Bridging the gap between health and migration.
A European perspective with a focus on the mental health of migrants.

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Abstract

The increasing waves of migration into and within Europe have public health implications. This paper aims to give an overview of the issue of health and migration from a demographic and epidemiological perspective with a focus on the mental health of migrant groups. It seeks to investigate the relationship between the complex phenomenon of migration and the consequent health needs of migrants in relation to the determinants of migrant health. The paper concludes by giving a number of recommendations in an attempt to address the issue of migration and health in a European context.

1. Introduction

Migration is not a new phenomenon. Globalisation, the collapse of the former Soviet Union and the enlargement of the European Union (hereafter known as EU) have had an impact on the increase of migration in Europe. The ever-increasing mobility of populations may have a number of health implications. Thus, we are faced with a growing need to address the health of migrant populations in Europe.

This paper aims to study migrant health in Europe, focusing on the mental health of migrant populations as this is a timely issue and should be given priority. Migrants are vulnerable groups with an increased mental health risk (European Communities, 2005), which has implications for their overall well-being.

The paper opens with a definition of migration followed by a description of recent migration trends in the EU, after which a conceptual framework relating migration and health determinants is presented. The paper then focuses on the mental health of migrants. Finally, the paper concludes by offering a number of recommendations which aim to bridge the gap between health and migration in the European Union.
2. **What is a migrant?**

Until recently, little attention has been paid to migrant health. One difficulty in studying migrant health is defining what the term ‘migrant’ implies as this tends to vary across Europe (Mladovsky, 2007)

According to The Council of Europe (Europarat 2005), a migrant is "any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country."

This broad definition of what constitutes a migrant fails to recognize the reasons for migrating resulting from various push and pull factors. Thus, we are often faced with the difficulty of distinguishing between ‘forced’ migrants who are compelled to leave their country in search for a safe haven away from external forces such as political persecution and extreme poverty and ‘voluntary’ migrants who leave their country of origin to seek a better life (Loughna, n.d.)

In view of this, a classification of migrant groups exists, including long term labour migrants, temporary and seasonal workers, international students, family reunification migrants, return migrants and more vulnerable migrant groups such as irregular or undocumented migrants, internally displaced people, trafficked people, refugees and asylum seekers (Padilla and Pereira Miguel, 2007; Nygren-Krug, 2003; Mladovsky, 2007; UNESCO, n.d.)

3. **Migration trends in the EU**

Migration has had an impact on the demographic dynamics of Europe’s population (Carta et al., 2005). Migrants accounted for approximately 6% of Europe’s total population in 2004 (Eurostat, 2004). In 2006, 3.5 million immigrants settled in a European Union
country of residence (Eurostat, 2008) from which 40% came from an EU Member State (hereafter known as MS) and 60% came from non-EU countries. The latest trends indicate that migration has increased mostly in Southern Europe and Ireland (Padilla and Pereira Miguel, 2007) with Spain being at the receiving end of the largest number of immigrants (Eurostat, 2008).

Migration patterns and migrant populations differ between EU countries. Some Northern European countries such as the U.K. and the Netherlands experienced mass immigration during the post war era and thus, have already started tackling the issue of migration and health. On the other hand, in Southern European countries, migration is a relatively recent phenomenon (Carta et al., 2005).

Populations are becoming increasingly mobile. Geographical and historical factors, labour demands such as seasonal labour and education have been significant drivers behind migration flows in Europe (Padilla and Pereira Miguel, 2007; ECDC, 2009). Migration patterns are also affected by political and economical instability. For example, in the 1990s after the disintegration of the Soviet Union, a number of EU countries were faced with a surge of immigrants coming from Eastern Europe and former Soviet bloc countries. In recent years, the EU, particularly Southern European countries have experienced an increase in refugees, asylum seekers and undocumented migrants (Padilla and Pereira Miguel, 2007). An increasing concern is also the issue of forced migration in the form of human trafficking (ECDC, 2009).

4. **Determinants of Migrant Health**

Health is not merely the absence of disease; it is a state of complete physical, mental and social well-being (WHO Constitution, 1948). Thus, migrant health should go beyond infectious disease control and seek to address the physical, mental and social well-being of migrant populations.
When assessing migrant health, one should consider placing migration in the context of health determinants, such as genetic factors, lifestyle and socio-economic characteristics, as they influence the health of general populations including migrants.

