

Editorial

Mental Health and Migration

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Editorial

The issue of migration makes an almost daily appearance in the news media of the Western democracies, usually identified as a consuming political challenge[1]. If the news reports include any consideration of the health of migrant populations, the news article often focuses on the physical health risks of privation. When mental health risks for migrants are considered in news reports there is invariably a focus on the acute mental distress experienced by those fleeing persecution or due to the privations of the migrant's journey.

Millions of people migrate annually, there were an estimated 244 million worldwide in 2015 [2] 133 million of these reside in Europe and North America. The decision to migrate is rarely taken lightly. Fleeing from persecution or warfare is the last resort for many after what may be months or even years living in a deteriorating situation, where many other strategies of coping will have been tried and found to fail. Decisions to migrate for other reasons such as economic pressures, professional development and personal relationship developments do not occur overnight but after considerable soul-searching by the prospective migrant.

Despite the increased international prominence afforded to mental health issues [3] there is limited attention paid both nationally and internationally to the mental health risks for migrant populations as an increasing feature of the international demand for healthcare support services. Globally this population is at higher mental health risk than the native population of the host countries [4]. Migrants are also more likely to have difficulty in accessing information or services in the host country for a variety of reasons including a lack of translated material, cultural stigma about mental health issues and a lack of understanding of how to access services [5].

Developing and sharing an understanding of 'what works' in supporting mental health problems for those from migrant communities must include not only responding to acute mental health distress from involuntary migration but also longer term issues such as depression, anxiety and post-traumatic stress syndrome [4]. These may emerge in the migrant community not only as re-

sult of the migration experience but may also be pre-existing and previously unrecognised or untreated. They may arise not solely from the experience of migration but also from the experience of discrimination in the host country [5].

Routinely caricatured in some news media as welfare recipients, migrant workers provide essential labour vital to many high and low technology services in the developed world[6]. As technological advances are globalised many people in developing countries have technical skills that are increasingly equivalent to those of the general population in the developed world. The economic, social and civic participation of the migrant in the host country must have more nuanced psychological ground than a simplistic adaptive performance of 'integration' if it is to reflect the global mental health policy vision of mental health and wellbeing for all.

Apart from specific local initiatives, much research and planning of support services for migrant mental health is conducted in an ad hoc fashion, inevitably strongly influenced by local political priorities. We are clearly some way off from viewing mental health risks in migration as having a parity of esteem with physical health risks, yet those vulnerable through struggling with mental health problems are less likely to reliably self-manage any physical health issues they have and unlikely to develop the self-confidence and resilience to resist exploitation, persevere against discrimination and become actively participating citizens.

Populist assertions in news media about the need of migrants to 'integrate' have no anchor in any model of mental health that defines a healthy psychological description of this 'integrated' migrant and offer only folk wisdom with no reasoned connection to specific methods and approaches that would best build migrant's resilience and confident participation in civic life. The very good work on migrant mental health currently happening around the world needs to be better shared for developing validated good practice from international experience that can be used much more effectively in this area of mental health challenge. The challenge and its impact will continue to increase despite a prevailing view that may regard the issue as at the margins of international and national mental health research and policy development.

References

1. Allen W, Blinder S (2013) Migration in the News: Portrayals of Immigrants, Migrants, Asylum Seekers and Refugees in National British Newspapers, 2010 to 2012. Migration Observatory report, COMPAS, University of Oxford.
2. [No Author] (2016) International Migration Report 2015: Department of Economic and Social Affairs Population Division, United Nations. Pg No: 1-38.
3. [No Author] (2013)Mental health action plan 2013-2020. World Health Organization, Switzerland. Pg No: 1-50.
4. Kirmayer LJ, Narasiah L, Munoz M, Rashid M, Ryder A, et al. (2011) Common mental health problems in immigrants and refugees: general approach in primary care. Canadian Medical Association Journal 183: E959-E967.
5. George U, Thomson MS, Chaze F, Guruge S (2015) Immigrant Mental Health, A Public Health Issue: Looking Back and Moving Forward. Int J Environ Res Public Health 12: 13624-13648.
6. Sumption M (2017) Labour Immigration after Brexit: Trade-offs and Questions about Policy Design, The Migration Observatory at the University of Oxford, United Kingdom.Pg No: 1-18.