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Global migration: Moral, political and mental health challenges

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Abstract

Global migration is expected to continue to increase as climate change, conflict and economic disparities continue to challenge peoples' lives. The political response to migration is a social determinant of mental health. Despite the potential benefits of migration, many migrants and refugees face significant challenges after they resettle. The papers collected in this thematic issue of Transcultural Psychiatry explore the experience of migration and highlight some of the challenges that governments and healthcare services need to address to facilitate the social integration and mental health of migrants. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence that migrants often face need to be broad-based, unified, and persistent to make meaningful change. When migrants are free to realize their talents and aspirations, they can help build local communities and societies that value diversity.

Keywords

Migration, refugees, mental health, discrimination, cultural adaptation, health services and systems, policy

The whole world seems to be on the move. Hundreds of millions of people choose to travel every year to distant parts of the planet for holidays and to visit family (UNWTO, 2022). Millions more study in a different country (Migration Data Portal, 2020). The United Nations estimates that more than 50 million people have migrated to the United States alone since 1950 (Migration Policy Institute, 2019). Refugees, whether internally displaced or forced to leave their home countries, now exceed 100 million worldwide (UNHCR, 2022). A pandemic like COVID may slow the flow of migration temporarily but the overall upward trend continues, fueled by fundamental human concerns including increasing population, economic disparity, insecurity for self and family, and the profound impacts of climate change.

Although migration has been central to human history from our earliest origins, its current scale and scope pose new moral, political, and mental health challenges. There are dramatic differences in the reception accorded those who have the resources to travel for leisure or education and those who are forcibly displaced or struggling to survive. Many governments have adopted increasingly severe measures to deter migration—building border walls, imposing harsh forms of detention or deportation (Kronick et al., 2021)—but in the face of mounting pressures to seek safety and equity, these measures raise fundamental ethical and practical questions of survival and social justice. The unequal global distribution of wealth and health are part of the legacy of centuries of colonialism, exploitation, and genocide (Lindqvist, 2021; Mayblin & Turner, 2020), aggravated by some of the economic policies and practices of globalization (Milanovic, 2016). Redressing these inequities is an ethical, political, and human rights imperative.

Much of the current effort to block international migration is inhumane and economically unsound. Economic prosperity depends on the kind of creativity and renewal that comes with migration. Indeed, some have suggested that open immigration, despite short-term difficulties adjusting to and incorporating new arrivals into the host society, has the potential to produce tens of trillions of dollars for the global economy—a long-term boon to

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everyone tolerant and patient enough to receive it (Caplan & Naik, 2015). Given the ethical and economic concerns, the time has come for governments and citizens everywhere to stop resisting migration and to welcome and harness its potential for the benefit of all. This requires rethinking how we view migrants and refugees, recognizing them as fellow humans who should be received as guests rather than as trespassers or invaders.

The human capacity to adapt to new environments reflects our cognitive flexibility, ingenuity, and capacity for social cooperation, but it occurs in political contexts that lead to distinct forms of precarity. The political response to migration is itself a social determinant of mental health. Despite the potential benefits of migration, many immigrants and refugees face significant challenges after they arrive in countries of adoption. Governments and institutions need to address the adaptation of newcomers as an investment in the future integrity and health of their society and culture. The papers collected in this thematic issue of *Transcultural Psychiatry* explore the experience of migration and highlight some of the challenges that governments and healthcare services must address to facilitate the social integration and mental health of migrants.

Trajectories and determinants of migrant mental health

Migrants constitute highly heterogenous groups, who come from varied backgrounds, move for multiple reasons and combinations of "push" and "pull" factors, follow complex trajectories, and face distinct adaptive challenges in their new countries of adoption (Kronick et al., 2023). Lumping diverse kinds of migrants together for research purposes thus may obscure crucial differences. Any common characteristics identified in a given setting may represent elements of a shared predicament and say more about the receiving society than the migrant population itself.

Migration is part of human evolutionary and co-evolutionary history, and so we are well-equipped to adapt to new environments. Indeed, most migrants flourish when afforded adequate resources. Refugees who have experienced traumatic events and forced displacement may have specific challenges that undermine this adaptive capacity (Beiser, 2009; Papadopoulos, 2021; Simich & Andermann, 2014). However, there is evidence that most refugees do well despite adversity, provided the receiving society provides them means to re-establish their lives.

