Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
MEM-TP

ADDITIONAL MODULE 2:

SPECIFIC HEALTH CONCERNS

Unit 3: Mental Health

Guidelines

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Additional Module 2: Specific Health Concerns
Unit 3: Mental Health

1. Objectives and Methods

Time	Objectives	Activities	Sources
5 minutes	Explain the objectives of the Unit.	Explanation of the objectives	Projector, laptop, screen.
30 minutes	• To explain the general patterns of mental health problems in migrant and ethnic minority populations, among them the Roma. • To inform about the epidemiology of mental health problems in migrants and ethnic minorities, among them the Roma, in Europe and how EU institutions could address these problems.	Presentation "Mental Health" and questions	Projector, laptop, screen.

2. Presentation

Slide 1: Title page

Slide 2: Summary

Slide 3: The European Union (EU)'s Green Paper on mental health[1] and the 2010 World Health Organization–International Organization for Migration report on the health of migrants[2] both recognize migrants as a group particularly at risk of mental disorders in Europe, and one to prioritize in terms of responses. Given the variety of migrant populations, the mixed evidence, and the diversity of mental health systems in Europe, this presentation reviews the current state of knowledge on mental health of refugees and asylum-seekers only. Refugees and

[1] Improving the mental health of the population: Towards a strategy on mental health for the European Union. Health & Consumer Protection Directorate-General 2005. Available from: http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

[2] International migration, health and human rights [PDF, 1.61MB] 2013, World Health Organization, Office of the High Commissioner for Human Rights and the International Organization for Migration.

asylum-seekers, together with undocumented migrants, are considered to be particularly at risk, due to past and current predicaments[3].

Slide 4: However, migration itself is not considered to be a cause of mental illness, but a stressful event. Thus, the migration process has been explained in terms of a model composed of seven losses: friends and family, language, culture, homeland, loss of status, loss of contact with the ethnic group, and exposure to physical risks. When this process becomes a mental health problem we talk about **migratory grief[4].**

Slide 5: It is important to collect all the factors involved in migration grief in a medical record[4].

Medical records: Items to be covered with migrants[19]	
Pre-migration	Reasons (e.g., student, economic, political) Preparation Group or singly Degree of control over migration
Migration	How long ago? Why? Age on arrival? Possible return or permanent? Asylum status? Previous experiences
Post-migration	Aspiration/achievement Acculturation and adjustment Attitudes towards new culture Attitudes of the new culture Support networks available/accessible
Interviewer	Own values, prejudices Being aware of strengths of one's own culture and its weaknesses

Slide 6: Migratory grief fulfills the following characteristics: it is partial and recurring, it is linked to deep-rooted infantile aspects and multiple. It causes a change of identity and psychological regression and develops several phases. Different defenses and cognitive strategies are used during its development. It is accompanied by ambivalence. Indigenous people suffer grief and those and those remaining in the country of origin also grieve. The return of migrants is a new migration. The grief is transgenerational[5].

Slide 7: Friedli[6] says that "Levels of mental distress among communities need to be understood less in terms of individual health problem and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing". The social determinants of Mental Health within ethnic minority groups are unemployment, housing, income and benefits and education[7]. This situation has to be taken into consideration when we talk about mental health of people with migratory experience.

[3] Carta, M.G., Bernal, M., Hardoy, M.C., & Haro-Abad, J.M. Migration and mental health in Europe (the state of the mental health in Europe working group: appendix 1), Clin Pract Epidemol Ment Health. 2005; 1: 13.
[4] Bhugra D, Gupta S, Bhui K, Craig T, Dogra N. WPA guidance on mental health and mental health care in migrants. World Psychiatr. 2011; 10(February): 2–10.
[5] Achotegui, J. 2000. Los duelos de la migración. En Medicina y cultura. E. Perdiguero y J.M. Comelles (comp). Pag 88-100. Editorial Bellaterra. Barcelona.
[6] Friedli L. Mental health, resilience and inequalites. Wold Health Organization; 2009.
[7] Allen J. Unequal Society: Ethnicity and Mental Health. UCL. Institute of Health Equity. Conference at the Institute of Psychiatry (June 2011)

