

An Examination of the State of Refugee Mental Health in the Nations of the Global North

Atharva Zhainagul*

Editorial Office, Journal of Internal Medicine, Belgium

Corresponding Author*

Atharva Zhainagul

Editorial Office, Journal of Internal Medicine, Belgium

E-mail: AtharZhainag@gmail.com

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Abstract

Refugees' mental health is significantly impacted by post-migration factors. The role of place in refugee mental health is examined in this scoping review. 34 studies on place characteristics in high-income countries in the Global North's cities, neighborhoods, rural areas, and nations were included. Despite the fact that the role of place is still poorly understood, all studies have found similarities that support a close connection between the place of residence and the outcomes of refugee mental health and wellbeing in the context of post-migration. Given that refugees frequently have little or no control over where they ultimately reside, we propose that future research should concentrate on how location-specific factors influence the risks, safeguards, and outcomes for post-migration refugee mental health.

Keywords: Cities • Inequalities Interdisciplinarity • Mental health • Scoping review • Social model Social theory • Youth

Introduction

The main features of place and the pathways connecting place to refugee mental health in post-migration contexts are evaluated in this scoping review of the literature, with a focus on the Global North. 73% of the 82.4 million people who are currently displaced live in nearby Low- and Middle-Income Countries (LMICs). High-income nations only take in a small percentage of refugees, mostly in the Global North (UNHCR, 2020). Global North nations offer special circumstances based on distinct economic, cultural, and sociopolitical realities from those of the majority of refugee-hosting nations, many of which are refugee camps [1].

There are differences between and within nations in the local laws governing where refugees can live and how they can interact with their new environments and host societies. For instance, refugees only have 28 days from the time they are granted asylum in the UK before their support for their claim expires. During that time, they must either find employment and private housing or apply for welfare and housing support (Citizens Advice, 2020). It has been demonstrated that a rapid transition from severely constrained social and economic options to complete self-sufficiency is very stressful.

In contrast, state and local governments offer practical assistance and refugees are required to participate in integration programs in Denmark. In light of this, refugee vulnerability after migration and their longer-term residence is a uniquely modifiable exposure that is impacted by policies for relocating asylum seekers, programs for integrating them into society, and onward migration, particularly in the Global North. Therefore, it is crucial to look at the various place-related factors that affect where refugees live, how structural conditions translate into real-world situations, and their

importance for the mental health and wellbeing of refugees [2-4].

According to the 1951 Refugee Convention, "persons who have escaped their country due to war, violence, persecution, or natural disaster" are considered refugees. They need to be hosted elsewhere because it is too dangerous for them to return to their home countries (UNHCR, 2020). The review focuses specifically on individuals who have been granted legal refugee status in nations of the Global North. That is, since their connections to and perceptions of various locations are frequently very different, we do not concentrate on asylum seekers, internally displaced people, or stateless people. The term "post-migration context" refers to the time following the approval of asylum requests in a host country.

There may still be domestic or international migration during this time "Place" is what we define as the places where refugees reside and engage in social, economic, cultural, environmental, and material interactions with others and institutions. Place is another area of refugee governance where political systems and administrative frameworks shape refugees' daily lives in ways that could have a significant negative impact on their mental health and establish pathways to welfare, employment, and education [5-6].

Review of Literature

According to epidemiological studies, refugees have higher rates of anxiety, PTSD, psychotic disorders, and major depression than the general population. Studies examining post-migration factors typically show associations with anxiety, mood, and substance use disorders, and psychosis, whereas studies examining pre-migration experiences of adversity and trauma typically show associations with PTSD and depression. It is well known that pre-migration trauma and unpleasant flight experiences affect the mental health of refugees. However, studies have shown that even after settling in host countries, the psychological distress of a precarious life persists. Research on refugee mental health has taken into account the post-migration context since the 1980s, when the dominant "stresses of acculturation" models highlighted the importance of cultural diversity and adjustment challenges in new environments. Early research overwhelmingly supported specialized mental health interventions and acknowledged the long-term negative effects of psychological trauma endured by refugees. However, they did not pay enough attention to how structural and environmental factors played a part.

According to some academics, the "refugee crisis" of 2015-16 has brought the issue of refugee integration to the fore in the countries of the Global North, necessitating an examination of host societies. Nevertheless, the conflict in Ukraine and the treatment of refugees from the country have brought to light glaring disparities in how individuals from various ethnic backgrounds and countries of origin are welcomed and treated. As a result, connections between refugee status and chances to access social and economic resources will probably vary depending on how each refugee is situated in relation to their national and ethnic background, economic situation, gender, and level of education.

These studies' use of the concept of therapeutic landscapes helps to clarify how actively involved refugees are in locating healing routes. According to a study by El-Bialy and Mulay (2015), harsh weather conditions and inhospitable landscapes present difficulties for refugees accustomed to other climates. Even after living there for a long time, refugees in isolated Canadian provinces complained about the oppressive climate and how the lack of sunlight made them feel more miserable and homesick. However, the study also found that some people learned to value nature and outdoor pursuits, claiming that this reduced pre-migration trauma, homesickness, and depression and promoted wellbeing. Reported similar results for refugees dispersed to rural Danish and Norwegian locations [7]. The physicality and materiality of a place can also be a safeguard for the mental

health and wellbeing of refugees. Sampson and Gifford (2010) discovered that homes, schools, libraries, and parks were the most crucial locations for young, recently arrived refugees in Australia. This made it possible to explore new social and geographical settings that came to be associated with safety and belonging. They were grouped by the authors as opportunities, beautiful and comfortable settings, social hubs, and secure areas. The study's use of visual methods also highlighted a contrast between safe and unsafe environments. The places of safety were near the places of threats and violence. Participants ran the risk of being attacked and subjected to racism, for instance, in isolated school grounds and train stations. Even when a facility is intended to serve a therapeutic purpose, it undermines recovery. According to a study by Brenman (2020), a psychotherapy center's geographic and physical instability was detrimental to the mental health of refugees. A friendly and stable environment was hampered by a lack of funding and by the absence of a permanent home. As a result, refugee service users reported feeling a strong sense of ambivalence as clients and doubt about deserving care, leading to a sense of "precarious belonging."

Conclusion

34 studies on the impact of place on the mental health of refugees are presented in this scoping review. These employ a variety of methodology and have various notions of both place and mental health. Despite the fact that this field of study is still in its infancy, we were able to identify a number of recurring themes that centre on: the material and physical aspects of place; place-specific social determinants, such as employment opportunities and institutional support; the experience of residential instability and mobility; the significance of ethnic density and localized social support networks; and, lastly, recent work on neighbourhood violence and disorder. These give future research in this emerging field a helpful place to start.

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