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# Mental Health Consequences of Migration: An Exploration

Jaseema K[1] and Dr Shabeer K P[2]

[1]Research Scholar, Government College Kodenchery, University of Calicut ,Kerala

[2]Associate Professor, Government College Kodenchery, University of Calicut, Kerala

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## ABSTRACT

*Migration significantly impacts mental health, with migrants facing stressors such as discrimination, trauma, and social isolation. This paper explores the mental health consequences of migration, highlighting the prevalence of disorders like post-traumatic stress disorder (PTSD), depression, and anxiety among migrants. It discusses challenges in accessing mental health services, including cultural barriers and lack of awareness. The paper emphasizes the need for integrated, culturally sensitive approaches to address migrants' mental health needs, advocating for increased access to services and improved mental health literacy. Additionally, it underscores the importance of migration health data in understanding and addressing migrants' health needs, proposing strategies to enhance data collection and management.*

**Key words:** Migration, mental health, stressors, access to services, data collection.

## 1. Introduction

Migration has consistently influenced human communities throughout history. Migration is a method of moving from one cultural context to another to settle, either temporarily or permanently. According to the International Organisation for Migration, there are 281 million across the globe as international migrants which constitutes 3.5% of the total global population[1]. In this perspective, employment is the principal reason why individuals travel globally, and hence migrant workers comprise an enormous proportion of the world's transnational migrants. Due to global social and political instability, along with economic social and conflict-related events, the proportion of refugees, asylum seekers, and migrants is rapidly increasing, and advanced nations are prone to receive a large number of populace from ethnic minorities as refugees and asylum seekers. Furthermore, many move because of poverty or climatic issues in

[1] 0.281 billion divided by 8 billion total population

  

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their nation. However, it is of far-reaching importance that the majority confront strain-related risks in times of pre-migration, migration, and post-migration. This article discusses migrants' nature of mental health and the consequences therein and calls for concerted actions for an integrated solution. It also highlights the imperative need for a comprehensive migration health data to address their health issues efficaciously.

## 2. Review of Literature

Since relocation is such a difficult process, it frequently results in stress, pressure, and potential hazards such as inadequate medical treatment, and being separated from family and children. This may also involve a lack of a permanent home to live in, a shortage of water and food, xenophobic assaults, poor education, real prejudice, and a significant danger of death and injury (Henssler et al 2019) Furthermore, social issues such as cultural sorrow, shock, social defeat, a gap between hope and accomplishment, and adoption by the new country can all have an impact on adjustment (Bhugra et al 2011). Persistent social setback was associated with debilitating mental health and a heightened threat of psychosis among migrants (Cantor-Graae and Selten 2005). There are studies of higher incidence of schizophrenia and similar psychoses among refugees and migrants. The meta-analysis focused on the prevalence of non-affective mental health illnesses among migrants. Apart from this, significant proof for a higher probability of occurrence among migrants in comparison with the local population was found. The results of the study were viewed in the backdrop of isolation and social exclusion stress, offering a rationale that links cultural disparities in conversation and observed prejudice to the genesis of psychotic symptoms and their physiological correlates (Henssler et al 2019). Similar studies were conducted by Brandt et al (2019) that the threat of the development of schizophrenia and related non-affective diseases is considerably pronounced among refugees in comparison with both the population and non-refugee migrants. Most nations have a growing elderly population, and there is a rising proportion of aged migrants most of whom may acquire dementia in a nation other than their own. As a result, it is reasonable to expect that dementia would become more common among migrants in the ensuing days. Exact calculations on the number of emigrants subject to dementia among migrants are currently sparse, making it difficult to determine accurately the menace on the health system. Several studies have found that specific categories of migrants are more likely to acquire dementia than persons in the host nation. For instance greater prevalence of dementia and cardiovascular comorbidity (17.3%) was seen among those Caribbean migrants living in the UK (Pettit et al 2001). It may also be noted that psychometric tools which are often used to provide psychological characteristics do not consider linguistic, educational, lifestyle, or cultural-religious aspects (Ilcin 2019). Furthermore, ethnically diverse older individuals with loss of cognitive functioning experience several obstacles and must have specific requirements as a result of language impairment, that increases throughout the

  

