

Module 2 - Section I

Causes of mental health concerns among migrants and refugees

Compared to the native population, refugees have an increased risk of mental illness.

However, people with a migrant background who have come to European countries under different circumstances or who have been living in European countries for a long time also experience severe psychological stress due to previous negative experiences, linguistic, cultural and administrative barriers or due to discriminatory and/or racist experiences.



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Before migration and during the journey:

- Traumatic experiences: War, violence, persecution, sexual assault or the loss of loved ones can severely affect mental health.
- Journey conditions: The often dangerous and stressful journey itself is a traumatic experience.
- Environmental factors: Hunger, poverty, political instability and climate change



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Causes of mental health concerns among migrants and refugees

After arrival in the host country, among other things, refugees and migrants can experience adverse psychosocial factors:

- Social isolation: Language barriers, lack of social networks and feelings of not belonging can lead to isolation and hopelessness.
- Discrimination and racism: Experiences of xenophobia and discrimination severely affect self-esteem.
- Uncertain future: Fears of rejection, uncertainty about residence status and future prospects are major stress factors.



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After arrival in the host country, among other things, refugees and migrants can experience adverse psychosocial factors:

- Discrimination: Example of structural discrimination in European and national institutions

Ukrainian refugees have been given preferential treatment in Germany and the EU in terms of access to benefits and residence status, as they have been granted temporary protection status under the EU Mass Influx Directive since March 2022 without having to go through a lengthy asylum procedure. This entitles them to benefits such as citizen's income (as of June 2022) and a health insurance card, and allows them to start working immediately. Other refugees must go through asylum procedures, receive benefits under the Asylum Seekers Benefits Act and often face restrictions on taking up employment.

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We have always treated refugees unequally.

- Perhaps you remember the introduction of 'safe' and 'unsafe' countries of origin – this category was intended to select immigrants:
- Some were to have a simplified procedure, others a much more difficult one (even in the same circumstances).

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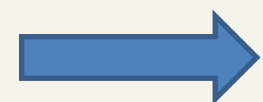


<https://pixabay.com/de/illustrations/de-menz-alzheimer-alter-puzzle-595638/>

What values are practiced in the institution/organisation where I work/volunteer?

Signs that indicate prejudice or discrimination:

- Generalising and stereotypical language: Derogatory remarks referring to someone's origin, appearance, gender or other characteristics
- Systematic exclusion of certain individuals/groups from conversations and social activities because they belong to a particular group
- Lack of empathy and understanding for the perspectives or experiences of people who are different from oneself
- Inconsistent behavior that does not match stated values.



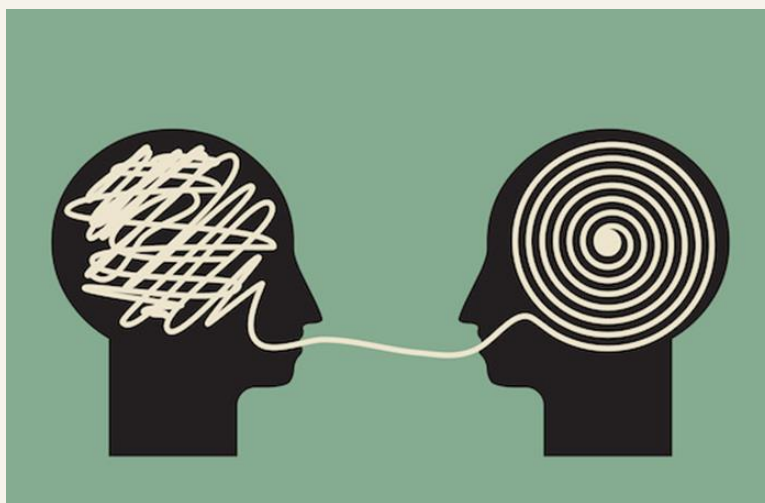
Tips on dealing with structural discrimination or discrimination tolerated within the structure can be found in the **Section 4:** Creating a psychologically supportive and safe environment

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After arrival in the host country, among other things, refugees and migrants can experience barriers to integration:

- Language barriers: These make communication and access to information and support difficult.
- Bureaucratic hurdles: Complex administrative processes and uncertainties regarding cost coverage can be psychologically stressful.
- Education and work integration: Difficulties in accessing education or work, especially when there are interruptions in education, are a significant burden.



