



## Partnership on Inclusion of Migrants and Refugees Action Plan

### ***Urban Agenda Partnership on inclusion of migrants and refugees*** ***Expert roundtable on improving prevention, early identification, and treatment of mental health concerns among migrants and refugees***

#### Recommendations

The virtual expert roundtable on 15 and 16 November 2021 afternoon, organized in the context of the **Urban Agenda Partnership on inclusion of migrants and refugees**, aimed at bringing together policymakers, researchers, and practitioners to provide a basis for recommendations for strengthening the prevention, early identification, and treatment of mental-health concerns among migrant and refugee populations. This online webinar over two days was arranged and led by **DG Migration and Home Affairs of the European Commission**.

During the first day (15 November), participants shared their personal work experiences and reflections on how the bottlenecks and barriers on the early identification and treatment of migrant and refugee mental health issues are identified and further addressed. Throughout this first discussion, problems such as linguistic barriers, stigma, racism, lack of knowledge, and treatment gaps were highlighted as the most pressing challenges in terms of migrants and refugees' mental health access and support. On the second day (16 November), speakers focused on sharing good practices, by presenting some of the most prominent in-action or past projects. All discussions ultimately informed an open brainstorm session during which participants collaboratively drafted a series of priorities and recommendations. The aim of this document is to put forward the following ten recommendations to promote migrants and refugees' mental health.



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## **1. CALL FOR CULTURAL-SENSITIVITY and CONTEXT-BASED APPROACHES**

**All actors involved in the mental health care system should be informed and trained so they can adopt a culturally sensitive approach when dealing with and treating migrant/refugee mental health.**

The understanding and expression of mental health is deeply rooted in socio-cultural backgrounds. It is fundamental, for all the actors and personnel involved, to take a culturally sensitive approach when dealing with migrants and refugees' mental health. The mental health of migrants and refugees is a result of a unique combination, of life events of now and then. Their migration experience can be one of the factors causing mental health disorder, but the factors influencing their mental health cannot be reduced only to their migration experience as they can relate to other factors, such as age. Training on cultural sensitive approach exists and should be scaled up. As some experts recalled, we need to have 'cultural humility' when interpreting every migrant's understanding of health and mental health. Alternative and informal forms of treatment and support offer promising avenues to promote migrant and refugee mental health. Moreover, qualified cultural mediators, interpreters, and multi-lingual information are necessary to ensure that mental health care is accessible to all. Lastly, successful interventions are not universally applicable across Europe and should be adapted to the specific needs of local target groups and local/national contexts.

## **2. ADDITIONAL TRAININGS FOR MENTAL HEALTH CARE SERVICE PROVIDERS**

**All actors involved in migrants and refugees' mental health care should receive additional and exhaustive trainings on how to navigate the system and be educated on the different types of mental health disorders, traumas, and stressors.**

Additional trainings, for both the health care personnel and other actors, such as the NGOs and humanitarian assistance staff, should be established focusing on the different types of mental health disorders, specific traumas and stressors migrants and refugees encounter before, during, and after their journeys. Mental health professionals, service providers and NGOs should be sensitized on special traumas and culturally competent. Toolkits and manuals should be created and distributed to NGOs and non-field-professionals on how to navigate different mental health systems. Furthermore, mental health concerns need to be taught to, and care practices should be employed at all stages of the migration process, including by local security authorities that are at the frontline of reception and border management, such as law enforcement and police officers. Information on the administrative procedures related to mental health care (for example on rights, conditions of access, costs) should be provided to actors supporting migrants and medical personnel.

### **3. MAINSTREAMING MENTAL HEALTH**

**Mental health care should be made available at each stage of migrants and refugees' reception, assistance, and integration processes.**

The mental health of migrants and refugees is affected by a wide variety of policy areas and by different stakeholders. Detention, lengthy asylum procedures, poor conditions in reception centres, poor housing, and limited access to the labour market or education all impact migrants and refugees' mental health and possibly contribute to a vicious circle that reinforces mental health concerns. The existing gaps were reinforced by the COVID 19 pandemic, for example regarding isolation of people. For these reasons, it is fundamental to mainstream mental health and psychosocial support in primary health care services, in reception centres and in resettlement/emergency settings. It would also enable to identify earlier possible mental health needs and therefore to be more effective in providing support.

### **4. EFFECTIVE EVIDENCE-BASED POLICYMAKING**

**An evidence-based culture in migrants and refugees' mental health programming and policymaking cycle should be promoted.**

It is essential to evaluate effectively migrants and refugees' mental health policies, programmes, and activities. Every mental health related program or policy should be preceded, accompanied, or followed by an evaluation and assessment of the outcomes, be it reduction of symptoms or mental health disorders factors. In this regard, local authorities and governments are encouraged to invest in and implement policymaking, which is evidence-based, cost-effective and sustainable. Other stakeholders can take or contribute to the evaluation task and the role of the evaluator. The evaluation of migrants and refugees' mental health policies, programmes and activities, should be implemented at every stage of the system and by every actor involved, not only by local authorities.

