

Migrants and Mental Health: Equal Rights but Different Needs

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1. Introduction

In 2020, the number of international migrants worldwide—people residing in a country other than their country of birth—reached almost 281 million. There were an estimated 38 million migrant children, three out of four international migrants were of working age, meaning between 20 and 64 years old. 164 million were migrant workers. Approximately 31% of the international migrants worldwide resided in Asia, 30% in Europe, 26% in the Americas, 10% in Africa and 3% in Oceania [1]. Italy has been experimenting an increasing rate of migration during the latest years, specially from Bangladesh, Tunisia and Egypt. Many of those who disembarked are unaccompanied minors [2].

While facing the challenges of an evolving society and an ongoing pandemic altogether, one must focus on what could be the health risks for these people if they are not introduced a way to contribute to the growth and development of our society.

2. Racism, Migrants' Mental Health and Pandemic

Racism and mental health are strictly interconnected: studies have shown how racism, but not ethnic density and deprivation in schools or neighborhoods, was an important influence on psychological well-being [3]. Notably, another study has shown that most significant social risk factors for psychosis were vulnerability for racist discrimination, migration, and childhood adversities [4].

On this wave, we should recall how essential it is to educate the native young population to allow their foreign schoolmates to a cultural exchange of different values that stimulates mutual human growth. Unfortunately, no wide-scale educational programs have been developed at the moment for facing this issue, therefore the choice mostly depends on how single school professionals help migrant minors introduce their selves and survive into a whole new context.

Another demanding challenge is the increasing need of mental health support for migrants, who are mostly at risk of PTSD [5], and in which hopelessness is a mediator between the childhood traumatic experiences and the development of depression in adulthood [6]. A meta-analysis has shown that routine assessment and intervention to reduce daily stressors can prevent and reduce psychiatric morbidity in these populations [7].

Nevertheless, the lockdown-related reduction in numbers of patients accessing the mental health service makes it difficult to help vulnerable populations during a period of time in which their mental health needs are expected to increase [8]. A great example was given by the Kovler Center Child Trauma Program (KCCTP), a program of Heartland Alliance International that was founded in 2018 to provide community-based mental health and social services to immigrant and refugee youth and families who have experienced trauma, whose doors were temporarily closed by the current pandemic [9].

3. Migrants' Mental Health and Psychiatry

On the one hand, migrants should be treated as natives in terms of equal social opportunities and health services. On the other hand, mental health is a unique field in medicine



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in which the emphasis on cultural differences allows the clinician to adopt the best therapeutic intervention. Basing our reflection on these assumptions, it is essential to recall that in clinical decision making, race-based diagnostic and treatment algorithms or guidelines can sometimes lead to undertreatment or overtreatment, exacerbating disparities [10], but in some cases, such as psychiatry, it allows to articulate both the world of globalization and diverse local worlds.

Cultural difference can become a useful resource for constructing effective therapeutic strategies and effective dialogues with people. Rehabilitative models should not ignore the role of cultural, religious, racial, or political conflicts in the development of the therapeutic relationship, taking also in consideration the role of the hegemony made by western psychiatry, which should be overcome [11]. In this way, psychiatry can become a very comprehensive strategy of intervention, in which the treatment of mental disorders finds a new purpose in a precise cultural model accepted by both the patient and by their environment.

The increasing rate of migration requires that a new psychiatric therapeutic approach is developed: mental health professionals should improve their “ethnopsychiatric” competences on the one hand (based on the aforementioned assumptions); and, on the other hand, these should be shared and spread within the new social context in which migrants need to live, putting a peculiar attention to minors and therefore to schools, which have the indispensable role to educate migrants, but natives as well, to grow with the awareness of one’s uniqueness and possibility to enrich their culture with new perspectives.

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