Enhancing mental strength support for refugees through social principal: a comprehensive review

Janis Hashmi, Rashmi Mehrotra, Hansika Disawala, Smita Manohar Gaikwad

Abstract

Refugees experience physical problems and extreme psychological as well as emotional stress as a result of the trauma of relocation, loss and the uncertainty of their future. Neglecting refugees' mental strength and social assistance needs can have long-term consequences for the individuals and the host communities. This highlights the need for comprehensive assistance programs that include basic requirements along with mental health treatment, education, skill training and chances for social inclusion. For this vulnerable category, we have limited information regarding social principle interventions at the individual and community levels that support mental health with little scientific data about the effectiveness of such interventions. This systematic review examines 536 publications on social-principle-based treatments for improving the mental health of refugees, 14 of which were chosen for examination. The material from these 14 publications assessed the studies, considering qualifying circumstances. The research results concentrate on many major issues, including mental health measurements, which provide insight into the assessment and evaluation instruments used to evaluate refugees' mental well-being. In addition, we discuss the difficulties that refugees encounter in obtaining appropriate mental health care, the amount of monitoring and its influence on their mental health outcomes. The study emphasizes the significance of tailored treatment options since customizing treatments to individual refugee needs is critical for effective mental health assistance. Finally, we explore the relevance of community-based therapeutic options, highlighting the importance of community engagement and support networks in boosting refugee mental health and well-being.

Keywords: refugees, interventions, mental health, social wealth

1. Introduction

The impact of compelled migration and the strains that follow psychological conditions can be widespread and deep. Certain recipients, scholars and charitable individuals unintentionally presumed that mental wellness difficulties seemed insignificant compared to other illnesses and that societies not residing in prosperous developed nations wouldn't value cognitive wellness or emotional health. But personal experiences and studies demonstrate how individuals impacted by natural disasters consider psychological conditions as a major source of worry (Weissbecker et al 2019). During conflicts and warfare, refugees suffer several hazards to their lives, including separation from relatives, sexual abuse, violent abuse and a shortage of accommodation or sustenance. Refugees face other challenges following their departure, like financial challenges, communication limitations, loneliness and prejudice (Acar turk et al 2021). It is known that migrants are more likely to suffer from numerous psychological conditions.

Although the World Healthcare Organization supports legislation of the Refugee Medical Services Policy and its Action Plan, meeting the wellness requirements of refugees constitutes a major problem at the global, national and local levels (Bamford et al 2021). The Universal Declaration of Human Rights in 1948 established refugee and migrant rights, which were followed by the Geneva Conventions in 1951 and a Protocol in 1967. Due to such texts, a refugee is an individual who became compelled to leave their home nation to avoid intimidation, conflict, or environmental catastrophe (Assi et al 2019). Despite the psychological requirements of refugees are greater than those of non-refugee communities, financial resources occur insufficient in severe emergencies where community hospitals are insufficiently equipped to adapt sufficiently to an inflow of recently arrived people (Tarranum et al 2019). The circumstances put refugees and asylum seekers at an elevated danger of acquiring frequent mental illnesses such as post-Trauma Stress Disorder (PTSD), phobias, depression and various types of incapacitating emotional suffering (Purgato et al 2019). Many refugees stay in their native countries under extended instability, with minimal trust or authority over their destinies. The fact that most refugees stay in conditions of protracted movement,
includes both in communities contiguous to the ones experiencing a humanitarian crisis and in places of asylum (Nickerson et al 2019).

