

MC/INF/271

**Original: English
10 November 2003**

EIGHTY-SIXTH SESSION

**IOM POSITION PAPER ON
PSYCHOSOCIAL AND MENTAL WELL-BEING OF MIGRANTS**

IOM POSITION PAPER ON PSYCHOSOCIAL AND MENTAL WELL-BEING OF MIGRANTS

SUMMARY

The purposes of this paper are to: raise awareness on the implications of migration processes on the psychosocial and mental well-being of migrants; streamline psychosocial and mental health activities within the Organization and improve their quality; and promote and advocate for access to mental health and psychosocial services for all migrants in need of such support.

I. INTRODUCTION

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 country; 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.

2. Mobile populations can be more vulnerable to mental health problems than the native population, due to their condition as migrants and their limited access to adequate services, especially if they can no longer refer to their traditional community support and remedies.¹

II. THE CONCEPTS OF MENTAL HEALTH AND PSYCHOSOCIAL APPROACH

3. 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. 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.

4. 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 the functioning of the “psyche” or, more generally, 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. It is important that the specific ways of dealing with mentally ill persons in different societies be respected, as

¹ The World Health Organization estimates that 12 per cent of the global burden of disease is due to mental health and behavioural 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.

these can range from western psychiatric care and medication to traditional and spiritual healers.

III. THE MIGRATION PROCESS AND MENTAL WELL-BEING

5. 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 with the frequently accompanying loss of a sense of belonging; loss of a job, career, 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 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.

6. In the context of post-conflict or post-emergency situations, attending to the mental well-being of the affected population is an important contribution to future stability and reconstruction.

7. With respect to resettlement in host societies, failure to deal with the experience of human rights' violations, traumatic events, poverty and many other underlying causes of mental health problems for migrants may hinder successful integration into host societies and reintegration upon return. Programmes designed to promote mental well-being can avoid marginalization of the migrants in the host community, and help prevent any marginalized migrants from becoming vulnerable to the extent that they may fall prey to illicit networks.

IV. MENTAL HEALTH OF MIGRANTS AND IOM

8. The purpose of IOM in the field of migration and health is to promote migrants' health and provide advisory services on migration health research, policies and management. As such, IOM is responsible for the physical, social and mental well-being of migrants under its auspices. Mental health and psychosocial activities for migrants needing access to such services, as well as governments and others needing advice, are therefore considered an integral part of the work of the Organization. In this respect, IOM has established professional resources in the field of psychosocial and mental health services, and integrates such services into its activities.

9. IOM is confronted in its programmes with a wide range of mental health consequences and aspects of migration, when it assists people fleeing their homes or while in transit and in situations of asylum, and helps them integrate into new societies or return home.

10. IOM deals with migrants at all stages of the migration process. It offers unique possibilities for interventions, as it is able to coordinate its work between the different stages of the migration process and has access to the migrant population. IOM can raise awareness as an advisory body in the domain of migration and mental health amongst governments, policy makers and other stakeholders, with the objective of improving the mental well-being of migrant populations and demonstrating the preventive value of psychosocial and mental health programmes. These programmes include activities such as: re-establishing psychiatric outpatient services and education in mental health for displaced populations in Cambodia; providing mental health support to trafficked populations; providing psychosocial support to demobilized child soldiers in Colombia; introducing psychosocial services and training to communities in post-conflict situations; assisting migrants in an irregular situation awaiting the outcome of asylum claims in the South Pacific and Indonesia; undertaking training of trainers on the psychosocial aspects of integration of migrant workers in Italy; and researching the dynamics and problems encountered during interactions between national service providers and immigrants in Italy and Greece.

V. GUIDING PRINCIPLES

11. Based on the documented experience of relevant agencies, as well as its own experience, IOM has developed guiding principles that apply to mental health programmes in the context of migration. These basic principles are to be taken into account when designing and implementing mental health programmes.

Flexible approach to mental health

12. Programmes must adapt to specific target populations and cultures; it would be unwise to assume one “model” programme to be applied universally.

Field assessments

13. Before designing support programmes, an assessment should be carried out by experienced experts, ideally an interdisciplinary team with mental health and psychosocial experts. Priority should be set, based on needs, in collaboration with concerned migrant populations, local authorities and other agencies in the Field.

Community-based

14. The specificity of dealing with migrant populations, and the need to take cultural elements into consideration, make it particularly important that programmes be community-based: this means working with and through the community, as well as using its resources. Programmes should be designed to strengthen the existing networks, with the aim of empowering the communities and ensuring the sustainability of the programmes. This also implies involving concerned communities in decision-making processes, as well as the training of humanitarian aid workers in basic psychosocial skills.

Local capacity-building

15. Programmes should be based on local capacity-building, involving the training of local health professionals, teachers, camp leaders and other networks concerned in the welfare of migrant populations.

Integration into national structures

16. Any programme should be set up 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.

Emergency and post-emergency situations

17. In emergency and post-emergency situations it may be necessary to provide services in a context where they no longer exist or are dysfunctional. This should always be considered a transient, short-term approach, as a link between emergency response and development. Especially in the context of post-emergency situations, the first priority should be providing for basic survival needs, such as food and shelter. 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.

Awareness raising in host countries

18. Responsiveness and training can be particularly necessary in host countries where too often public facilities, schools, hospitals and authorities, including immigration officials, are unfamiliar with the past experiences and cultures of migrants. When care is provided for people who are suffering, it is generally carried out within the host country's mental health services. These facilities may be based on an outlook on mental illness which differs radically from that of the community of origin of the migrant. As a result, the treatment is not necessarily appropriate to the condition, and may result in resistance to the treatment. In addition, migrants and their families are faced with a language barrier, which further exacerbates the problems of communication, mutual trust and understanding. It might be necessary to work with representatives of the community of origin who can serve as "cultural mediators" and/or counsellors.

Multidisciplinary approach

19. Depending on the specificities of the migrant populations and the community, a variety of disciplines may need to be mobilized to deal with the mental well-being of migrant populations. Examples include primary health-care personnel, psychiatrists, psychologists, anthropologists, historians and legal specialists.

Interagency coordination and partnerships

20. 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. In this respect, IOM enjoys partnerships with a variety of agencies, including the World Health Organization, universities, non-governmental organizations and centres of excellence.

Ethics and confidentiality

21. 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.

VI. CONCLUSION

22. Addressing the psychosocial and mental well-being of migrant populations is an essential component of successful migration. IOM is well positioned to attend to psychosocial and mental health issues in the context of migration. With the support of its Member and observer States, as well as its partners, IOM will continue to raise awareness on the relevance of the issue, to advocate for access to mental health and psychosocial services for all migrant populations in need of such services and to deliver quality migrant health programmes.