

Barriers and potential solutions to mental healthcare access for youth refugees and asylum seekers

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Abstract

Globally, over 82.4 million people were forcibly displaced in 2020, about 42% (35 million) of which are children and youth. Youth, aged 15 to 24, are highly susceptible to mental health difficulties, particularly those who are refugees and asylum seekers. Serious post-traumatic stress disorder, depression, and anxiety symptoms have been seen in youth refugees and asylum seekers months after they have resettled in their host countries. Yet, they encounter numerous barriers to accessing mental health support. This infographic illustrates the preliminary findings of an integrative review conducted to determine the barriers to mental health access of youth refugees and asylum seekers as well as the potential solutions to these barriers. CINAHL, PubMed, PsycINFO, EMBASE, Web of Science, ProQuest Dissertations & Theses Global, and other relevant organizations' websites were searched for published and unpublished articles. Data from eligible articles were extracted and analyzed through thematic analysis. Findings from this review have the potential to inform future research, policy, and practice.

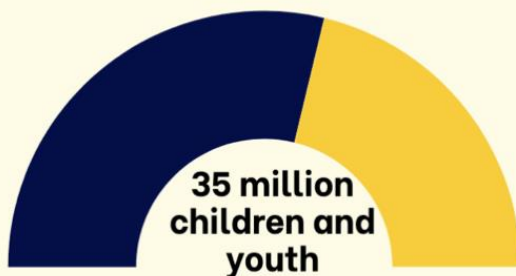
Barriers and Potential Solutions to mental healthcare access for youth refugees and asylum seekers

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In 2021, over 84 million people worldwide were forced to leave their homes and countries due to conflicts, human rights violations, and natural disasters

■ Adults (57.52%) ■ Children and Youth (42.48%)



Youth refugees and asylum seekers¹ have a higher risk of mental health difficulties

- post-traumatic stress disorder
- anxiety
- depression

1. The term 'youth' is commonly defined as individuals between the age of 15 to 24 years old. While a refugee is "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted" and an asylum seeker is a person who is in the process of claiming refugee status (Bersaglio et al., 2015; Kadir et al., 2019; Mohamed & Thomas, 2017; Papadopoulos & Shea, 2018; United Nations High Commissioner for Refugees, 2010, 2021)

Youth refugees and asylum seekers encounter numerous barriers to accessing mental health support

Cultural barriers

There is a variability in healthcare providers' cultural competence. Some might have not received the appropriate training.

Difficulty navigating healthcare system

All countries have diverse healthcare systems. Refugee and asylum seeker youth do not necessarily know in advance which country will be hosting them; hence, they are unable to learn the host country's healthcare system a head of time.

Language barriers

Youth generally do not speak the same language as health providers in host countries.

Stigma

Certain communities have negative beliefs towards mental health conditions, which may impede their help-seeking behaviours.

Financial costs

Services and medications are at times only partially or completely covered by public healthcare.

Discrimination

Attitudes of xenophobia² and racism towards refugees and asylum seekers persist, particularly during the COVID-19 pandemic.

Other resettlement stressors

Fear that seeking mental health support might have legal ramifications and affect their migration/citizenship requests.

Distrust of services

Youth might be originating from countries where their governments are dishonest, making them wary about government-funded healthcare systems.



2. Xenophobia represents the fear, hatred, or hostility towards outsiders, foreigners, or non-native born individuals within a given population (Arya et al., 2021; Baak et al., 2020; Cheng et al., 2015; Colucci et al., 2014; Kadir et al., 2019; Marshall et al., 2016; Yakushko, 2018)

Potential Solutions to access barriers



Mandatory cultural competency training

All healthcare providers and allied staff should undergo mandatory cultural competency training on an ongoing basis.



Available interpreters

Interpreters are valuable to communicating with refugees and asylum seekers who do not speak the host country's language, but providers must be cautious about confidentiality concerns.



Designated healthcare navigators

Navigators may serve as the first point of care for youth for whom they can build a therapeutic relationship with, enabling them to ask their questions concerning mental health and associated services.



Enhance mental health literacy

Courses on health, mental health, and healthcare services must be integrated into youth's school curriculum and public service announcements.



Increase funding and subsidizes

Implementation of programs that are tailored to youth refugees' and asylum seekers' financial needs and healthcare expenses.



More research and knowledge translation

Increased research on youth mental health service is required to better understand the barriers and facilitators to access.

(Arya et al., 2021; Colucci et al., 2014; Marshall et al., 2016; United Nations Network on Migration, 2022)

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