Slide 8: Most mental health problem of migrants are the same as those of the native (depression, anxiety, schizophrenia, suicide, addiction and stress). However there are **Syndromes Linked to Culture[8]:**

- **Voodoo death:** Unnatural diseases and death resulting from the power of people who use evil spirits (voodoo death believe are African cultural based, which were carried to America during slavery)
- **Evil eye:** Medical problems, such as vomiting, fever, diarrhea and mental problems (e.g., anxiety, depression), could result from the evil eye the individual experienced from another person. The condition is common among infants and children; adults might also experience similar symptoms resulting from this "evil eye" (evil eye believe are African cultural based, which were carried to America during slavery)
- **Dhat:** Extreme anxiety associated with sense of weakness, exhaustion, and the discharge of semen (East Indians, Chinese, Sri Lankans)
- **Koro:** A man's desire to grasp his penis (in a woman, the vulva and nipples) resulting from fear that it will retract into the body and cause death (Asians)

In recent years, a large number of undocumented African immigrants have reached the shores of southern Europe particularly Mediterranean countries. They put their lives at risk by embarking on dangerous and often harrowing journeys at sea. The hardships of the travelling experience may be linked to depressive and dissociative symptoms present in these migrants on arrival in the host country[5].

Slide 9-10: Natives and descendants of migrants do not differ significantly in their risk profile for depression[9]. People with migration experience show higher levels of depression, with those born outside of Europe suffering the most. A country's national policy on migrant integration does not appear to soften the depressing effect of being people with migration background nor does it have indirect beneficial health effects by reducing barriers to integration[10]. Depression in migrants is characterized by higher commorbidity (mostly somatoform and anxiety disorders), higher severity, and a non-recurrent, chronic course[11].

Slide 11: Suicide rates in the migrant group are higher than in people without a migration background. This is especially true among migrants from countries where suicide risks are particularly high, such as northern and eastern Europe. Young female migrants from Turkey, East Africa and South Asia are the highest risk group[12]. Migration is one among several factors that contribute to the heterogeneity of suicide risk in European countries. Migrants to European countries are often disadvantaged in socio- economic terms, compared with the local-born populations. Moreover, they may have experienced severe stress before and during migration, and they may be victims of discrimination and marginalization afterwards. One might suspect that migrants would consistently show significantly higher suicide risks

[8] Paniagua, F.A. (2000). Culture-bound syndromes, cultural variations, and psychopathology, in I. Cuéllar & F.A. Paniagua, Eds., Handbook of multicultural mental health: Assessment and treatment of diverse populations (pp. 140-141). New York: Academic Press.

[9] Levecque K , Lodewyckx I , Vranken J .Depression and generalised anxiety in the general population in Belgium: a comparison between native and immigrant groups. J afecta Disorders. 2007 Jan; 97 (1-3): 229-39

[10] Levecque K, Van Rossem R (2014) Depression in Europe: does migrant integration have mental health payoffs? A cross-national comparison of 20 European countries. Ethn Health.

[11] Saraga M, Gholam-Rezaee M, Preisig M. Symptoms, comorbidity, and clinical course of depression in immigrants: putting psychopathology in context. J Affect Disord [Internet]. Elsevier; 2013 Nov; 151(2): 795–9.

[12] Spallek J, Reeske A, Norredam M, Nielsen SS, Lehnhardt J, Razum O. Suicide among immigrants in Europe-a systematic literature review. Eur J Public Health [Internet]. 2014 Aug 5 1–9.

compared with the local-born populations, given these disadvantages, stress and possibly poorer access to mental health care. A metanalysis support the hypotheses that the suicide risk of immigrant populations depends to a considerable degree on cultural factors and on the suicide risk in the countries of origin.

Slide 12-13-14: The risk of schizophrenia and psychotic reactions is higher in migrants from Africa and the Caribbean[13]. The last decade of the twentieth century has seen an unprecedented increase in the number of reports in the psychiatric literature documenting increased rates of psychotic illness among migrants in a range of European countries. Social inequalities, family fragmentation and urbanization seem to be the main hypotheses proposed for these increased rates. The stress of the migratory process itself may be implicated in some countries, where asylum seekers and refugees form the largest group of migrants.