1.1. Mental health hazards for refugees or internally displaced persons (IDP)

The word “refugee” was recognized among the broader populace, but the word Internally Displaced Persons (IDPs) had little familiarity with outdoor academic, professional and policy-oriented spheres (Wistrand et al. 2023). IDP refer to individuals or collectives that were compelled to depart from their residences or customary dwellings as a means of evading the consequences of warfare, instances of widespread violence, legal transgressions, or calamities caused by either organic or human-induced factors. It is important to note that these individuals are not in an internationally accepted boundary of a sovereign state. IDPs have a heightened vulnerability to physical harm, sexual violence and absorption, enduring inadequate access to housing, nutrition along with healthcare (Debbarma et al. 2021). The Cochrane Global Mental Health Satellite assists in the generation, distribution and the use of knowledge about psychological wellness across nations with middle to lower-income economies. It involves the evaluation of the efficacy of promoting mental health efforts, as well as the treatment and preventive measures used for addressing prevalent mental health issues among individuals who are refugees, asylum seekers and IDP (Uphoff et al 2020). The key objectives for psychologists and medical professionals serving refugee, IDPs as well as their families can be identified as the facilitation of adaptability, fostering post-traumatic development yet enhancing safeguards for refugee kids and their households (Rizzi et al. 2022). IDPs are known to face a wide range of challenges, including a pervasive feeling of anxiety, various health issues, mental struggles, financial struggles, inadequate access to water as well as food, disruption of social networks and a shortage of social amenities (Veronese et al. 2019).

The categorization of compelled displacement victims is outlined by the United Nations, which includes three distinct groups: IDPs, refugees and asylum applicants. As of late 2020, the global population of compelled displacement amounted to 82.4 million. IDPs have refrained from crossing international borders because they want to seek refuge. In contrast to refugees, these individuals experience internal displacement inside the borders of their nations. As of the conclusion of the year 2020, over 48 million individuals were categorized as IDP (Grasser et al. 2022). Despite the potential presence of risk factors, the provision of adequate mental health treatment to refugees might pose significant challenges. Refugees face many obstacles, including negative stereotypes, limited availability or substandard standard of amenities, inadequate cultural competence among care providers as well as insufficient understanding of service mechanisms and their potential benefits (Schlaudt et al. 2020).

1.2. Social wealth and mental health among refugees

The elevated prevalence of Mental Health issues among refugees and asylum seekers, in contrast with other migratory populations, is attributed to the experience of severe life challenges during initial and pre-flight 6 sessions (Niemi et al. 2029). The function of migratory regulations, together with its accompanying discourse on politics, is of utmost importance in either hindering or facilitating the establishment of faith, social stability and integration for those seeking shelter and refugees. The implementation of pro-migrant inclusion regulations, exemplified by the emerging Scots approach in the United Kingdom, had a higher propensity to foster an atmosphere conducive to the cultivation of trust among organizations, as well as among migrants and strong citizens (Strang et al. 2021). Social wealth could affect migrant mental health and subjective well-being (SWB). The relationship between people, rules, power and social media is called social wealth. It includes intellectual and systemic social wealth. Cognition of social wealth comes from genuinely related sentiments like confidence and ideals. Deliberately created social wealth, containing positions as well as institutions, connects people and communities (Zhu et al. 2019).

The displacement of individuals impacts the social wealth they gain gradually. Social wealth can be described as the many aspects of social grouping, including connections, customs and trust in society, that enable and enhance cooperation and coordination among individuals for the benefit of all. Social wealth is examined in social science, healthcare, schooling and economy (Almohamed et al. 2019). Researchers from several academic fields have provided varying definitions of social wealth. It pertains to the practical and ethical benefits people might get via their relationships within their social circle (Delaruelle et al. 2021).

Moreover, the concept of social wealth can enhance communal cohesiveness and foster trust within a society via the establishment and expansion of interpersonal relationships among its citizens. Sufficient levels of community social wealth are necessary to foster group effectiveness, an unofficial mechanism for controlling society over undesired practices, such as hazardous sexual activities (Yu et al. 2019). The long-term study conducted by Yoo (2018) revealed a causal connection between the developments of social wealth that bonds and learns strain, which is contingent on the context and its evaluation, either decreased or increased in response to the built-up social wealth. When considering unity, social affinity can manifest familial assistance while relocating to a new residence or acquiring proficiency in a foreign language (Lewis et al. 2021).

2. Methods
2.1. Study design and analysis

A comprehensive review of the current research was undertaken, utilizing the Pub Med, Embase and PsychInfo databases. The objective was to assess the substance of published papers that examined the role of social wealth in supporting IDPs compelled to leave individuals and refugees. The study aimed to explore how social connections are reinforced in the aftermath of repercussions and emergencies, thereby mitigating mental health issues (Table 1). The search followed PRISMA guidelines as shown in Figure 1.