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Access to the healthcare system:

- Lack of care capacity: Long waiting times and an insufficient number of specialised therapists.
- Lack of culturally sensitive services: Language and cultural barriers can make diagnosis and treatment difficult.
- Lack of information: Lack of knowledge about one's own entitlements and the healthcare system.



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- **Additional stress factors:**

Separation from loved ones is a significant stress factor that can have a negative impact on health (Georgiadou et al., 2020; Löbel, 2020; Miller et al., 2017).

A survey conducted jointly by the Socio-Economic Panel (SOEP), the Institute for Employment Research (IAB), and the Research Center of the Federal Office for Migration and Refugees (BAMF-FZ) showed, for example, that:

- only 39% of asylum seekers in Germany live in the same place as their immediate family.
- 12% of respondents have their entire family living abroad.
- 26% have a spouse abroad.
- 23% have at least one minor child (Löbel, 2020).



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Difficult living conditions (especially in collective accommodation) (Baron et al., 2020; German Institute for Human Rights, 2017; González, Méndez de Vigo et al., 2020; Hess et al., 2018)

Refugees who are housed in collective accommodation are more likely to suffer from mental illness (Porter & Haslam, 2005)

Risk Factors:

- disturbance of the peace.
- lack of private space.
- threatening situations.
- isolated location of the accommodation.

The poor conditions in mass accommodation often exacerbate existing symptoms of psychological stress, e.g., sleep disorders, anxiety, etc.



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Asylum procedure process: A temporary residence permit is significantly associated with a higher burden or likelihood of PTSD, depression, and anxiety disorders (Momartin et al., 2006; Steel et al., 2011).

Hearings at the office responsible for the asylum procedure are one of the post- migration stressors for refugees. (Schock et al., 2015).

This situation is particularly stressful for traumatized asylum seekers, as it requires them to talk about their experiences, perhaps for the first time, which can trigger forms of re-experiencing (such as flashbacks, intrusions, or nightmares) and exacerbate symptoms (Schock et al., 2015; Steel et al., 2011).

"I too live every day in fear, waiting to see what decision the official who picks up my file and processes it will make. Nothing is certain, everything is up in the air, everything is happening in slow motion, anything could happen."

**- Takou Ndie:
Die Suchenden (The Seekers),
Unrast Publishing, 2018, p. 12**

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The more stress factors are combined due to living conditions in the country of arrival (also known as **post-migration stressors**), the higher the risk of developing symptoms of mental illness (Bogic et al., 2015).

This is especially true if migrants or refugees live in conditions that do not protect them from further experiences of violence even after arrival in the host country.

The constant vigilance required to avoid possible 'triggers' is exhausting, and those affected often withdraw in order to protect themselves.

However, if sufficient resources, support and opportunities are available, even severely traumatised individuals can, over time, succeed in seeing new perspectives and goals, develop positively on a personal level and ultimately become 'stronger and wiser' (Hantke et al., 2012), which is also described as **post-traumatic growth** (Tedeschi & Calhoun, 2004).

Meaningful support also includes adequate living and care conditions as well as social recognition of trauma and violence (Stauffer, 2015).

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At the end of the first section, there is a structured overview of the causes of mental health concerns among migrants and refugees.

In section 2, we will look at culturally influenced concepts of health and illness.

Only when you know that different cultures have different ideas about health and illness, as well as about symptoms of illness and how to deal with illness, can you be sensitive enough to recognise how the person you are dealing with is feeling.

structural-institutional burden	Individual stress factors	Particular stress for refugees with mental health issues
precarious stay	History of flight	Traumatic experiences
imminent deportation	Feelings of guilt	Intrusive memories of traumatic experiences
inadequate accommodation = (e.g. mass accommodation)	Identity diffusion	Persistent feeling of loss of control
social isolation	Pressure to perform	Constant tension and heightened alertness
Separation/loss of friends and family Problems with family reunification	Expectations/tasks of the family	Difficulty concentrating
school dropouts	Concern for the family	Sleep disorders
Problems in finding employment	Fears about the future	Social withdrawal
financial uncertainty	Language problems	Difficulties in building trust and forming new relationships
experiences of discrimination		Feelings of shame and guilt
Barriers to accessing healthcare		Waiting for adequate treatment