

Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement

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Issue:

An unprecedented level of migration due to a variety of socio-political and economic factors has marked the 21st century. Currently, 65.3 million persons worldwide have been forcibly displaced by armed conflict, political oppression, starvation, or other catastrophes (1). While people who are displaced both within and out of countries can demonstrate high levels of resiliency, they can also experience disabling posttraumatic disorders or other consequences that adversely impact medical, psychological, social, and spiritual well-being. These consequences can range from demoralization to various sequelae involving simple and complex trauma complicated by the migratory journey and resettlement process. Perpetuating factors can include limited access to basic services, including appropriate medical and mental health care, legal and financial stressors, as well as discrimination faced in the host community, all of which can contribute to poorer mental health outcomes. These migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives (2, 3, 4).

Position:

American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress (5, 6, 7, 8, 9, 10).

The American Psychiatric Association (APA) supports the following:

1. The treatment of all immigrants, refugees and displaced persons with dignity and respect during all stages of the migratory process.
2. The development of partnerships between health and mental health providers, communities, elected officials, social and spiritual groups, immigration and customs enforcement (ICE) detention centers, and the asylum evaluation process, to address gaps in providing comprehensive, appropriate, and culturally competent care for these patients.
3. The identification of patients who have unidentified or unmet mental health needs and intervention when appropriate.

4. The appropriate training of psychiatrists to improve competency in delivering trauma-informed and culturally competent care to diverse immigrant, refugee, and displaced populations.

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