According to La Londe (1974), health is influenced by the interplay of four health determinants, namely constitutional factors, environmental circumstances including socio-economic and physical factors, individual behaviour and life-style and health care systems (Tulchinsky 2009). This model may provide a basis for understanding the determinants of migrant health.

Stronks et al. (1999) in an attempt to explain the determinants of migrant health, proposed a two-step explanatory model highlighting the relationship between five health determinants and different health characteristics of ethnic groups (Mladovsky, 2007; Ingleby, 2006). This is represented in the following diagram:

*Figure 1: The conceptual framework of the determinants of migrant health. From: Research Note: Migration and health in the EU (p. 9), by P. Mladovsky, 2007, London School of Economics and Political Science.*
In the case of migrants, some health determinants may be more relevant than others. For instance, behavioural factors such as alcohol consumption and the social determinants of health; “the conditions in which people are born, grow, live, work and age, including the health system” (WHO, n.d.).

Therefore, the question remains whether the social and environmental determinants of migrant ill-health are related to the migrant socio-economic status (hereafter known as SES) in their country of origin or host country.

Marmot (1999) stressed the importance of social health determinants in groups such as migrants and provided evidence that the post-migration environment may be the root cause of migrant health problems and therefore, may be more relevant than other health determinants such as genetic predisposition (Fernandes et. al., 2007).  

The association between low SES and poor health status is well-known (Marmot, 1999; Fernandes et al., 2007; WHO, 2004). In view of the selection mechanism, migrants are more likely to have poor health as they tend to have lower socio-economic positions in the host country (Mackenbach, 2006; Fernandes et al., 2007). However, with reference to the causation mechanism, health-related characteristics may lead to lower social class drifting.

It has also been suggested that following immigration, some positive health characteristics of migrants deteriorate to levels similar to those in the host population. This controversial phenomenon is known as the “healthy immigrant effect” which is believed to be a result of behavioural and environmental changes.

\[\text{This is the case in infectious diseases such as Tuberculosis. Research has shown that poverty, poor living and working conditions and exclusion in the host country may exacerbate health risks (Padilla and Pereira Miguel, 2007; ECDC, 2009).}\]
Migration is not a single act of crossing a border but a complex and lifelong process (UNESCO, n.d), composed of different phases namely the pre-departure phase, the transitional phase including the migratory journey and the post-entry phase including settlement in the host country (ECDC, 2009).

Thus, migrant’s physical and psychological well-being is affected by the combination of determinants in relation to all these stages of the migration process (Carballo, 2007; Fernandes et al., 2007) and goes beyond genetic predispositions and cultural norms (Padalli and Pereira Miguel, 2007).

5. Migration and mental health

Of all the public health issues associated with population movements, communicable diseases have captured the most attention of policy makers, the media and the public. As the mental health implications of migration are being recognised, there is a growing concern to address the mental health of migrants in EU host countries. Mental health is integral to health; “There can be no health without mental health” (Ban Ki-moon, 1992). Thus, maintaining good mental health is a crucial element in ensuring a Europe of health.

Migrants demonstrate an increased mental health risk (European Communities, 2005). Despite the lack of epidemiological studies on the mental health status of immigrants, from the literature reviewed, one can conclude that several studies suggest that some immigrant groups in EU countries show relatively higher rates of mental illness (Bagley, 1971) such as higher rates of schizophrenia (Selten et al., 2002), less use of mental health care services (Ten Have and Bijl, 1999) and higher rates of alcoholism, drug addiction and suicide than non-immigrant groups (Carta et al., 2005).

One may ask whether migration acts as an agent for mental ill-health (Mc Kay et al., 2003). Migrants move to seek a better life, so one may assume that this should benefit
mental health. The question remains whether migration has detrimental effects on immigrants and if so, what factors imply an increased risk of mental health problems.

It is impossible to consider migrants as a homogenous group concerning mental illness. There is no generalised mental health risk in migrants as this varies according to different migration conditions, motivation to migrate, situation in origin and host country and distance from host culture (Carta et al., 2005). In this regard, the vulnerability of migrant groups also differs. Some of the most vulnerable groups of migrants are children, women, irregular migrants, refugees, asylum seekers and trafficked migrants (Cole, 2007).