### **5. MULTI-STAKEHOLDER PARTNERSHIP and COMMUNITY STRENGTHENING**

**Both a multi-stakeholder partnership and a community-based approach should be established and institutionalized regarding migrants and refugees' mental health care.**

Defining everyone's role in a partnership setting is important. Often, NGOs working for migrants and refugees' mental health care are overburdened by filling the gaps left by authorities and service providers. They take up roles they are not meant to or always prepared to take. NGOs can be very effective actors to reach out to migrants and refugees and to build bridges between the health care systems and the communities. There is a need to involve local and regional actors in the policymaking decision. Local and regional authorities can often be the relevant actor to operate the coordination of such a multi-stakeholder partnership. Some tasks originally performed by health care professionals could be taught and transferred to non-specialists, while making sure not to ask the non-specialists to be clinicians. For this reason, new roles should be created or jobs reinvented, in which policymakers can be part of a health team and vice versa. At the same time, it is important to bring and consult as much as possible migrants and refugees into the partnership, for example through the involvement of migrant-led organisations and diaspora. Local and community-based



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activities should be incentivized to strengthen the community. Community level support is important to encourage for migrants and refugees' mental health rehabilitation.

### 6. IMPROVE IMPLEMENTATION

**The implementation of migrants and refugees' mental health research and best practices should be improved through a more collaborative and systematic approach.**

So far, a lot of research has been conducted in terms of migrants and refugees' mental health access and support. However, experts agreed that moving from research to implementation is challenging, especially in some countries. In this case, developing a solid partnership and collaboration among all actors and stakeholders involved (experts, practitioners, EU institutions and agencies, national authorities, NGOs, migrant-led organisations and local governments) with effective allocation of roles and tasks is essential. An effective and constant collaboration, through communication, between researchers and policymakers will smoothen the transition from theory to practice. To put these words into practice, it would be useful to develop interdisciplinary platforms on migrants and refugees' mental health, bringing together various stakeholders on the same issue. Local actors as scaling up actors.

### 7. BRIDGING FOR FUNDS and RESOURCES

**Finances and resources allocated to migrants and refugees' mental health care services and research should be granted through a more accessible way, with a focus on bridging between service providers, researchers, and financial institutions.**

It is difficult to administrate and allocate the limited financial resources and funds among health personnel, but also among researchers. Bridging between governments, local municipalities, EU sponsors, and other partners, should be a key point. An example of 'bridging' between researchers and financial institutions is the integration of the cost-benefits analysis already into research.

### 8. SHARING BEST PRACTICES

**Mapping, identifying, and sharing best practices, among migrants and refugees' mental health experts and practitioners, is valuable and should be promoted.**

Experts recalled that communicating and sharing best practices in terms of migrants and refugees' mental health care among themselves might be difficult. Databases that can be easily accessed and consulted by practitioners should therefore be created or further developed. The [European Website on Integration](#) and the [European CHAFEA database](#) are two relevant databases that includes inter alia best practices. These two platforms could serve as examples for practitioners to start developing a systemic approach to mapping, identifying, and sharing best practices. However, these database present challenges in terms of collection of up-to-date information as it is not sustainable to rely on volunteer experts' and practitioners to submit regularly their best practices.

## 9. EQUAL ACCESS TO MENTAL HEALTH

**Migrants and refugees' access to mental health care should be improved, based on equity and equality of access.**

Not everyone within the migrant/refugee population can easily and effectively access mental health care. Usually, different types of health services are offered to different profiles of migrants and refugees. In fact, for some, like irregular migrants, it cannot be accessed or offered at all. Therefore, mental health care should be made easily accessible and equal to every migrant/refugee and obstacles should be limited as much as possible. One way to address this limited access is to include mental health care in reception emergency packages and through mainstreaming mental health at every step of the reception and assistance processes. At the same time, migrants and refugees should be informed and constantly reminded about their rights to access mental health care services. It is equally important to support general mental health care system so they can be adapted as much as possible to the possible specific needs of migrants and refugees. Building separate parallel systems can sometimes be counterproductive to reach out to migrants and refugees and to ensure the sustainability of such care.

## 10. ADOPTING A PREVENTIVE APPROACH

**Beneficial conditions, awareness raising, and favourable social determinants, for promoting migrants and refugees' mental health stability in country of destination and in a resettlement setting, should be developed, and constantly monitored.**

The environment where the migrants and refugees settle in (country of destination or resettlement), really matters for their mental health stability and rehabilitation. We can create perfect treatments, but if the conditions that made them sick in the first place are still there (poor socioeconomic status, unemployed, poor housing, facing discrimination, etc.) migrants and refugees' mental health will be still at risk. Therefore, the right and different migrants and refugees' integration policies should be put up in place and awareness should be raised among all actors involved – including politicians, policymakers, and researchers – on how racism, discrimination, xenophobia, and stigma tend to aggravate migrants and refugees' mental health situation. In addition, establishing a strong trust between the health providers and the migrants, and as well between the community and the migrants, is necessary for their self-esteem and for their entire integration process. Lastly, it is important from the mental health services side to not immediately pathologize migrants concerns but, instead, to try to understand their needs and work on those first.