

# Migrants and mental health – understanding and obstacles

Projectteam: Marion Weigl & Sylvia Gaiswinkler (Austrian Health Institute, GÖG), Hilde Wolf & Huberta Haider (FEM Süd), Vienna

## 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 comprehensive 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.

Tab. 1 Country of origin, gender, age, duration of stay of the interviewed migrants

Country of origin	Percentage of all interviewees in %	Percentage of women in this group in %	Percentage of men in this group in %	Average age in years	Average duration of stay in AT in years
Turkey	35	68	32	49	32
Somalia	26	79	21	36	6
Afghanistan	11	67	33	26	5
Arabic-speaking group	28	67	33	44	15

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

Tab. 2 Further characteristics of the interviewed migrants

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

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

### 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,...)