For instance, in the case of refugees and asylum seekers who flee their country to escape persecution, pre-migration experiences such as war-related traumas tend to be risk factors for depression, anxiety, and Post Traumatic Stress Disorder (PTSD) in particular (Bhui et al., 2003; Carta et al., 2005; Meijer, 2008; LeTouze and Watters, 2003).

In recent years, a large number of undocumented African immigrants have reached the shores of Southern Europe particularly Mediterranean countries. They put their lives at risk by embarking on dangerous and often harrowing journeys at sea. The hardships of the travelling experience may be linked to depressive and dissociative symptoms present in these immigrations on arrival in the host country. This has been termed ‘Chronic and Multiple Stress Syndrome’ also referred to as ‘Ulysees syndrome’. (Carta et al., 2005; Gushulak, 2007).

However, regardless of prior traumatic exposures, the post-migration environment plays an important role and can excacerbate or lessen mental health risks depending on the level of social support (Lie, 2002; Carta et al., 2005). The poor socio-economic environment in host country increases vulnerability for mental ill health and a lower subjective well-being (WHO, 2004; European Communities, 2005; Mackenbach, 2006).
Migrants tend to fall under the category of low socio-economic and high risk groups of society but they tend to have multiple risk factors as the stressful, psychosocial process of migration threatens their well-being and puts them at a higher mental health risk compared to non-immigrants (European Communities, 2005). Migrant workers often experience poor working conditions, exploitation, low-paid jobs, high demands and low job control leading to job stress (Le Blanc et al., 2004).

Stress-eliciting influences of migration such as resettlement problems, language and cultural barriers and difficulties of integrating into mainstream society may affect psychological health (ECDC, 2009). The process of acculturation may have an effect on migrants’ mental health. Acculturative stress and anxiety can cause serious psychological problems (Leibkind, 1996; ECDC, 2009). However, poor mental health may also hinder acculturation.

Migration itself might be a risk factor for mental health problems (Padilla and Pereira Miguel, 2007) but it does not necessarily cause mental health problems. Along with a combination of other risk factors, migration may affect mental health and this may be enhanced by positive and negative factors (McKay et al., 2003). Migrants benefit from social support in host country which may provide “stress-buffering” effects and lessen the risk of mental health problems.

6. What has been done and what needs to be done?

Recommendations to bridge the gap

This paper aimed to gain an understanding of migrants’ state of health and its determinants in order to address their health needs, in particular in mental health and bridge the gap between migration and health for the benefit of both migrant and host country populations. It was found that migrants are a vulnerable group with different health backgrounds and health needs ranging from communicable and chronic diseases to mental health (Padilla and Pereira Miguel, 2007; Mladovsky, 2007; Tulchinsky, 2009).
Thus, all EU countries should aim to reduce migrants’ vulnerability by facilitating access to healthcare, securing their inclusion and fostering their empowerment.

Migration and the resulting culturally diverse societies present new opportunities and health-related challenges for Europe (Padilla & Pereira Miguel, 2007). As mentioned in the EU Health Strategy, “Health is the greatest wealth” (European Commission, 2007). Thus, ensuring health and well-being of all citizens in the age of migration including caring for migrants’ health is a prerequisite of economic productivity and prosperity and a way of reaching the Lisbon Strategy goals and the health-related Millenium Development Goals.

Although migration is not the solution to the problem of aging in Europe, it helps to achieve demographic equilibrium and is the main driver behind population growth in most EU MS (Padilla & Pereira Miguel, 2007; Muenz, 2006; Eurostat, 2008). In the past few years, migration has also fulfilled the labour demands of most EU member states (Fernandes et al., 2007; Padilla and Pereira Miguel, 2007). In view of this, it is important to recognise the relevance of migration for the EU, ensuring that the potential of migration is reached.

