



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

## Mental health promotion and mental health care in refugees and migrants: policy brief

### Policy issues and context

For all refugees and migrants, the process of migration can be complex and stressful as it involves leaving the home country and adapting to a different environment, culture and life situation. Moreover, refugees and migrants can be exposed to stressful events before departure, during transit and after arrival, and they may struggle to fully integrate in the social context of the host countries. All can lead to mental health disorders, although prevalence is highly variable across studies and population groups. Post-traumatic stress disorder is the only disorder for which substantial and consistent differences in prevalence from host populations have been reported, although this is specifically for refugees; however, it is not the most prevalent disorder in refugees and migrants overall (mood disorders being most prevalent). Refugees living in a host country for more than five years do tend to show higher rates of depressive and anxiety disorders than host country populations. The higher prevalence rates of mental disorders in long-term refugees and migrants are associated with lack of social integration, and particularly with unemployment. While prevalence is an important factor, the total number of refugees and migrants in a country is also critical. If the total number is very high, there are likely to be many with manifest mental disorders, posing challenges to health system capacity.

### Policy considerations

#### *Social integration*

- Promote initiatives that increase social inclusion and integration, including access to employment and educational opportunities, as these support good mental health.
- Encourage collaborations across health care and social services, as well as with providers of legal and employment support.
- Consider school-based programmes for children, particularly if unaccompanied or separated.
- Encourage volunteer initiatives or training of refugees and migrants as peer supporters.

#### *Information on entitlement to care*

- Devise and publish clear information on entitlements to care for each category of migrant to facilitate appropriate access to care.
- Adopt tailored communication strategies that are accessible for all groups.
- Make information available to health professionals, particularly in primary care and emergency services, to help them to refer refugees and migrants appropriately.



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**Knowledge Hub  
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## *Outreach services*

- Map outreach services or set up new services if required.
- Consider outreach services to help to establish trust and familiarity and to facilitate access to mainstream services, particularly for vulnerable or isolated groups.
- Ensure available outreach service providers act as mediators with mainstream services rather than as autonomous and parallel care providers.

## *Interpretation and cultural mediation services*

- Provide high-quality interpretation services to overcome language barriers and consider collaboration with cultural mediators as needed.
- Train practitioners in communicating with refugees and migrants with mental health problems, and how to effectively interact with interpreters and cultural mediators.
- Encourage use of technology, including phone services and tele-psychiatry, as alternatives to face-to-face interpretation, where appropriate, given cost and access-related barriers.
- Pay attention to the technical quality, training and qualifications of interpreters and cultural mediators (and clinicians in the case of tele-psychiatry) working in these services.

## *Integration of mental, physical and social care*

- Promote integrated provision of mental, physical and social care through primary service providers where appropriate, especially for those with complex needs and high vulnerability.
- Encourage cooperation between services and agencies to facilitate uncomplicated referrals, and person-centred needs assessment and care plans.
- Ensure professionals working in non-health sectors such as law enforcement, education and employment also receive awareness training on mental health conditions.

## *Training for the mental health workforce*

- Ensure that the mental health workforce is trained to work with refugees and migrants.
- Ensure clinicians are aware of the health care entitlements of refugees and migrants.
- Invest in training for clinicians to ensure competence in diagnosing unusual presentations of mental disorders, and in understanding different family, cultural and social structures.
- Identify model services on a wider geographical level and share good practices.

## *Research and evaluation for service planning and provision*

- Invest in long-term follow-up research and service evaluation.
- Identify representative cohorts for high-quality longitudinal studies.
- Conduct local service evaluation to inform care in specific contexts and services and to help identify barriers to engagement and required adaptations.
- Where appropriate, utilize availability of electronic medical records for long-term evaluation of interventions in the routine provision of health services.

## *Principles of good practices*

- Promote development of a shared repository of case studies and services to guide adaption of good practices to local contexts and the characteristics and situations of new refugees and migrants.
- Disseminate information about local or national experiences to help further efforts and, in turn, support the design and delivery of timely and effective interventions.
- Share principles of good practices across countries.