In their study in this issue of refugees in the United States from Afghanistan, Iran, and Syria, Hirad et al. (2023) highlight their remarkable resilience. Refugee narratives reveal the ways that they moved forward despite adversity through multiple strategies, including maintaining awareness of context, tolerating uncertainty, attention to spiritual/religious issues, consideration of others, and integrating into society. Hirad et al. discuss this in terms of the construct of "post-traumatic growth" (Calhoun & Tedeschi, 2014), which recognizes the potential to develop new strengths, skills, and identities through the process of coping and reconstructing life after trauma. Hirad et al. present a model of the refugee traumatic growth process that can help clinicians focus on aspects of adaptation and promote an empowering narrative that emphasizes agency, resilience, and future orientation. Hirad et al.'s model of the refugee traumatic growth process could also be read in terms of the kinds of social contexts and migration-related policies that facilitate adaptation and well-being. To further develop models of successful adaptation, prospective studies with mixed methods are essential to understand trajectories of adaptation. Mixed-methods research can also address the possibility that narratives of post-traumatic growth may be influenced by trauma-survivors' adaptive cognitive biases that could minimize, misattribute, or ignore negative or challenging aspects of lived experience (Gower et al., 2022).

In a longitudinal study, O'Donnell et al. (2022) followed a large sample of refugees in Australia to identify post-settlement factors that affected psychological distress. Lower perceived discrimination and more positive reception by the host society were associated with lower levels of distress. Lower levels of perceived social support from their ethnic or religious communities were associated with greater distress. Analyzing the same data set, Allinson and Berle (2023) found a negative relationship between thwarted post-resettlement expectations and recovery from trauma-related distress. Findings from longitudinal studies like these have important implications for policy and practice interventions to promote refugee mental health.

Lawrence et al. (2023) examined the perspectives of refugee children from Syria and Iraq in Australia on their home, school, and pre-migration environments. Hierarchical cluster analysis revealed important differences among groups of children regarding their happiness living in Australia. This heterogeneity of experience points to the importance of attending to children's perspectives and not over-generalizing from group means. Unpacking the determinants of children's differential experience by close study of their migration trajectories, families, social niches, and lifeworlds could lead to more refined strategies to promote mental health.

In addition to the specific forms of precarity associated with forced migration and resettlement, refugees face the same stressors as the general population but may experience these in distinct ways. The global COVID-19 pandemic heightened anxiety and health concerns for many people (Asmundson & Taylor, 2020); however, refugees and other migrants have faced additional challenges owing to economic impacts, discrimination, and limited access to resources (Crouzet et al., 2022; Spiritus-Beerden et al.,

2021; World Health Organization, 2020). In a mixed-methods study of Arab refugees in Germany, Abi Jumaa et al. (2023) found that the pandemic and its consequences aggravated pre-existing psychological distress among refugees and reminded some participants of previous stressors in their home countries and their forced migration. Refugees had limited information on where to get clinical care for COVID infection and were dependent on interpreters for access to services. There were gender differences related to the use of media and coping strategies. This study underscores the need to consider the differential impact of public health measures on specific migrant groups and to develop culturally informed approaches to improve access to services.

The impact of discrimination

The integration of migrants is sometimes portrayed as something they can choose and control by adopting different styles of acculturation and mobilizing social networks. However, the identities and social positions that newcomers are assigned by host societies may be beyond their control, differ widely from their self-understanding or aspirations, and be among the most powerful determinants of long-term outcome. Many migrants face discrimination, intolerance, and rejection based on their geographic origins, racialized identities, cultures, languages, religious affiliations, or politics. Discrimination takes many forms and can affect every aspect of migrants' lives. Four papers in this issue explore aspects of discrimination and its impact on clinical practice. Gillespie et al. (2023) describe variations in the effects of discrimination according to gender among Somali young adults resettled in North America. For women, discrimination had a direct effect on symptoms, whereas for men the discrimination–symptom relationship was mediated by acculturation style, as indicated by their endorsement of assimilation. This implies that the effort to assimilate to North American cultural norms may render men more vulnerable to the negative effects of discrimination, possibly because it leaves them in a vulnerable and sometimes contradictory position between their cultures of origin and adoption.

Other papers in this issue also note the negative impact of racism and discrimination on migrants' mental health. Van de Beek et al. (2023) documented how young Moroccans in The Netherlands referred to lived experiences of discrimination in confidential online chats, whereas the failure to meet expectations in the country of adoption that Allinson and Berle (2023) reported was linked to persistent or emergent symptoms of distress may stem from systemic discrimination that impedes educational, occupational, and economic advancement. Changes in social policy to recognize educational credentials and create pathways to meaningful employment can have a major impact on migrant adaptation and outcome. In some places, the COVID-19 pandemic altered these pathways by offering migrants work in essential services in high-risk settings (Anderson et al., 2021; Hayward et al., 2021), presenting a complex mix of opportunity and systemic discrimination that requires careful study and ethical analysis.

