

Mental Health and Psychosocial Support Needed by Refugees in the COVID-19 Pandemic

Turkey is one of the countries hosting the highest number of refugees in the world. Turkey hosts 3.6 million registered refugees from Syria, besides those from other countries. In addition to these astronomical numbers, it has been reported that thousands of refugees from Afghanistan have recently been entered through the borders of Turkey. United Nations High Commissioner for Refugees reports that 270 000 people left Afghanistan this year and were displaced. All this movement of displacement is experienced during the global pandemic period and away from hygiene and vaccination opportunities. This number is expected to increase in the near future. It is a global migrant crisis that we are experiencing today and unfortunately, the majority of these migrants are hosted in developing countries. Some other refugees are trying to cross into European countries.

Refugees who leave their countries due to conflict or oppression experience very serious problems and sometimes even result in death. However, social, economic, cultural, and political problems arise during the course.¹ In addition to these problems, their physical and mental health is affected. Another negative situation regarding refugee health is the fact that comorbidity is high with physical and other psychiatric disorders. In other words, sometimes physical diseases may mask psychiatric disorders, and sometimes other psychiatric disorders may be overlooked.²

It is necessary to pay attention to the health status of immigrants. Due to the healthy migrant effect, refugees are healthier than the citizens of the host country. Because the healthier people migrate and the host country prefers the healthier ones. However, this state of being healthy in the beginning changes over time.³

Refugees, by definition, are people who have left their country due to war, persecution, or violence, so they have already been affected by the trauma and stress factors from the very beginning. The migration process, the settlement process, and the cultural, social, and economic problems that come after that affect the picture even more negatively. Although the gathering of refugees in developing countries, which end up in countries such as Turkey and numbering in millions, indicates a serious problem at the moment, it reveals an even bigger problem in the future if the underlying factors of this migration cannot be solved. However, it is seen that together with refugees, economic migrants are also included in this migration and climate refugees will be added to this wide displacement in the near future. Therefore, there is no doubt that mass migration movements will increase with the problems created by conflict areas and war zones.⁴

In addition to the fact that almost none of the problems related to refugees coming from Syria, consisting of millions of people, to Turkey and other developing countries have been solved, a new migration from Afghanistan draws attention nowadays. Countries exposed to this uncontrolled human mobility experience serious difficulties due to the magnitude of the problem. In addition, the citizens of these countries are uncomfortable with the situation and do not want immigrants in their country. As a result, there is second-class treatment or racist approaches toward refugees.

Besides all the problems that refugees experience, the priority is the health of refugees. It is necessary to focus on the health aspect of these movements, which result in mass migration. Individuals have disease risks associated with their own country or the countries they transit through. In particular, these refugees, who are likely to stay in these countries or who want to transit to European countries, should be registered, and psychiatric disorders



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should be screened in addition to medical diseases. Due to cultural differences and language barriers, the detection of psychiatric disorders will be more difficult than the detection of medical diseases. However, it is necessary to know that the prevalence of psychiatric disorders is higher in these individuals. The difficulties and traumas experienced by these people, especially the cumulative nature of the traumas, make the picture worse in terms of mental health. With the addition of communication problems, it becomes difficult for refugees to reach psychiatric support and to make a timely and accurate diagnosis. These inadequacies that may occur in the detection and treatment of psychiatric disorders also bring about chronicity.

Although there are limited mental health screenings developed for refugees, the necessity of a routine psychiatric evaluation and screening emerges.^{5,6} In case of diagnosis of psychiatric disorders, especially disorders that occur with high frequency, such as post-traumatic stress disorder or depression, treatment should be initiated immediately and they should be followed up.

Particularly specific groups, such as women, children, and individuals, exposed to trauma should be examined more carefully. Comorbidities related to other psychiatric disorders are found to be high in individuals diagnosed with a physical illness or a psychiatric disorder. For this reason, it should be kept in mind that refugees may have underlying or accompanying psychiatric disorders.

Another important issue is that almost half of the refugees are children. In addition, a new immigrant generation is added with births in the destination country. Integration of school-age children into education and society is one of the important psychological negative factors for children. It is emphasized that post-traumatic stress disorder symptoms are more common in children and traumatic experiences, especially related to war, have a significant effect.⁷

Protecting the mental health of refugees and treating their psychiatric disorders should be based on multidisciplinary practice. It will also be advantageous for those working in the field of mental health to receive training on this subject.⁸ Sharing the data obtained through medical and psychiatric screenings in case refugees move to other countries should also be on the agenda.

In addition to the serious difficulties experienced by refugees and their host countries, the pandemic experienced in this period also has negative effects. Due to the COVID-19 pandemic, which complicates the access of refugees to health support, healthcare assistance to refugees becomes even more difficult.⁹ In order to keep the mental health of the refugees at the best level and to minimize the possible problems in the future, state policies should be put into action, especially by the countries exposed to refugee migration, before it is too late. The support and assistance of international organizations are considered essential to the host countries. Finally, as our main goal, refugees should be provided with the mental health and psychosocial support that they need.

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