### Table 1 Review approach in the Embase, Pub Med and PsychInfo.

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<thead>
<tr>
<th>Original search</th>
<th>Results</th>
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<tbody>
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<td>organization”[tiab] Obligations and Expectations “communal resources” AND (“refugees” [MAJR]</td>
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<td>participation”[tiab]ObligationsandExpectations”socialcohesion”[tiab] Obligations and Expectations “social</td>
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Figure 1 The comprehensive review procedure.
The worldwide search included poor and medium-income countries as well as academic periods in three datasets. Northeastern University’s library professionals and discovered this information most probably contains relevant documents in epidemiologists, health care and mental wellness, as other sources failed to find published papers. Articles on IDPs, refugees, or forced migrants with a social-wealth-based action, psychological outcomes and English language with packed abstracts had been included.

After individually examining the outcomes, reorganized both sets of papers to determine which works to incorporate and which to exclude in the overall list. Identical copies have been eliminated throughout this procedure. There were classified 536 publications. 343 articles were omitted from the revised abstracts because they failed to satisfy the study’s requirements; this left 95 publications with complete texts. Considering the study’s eligibility requirements and selected 14 out of these 95 for this review.

The knowledge obtained from the 11 publications was utilized to analyze the material of the writings. This included identifying the geographical area in which the research took place, determining the place of origin of the displaced individuals involved, establishing the definitions of IDPs, refugees and other types of displaced individuals, clarifying the objectives of the research, identifying the indicators and instruments employed for gathering social wealth data, evaluating the mental health outcomes and the corresponding data collection instruments, describing the techniques used and sizes of sample, providing a comprehensive analyses of the treatment and its primary elements, as well as summarizing the key findings of the research.

3. Results

We provide a comprehensive overview of the material included in the 14 publications that were obtained. The resulting compilation included publications in which organizations implemented treatments via social wealth (N = 7), as well as publications in which scientists assessed initiatives employing social wealth as a mechanism (N = 7) to promote favorable mental health results. The majority of the works have been published. The research contexts consisted mostly of wealthy countries, except for a single study. The majority of our investigations were conducted using a cross-sectional approach. The research investigations that assessed the outcomes of treatments utilized qualitative techniques. There was variability in social wealth markers and the assessed mental health consequences. The present research first investigates the publications associated with each investigation, as well as the specimens and reference materials used in those studies. The inquiry focuses on markers of resilience and measures about mental health while delving into the topic of language. Finally, the study concludes with a comprehensive analysis of the collected data.

3.1. Mental Health Measurements

The obtained publications used various approaches, with some adopting a broader conceptualization of mental health, whereas some delineated specific disorders and illnesses (Dolan et al 2020). The study examined the mental health issues that hindered the process of adjustment among refugees while considering the broader aspects of mental health (Ibrahim et al 2019) depicts the subjective experience of marginalization and exclusion among migrants, with a particular focus on the role of anxiety as well as coping techniques (Beisert et al 2021). The focus of this study (Araya et al 2021) was centered on exploring the subjective experience of solitude after a move while examining the prevalence of serious mental disorders via the use of questionnaire responses (Amodu et al 2020). At last, the topic of discussion was to the experience of isolation, feelings of helplessness and depression, with other mental concerns. Seven papers out of the 14 available for the evaluation provided comprehensive information about the devices used for the data collection on Mental Health effects (Kuwert et al 2019) (Pedersen et al 2018).

3.2. Refugees

The majority of the research focused on several prominent nations that serve as primary destinations for refugee resettlement. These nations have established policies allowing refugees to remain inside their borders (Hikmet Jamil et al 2017), (Arnetz et al 2023) (Bhui et al 2022) (Hooberman et al 2020). It is worth mentioning that among the (Suarez et al 2023) preparing research, one focused on a specific segment of a substantial and prolonged refugee people within their initial homeland. This scenario presents significant challenges to aid organizations, authorities providing refugees and foreign contributors, thereby highlighting the urgent requirement for enhanced forms of assistance (Beiser et al 2020).

