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MENTAL HEALTH IN THE CONTEXT OF MIGRATION: INTRODUCTION TO THE THEMATIC SECTION

Sanja Cukut Krilić¹

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At present, the issue of migration is becoming increasingly socially and politically relevant at national and global levels. Its increasing restrictiveness, securitization, and precarity are among the significant sources of uncertainty and stress that migrants can experience. Therefore, it is not surprising that the question of how to adapt services in this area to the needs of migrants and/or ethnic minorities is also present among professionals and stakeholders in the area of mental health and migration.

Especially in the last few decades, research endeavors to study the topic of migrants' mental health have emerged both in migration studies as well as in more epidemiologically designed studies of prevalence and risk factors for specific mental health difficulties among particular groups of migrants (Crepet et al., 2017 as quoted in Bjertrup et al., 2018). In particular, research in the social sciences and humanities addresses individual and personality factors that could make migrants more vulnerable to mental health difficulties. Additionally, it analyzes the sociopolitical and economic contexts of both emigration and immigration countries, which can significantly determine the experience and coping with mental health difficulties (Arsenijević et al., 2018).

The wider backgrounds of experiencing mental health difficulties by migrants served as a starting point for a consideration of migrants' responses to distress and insecurities before, in the process of, and after migration within the applicative research project *Mental health difficulties among migrants: experiences of recognition and treatment* (see Acknowledgments). The project gathered researchers from different disciplinary backgrounds from the Sociomedical Institute and the Slovenian Migration Institute at the Scientific Research Centre of the Slovenian Academy of Sciences and Arts.

From this perspective, we deemed that research on the distress of potentially structurally vulnerable groups, such as migrants, was essential to better understand the seemingly commonplace and unproblematic practices of everyday life. In this respect, for instance, mobility and migration patterns also acquired different contours during the COVID-19 pandemic that could be deemed not only a health

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but a social crisis. For refugees and asylum seekers, the start of the pandemic meant that the usual spatial routes were disrupted, mobility was restricted, housing conditions were cramped, and living spaces were not provided with adequate access to water and hygiene items. Furthermore, the right to enter and leave reception centers was restricted, and temporary registration freezes were imposed, which left people in a constant state of volatility and insecurity (Cukut Krilić & Zavrtnik, 2023; Ramji-Nogales & Goldner Lang, 2020). The first article by Dino Manzoni and Lilijana Šprah, using the method of systematic review, thus explores the mental health of refugees during the COVID-19 pandemic. In all the studies included in the review, the results demonstrated that patterns of stressors exacerbated existing social and economic inequalities, such as poverty, social exclusion, a deficit in access to health services, and the lack of adequate social support. On this basis, the authors argue for greater inclusion of the social determinants of health approach and the social psychiatric model of mental health difficulties in refugee research.

The contribution of Mojca Vah Jevšnik also addresses vulnerabilities and insecurities of migration but focuses on a different group—Slovenians with or without Slovenian citizenship and their immediate family members who were repatriated from Venezuela to Slovenia. The Slovenian government made a formal decision to repatriate this group, which was in line with the legal regulation that foresees the possibility of repatriation of Slovenians from countries with serious economic and political crises. On these grounds, it granted them social security and access to public services for fifteen months. Nevertheless, the research identified various vulnerabilities prior to repatriation, during the fifteen months, and after its expiration. Due to a lack of emotional safety and self-confidence, the overall integration process was most difficult for children and adolescents in primary and secondary schools. However, owing to a lack of language knowledge and a deficit in professional training, the period right after the expiration of repatriate status was most stressful for the working-age populations. The article poses an interesting conceptual and practical question: could long periods of assisted integration be counterproductive and delay language learning, everyday communication, and inclusion into the labor market and consequently contribute to increased distress?

The article also explores the issue of stigma in utilizing mental health services, since despite the availability of these services, repatriates with possible mental health difficulties resorted to other ways of coping, such as, for instance, sharing their difficulties and struggles among themselves. This finding is in line with studies on other groups of migrants that find that even if migrants can access healthcare and are guaranteed the principle of equal treatment within the healthcare system, different factors often result in migrants making less use of (mental) health services than the “local population.” These obstacles are language and cultural barriers, compounded by different layers of discrimination in daily life, and the often inadequate treatment by health professionals, who themselves feel insecure when working with supposedly “culturally different” populations (Lindert et al., 2008).

In this vein, the article of Martina Bofulin discusses the inclusion of non-Slovenian speakers into the mental healthcare services in Slovenia and the way the collocutors perceive and receive such inclusion during psychotherapy and psychosocial support sessions. The study highlights the reluctance and ambivalence of practitioners toward the presence of language assistance providers. The collocutors also emphasize the need for further professionalization of language assistance providers, which could lead to changes in the implementation of language assistance in mental health care and to the additional training of language assistance providers to work in psychotherapy. The contribution also stresses the importance of collaborative work among professionals in the area of mental health and language assistance providers in order to explore the most suitable methods for therapeutic triads. Such collaboration is especially important because working with particular groups of migrants, such as forcibly displaced people, often involves methods that go beyond traditional therapeutic approaches.

The next article by Maja Gostič explores psychosocial support for forcibly displaced people in Slovenia and also highlights the need for alternative approaches in offering such support. The collocutors offering psychosocial support to this group discuss the need to structure the sessions in this process according to mutual expectations. They highlight the importance of openly speaking about differences in cultural traditions, unwritten rules of conduct, and the need for personal boundaries. Gostič also analyzes the challenges of working with an interpreter or a cultural mediator and the role of self-stigma and public stigma in the process of misdiagnosing and under-treating mental health difficulties of forcibly displaced individuals. She concludes that psychosocial support for displaced populations requires not only a culturally aware but also a community-centered strategy that integrates such interventions into broader mental health systems.

The last article in the thematic section by Duška Knežević Hočevar and Sanja Cukut Krilić also touches upon the importance of building community and facilitating access to migrants through mentors and facilitators in designing psychosocial interventions for migrant farm workers in the Midwestern United States. For migrant farmworkers, language and cultural issues, the temporary nature of recruitment policies, little or no safety training at work, logistical obstacles, and difficulties in accessing as well as navigating the available formal mental health support services exacerbate physical risks and other occupational health and safety risks they encounter. In this respect, the authors conclude that migration itself could also be a social determinant of health that mirrors the health effects of social structures on migrant farmworkers (Castañeda et al., 2015), as normalization of exclusion and a sense of powerlessness among migrants could be present when structurally based approaches are absent (Cohen & Caxaj, 2023).

The contributions in the thematic section analyze different layers of vulnerabilities and the complex ways these vary according to, for instance, gender, ethnic group, legal, and migration status, etc. In this respect, the articles point to the need

to analyze the ambiguities and insecurities of migration before, during, and after the process of migration. From the material, it is also apparent that stigmatization and discrimination in the receiving society are among the important factors that negatively affect the lives of different migrant groups. Globally, we are generally witnessing a growing anti-migrant sentiment and increasingly selective and restrictive admission and reception policies for both forcibly displaced people and for other groups of migrants. Furthermore, we can observe the phenomenon of the migrantization of the citizen (Anderson, 2019), which points to the links and similarities between formal exclusions of non-citizens and the common forms of multiple and often informal exclusions of citizens. This phenomenon could attest to the fact that if certain solutions are bad for migrants, it is very likely that they will also be bad for citizens and pose important conceptual as well as practical questions for the structuring and implementation of mental health care across different layers of society.

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