

*Position Paper on Refugee &
International Migrants and
Their Mental Health*

*of the European Federation of Psychology Students'
Associations (EFPSA)*

Approved at the Joint Executive Board & Member Representatives Meeting 2019
Zgornje Gorje, Slovenia

What is EFPSA?

The European Federation of Psychology Students' Associations (EFPSA) was established in 1987, at the first International Congress of Psychology Students in Portugal. EFPSA represents a highly diverse network of psychology students working on a voluntary basis for psychology students of Europe. The Federation currently consists of 32 Member Organisations and one Observer Organisations. Currently, EFPSA organises eleven Events across Europe. Additionally, EFPSA hosts several online resources and runs its own training service, a professionally peer-reviewed, open-access Journal and makes a positive impact on society through social impact campaigns. Altogether, EFPSA has positioned itself to provide psychology students with unique and exciting opportunities for academic, professional and personal development. In accordance with its Mission, Vision and Values, EFPSA continues to expand its presence and visibility within student communities, refine its activities and develop a portfolio of opportunities and membership for European psychology students with the aim of improving psychology and society, providing the opportunity for academic and social exchange while working towards improving psychology students' experiences.

Purpose

This document will discuss the general situation that refugees and migrants may face when migrating to another country. We attempt to create an overview of what the terms “refugee” and “migrant” represent, the difficulties that refugees and migrants may face, and the actions that could be taken in order to create a more sustainable and dignified life for them. As psychology students, we view this situation with sensitivity and a willingness to regard our human nature in its depth and act in favour of fellow humans in need. EFPSA feels the need to look into the living conditions of such disadvantaged people and stand for and by them with special focus on these individuals' mental health and well-being.

Clarification of Terms

Human migration is a phenomenon that has existed since the earliest records of human existence. Migration influences human life and the environment around us. Throughout the history of humankind, a great many people have felt inclined to move from one place to another to acquire better living conditions, food, employment, education, business etc. According to Oxford Dictionaries, when an individual shifts their residence from one political or administrative boundary to another, it is known as “migration”. Migration is a social phenomenon and consequently should be understood as a part of society. During migration, people have to adapt to a new environment, which entails making decisions, preparations and going through the legal procedures associated with migration. They also have to adjust to the local culture and way of life and become a part of the local community. This process has a significant impact on an individual’s life as a whole.

Whether individuals are referred to as migrant or refugee depends on the reasons behind their decision to migrate. Essentially, refugees are a subgroup of migrants, but the two terms should not be confused or used interchangeably as there is a legal difference between the two. They trigger different laws, and sometimes they receive different services. Lee (1966) provided the “push-pull theory” which lists the numbers of factors that drive people to move from the place of origin (push factors) and the factors which attract people to the place of destination (pull factors). These push and pull factors are listed below:

Push Factors	Pull Factors
<ul style="list-style-type: none"> ● Not enough jobs ● Few opportunities ● Primitive conditions ● Desertification ● Famine or drought ● Political fear or persecution ● Slavery or forced labor ● Poor medical care ● Loss of wealth ● Natural disasters ● Death threats ● Lack of political or religious freedom ● Pollution, poor housing ● Landlord/tenant issues ● Bullying ● Discrimination ● Poor chances of marrying ● War 	<ul style="list-style-type: none"> ● Job opportunities ● Better living conditions ● Political and/or religious freedom ● Enjoyment ● Education ● Better medical care ● Attractive climates ● Security ● Family links ● Industry ● Better chances of marrying

According to the Geneva Refugee Convention, 1951, for someone to be considered in the refugee status, they should fall under the following definition:

“A refugee has a well-founded fear of persecution and the persecution must be for reasons of race, religion, nationality, membership of a particular social group or political opinion. The person must be outside the country of his or her nationality or, if stateless, outside the country of his or her former habitual residence and must be unable or, owing to such fear, unwilling to avail him or herself of the protection of that country.”

Psychology students and EFPSA are aware of this definition and shall be defining the term refugee according to this definition throughout the paper. According to the United Nations, a migrant is:

“Any person who lives temporarily or permanently in a country where he or she was not born and has acquired some significant social ties to this country.”

According to view of laymen and psychology students, migrants also have the privilege to decide whether or not to leave their country and also to prepare themselves appropriately. They are not forced to move to another country due to external factors and they can decide to return to their country of origin at any time.

