A call for action for mental health intervention and support for refugees who escape internal conflicts or war

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Background

Globally, the number of refugees displaced by regional issues such as internal conflicts and war has reached record-high levels (United Nations High Commissioner for Refugees 2017a, b). Most governments and international agencies thus far have been focused mainly on the direct causalities of conflicts and other related health concerns, such as outbreaks, that are caused by a lack of essential health care and social services (Sharara 2014). While most of these outbreaks pose serious challenges for host countries, refugees themselves experience conditions of vulnerability, poverty, discrimination, violence, sexual abuse, trauma, torture, and other violations to human rights that may contribute to complex challenges for the future global community (Langlois et al. 2016). More specifically, there are increasing reports of psychiatric disorders in vulnerable refugee populations, such as depression, anxiety, and serious substance use disorders.

Ways forward

There is a lack of interest, focus, and resources allocated for treatments of psychological signs and symptoms commonly linked with PTSD, such as somatic symptoms, sleep disorders, and panic disorders (Pottie et al. 2011). Although some health policy makers recommend against early discussions of mental health for new arrivals who have survived traumatic

circumstances, for disclosure purposes—since there is a risk of inducing or triggering traumatic experiences, in addition to shame, stigma, and concerns of confidentiality (Pottie et al. 2011)—educating new refugees in their spoken language with appropriate cultural and religious reflections about the signs and symptoms of mental health deterioration is a key step that is often overlooked (Jozaghi et al. 2016; Rifat et al. 2008; Scull et al. 2014).

Next steps

To engage with and assist vulnerable populations such as refugees, who may be reluctant to seek medical help and access conventional health care systems, establishing trust, education, and promoting health care via culturally sensitive approaches has shown to be exceptionally effective (Jozaghi et al. 2016; Rifat et al. 2008). For example, numerous studies have reported the significant impact that community-based, culturally sensitive, and faith-based programs can play in delivering effective public health programs to marginalized and at-risk refugee and migrant populations (Jozaghi et al. 2016; Rifat et al. 2008; Scull et al. 2014). Through these approaches, it is ensured that the religious, personal, and cultural values of these populations are acknowledged and respected.

Conclusion

Governments benefit when they invest in culturally sensitive programs to address the underlying issues associated with stigma and a lack of education in relation to mental health and wellness. Despite their personal hardships, tragedies, and initial financial instabilities, with timely and appropriate mental health interventions, the refugees and migrants of the current century—like the ones from the previous century—will thrive emotionally, psychologically, physically, and opportunistically. We must fully accept, encourage, and embrace “marginal populations,” because as one Holocaust survivor

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stated, “for the dead and the living, we must bear witness” (Hernandez 2001) to the importance of empowering and assisting “marginal populations” which is in the best interest of global public health.

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Compliance with ethical standards

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