The issue of migration and health was put on the European agenda by the Portuguese Presidency of the EU in 2007 with the aim of facilitating a common migration policy. The health needs of migrants should be incorporated in both national and EU health policy. However, health is an issue present in all sectors of society, not an issue of health policy alone (EC 2007). Thus, migrant health should be discussed from a Health In All Policies (HIAP) approach proposed by the Finnish Presidency of the EU in 2006. Unfortunately, migrant health was not given enough importance in the EU Health Strategy and the EU Health programme: Together for Health.

Migrant health has remained a competency of MS. The EU has the responsibility to facilitate the work of MS in the field of migrant health in order to ensure the “highest level of health protection” under Article 152 of the Amsterdam Treaty. The way migrant
health is approached from a policy perspective depends on the type of immigration affecting the country. For example, in Sweden, since recent immigrants were refugees, the concept of trauma features mostly in discussion about migrant health. It is also important to adopt more “migrant friendly” social insertion policies (Mladovsky 2007). However, as data on migrant health needs is not readily available in most EU countries, it is difficult for policy makers to take action (Padilla and Pereira Miguel, 2007).

Since SES can exacerbate health risks, thus, improving the working and living conditions of migrants can preserve their health. Some migrant groups are more likely to face health inequalities and are more vulnerable with respect to health problems. More attention needs to be paid to the difference in vulnerability and health needs of migrant sub-groups as different needs require tailored responses. In many EU countries there are migrants who fall outside the existing social and health services (Carta et al. 2005). The access of health services to undocumented migrants is problematic (Mladovsky 2007) and this can escalate health problems.

Some EU Member States such as Malta, in view of the influx of irregular migrants reaching its shores, recognised the importance of addressing the specific health needs of migrant populations and reducing the negative effects of health determinants on the health of migrants by setting up a ‘Migrant Health Unit’ focusing on health education and promotion and sex education. In order to overcome language barriers in the access of healthcare, information such as health education booklets is translated and provided in several languages.

Thus, acknowledging the necessity to remove barriers in health care access, making health services more accessible and establishing tailored health systems that respond to new challenges and cater for the needs of migrants will in turn, benefit integration as health is the key to migrants’ social inclusion.

The health of migrants in the EU is under-researched (Mladovsky, 2007). More needs to be done to improve the understanding of the relationship between migration and health.
and address migrant health needs. We need to overcome methodological problems associated with migrant health research and establishing a collaborative network between sending, transit and receiving countries to provide insight on the situation (Padilla and Miguel, 2007) as well as good dissemination of knowledge and expertise on migrant health on a national, EU and global level. In fact, “Future public health can only be achieved if the whole society invests in it” (Donaldson, 2006).
References


Appendix

Search Strategy

A search strategy was conducted by first using Google and Google Scholar search engines to find key words such as, “migrant health”, “migration and health in the EU”, “the health of migrants” and “the relationship between migration and health”. From the search results, I was directed to a website that offered relevant literature sources on the topic:

http://mighealth.net/eu/index.php/General_literature_on_migration_and_health
http://mighealth.net/eu/index.php/Reports,_Policy_Documents

From this source, a selection of two core texts was made:
1. A report produced for the European Commission named Research note: Migration and Health in the EU (Mladovsky, 2007).

Mladovsky’s report provided an insight on the types of migration, migrant health trends and determinants of migrant health and I examined the way the subject was broken into sub-categories. Using the citations from the text itself and its references section, a number of articles, journals and other relevant reports were identified such as; Migration and Mental Health in Europe (Carta et al., 2005) and Migration and Health: A review of international literature (MacKay et al., 2003). The same procedure was done for the Portuguese Presidency Report which consisted of seven chapters, dealing with a conceptual framework relating migration to health determinants, recent migration trends, an epidemiological view of the migrant health and an insight into health policies.

This was followed by a search of the specific articles in PubMed digital archive database
using the title of the article, the name of the author or journal and using the related articles feature and key words on the topic of migrant health, more articles were found. The following diagram is a snapshot of My NCBI, saved searches from PubMED:

Retrieved 28 January, 2010 from:

Further searches were done on specific areas mentioned in this paper, such as, the WHO website on social determinants of health, Mackenbach’s report on health inequalities, articles on mental health problems among immigrants and acculturative stress, Eurostat statistics for data on demographic trends of migrants in Europe and the UNESCO website for a definition of migrant and types of migrants.