Current Situation | Difficulties and Rights

In accordance with the research conducted in the field by the policy team of EFPSA, psychology students agree that refugees and migrants are facing a perilous situation. Refugees and migrants often have to leave behind their loved ones and face the difficulty of adapting to a new country. This includes learning a new language and culture, meeting new people, finding housing and a job, etc. All of the factors above can lead to highly distressing and harmful situations for their well-being (Beiser & Hyman, 1997). Society is inclined to believe that refugees face more problems in the country of destination than migrants do, owing to the fact that they were forced to leave their countries, and therefore did not have the time to prepare themselves or their loved ones for this decision. Furthermore, they cannot easily return to their country and they must seek for asylum¹ and may face adverse situations in the country of destination (Keyes, 2000).

It has been observed that many local people from various countries tend to have a bias towards refugees and migrants; this may be due to territorial behaviour and may pose intolerable situations for refugees, such as being confronted with racism (Swim, Cohen, & Hyers, 1998). However, it is important to be considerate and mindful of the situations that refugees are in as we cannot have insight regarding every individual's particular situation. In almost every case

¹ Asylum is defined as protection or safety, especially that given by a government to people who have been forced to leave their own countries for their safety or because of war (Oxford dictionary).

there are unfortunate circumstances which created the need to leave their prior home to seek a better and safer future for themselves and possibly their families. Refugees left their previous life behind to seek better living conditions despite the conditions they may face in the receiving country.

When it comes to migrants, the way these individuals are received by the community in the country of migration also depends on the country itself and the way of thinking and living there. Migrants often face racism and discriminatory behaviour and/or attitudes.

To conclude, both refugees and migrants face a variety of problems, to different extents according to the individuals who migrate, the people they meet and the country that receives them.

Some examples from UNICEF's research on the refugee and migrant crisis :

TUNIS, 18 December 2017 – Figures revealed on International Migrants Day show that 36,000 migrant children are in need of assistance in Libya. Out of an estimated 400,000 migrants, nine per cent are children and, shockingly, more than 14,000 children are also unaccompanied.

VIENNA/GENEVA, 22 November 2017 – The recent reported suicide of an 11 year-old Afghan boy in a refugee facility in Austria is a tragic reminder that European authorities need to pay greater attention to the deep psychosocial distress thousands of refugee children and child migrants face.

AMMAN, 26 October 2017 – The coming winter is the most imminent threat to children affected by crises in the Middle East. As UNICEF races to provide warm clothing, winter supplies and blankets before the cold sets in, the organisation is facing a \$60 million deficit that

could leave up to 1.5 million children facing the cold without proper clothing and supplies for the cold.

GENEVA/NEW YORK, 17 October 2017 – Without immediate additional funding, UNICEF will not be able to continue providing lifesaving aid and protection to the Rohingya children who have fled to Bangladesh for refugee in order to escape the horrific violence in Myanmar. Almost 60 percent of the 582,000 refugees who have fled Myanmar since August 25 are children – and thousands more are crossing every week.



Rights

Human rights are the same for all people. This means that both refugees and migrants have the right to equality; health; an adequate standard of living including housing, water, sanitation and food; education; social security and a job. An asylum is not always something that refugees can acquire and live with dignity in there. Nowadays, we could say that due to the increase in the percentage of refugees and migrants, asylum cannot be granted for everyone. The host countries often cannot provide their services to the large number of individuals seeking asylum.

There have been many efforts to develop guides and handbooks for the human rights of this specific group of people. Publications on the economic, social and cultural rights of migrants in

an irregular situation and on promoting and protecting the human rights of migrant domestic workers in an irregular situation offer a rich resource for understanding the scope and content of the human rights of migrants in an irregular situation, and details the legal and practical barriers in this regard (Office of the High Commissioner for Human Rights, 2019). Human rights mechanisms, such as the Special Rapporteur on the Human Rights of Migrants and the Committee on Migrant Workers, have been clear in stating that countries have an obligation to respect, protect and fulfil the human rights of all individuals under their jurisdiction (Office of the High Commissioner for Human Rights, 2019).

The 1951 Convention and its 1967 Protocol are one of the key human rights instruments to be relied upon today. The 1951 Convention is a milestone of humanity developed in the wake of massive population movements. At its core, the 1951 Convention embodies fundamental humanitarian values. It has clearly demonstrated its adaptability to changing factual circumstances, being acknowledged by courts as a living instrument capable of affording protection to refugees in a changing environment.

