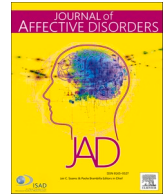


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## Correspondence

## The COVID-19 Pandemic and Mental Health of Refugees, Asylum Seekers, and Migrants



## ARTICLE INFO

## Keywords

Global Mental Health  
 COVID-19  
 Refugee  
 Stress Disorder  
 Anxiety Disorder  
 Transcultural Psychiatry

Europe has been an especially hard-hit area both by an ongoing refugee crisis and the Coronavirus Disease 2019 (COVID-19) pandemic. Since 2015, over 1.88 million refugees have reached Europe through Mediterranean routes, over 25 thousand just in 2020, and about 3.9 million refugees and asylum seekers are currently reported in Turkey ([United Nations Human Rights Council Regional Bureau for Europe, 2020](#)). Furthermore, as of November 4, 2020, Europe has entered a so-called 'second' wave, and has reported over 11.8 million confirmed cases and over 294 thousand deaths due to COVID-19. Spain, Italy, and Turkey have been amongst the worst hit countries by both crises ([World Health Organization, 2020](#)).

Refugees, asylum seekers, and migrants across the world have been identified as a vulnerable population during the COVID-19 pandemic, due to the precarious working, living, economic, and health conditions they face ([Orcutt et al., 2020](#)). Several global collaborations have called for actions in response to the pandemic in refugees, asylum seekers, and migrants that include addressing urgent universal and equitable access to health systems. For example, reports from Greece on their experience of COVID-19 management in refugee camps has shown that early introduction of physical distancing and isolation measures has controlled the pandemic, and calls for decongestion of refugee camps and integration of refugee care in the healthcare system ([Kondilis et al., 2020](#)).

Recent research has shown that adult refugees and other displaced people show a high burden of mental disorders, including post-traumatic stress disorder (PTSD), depression, idioms of distress, and prolonged-grief disorder, which are highly related to the load of traumatic circumstances surrounding refugees ([Kokou-Kpolou et al., 2020](#)), associated with human rights abuses, lack of human needs, and separation from others ([Jongedijk et al., 2020](#)). Furthermore, children refugees have also been found to show a higher prevalence of psychotic and anxiety disorders when compared to native-born children ([Barghadouch et al., 2018](#)). Many refugees are severely traumatized and suffer a variety of symptoms, and not all seek help. Moreover, when refugees do seek mental health attention, most present with either severe or highly severe symptoms, which further complicates timely identification and treatment of conditions ([Jongedijk et al., 2020](#)).

However, little has been researched during the pandemic on the devastating effects on mental health that the increased stress of the pandemic and confinement, as well as the adverse social determinants may have on these vulnerable populations. Structural stigmatisation, social exclusion, and cultural and physical barriers to accessing mental health services may further deteriorate an already fragile population. Factors that may worsen their mental health include language and inadequate access to information, sociocultural and religious barriers between refugees and host countries, overcrowding that may hinder physical distancing, the overload that high numbers of refugees may represent for mental health care services, and the shutdown of government services, which are primarily in charge of providing sanitation, housing, and overall care to these populations ([Júnior et al., 2020](#)).

Hence, the COVID-19 pandemic has either worsened pre-existing mental health conditions of these adults and children or further created new vulnerabilities. The worsening of psychosocial stressors, such as fear of eviction; loss or reduction of livelihood; gender-, religion-, or ethnic-based discrimination; sexual and gender-based violence; confinement measures and overloaded residential resources or homelessness; and stigmatisation due to mental health issues are main sources of distress in these populations.

Therefore, recently published guidelines from the United Nations Refugee Agency (UNHCR) aim to raise awareness on mental health and psychosocial support activities in refugees, asylum seekers, and migrants. In the light of the COVID-19 pandemic, the UNHCR has aimed to address these emerging mental and psychosocial factors, and to ensure these vulnerable populations receive appropriate care. Implementation of tele-mental health services, helplines in different languages, capacity building of front-line workers in Psychological First Aid, and raising awareness and sensitization form the core of their community-based approach ([United Nations Human Rights Council Regional Bureau for Middle East and North Africa, 2020](#)).

Considering the current state of pandemic, and the particular needs of refugees, asylum seekers, and migrants, we believe it is of utmost importance that these psychosocial stressors be timely addressed, and that mental health conditions and vulnerabilities be considered priorities. First, we recommend interventions in these populations should be

<https://doi.org/10.1016/j.jad.2020.11.029>

Received 27 August 2020; Received in revised form 4 November 2020; Accepted 6 November 2020

Available online 10 November 2020

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socially, culturally, religiously, and linguistically appropriate when designing promotion, awareness, and information platforms. Taking into account the richly diverse background of cultures, religions, and languages may help increase access to these interventions and promotion programmes. Second, we suggest that low digital literacy and reduced access to technological means should be considered a top-barrier to overcome when designing tele-mental health services. Third, besides being provided in multiple languages, helplines should be proactive, rather than reactive, when aiming to provide psychological relief to these populations. An adapted form of home health care delivery, which has already been proven as an effective way to provide psychiatric services in Barcelona (Garriga et al., 2020), may be expanded through task-shifting and task-sharing to reinforce first-line, specifically-trained mental health care providers in times of pandemic. Fourth, governments and institutions should proactively address these populations' working, regulatory, migratory, health, and economic conditions to reduce the psychosocial burden these may represent on them.

Proposals to address mental health issues in these populations should be considered in the context of the greater global changes needed in the delivery of mental health services. For example, infection-control measures and physical distancing that have been recommended for the general population, such as telepsychiatry visits or virtual group psychotherapy, may not be feasible, as refugees and asylum seekers generally do not have internet access or, if they do, privacy and ethical concerns arise (Moreno et al., 2020). Another imperative change in global mental health services calls for increased involvement of patients, families, and communities in the design and delivery of said services (Moreno et al., 2020). Finally, the impact of these conditions and interventions, both in adults and children, warrant further study and research to make true to a global pledge to "leave no one behind" during the current COVID-19 pandemic and beyond.

#### Role of the Funding Source

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

#### Contributors

JPE conceptualised the main idea and wrote the manuscript, which was revised by MJVF, IR, EB and EV. All authors meet all four criteria for authorship included in the ICMJE recommendations.

#### Declaration of Competing Interest

JPE reports having received CME-speaker fees from Lundbeck, unrelated to the current work. EV has received grants and served as consultant, advisor or CME speaker for the following entities: Abbott, Allergan, Angelini, Dainippon Sumitomo Pharma, Janssen, Lundbeck, Novartis, Otsuka, Richter, Sage, Sanofi-Aventis, and Takeda, all of them unrelated to the current work. All other authors declare no competing interests.

#### Acknowledgements

The authors would like to thank the members of the EFPT Psychiatry Across Borders Working Group for their ongoing work to improve the mental wellbeing of refugees, asylum seekers, and migrants in Europe.

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