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deteriorating period of dementia. Bilingual adults with dementia frequently mingle different languages and struggle with language impairment, the solution of which urgently necessitated the importance of communication in life, independent of intellectual capacity, in warding off loneliness, reinforcing the identities of patients and reducing sadness and curiosity (Goth 2018). Along with an ageing populace and greater worldwide mobility, language reversion is a new and problematic subject which received little traction in academic circles. As a result, assessing elderly migrants is essential for tailoring healthcare services and treatments. The dissemination of acquired information regarding migration of the aged and language is vitally required. The most common incidence of mental illnesses in refugees and those who were internally displaced after forced displacement was post-traumatic stress disorder (3% to 88%), depression (5% to 80%), and anxiety disorders (1% to 81%) and accordingly there is a dire necessity for immense treatments to tide over mental illnesses among refugees and displaced individuals following relocation (Morina et al 2018). In addition, observed rates of prevalence for PTSD that ranged from 5% to 71% were assessed and depression rates among refugees were seen to be varied from 11% to 54% (Lindert et al 2018). Apart from this, in the systematic literature review, a low socio-economic status during post-migration is especially related to depression was found. Most of the research indicated a broad gamut of incidence rates. As a result, there is a need for more comprehensive and robust research on the mental health of long-term war refugees. The higher risk might not be the fallout of being subjected to stress during wartime but might be impacted by post-migration socio-economic conditions. In this context extant studies revealed that, in the initial period following reintegration, only PTSD rates are found higher among refugees compared to the population of the host nation and that in the five years following relocation, the incidence of depression had increased and being exposed to stressful experiences before or throughout migration could account for the high prevalence of PTSD (Giacco et al 2018). Evidence shows that inadequate socialisation and difficulty receiving care correlate to the greater prevalence of mental illnesses over time. Stresses out of resettlement after migration were the strongest predictors of mental health among migrants departing for compassionate reasons (Chen et al 2017). Winkler et al (2019) discovered. There were substantial correlations between unstable residence and mental illnesses among displaced persons and refugees. In the current research, respondents having higher symptoms used lesser assistance, participated in fewer integration-related assessments reported more hearing issues and around 12% of asylum seekers with psychological disorders exhibited signs of psychiatric care (Chen et al 2017). It is significant to note that refugees, asylum seekers and migrants have a greater demand for the treatment of mental health but are less accessible to it and that the reasons for such a disparity are guilt and stigma associated with psychiatric disease, cultural views, lack of language competency, and financial constraints (Park et al 2013). Furthermore, asylum seekers, migrants and refugees are bereft of health insurance, as well which may limit service access. The most

  

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significant hurdles to care utilisation are economic, since refugees, asylum seekers and migrants have limited economic avenues besides linguistic impediments since many nations lack legal procedures governing the funding of interpreters (Bridges et al 2012), It was also seen that financial compulsions were more relevant among women than men, as well as for people with psychiatric disorders compared to counterparts. To make matters worse, the inability to speak native language and a service provider's inability to provide a translation into a first language considerably inhibited looking for assistance wherein men were shown to have a considerably greater lack of understanding of supportive choices than women (Bridges et al 2012)

The above reviews discussed and analysed various studies pertaining to issues hovering around the consequences of international migration in particular reference to health. It was seen that cultural shock, social defeat and exclusion, disparities and isolation, prejudices, dementia, lack of cognitive functioning, language reversion, linguistic impediments, PTSD and the like. Some studies also found that the degree of differences of health issues vary in terms of different categories of migration and gender.

## 3. Factors Affecting Health and Wellbeing of Migrants and their Family

The relationship between migration and health is multifaceted, with varying impacts across different migrant groups, individuals within those groups, and stages of migration. Migrants often face social inequalities and are exposed to experiences that can jeopardize their physical, mental, and social well-being. While the migration process can exacerbate health vulnerabilities and risk behaviors, it can also serve as a catalyst for accessing better health care, as seen in cases where refugees gain access to treatment for chronic diseases upon arrival in a new country. However, irregular migrants, due to their undocumented status, often encounter barriers such as stigma, discrimination, language, and cultural differences, as well as low-income levels, which can hinder their access to primary health care services, vaccinations, and health-promotion interventions.

According to Migration Data Portal[2], the health of migrants and their families is influenced by various factors throughout the stages of migration, including pre-departure, travel and transit, destination and integration, and return phases. These factors can either negatively impact their health or facilitate positive health outcomes. Moreover, human mobility can also affect public health, particularly in the context of preventing and controlling emerging infectious diseases, such as malaria transmission from high-endemicity areas to regions on the brink of elimination.

[2] Migration Data Portal is a comprehensive access point to avail of unique and reliable data on migration which is published by International Organisation for Migration (IOM).

