-departure, journey, interception,

destination, and return, have been the focus of most studies (19). Both models, however, are difficult to apply to the different risk factors connected with refugee mental health. Mental illnesses are frequently the result of a combination of circumstances throughout time, including inherent genetic vulnerabilities as well as a variety of social and environmental factors, in line with the growing acknowledgment of social determinants of mental health (20). Forced migration influences a wide range of people and is linked to a variety of social stressors, from war trauma to resettlement challenges (21). The adverse impact even on future generations is probably less known and expected, but equally worrying (22, 23). It has been demonstrated that stress related disorders during pregnancy affect foetal development (24) and may lead to low birthweight for gestational age, poor brain and cognitive development, and increased likelihood of social and behavioural problems both in childhood and later life (25).

Understanding how these various risk variables interact to affect mental health in specific populations during forced migration is thus an ongoing scientific issue. Moreover, as more is discovered about the psychosocial stressors encountered during the postmigration - or destination

- phase, the different phases of migration have been increasingly connected to individual risk factors (26). A recent systematic review of the literature, which focused on the complexity of resettlement in high-income countries, provided a five-phase model: before travel, active travel, first settlement in a host country, social integration attempts, and any changes to immigration status (27). At each stage, refugees tend to be vulnerable to distinct types of risks; additionally, as this study demonstrates, they may benefit from specific protective factors. Research continued into the various stages of migration, on the other hand, has the potential to contribute to the development of more effective interventions and therapeutic procedures for this vulnerable population. In addition, scholars, policymakers, and those working on the front lines of intervention should take a more comprehensive approach to their work. When conducting mental health research on refugees, for example, it is critical to incorporate community mental health initiatives and outreach methods, as well as actual case interventions. That is to say, these interventions should be based in the community and sensitive to cultural differences. In addition, a multi-sectoral approach to mental health and social care appears to be critical, given that refugees experience a variety of socioeconomic,

cultural, and psychological issues. Mental health professionals should adopt a thoroughly multidisciplinary approach while collaborating closely with researchers and frontline professionals from fields as diverse as economics, sociology, and

medicine, as well as professionals from national and international organizations (government-based or otherwise) (28).

Summary:

The Working Group on the Revision of the “WPA Position Statement on the Migrant and Refugee Crisis” has developed a new version of this statement considering current global developments. According to UNHCR, in 2020 over 91.9 million people of concern (4) needed to be protected and assisted in 132 countries and territories worldwide. These are estimates, the dark figure is likely to be much higher. It can be assumed that these numbers will continue to rise. Because conflicts, wars and climate change are ongoing. Furthermore, the COVID-19 Pandemic has shone on structural inequities experienced by migrants and refugees also highlights the need, and presents an opportunity, to strengthen and reform general health and mental health systems so that they are able to meet the needs of all members of the population, especially those who are most vulnerable. During the revision of the “WPA Position Statement on Migration, Forced Displacement and Mental Health”, the nightmare of a war in the middle of Europe has suddenly become a reality. European countries are showing an extraordinary amount of solidarity but with the awareness that the needs of the people are much greater than the ability of individuals and states to react and meet these needs. This juncture makes the concerns of migration mental health dramatically clear. Europe expects the largest wave of forcibly displaced people since the Second World War. The direct and indirect consequences of this humanitarian catastrophe cannot be estimated at present. The brief overview provided in this Position Statement provides many reasons for being concerned about consequences on mental health worldwide. The WPA Position Statement highlights and supports the points of view from mental health professionals on the unforeseeable mental health consequences and the future of forcibly displaced people. The WPA aims to increase the capacity of its member societies in raising awareness and improving basic knowledge and skills of the psychiatric and mental health professionals involved. Furthermore, it calls the members of the WPA and all mental health colleagues to provide professional help and humanitarian assistance to the refugees and people who have been displaced due to these conflicts.

Conclusion

- The WPA Position Statement calls on the members of the WPA and all mental health colleagues to provide professional help and humanitarian assistance to refugees and displaced people.
- WPA aims to increase the capacity of its member societies in raising awareness and improving basic knowledge and skills of psychiatric and mental health professionals regarding refugees and displaced people.
- Over the past decades, the world has been witnessing forced displacement of large numbers of people due to wars, armed conflicts, persecution, human rights violations, and related poverty and trauma.
- Mental health problems experienced by forcibly displaced people constitute a serious public mental health problem and there is a demand for addressing the mental health problems of migrants and refugees.
- Refugees may have experienced deprivation, persecution, or various kinds of human rights violations. These experiences are all associated with an augmented risk of mental distress or disorders.
- There is increasing evidence that large proportions of refugees or forcibly displaced persons suffer from the consequences of traumatic events and exhibit psychological problems or develop mental disorders, including Post-Traumatic Stress Disorder, Depressive and Anxiety Disorders and relapses in Psychotic episodes.
- Post-migration factors, such as unemployment, language barriers and residence problems, may lead to the development of mental disorders within refugees and displaced persons.
- In many countries, refugees and displaced persons face barriers to psychiatric care, including lack of knowledge regarding access to care, or inadequate or insufficient treatment options.
- Few countries provide health care services of the same standard for refugees and displaced persons as for the resident population.
- WPA brings to the attention of policy and decision makers, as well as mental health

professionals, the importance of providing adequate mental health care for refugees and displaced persons. This may be done on a global level by calling for action to identify

topics related to the mental health of migrants and refugees; identifying the size of the problem, developing strategies to overcome it, and developing recommendations for clinicians, researchers, and policymakers to reach that goal.

- To contribute to the development of more effective interventions and therapeutic procedures for refugees, there is a need for more knowledge about how they may be vulnerable to distinct types of risks at different stages of migration and may benefit from specific protective factors.
- Clinical interventions to promote mental health for refugees should be based in the community and delivered in a culturally sensitive manner.
- Mental health research should adopt a multidisciplinary approach collaborating with researchers and frontline professionals from diverse fields of knowledge.
- WPA speaks for the dignity and human rights for patients from all backgrounds.

Recommendations for Action

In general, the WPA recommends problem solving strategies as a major protective factor in buffering the impact of war, displacement, and related trauma. According to the aims of this position statement, WPA calls urgently,

- For action to identify topics related to mental health of migrants and refugees as well as forcibly displaced people
- identifying the size of the problem,
- To develop strategies to enable mental health professionals to treat these severely traumatized people appropriately (e.g., webinars for help the helpers, psychological first aid, psychosocial triage was the psycholinguistic BASIC PH model of coping and resilience (29))
- To develop recommendations for clinicians, researchers, and policymakers to reach these goals
- To develop recommendations for member societies to raise awareness and improve basic knowledge and skills of psychiatric and mental health professionals

regarding refugees and displaced people.

- To develop recommendations for all mental health colleagues/professionals to provide professional help and humanitarian assistance to the refugees and displaced people by this conflict.
- To develop recommendations for all basic health care services to provide migrants, refugees and forcibly displaced people urgent assessments, e.g., interventions with a clear emphasis on the immediacy of physical care (injuries from violence, war, rapes, childbirth, physical illnesses etc.) as well as on emotional and psychological care (effects of torture, violence, rapes, deaths, trauma, the journey, cultural bereavement, and culture shock etc).

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