Refugees, Migrants & Mental Health

In a survey conducted by the EFPSA Policy Team, the surveyed psychology students were of the opinion that refugees and migrants are more prone to suffering from mental health disorders due to a variety of harmful situations or trauma that they may face. This idea is supported by the research done, which has found that refugees and migrants are more prone to develop depression, anxiety and post-traumatic stress disorder (Keyes, 2000; Pumariega, Rothe, & Pumariega, 2005). Within psychology research there is a well-established paradox; that the general health, the grades at school and the mental health of first generation migrants tend to be better than that of the general population in both the sending and receiving countries (Birman, 2015). For example, in 2000-2001 a health survey in the Canadian Community revealed that newly arrived immigrants (length of residence less than four years) had the lowest rates of depression and alcohol dependence (Kirmayer et al., 2011). These rates varied by the immigrants' region of origin, with the highest rates among immigrants from Europe and the

lowest among those from Africa and Asia (Kirmayer et al., 2011). This paradox can be explained in many ways. Firstly, first-generation immigrants have greater social and cultural capital than subsequent generations, like stronger social networks and highly adaptive cultural practices (Rodríguez, Sáenz & Menjívar, 2008; Harker, 2000). Secondly, they tend to settle in ethnic enclaves, where they can benefit from the supportive, same-ethnicity networks and the possible cultural-sensitive healthcare (Mossakowski, 2003). Another common explanation for the immigrant paradox is the hypothesis that only the most psychologically and physically healthy individuals migrate from their country of origin, so they have superior outcomes to begin with (Rodríguez, et al. 2008). The last explanation is connected to methodological issues. Most of the literature on the immigrant paradox in mental health relies on self-report data, which can be problematic due to their subjective nature (Lau et al., 2013). Similarly, most of the measurement tools that are used are created in Western societies and therefore, are mostly useful for expressing symptoms common only in these societies (John, de Castro, Martin, Duran, & Takeuchi., 2012).

The main mental health problems that migrants face are anxiety, depression, post-traumatic stress disorder and suicidal behaviour (Bhugra, 2004). Although rates of certain psychiatric illnesses are elevated in certain migrant groups, it is highly unlikely that all members of the same group will develop similar problems. The way that individuals respond to stressors marks the likelihood of survival.

According to Kirmayer et al. (2011), there are several factors that can have an influence on the mental health of an adult migrant. These factors are divided in three categories: pre-migration, migration and post-migration factors. Economic, educational and occupational status in the country of origin, disruption of social support, roles and network, trauma (type, severity, perceived level of threat, number of episodes) and political involvement (commitment to a cause) are some pre-migration factors. During migration, trajectory (route, duration), exposure to harsh living conditions (e.g., refugee camps), exposure to violence, disruption of family and community networks and uncertainty about the outcome of migration play a significant role in

migrants' mental well-being. Lastly, some post-migration factors are the uncertainty about immigration or refugee status, unemployment or underemployment, loss of social status, loss of family and community social supports and difficulties in language learning, acculturation and adaptation (Kirmayer et al., 2011).

A review and two meta-analyses strongly suggest that refugees are at higher risk than the general population for a variety of specific psychiatric disorders including post-traumatic stress disorder, depression, psychotic disorders, chronic pain and other somatic complaints (Keyes, 2000; Kirmayer et al., 2011; Pumariega, Rothe, & Pumariega, 2005). These disorders are largely caused by the different stressors to which migrants are exposed. These stressors include the experience of war, violence and torture, along with post-migration stressors like the uncertainty of their status in the countries where they seek asylum, unsafe neighbourhoods, a cycle of poverty and the effects of prejudice and discrimination (Pumariega et al., 2005). Exposure to trauma, in any way, is the strongest predictor of symptoms of post-traumatic stress disorder among refugees (Knipscheer, Sleijpen, Mooren, ter Heide, & van der Aa, 2015).

According to the World Health Organisation (WHO; 1996), the most common mental disorders that refugees go through are:

- Depression
- Psychotic episodes
- Mental disorder due to long term psychosis
- Mental disorder caused by hurtful and frightening events
- Mental disorder caused by beatings or other injuries to the head
- Emotional disturbances associated with intense fear and worry
- Emotional disturbances related to poor sleep

It is suggested by the WHO that counseling, family support and community support as well as traditional and religious healing can be proven useful in working with refugees with mental disorders.