  

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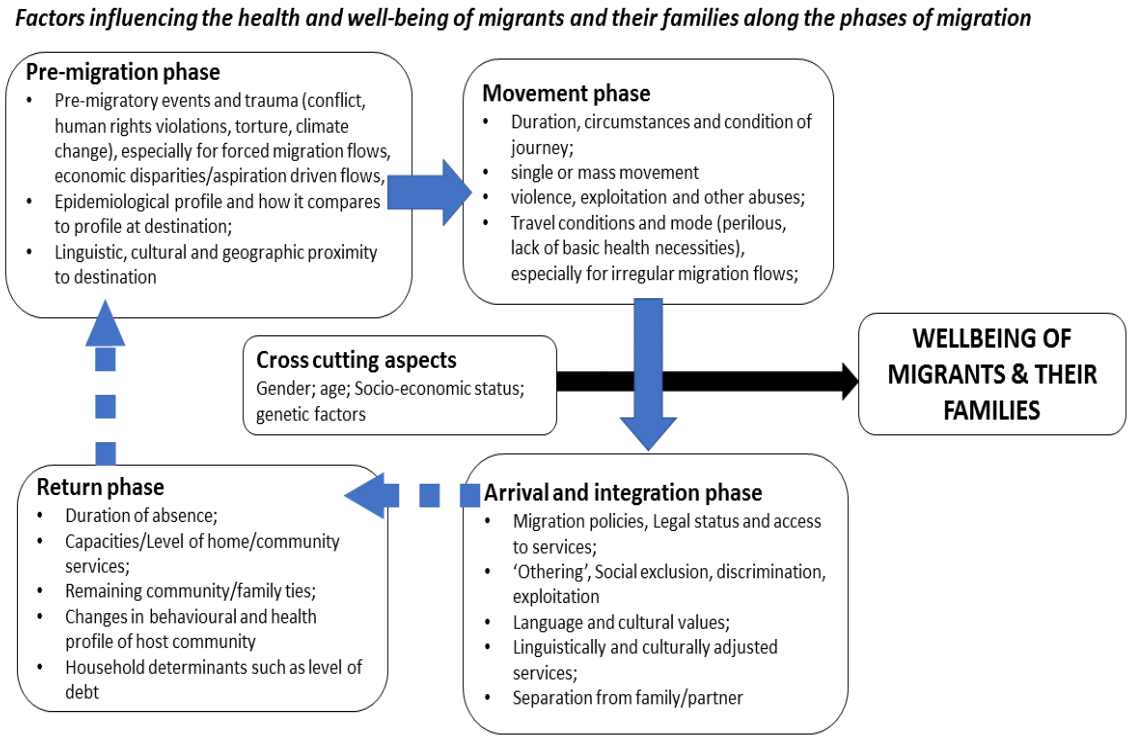
In some countries, irregular migrants may face mandatory detention, where health vulnerabilities are exacerbated due to limited access to health services, proper nutrition, adequate hygiene, and sanitation, especially in densely populated living spaces. Prolonged detention has been associated with increased severity of mental disorders and psychosocial issues among migrants. Additionally, many international migrant workers are employed in precarious work settings, often characterized by dangerous, difficult, and demeaning (3Ds) jobs, low wages, hazardous working conditions, and limited social protection and occupational health rights. Access to health services is a critical indicator of inclusive and equitable health systems aimed at reducing health inequities. However, despite efforts to improve access, social exclusion of vulnerable migrant groups remains common in the absence of explicit affirmative policies. Addressing the health needs of migrants and their families requires a comprehensive approach that considers the diverse factors influencing their health outcomes and integrates their health care into broader health systems. It also necessitates unfailing availability and accessibility of data on migrants which is discussed in the ensuing section.

**Figure 1: Factors influencing health and well-being of migrants**




Source: https://www.migrationdataportal.org/themes/migration-and-health

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## 4. Migration Health Data

One of the pertinent questions which frequently beckon convincing answer in migration literature is the availability of a comprehensive migration data. Migration health data encompasses a wide range of information relevant to understanding the health and social determinants of various migrant populations. This includes data on non-communicable disease burdens in international labor migrants, access to healthcare systems by different migrant typologies, and the spread of diseases along human mobility pathways. Such data can be both quantitative, such as epidemiological profiles on refugee populations, and qualitative, describing risk and resiliency factors.

However, despite the importance of migration health data, migrants often remain invisible in official data sources due to the lack of integration of migration variables within routine National/Sub-National Health Information Systems (HIMS). This lack of integration makes it challenging to track progress at national and global levels, leading to decision-making based on opinion rather than evidence. Routine data sources for migration health data include population health surveys, disease control programs, hospital registries, and health insurance schemes.