Knowledge about **addiction** in migrants in Europe is limited due to lack of data.

Language difficulties, lack of knowledge, fear of losing residence rights or cultural understanding of the causes and treatment of addictive behavior are seme of the barriers to health care for these migrants.

The SRAP project[14] investigated the processes that link Roma youth to drug use, in a prevention framework, and was carried out in 6 countries: Italy, Spain, France, Bulgaria, Romania and Slovenia.

The European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) examined drug prevention interventions for 'minority ethnic populations' in 29 European countries. There is a publication[15] that presents details of the 33 interventions that were reported to the study and discusses the issues raised by them and by the data collection process.

Tobacco smoking in the European Union is considered an important contributor to inequalities in health. There is a clear social gradient in smoking in the EU. A higher smoking prevalence is found in disadvantaged socio-demographic groups, whether defined by educational attainment, socio-economic status or other factors such as minority ethnic group. The European Commission describes the impact of tobacco control policies on socio-demographic groups in Europe in a report "Identifying best practice in actions on tobacco smoking to reduce health inequalities"[16].

Slide 15: According to the Report on the health status of the Roma population, more problems such as depression, mental illness, can be found in the Roma population in contrast to non-Roma. A few studies have examined mental health, finding an excess of suicide and parasuicide over the general population. In contrast, suicidal ideation is reported as less

[13] Lindert J, Schouler-Ocak M, Heinz a, Priebe S. Mental health, health care utilisation of migrants in Europe. Eur Psychiatry [Internet]. 2008 Jan; 23 Suppl 1:14–20.

[14] Understanding drug addiction in Roma and Sinti communities http://srap-project.eu/2013/08/14/understanding-drug-addiction-in-roma-and-sinti-communities/

[15] Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies. EMCDDA. Luxembourg: Publications Office of the European Union 2013

[16] Identifying best practice in actions on tobacco smoking to reduce health inequalities, European Commission. 2013. http://ec.europa.eu/health/social_determinants/docs/2014_best_practice_report_en.pdf

common among the Roma people. Roma children experience a higher burden of mental health problems compared with their non-Roma counterparts.

Slide 16: Thank you and questions

Slide 17-18: References

3. Readings

Recommended readings

Carta, M.G., Bernal, M., Hardoy, M.C., & Haro-Abad, J.M. Migration and mental health in Europe (the state of the mental health in Europe working group: appendix 1), Clin Pract Epidemol Ment Health. 2005; 1:13. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1236945/

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Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies. EMCDDA. Luxembourg: Publications Office of the European Union 2013. Available form: http://www.emcdda.europa.eu/attachements.cfm/att_197631_EN_TDXA13001ENN.pdf

Identifying best practice in actions on tobacco smoking to reduce health inequalities, European Commission. 2013. Available from: http://ec.europa.eu/health/social_determinants/docs/2014_best_practice_report_en.pdf

Complementary readings

Levecque K, Van Rossem R (2014) Depression in Europe: does migrant integration have mental health payoffs? A cross-national comparison of 20 European countries. Ethn Health. Available from: http://www.ncbi.nlm.nih.gov/pubmed/24517205

Spallek J, Reeske A, Norredam M, Nielsen SS, Lehnhardt J, Razum O. Suicide among immigrants in Europe-a systematic literature review. Eur J Public Health [Internet]. 2014 Aug 5 1–9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/25096258

Lindert J, Schouler-Ocak M, Heinz a, Priebe S. Mental health, health care utilisation of migrants in Europe. Eur Psychiatry [Internet]. 2008 Jan;23 Suppl 1:14–20. Available from: http://www.ncbi.nlm.nih.gov/pubmed/18371575

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Achotegui, J. 2000. Los duelos de la migración. En Medicina y cultura. E. Perdiguero y J.M. Comelles (comp). Pag 88-100. Editorial Bellaterra. Barcelona

Improving the mental health of the population: Towards a strategy on mental health for the European Union. Health & Consumer Protection Directorate-General 2005. Available from: http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf