



Knowledge Sheet

Mental health and migration: putting migrants in focus

MIEUX+ Community in Latin America and the Caribbean



Background

The 3rd meeting of the MIEUX+ Community in Latin America and the Caribbean (LAC) took place on 8 March 2022. The central theme of this meeting was the **connection between mental health and migration**, as well as the **work of public administrations to reduce the impact that migration can have on the mental health of migrants**.

The objective of the session was to facilitate the exchange of knowledge and practices between public officials from the administrations of the LAC region, as well as those carried out in the Member States of the European Union. To this end, Peru presented its work of the **Mental Health Working Group of the Intersectoral Working Group for Migration Management (MTIGM) of Peru, accompanied by an intervention by the Spanish expert, Cecilia Gelpí**. The discussion took place within a theoretical and practical framework on the impact of the migration process on mental health, its risk factors, as well as the various axes of intervention with examples of practices carried out in Spain.

<https://www.mieux-initiative.eu/en/>





Good practices and challenges identified in managing mental health and migration in Latin America and the Caribbean



Good practices

Innovation through public-private partnerships

In **Peru**, new spaces are being created in private health care facilities for migrants and refugees. This allows to offer more services and to have more capacity for migrant care.

Importance of framing each intervention around the individual and identifying priorities and needs according to the different profiles of migrants

Migrants are not a homogeneous group and therefore need individualised attention.

Include mental health in national plans

In **Peru**, health networks are being developed as part of community care. Their aim is to go beyond the mere health centres and create community care centres, such as homes or community mental centres.

Have systems in place to identify the risk and vulnerability factors of the migrant population in the different stages of migration

- **Accompaniment of immediate needs.** For example, in the case of asylum seekers, with highly vulnerable profiles and in need of immediate psychological care;
- **Accompaniment in the adaptation and mourning processes,** in the medium and long term. In particular, in accompanying the return of migrants, the families of missing migrants and the mourning of loss. For example, the work carried out in **El Salvador accompanying families of missing migrants.**



Challenges identified

Lack of homogeneity: countries' approaches to mental health are not homogeneous.

There is a **great weakness in current national health systems to integrate mental health into their programmes.**

Weak role of public administrations when providing information on the spaces for attention and accompaniment to the migrant population.

Shifting challenges in terms of mental health care for migrants and returnees. For example, countries such as **El Salvador** and **Costa Rica**, traditionally transit countries, are also becoming host countries.

Lack of access of migrants to mental health care in national health systems.

The **connection between the stage of the migration process and the impact on mental health** depends on the current situation in the country.



Additional resources

Guía para la atención psicosocial a personas migrantes en Mesoamérica, OIM, 2018, (p 43.).

https://publications.iom.int/system/files/pdf/guia_atencion_psicosocial.pdf

Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Istanbul Protocol. Office of the United Nations High Commissioner for Human Rights.

<https://www.ohchr.org/sites/default/files/documents/publications/training8rev1sp.pdf>

Mental Health Policy, Plans and Programmes - Revised Edition (A Set of Guidelines on Mental Health Services and Policies)

https://www.sanidad.gob.es/eu/organizacion/sns/planCalidadSNS/pdf/excelencia/salud_mental/opsc_est13.pdf.pdf

Transcultural psychology and psychiatry. Bases for action. Pérez Sales P (2003), Ed Desclée de Brower. Bilbao

UN Refugee Agency (UNHCR) Guides

<https://www.acnur.org/salud-mental-y-apoyo-psicosocial.html>



Peru

Mental Health Working Group of the Intersectoral Working Table for Migration Management (MTIGM)



Challenges identified

One of the guidelines established in the **Mental Health Law** (No. 30947), strategy 3.10, is **comprehensive mental health care for the migrant population**, under the principle of decentralised care. One of the **existing barriers is the lack of communication and awareness of the migrant population regarding mental health**. Without information and awareness, awareness of the mental health problem becomes more difficult and this makes designing interventions more difficult. Another challenge is the **stigma that migrants face in Peru**, particularly Venezuelan migrants and refugees.



Good practice

1. Working Group on Mental Health, MTIGM

The **Mental Health Working Group** of the Intersectoral Working Group for Migration Management (MTIGM) was created to **mitigate the consequences of COVID-19 and to provide access to care for other mental health illnesses**. It creates a territorial inter-sectoral coordination mechanism for the attention of mental health needs. It works to **enable access to mental health services for the vulnerable population**, as well as the **connection between services and users**.

It has become a **platform for coordination** and its structure allows for the immediate transmission of information and good practices, enabling a **rapid reaction to changing migration situations**. The desk offers chat rooms for migrants with urgent questions and decentralised desks in the interior of the country.

The Intersectoral Working Group for Migration Management (Mesa de Trabajo Intersectorial para la Gestión Migratoria (MTIGM)). This is a multi-sectoral commission attached to the Ministry of Foreign Affairs. It is composed of national public institutions, civil society organisations, as well as four UN agencies. Its work is based on identified demands that are discussed in specific working groups organised by theme (mental health, nutrition, borders, etc.).

2. Community mental health care model

Community mental health care model in each territory, articulated in **integrated health service networks** (community mental health centres, hospitals, psychosocial and occupational rehabilitation centres, and sheltered homes).

3. Promoters network

Promotional activities through the social networks of community mental health centres.

The roundtable is developing a network of Venezuelan health and integration promoters for greater impact and communication in the Venezuelan community.

4. Data recording

Development of a **register of organisations providing mental health and psychosocial support services** to migrants and refugees in Peru.

5. Training for health workers

Develop **training programmes for health personnel** to make the care needs of migrants more visible. This is the objective of the **Costa Rica IV Action**, currently implemented by MIEUX+ with the Costa Rican Ministry of Health. For more information, visit the [MIEUX+ website](#).



Impact of the migration process on mental health



Theoretical framework

Migration is one of the most important social phenomena of our time. These migratory phenomena are made up of people who, for various reasons, have had to leave their land of origin. To speak of mental health for this population is to speak of human rights.

Mental health care has a **dual dimension**: firstly, in its involvement in the **prevention of situations of greater risk**, and secondly, in **creating the conditions in the host territory that favour the adaptation process of the migrant population**.

Involving migrants themselves in the process of inclusion in the new host-context not only fosters resilience but also a **shift from a welfare model to a non-passive and empowering one**. Equally, host communities can and should be part of the reception process to avoid fear and perceived threat to migrants.

Mental health impacts and psychosocial intervention

1. Phases of the migration process

The migration process has different phases with different periods that involve a transformation of the person into another self. These are:

- (a) Flight**, in search of protection and coverage of unsatisfied living conditions. It includes a change of reference and context;
- (b) Journey**: usually permeated by traumatic experiences and/or with great vital impact;
- (c) Reception**: as a dynamic and flexible process for the protection, recovery and reconstruction of the life project;
- (d) Inclusion**: does not mean adaptation in the new context, but means respect for the person himself/herself with his/her context of origin in the new context of reception.

Full inclusion in the host society comes when migrant and/or refugee status is no longer a difference.

2. Risk factors

Migration is not in itself a cause of mental disorders. It can be a risk factor if there is a "previous vulnerability" of the person (personal history, migration conditions, journey, personal capacities, support networks, etc.) and if the "stress" factors are high (host environment is hostile: it rejects, harasses, marginalises and socially excludes the migrants).

3. Psychological impact

The impacts of migration at the psychological level are in the areas of:

- a) **Psychophysiological:** nightmares, flashbacks, hyper-alertness, etc.;
- b) **Emotional:** highly conditioned by the cultural framework of each person. Migratory grief (partial, recurrent, and multiple);
- c) **Identity:** the image one has of oneself in relation to the world - who am I?;
- d) **Vital impact:** disruption of the life project, of the conception of the world, and trust in others.

4. Axes for intervention

The **3 basic principles** of person-centred intervention are those interventions that are carried out with:

- (a) **A rights-based approach;**
- (b) **respects identity,** and;
- (c) **facilitates redress.**

Likewise, **three approaches** to intervention must be considered: **psychosocial, cross-cultural, and clinical.**

5. Psychological intervention

- ✓ **Normalising and dynamic view of symptoms.** Symptoms are balancing responses to discomfort and suffering. Do not 'pathologise' the person or "label" the symptomatology;
- ✓ **Migrants are not a homogeneous group,** nor are their needs, vulnerabilities (social and health) and resilience homogeneous;
- ✓ **Migration is not an illness.** As in other grief processes, emotional support, containment and accompaniment are often needed;
- ✓ **Replacing the vision of disorder with that of process.**

6. Levels of Psychosocial Intervention

- **First psychological support:** crisis containment that facilitates the processing of the experience;
- Advice from different disciplines to accompany the therapeutic process;
- **Psycho-legal accompaniment:** administrative and legal procedure that exists in every migration process and must accompany the psychological process. It includes the implementation of the Istanbul Protocol;
- **Therapeutic intervention:** once the protection and context of stability that allows the state of alertness to subside has been achieved, it is possible to start rebuilding the fractured life project, reworking the experience from the person's resilience and identity;
- **Pyramid system with four levels.** As outlined in the International Protocols for Psychosocial Support and Intervention (IOM 2018), mental health care should be based on a pyramid system with four levels: **basic services and safety; family and community support services; targeted support for vulnerable populations; and specialised services.**



Mental Health and Migration, Spain

In **Spain** there is a whole framework of social entities that collaborate with the government to implement programmes to accompany the reception and inclusion process. In these organisations, there is usually a psychologist to accompany the different processes. Similarly, in some public hospitals (although in limited numbers) there is a cross-cultural care unit for specialised care for migrants. The variety of programmes that work at all levels in the care of migrants and mental health in the different autonomous regions is very high, but the following examples can be mentioned.

Programme of Attention to the Immigrant Population in Mental Health (PAPI-SM), Province of Andalusia.

This programme is framed within the strategic line 'Mental health care for people at risk or in a situation of social exclusion' of the Comprehensive Mental Health Plan of Andalusia. It serves as a tool for professionals, guiding and providing the appropriate means to improve care for immigrants with mental health problems. It includes protocols for action to face the diversity of profiles they might encounter.

Shelter and comprehensive care for people with mental health problems, Province of Asturias.

This programme is aimed at persons who have applied for or enjoy refugee or subsidiary protection status; persons enjoying temporary protection; persons who are to be or have been resettled in a Member State or relocated from a Member State, with mental health problems that prevent or hinder the normal conduct of their lives (even without a diagnosis).



Institutions present

20 participants from **8 countries** in the region representing **12 institutions** attended the third meeting of the **MIEUX+ Community in Latin America and the Caribbean (LAC)**.

Country	Institution
Brazil	Public Defender's Office of the Union (DPU)
Colombia	Ministry of Foreign Affairs
Costa Rica	Directorate General for Migration and Foreigners (DGME)
Costa Rica	Ministry of Health
El Salvador	Ministry of Foreign Affairs
Mexico	National Migration Institute (INM)

Country	Institution
Mexico	Ministry of the Interior (SEGOB)
Paraguay	Ministry of Foreign Affairs
Peru	Ministry of Foreign Affairs
Peru	Ministry of Health
Peru	National Superintendency of Migration of Peru
Dominican Republic	National Migration Institute of the Dominican Republic (INMRD)

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