Suggestions for helping migrants & refugees

In general, the methods that are effective in diagnosing and treating common mental health problems in primary care for the general population can also have a good effect on the well-being of migrants regardless of their background (Kirmayer et al., 2011). However, experts in migrant mental health suggest that in order to provide the best results in therapy, attention must be given to various contextual and practical issues that influence behaviour, patient–physician communication and intercultural understanding (Kleinman & Benson, 2006). Some of the main challenges in migrant mental health include: communication, cultural shaping or expression of symptoms and unhealthy behaviour, the clash of family values and the process of acculturation and intergenerational conflict, and the receiving society’s facilitation/impedance of social integration (Simich, Beiser, Stewart, & Mwakarimba, 2005).

Dina Birman (2015) recommends a reduction in the number of family detention facilities that incarcerate mothers with their young children. According to D. Birman there should be more opportunities for the parents of U.S. citizens on the pathway to citizenship that allows them to continue to care for their own children. There should be access to qualitative education in public schools for all young people, and mental health training programmes for clinicians, so that they are able to provide services across diverse cultures and make the health care system more accessible to all by, for example, addressing the language barriers.

The present EFPSA survey stated some suggestions for a better society for all the people who need to face migration. They are of the opinion that the most impactful ways of dealing with the situation is:

- to show awareness of cultural differences,
- to be taught more on the topic of migration
- to show empathy
- to volunteer in refugee camps

- to share our belongings (e.g., clothes, food)
- to donate
- to organise more educational events on the topic for donations
- to organise programmes.

Also, for NGOs:

- to take a more leading role in supporting these people by providing them food and helping them find a job
- to help both refugees and migrants but also their country of origin, to improve the collaboration among countries
- to offer our knowledge by, for example, teaching them the local languages, to increase awareness regarding tolerance
- to share and show compassion.

All of these suggestions are included in this paper because we are inclined to believe that *everything good starts from proper education and information on the topic*. Unawareness cannot lead to change. So, the first step is understanding the problem, the causes and the consequences of it. Furthermore, it is important to take action. These people require our sensibility and understanding and they need help and practical solutions for a dignified life. Under Helen Keller's quote "Alone we can do so little, together we can do so much", we hope that any NGO, small or big, or any other organisation can successfully implement these changes in order to live in a better world. Of course, a lot of effort and willingness is needed. Things like food, medical care, a secure environment, a home and a job are mostly *de facto* for us, however, we must not take them for granted as such things can be a luxury for refugees and migrants. If they are provided with all the basic things that a human being needs in order to survive and feel psychologically well, this can be used as a motive in order to continue fighting.

Our Position | Better Together

Psychology students of EFPSA are aware of these topics and the difficult situations that refugees and migrants face. EFPSA stands up for the rights of these people and supports that discrimination regarding sex, colour, religion, country will not be accepted among its Working Community. EFPSA plans to achieve this through a campaign freshly created and powered by its own Social Impact Initiative (SII) Team. This team makes a huge effort in order to create campaigns that have an impact on the way people think, feel and act. It focuses on developing campaigns to educate people through evidence-based information and knowledge, and could enhance empathy and emotional intelligence. The campaign linked to this position paper is called 'Better Together'. Through a four-week long cycle of workshops taking place in more than 10 different countries simultaneously, EFPSA aims to empower psychology students in educating others about the most common types of discrimination and means of combating it, as well as educating high-school students in a non-formal approach about discrimination, tackling it and taking part in creating more inclusive and tolerant societies. The topics of the workshops include themes of discrimination on the basis of sexual orientation, gender and relationships, violence, racism and religious discrimination, disability discrimination and dealing with forms of discrimination. The campaigns offer open sessions in collaboration with participants, local organisations and local public areas with the idea of promoting the project to the wider public. The Better Together campaign has been supported by the European Youth Foundation in 2017 and 2018.

EFPSA believes in the power of volunteering and encourages all psychology students, who wish to offer their help, to benefit themselves from this position paper and take important actions. It is important to recognise the problem and to deal with it instead of hoping that someone else will try to solve it.

Organisations, Programmes and Campaigns which are sensitised to the topic:

- [Doctors without Borders](#)
- [United Nations](#) (UNHCR)
- [UNICEF](#)
- [Amnesty International](#)
- [Red Cross](#)
- [ECRE](#)
- Humanitarian - Affairs Unit of Future Worlds Center
- [KISA](#)
- [Caritas Cyprus](#)
- [Stichting vluchtelingenwerk](#)
- [WarChild](#)
- [IMO](#)
- [NRC](#)
- [New Dutch Connections](#)
- [Human Rights Watch](#)
- [The Children's society](#)

Written by:

Policy Team (2019-2020):
Eleftheria Foka

Policy Team (2018-2019)
Eleftheria Foka & Robin Willems

Policy Team (2017-2018)

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