3.3. The level of oversight

The research conducted an investigation on a range of methodologies and used diverse strategies aimed at assisting refugees in developing social wealth, with the ultimate goal of enhancing mental health results. This portion will start with outlining individual-level measures, followed by examining group-level treatments. Community-level treatments refer to strategies and actions implemented at the community level to address various issues or promote positive change in a neighborhood. Finally, we offer the descriptions of those individuals. Multilayered therapies, which include a blend of individual and community-level initiatives, are a crucial aspect in addressing many societal issues.
3.4 Personalized treatment strategies

In their research, the authors (Amodu et al 2020) conducted a cross-sectional investigation to examine the effects of an effort to provide parenting amenities for asylum-seeking and refugee families. The research focused on analyzing the encounters and levels of engagement of these households in the intervention program using qualitative study methodologies. The primary area of concentration according to the findings from different organizations and assessments, it has been observed that the availability of care influences accessibility to such facilities. Social assistance has played an essential part in several aspects, including the establishment of social networks, reinforcement of casual social media and the circumvention of adverse influences. Emotional distress and economic disparities are seen as consequences of social isolation. Physiological sickness, academic inadequacy and poverty are interconnected societal issues studied in academic research. These issues are shown to be interrelated, with one factor exacerbating the others to the phenomenon of diminished self-worth.

Nevertheless, the implementation of regulations had a substantial influence. The degrees of solitude that occurred resulted from the implementation of the aforementioned present strategy. The outcome of this operation ended up as the sensation of experiencing more inclusion in the newly established community where people resided.

3.5 Community-based strategies for intervention

Hikmet Jamil et al (2017) used discussions during an experimental cross-sectional investigation to help refugees stay physically fit and adjust during transfer. The entire endeavor included creating partnerships for social welfare, teaching refugee leadership and providers of services new skills based on their needs and developing a community healthcare solution that encouraged a peer-to-peer model. Iraqi refugees were selected as the focus since they were thought to have physical and psychological problems much more than others. In the intervention program, the assessment involved qualitative discussions during an experimental cross-sectional investigation to help refugees stay physically fit and adjust during transfer. The entire endeavor included creating partnerships for social welfare, teaching refugee leadership and providers of services new skills based on their needs and developing a community healthcare solution that encouraged a peer-to-peer model. 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<table>
<thead>
<tr>
<th>Publications</th>
<th>Test Specimen And Reference Material</th>
<th>Indicators of Resilience</th>
<th>Mental Health Measurements</th>
<th>Language</th>
<th>Comprehensive analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolan et al (2020)</td>
<td>11 to 16 refugee and asylum-seeking parents, 5 child care providers, 2 supporting and growth workers</td>
<td>Non mentioned</td>
<td>Non mentioned</td>
<td>Irish &amp; English</td>
<td>Qualitative methods</td>
</tr>
<tr>
<td>Ibrahim et al (2019)</td>
<td>16 communal kitchen workers &amp; 48 Families of Syrian refugees in Lebanon</td>
<td>Non mentioned</td>
<td>The 6-thing the SF 35 Status of Health Survey K6 Kessler Mental Health Assessment</td>
<td>Translated properly in Arabic &amp; English.</td>
<td>An investigative empirical descriptive strategy</td>
</tr>
<tr>
<td>Araya M (2021)</td>
<td>Ethiopian has 748 migrant women in the capital, Addis Ababa, &amp; 112 in Debre Bazar.</td>
<td>The Social Amenities Measure and Resilience techniques measure social assistance perceptions. WHOQOL-BREF</td>
<td>SCL-90-R, WHOQoL-BREF, HHQ part 1.</td>
<td>Adapted and linguistically verified in English &amp; Amharic language.</td>
<td>T-test, X², Multimodal categorical logistic correlation variables</td>
</tr>
<tr>
<td>Amodu et al (2020)</td>
<td>267 Eritrean Displacement tent inhabitants &amp; urban residents.</td>
<td>SOC 14</td>
<td>Non mentioned</td>
<td>Modified and updated SOC 14 for Eritrean &amp; English dialects.</td>
<td>The t-test, Quantification of Range</td>
</tr>
<tr>
<td>Kuwert et al (2019)</td>
<td>1513 German people aged&gt;60 (237 moved after the Second World War)</td>
<td>RS-12</td>
<td>FLZM, PHQ-3, GAD-6</td>
<td>No data about translation/adaptation. Ca values for RS-12, PHQ-3 and GAD-6 are 0.92, 0.77 and 0.88, FLZM Cα:0.82</td>
<td>MANOVA, X² test and iterative correlation parameters</td>
</tr>
<tr>
<td>Beiser et al (2021)</td>
<td>1602 Lankan Tamils in Canada’s Toronto</td>
<td>Pressures before/after displacement, family-centered</td>
<td>WWOCIDI-K treating Post Traumatic Stress Disorder</td>
<td>Converted and returned to Tamil.</td>
<td>In statistical description, OR and AOR</td>
</tr>
</tbody>
</table>
support systems and the quality of living.

