Migrants and mental health – understanding and obstacles

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Background, objective, method

Many studies and practical experiences show that migration can be accompanied by increased psychosocial burdens. At the same time, however, there are also many obstacles to the use of psychosocial support. Reliable data are lacking for Austria but it can be assumed that this situation and the underlying mechanisms are comparable with other host countries. There is particularly little knowledge about how people with a migration background understand mental health.

The study intended to contribute to this knowledge but also to derive recommendations for approaches to improving the psychosocial wellbeing of migrants and the use of mental health services.

In order to address this issue as comprehensively as possible, mixed methods were used: a systematic / focused literature search as well as semi-structured interviews / focus groups with 54 migrants (1st generation) and 24 experts. Countries of origin and selected characteristics are presented in tables 1 and 2.

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Percentage of all interviewees [%]</th>
<th>Percentage of women in this group [%]</th>
<th>Percentage of men in this group [%]</th>
<th>Average age in years</th>
<th>Average duration of stay in Austria in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>35</td>
<td>68</td>
<td>32</td>
<td>49 32</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>26</td>
<td>79</td>
<td>21</td>
<td>36 6</td>
<td></td>
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<tr>
<td>Afghanistan</td>
<td>11</td>
<td>67</td>
<td>33</td>
<td>26 5</td>
<td></td>
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<tr>
<td>Arabic-speaking group</td>
<td>28</td>
<td>67</td>
<td>33</td>
<td>44 15</td>
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</tr>
</tbody>
</table>

Arabic-speaking countries include: Syria, Egypt, Iraq, Sudan, Morocco

Conclusions and recommendations (Result of additional workshop with extended project team and experts)

Tab. 2 Further characteristics the interviewed migrants

| Education | None or max. compulsory school | Secondary school / lower level of education | Employment situation | Employed / Maternity leave / Pension | Unemployed / Demand-driven minimum guarantee / Basic provision | Residence status | Unlimited Austrian nationality, permanent residence, Visa, Asylum | Limited (Visa, Subsidiary protection, Asylum seeker) | Family status | Married | Unmarried / Divorced / Widowed | Housing situation | Rented flat | Community flat | Cooperative flat | Shared flat / Home (for asylum seekers) |
|-----------|--------------------------------|---------------------------------------------|----------------------|-----------------------------------|---------------------------------------------------------------|----------------|---------------------------------------------------------------|---------------------------------------------------|-------------|---------|-------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------------|
| Percentage of all interviewees with valid answer in % | 64 | 36 | 29 | 71 | 21 | 70 | 30 | 65 | 35 | 39 | 26 | 19 | 11 |

Results

» Great heterogeneity in terms of understanding, partly no corresponding terms available, but often holistic thinking according to the model of health determinants or bio-psycho-social model exists, partly the “external” has great significance.

» Heterogeneity also concerning existing knowledge about symptoms and available mental health services, resulting in differing willingness to make use of such services / treatment

» Abstract methods and strong focus on autonomy might be difficult for migrants from collectivist societies

» Numerous other potential hurdles, such as experiences from the country of origin, experiences in the host country (and the related narratives of the communities), personal skills, current living conditions and the design of the available services

» The family has a very important role among migrants not only in terms of mental well-being but also as the first point of contact for problems.

» Tradition and religion often offer security, although this is neither true nor unchanged for all people of a particular origin

» Acculturation and increasing knowledge lead to changes, which enable a better use of the regular services, but this takes time and trust. Mental health services must be known and associated with positive experiences, respond to the reality of life and the needs of those affected, and be accessible at the lowest possible level.

Report available under: https://goeg.at/Blickwechsel

Measures to promote individual competences

Measures aimed at staff from relevant institutions

» Increased implementation of training on the subject of culture-sensitive work on the perception of psychosocial stress and on specific (non-verbal) psychological / psychotherapeutic methods (including culturally sensitive diagnostics). Target groups are medical doctors, psychologists, psychiatrists, psychotherapists) as well as other relevant services (housing, job counselling, …)

» Provide specific supervision and individual counselling as well as other possibilities to exchange experiences for these professional groups

Measures aimed at the target group of people with a migrant background

» Targeted promotion of health literacy (including information on mental health – symptoms, causes and interventions, using variety of approaches / methods

» Strengthening families as multipliers and resource

Structural measures

Measures at regional level

» Promotion of a systematic and early detection of mental health symptoms of refugees – implement existing guidelines (e.g. EU directive)

» Provision of a diverse and as low-threshold as possible accessible range of mental health services for all migrants – wherever possible integrated in existing structures (to avoid additional stigmatization) and based on a regional needs assessment

Action at societal level

» Promotion the perception of mental health issues as normality and participatory development specific measures for destigmatization

» Improvement of the living conditions and perspectives of people with a migration background (adapt regulations, …)

» Promotion of social cohesion (explain negative consequences of discrimination, promote positive communication, use of role models, …)