

Issue At A Glance:

Refugee and Migrant Health

June 20th is World Refugee Day, honoring the courage and resilience of the world's refugees and displaced people forced to leave their homes to seek safety. This brief explores the variety of different physical and mental health needs of refugees, asylum seekers, and migrants.

Introduction

Each year on June 20th, World Refugee Day is honored globally to celebrate the courage and resilience of refugees and displaced people forced to leave their home country to escape conflict or persecution.^{1,2} Globally, there are 1 billion immigrants, including 272 million international refugees, asylum seekers, and migrants as of 2019.^{3,4} Refugees and migrants often come from communities affected by war, conflict, and/or economic crisis, with vulnerabilities related to the conditions of their journeys.⁵ The experience of migration and displacement is a key determinant of health and wellbeing as these experiences can increase susceptibility to chronic and infectious diseases as well as poor mental health outcomes.^{3,5}

Refugees, asylum seekers, and migrants remain among the most vulnerable members of society and have a variety of physical and mental health needs, shaped by experiences in their country of origin, their migration journey, and living and working conditions.^{3,4} Furthermore, the COVID-19 pandemic has disrupted health services, putting people in already vulnerable situations at heightened risk due to lockdowns and travel restrictions.^{3,5}

This brief explores the variety of different mental and physical health needs of refugees, asylum seekers, and migrants.

Key Statistics & Definitions

272 million	Were international refugees, asylum seekers, and migrants in 2019. ⁴
26.6 million	Were refugees, or people who have been forced to leave their country of origin to escape war, persecution, or violence. ^{5,6}
4.4 million	Were asylum seekers, or people who meet the definition of refugee and are seeking admission at a port of entry. ^{5,7}
35 million	Were children and 1 million were born into refugee life. ⁵

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Mental Health Concerns

When individuals and families seek safety by leaving their homes and communities due to threats of persecution and violence, emotional distress can be heightened. They often face various stressors that can negatively impact their mental health and wellbeing, and most will not receive the mental health care services needed due to scarcity of services and stigma against mental health care.^{4,8} Early mental health care should be a priority among adults and youth as post-migration stressors such as prolonged detention, insecure migration status, and limitations on work and education can worsen mental health outcomes.⁸

Furthermore, forcibly displaced youth often have to abruptly leave all their belongings except only the most necessary, therefore losing not only resources like housing, education, food, water, and security, but also social relationships and cultural support.⁸ As a result, refugee children and youth, especially those who have been separated from migrating parents, are at heightened risk of developing depression, anxiety, suicidal ideation, conduct disorder, and substance use and abuse disorders.⁴

Providing mental health care for refugees and asylum seekers should be done in partnership with other social, cultural, and family support around the individual.⁸ Additionally, protective factors such as access to employment and services, social support, and family reunification can reduce the impact of the stressors. Among resettled refugee children, protective factors should include better socioeconomic status, access to education, a perceived sense of safety, contact with family, and living and socializing alongside other people of the same ethnic origin.⁴

Refugee Medical Assistance Programs

During the first eight months of stay in the U.S., refugees who do not meet the immigration status eligibility requirements for immediate access to Medicaid, the Children's Health Insurance Program (CHIP), or other healthcare coverage options under the Affordable Care Act (ACA) are eligible to receive short-term medical coverage through the Refugee Medical Assistance (RMA) program until they are eligible for public benefits.⁹ The benefits provided through RMA are generally similar to Medicaid. Beyond providing access to healthcare, RMA funds eligible refugees to receive medical screenings upon arrival to the U.S. in most states to protect the public health of resettling communities and to promote the self-sufficiency and successful resettlement of refugees.¹⁰ Of note, however, healthcare services offered by RMA and screening programs vary by state.



Major Physical Health Concerns

Non-Communicable Diseases

Millions of refugees, asylum seekers, and migrants suffer from non-communicable diseases (NCDs) such as diabetes, cancer, and cardiovascular diseases that can be life-threatening if left untreated.¹¹ The increasing prevalence of NCDs in refugees and migrants is associated with a range of social and environmental factors; changing lifestyles; the impact of behavior, such as use of tobacco and alcohol; unhealthy diet; aging; social exclusion; low levels of health literacy; and limited access to healthcare.¹² Furthermore, many refugees and migrants arrive in the country of destination with poorly controlled NCDs, as medical care is scarce on the journey.⁵

Infectious Diseases

Many refugees, asylum seekers, and migrants have an increased risk of infectious diseases due to the crowded, unsanitary conditions during the journey from their country of origin to the destination and interactions with various people along the way.¹³ Though the primary determinant of infectious disease risk is dependent on the country of origin, common infectious diseases include tuberculosis, hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).^{13,14} While healthcare workers need to be aware of the changing infectious disease risk at various stages of the journey, health systems need to equally ensure equitable access to care with prompt diagnosis and treatment to limit the burden and transmission of infectious diseases among this vulnerable population.¹³

Women's Health and Gender-Based Violence

Sexual and reproductive health services are essential to the wellbeing of refugees, asylum

seekers, and migrants.¹⁵ However, access to sexual and reproductive health care and services for women and girls in this population is often limited, increasing the risk of unintended pregnancy, complications of pregnancy, disease, disability, and death.¹⁵ Additionally, improper menstrual care can cause progressive infections, such as pelvic inflammatory disease or other reproductive tract infections. With limited access to clean, running water and hygienic menstrual supplies (e.g., pads, tampons, menstrual cups, etc.), monthly periods can create health problems for women and girls on the move.¹⁶ Furthermore, refugee women are more vulnerable to sexual assault and violence.¹⁷ A recent study has found a 51% increase in sexual violence, 73% increase in intimate partner violence, and a 32% rise in early and forced marriage among refugee camps around the world since the start of the COVID-19 pandemic.¹⁸ Sex crimes and gender-based violence violate personal freedoms, traumatize victims, and can lead to unintended pregnancies, unsafe abortions, complications related to early childbearing age, and death.¹⁹

COVID-19

The COVID-19 pandemic brought an increased risk of infection, illness, and death for refugees and migrants. Individuals on the move may lack access to face masks, protective gear, clean running water, and soap, making them more vulnerable to COVID-19.^{5,20} Additionally, the density in population of refugee camps, coupled with a lack of social distancing and sanitation, further exacerbated the potential for exposure to COVID-19.¹⁶ In addition, the pandemic highlighted the already existing inequities in access to and utilization of health services among refugees and migrants.⁵

Conclusion

Among the most vulnerable members of society, refugees, asylum seekers, and migrants are often faced with xenophobia; discrimination; substandard living, housing, and working conditions; and inadequate or restricted access to healthcare services.⁵ More often than not, they are at higher risk of infectious diseases, accidental injuries, unwanted pregnancies, delivery-related complications, and a host of noncommunicable diseases. Furthermore, they are at higher risk of poor mental health outcomes due to the issues that precipitated the journey as well as the conditions of their journey.³ Refugees, asylum seekers, and migrants have the human right to health, and host countries have an obligation to ensure equitable access to quality care and health services to promote health equity and ensure wellbeing for all.

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Did you know?

Though 26.6 million refugees have fled their countries, there are 41.3 million internally displaced persons who have fled within their own countries. The needs of those internally displaced are often similar to those of refugees.^{5,20}



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