Discussions in Tamil or English are provided upon request.

Tools validated for Quechua language usage via historical and English for conceptual analysis.

Generalized correlation parameters, descriptive data

Reversed translation from the English language to Spanish to Quechua. Tested for cultural and cognitive accuracy using approved HTQ & TQ-LID.

Combinatorial analysis, statistical description

Translation/use in Arabic dialect. HSCL-26: Cα = 0.97, 0.87, PDS = 0.93

Pearson chi-square test - statistical analysis

Translation from Arab. An inquiry was filled in English by respondents.

T-test, X² testing the Mann-Whit U-test, regression analysis

Verified for accuracy and legitimacy after translating and before translating to Somali & English

statistical analysis

Use multilevel regression techniques to examine the moderating influence on resiliency factors.

Descriptive data, coherence and iterative correlation values.

4. Discussion

We found that social wealth was the way that changes in mental health results were made across each of the treatments. The results of our study indicate that treatments are a good way to improve the mental well-being of people who

https://www.malque.pub/ojs/index.php/mr
are compelled to move. There aren’t enough tested tools to measure the relationship between social wealth and mental health results. Cross-section statistics are used in the majority of the works. It’s easier to evaluate and repeat examination have an explicit description of the population that they are looking at, as well as a clear way of measuring social wealth signs and mental health outcomes. Long-term research methods could show a link between social wealth measures and the mental wellness of refugees.

5. Conclusions and Future Study

Refugees sometimes encounter challenging conditions that are within their power, which might render them vulnerable to a variety of mental health problems. The findings of our study suggest that implementing treatments aimed at addressing the mental health of refugees via the use of social wealth as a means to bring beneficial improvements in these results is a promising first approach for enhancing the mental health of refugees. Given the significant number of refugees over several centuries and the ongoing expansion of the relocated people, our investigation revealed 14 studies exploring treatments using this particular approach. The studies emphasize the significance of reinforcing or establishing social wealth as a bridge and connecting social wealth, as a vital resource to support those in need. Our analysis revealed that measures aimed at enhancing social wealth in communities have a crucial role in mitigating psychological indicators among immigrant populations.

Based on the small amount of data available regarding the susceptibility of populations at risk to mental wellness issues, the present overview serves as a clear call for researchers to delve deeper into the study of social-wealth measures between refugees and other forcibly displaced individuals. It is imperative to address the systematic difficulties encountered in the studies. We invite investigators to direct their attention toward sequential multilayer initiatives. These measures include the interventionists first enhancing neighborhood social wealth, identifying individuals who need individualized mental health treatment within these measures and making appropriate referrals if necessary.

Ethical Considerations
Not Applicable.

Conflict of Interest
The authors declare no conflict of interest.

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Dolan N & Sherlock C. (2020). Family support through childcare services: Meeting the needs of asylum-seeking and refugee families. *Child Care in Practice*, 1, 16(2), 147-65. DOI: 10.1080/1357257093493382

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