Population health surveys, such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), provide nationally representative data on health and nutrition-related information. However, these surveys are not specifically designed to target international migrants in their sampling design. Disease control programs, such as those for tuberculosis and malaria, are increasingly adopting migrant-inclusive strategies to control disease spread and limit reintroduction.

Health institution-based records, including national hospital registries and national epidemiological disease surveillance systems, provide data on health-related information pertinent to hospitalization and disease outbreaks. However, most providers and insurers do not routinely collect data by legal status or on the national origin of the cases registered.

Migration health assessment records, which are mandated for selected disease conditions at pre-departure and post-arrival for migrants traveling for work, study, resettlement, or family reunification, provide important data sources for various migrant populations. However, these data often remain poorly analyzed and unlinked to national health systems.

Health insurance claims data from foreign employment bureaus, migrant worker insurance agencies, and occupational health surveys provide data on morbidities, mortality, disability, and deportations based on medical grounds among migrant workers. However, data on deaths of migrant workers in much of the developing world remain scarce. Big data presents opportunities to understand the influence of migration on the spread of infectious diseases and to tailor

  

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healthcare interventions for settled migrants. BioMosaic, a software application developed by the CDC, allows for combining and visualizing immigration statistics, health, and demographic data to target health communications and public-health interventions. However, there are some concerns in this regard.

## 5. Concerns and Challenges in Migration Health Data

Migration poses unique challenges for collecting and managing health data due to the transient nature of populations and the diverse motivations behind migration. Despite efforts to enhance migration health data, migrants often remain invisible in routine health information systems. This invisibility impedes tracking health outcomes, effectively allocating resources, and making informed policy decisions. One critical challenge is the fragmentation of healthcare data for migrants, as it is frequently not disaggregated by migratory status. This lack of distinction hinders understanding the specific health needs of different migrant groups. Additionally, inconsistent methods of collecting data on migrant health make it challenging to compare health outcomes across regions and countries accurately.

To address these challenges and improve migration health data, several strategic actions can be implemented. First, developing migration modules with core variables—such as country of birth, citizenship, year and month of arrival in the host country, and country of birth of both parents—can help determine migratory status and integrate these modules within existing health data collection systems. Second, establishing inter-agency and inter-sectoral coordination mechanisms involving relevant government departments, academia, civil society, and migrant communities can enhance data collection and research on migration health. Third, strengthening the capacity in countries, especially in developing nations and small island developing states, for collecting high-quality, timely, and reliable data on health outcomes and disease burden among refugees and migrants is crucial.

Moreover, ensuring data interoperability by linking different datasets to create comprehensive data about migrant populations is essential. This would enable the interoperability of databases at both national and global levels, facilitating the exchange of data and generating comprehensive datasets. Furthermore, developing clear and robust data protection and ethical frameworks for collecting migration health-related data is essential to safeguard the privacy and security of migrant health information. Finally, conducting a comprehensive review of major datasets globally on health determinants, health status, or health systems is imperative. This would aid in developing a robust data and monitoring framework for health and migration, allowing for informed decision-making at various levels—from local to global.

  

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## 6. Conclusion

Migration is a complex and multifaceted phenomenon that significantly impacts the health and well-being of individuals and communities worldwide. The mental health consequences of migration, in particular, present significant challenges that require urgent attention and concerted action. As highlighted in this exploration, migrants face a range of stressors and risk factors throughout the migration process, including pre-departure, travel, destination, and post-migration phases, which can lead to various mental health disorders such as PTSD, depression, and anxiety disorders. The research presented in this article underscores the need for comprehensive and integrated solutions to address the mental health needs of migrants. This includes improving access to mental health services, addressing social determinants of health, such as poverty, discrimination, and social isolation, and promoting mental health literacy and awareness among migrant populations. Additionally, there is a crucial need for policymakers, healthcare providers, and communities to adopt a culturally sensitive and trauma-informed approach to mental health care for migrants. Furthermore, migration health data is essential for understanding the health needs and challenges faced by migrant populations. However, there are significant challenges in collecting and managing migration health data, including the invisibility of migrants in routine health information systems, inconsistent data collection methods, and fragmented healthcare data. Addressing these challenges requires strategic actions, such as developing migration modules within existing health data collection systems, establishing inter-agency coordination mechanisms, strengthening data collection capacity, ensuring data interoperability, and developing clear data protection and ethical frameworks. In short, addressing the mental health consequences of migration and improving migration health data are critical steps towards ensuring the health and well-being of migrants and their families. By taking a holistic and evidence-based approach to migration health, policymakers, healthcare providers, and communities can better support the mental health needs of migrants and promote health equity for all.

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