The bias and discrimination that contribute to migrant mental health challenges are also evident in clinical settings. Najjarkakhaki and Ghane (2023) discuss how efforts to deal with the stresses, disappointments, and humiliations of their change in status—such as preoccupation with feelings of persistent loss or boasting about former status—may lead to over-diagnosis of personality disorders in migrants. Misdiagnosis is a form of discrimination at least in so far as it reflects misrecognition and misunderstanding based on unexamined biases and can have potentially profound clinical, social, and economic ramifications. The remedy lies in clinicians' self-reflectiveness, awareness of structural issues in their own society, and systematic efforts to understand the predicament of migrants on their own terms (Kirmayer, 2008).

The need for culturally adapted mental health services

Migrants have diverse languages and cultures that may differ substantially from those common in their places of resettlement. The process of acculturation may proceed at different rates in specific domains. Although many migrants quickly adopt local healthcare models and coping strategies, underlying values, attitudes, and conceptions of affliction and healing may change more slowly. As a result, migrants may be less likely to report mental health concerns and needs and may avoid psychiatric services (Kirmayer et al., 2007). To respond appropriately to this diversity, mental health systems need to adapt their practices to ensure that migrants and refugees have equitable access to culturally appropriate services and interventions.

Cultural adaptation depends on knowledge of the ways that migrants understand and cope with stress and mental health problems, which can be clarified through qualitative research studies. In this issue, Copolov and Knowles (2023) report a study of the explanatory models of mental health and illness among young Hazara (Afghan) refugees (18 to 30 years of age) in Australia, designed to identify potential barriers and facilitators to accessing mental health care. In general, participants were future oriented and saw physical and mental health problems and social conditions as closely related. They also expressed concern that the older generation downplayed the importance of mental health concerns. There were important gender differences in experience reflecting social roles, networking, expectations, and modes of adaptation, pointing to suggestions for specific preventive interventions. These included helping

Hazara men to develop social and employment networks in Australia, while maintaining contact with overseas networks. Such networks may reduce the severity of substance use in these young men. Hazara women, on the other hand, endorsed the helpfulness of religious beliefs and practices when coping with distress. Young Hazaras might benefit from access to nearby places of worship to ensure the availability of religious practices, guidance, and support.

Although addressing structural and linguistic barriers is paramount in ensuring access to mental health care, the need to adapt services also stems from cultural differences in illness explanations. Van de Beek et al. (2023) describe models of explanations and remedies for mental health problems observed in online forums for young Moroccan Dutch people. The authors found that three kinds of explanations were common: religious, medical, and a combined religious and medical category. These explanations were linked to specific remedies in the online conversations, such as visiting an Imam or performing *Ruqyah* (recitations of the Koran) among the religiously oriented. When mental health problems were explained in terms of concurrent factors like genetic vulnerability and Jinn possession, advising a combination of medical and religious treatments was helpful for some people. Understanding how members of a cultural or religious community make sense of illness can help clinicians to understand the concerns and expectations of diverse patients and devise and deliver more culturally responsive mental health care.

Clinical assessments may include interview protocols and measures that assume shared background knowledge. Intercultural work challenges this assumption by raising questions about the cross-cultural applicability of standard instruments. Kyrillos et al. (2023) drew data from a larger study of Syrian refugee children and adolescents in Lebanon to consider how the MINI International Neuropsychiatric Interview for Children and Adolescents (MINI Kid; Sheehan et al., 2010) functioned in clinical assessments. They found that attention paid to cultural norms and meanings during the assessments was critical to accurately interpreting results. For example, several refugee children screened falsely positive for suicidality because of expressing being tired or fed up by saying, "I wish I were dead." Another misjudgment occurred when criteria for obsessive compulsive disorder were met on the MINI Kid due to frequent prayer and worries about family safety, both of which were normal, even adaptive, given the life context of refugee children. This study clearly shows the importance of considering cultural and social context when applying structured tools in clinical assessment with refugees. More work is needed to develop psychometrically sound and culturally validated instruments and interview protocols. This should examine the ways in which questions are understood (e.g., through methods of cognitive interviewing; Carvajal-Velez et al., 2023) and the process of interaction in clinical interviews through observational studies.

The process of culturally adapting an intervention can yield information about individual and community experiences, needs and resources that can guide health service improvements. DiClemente-Bosco et al. (2023) report findings from a pilot study of the Family Strengthening Intervention for Refugees, adapted through a community-based participatory research protocol with Somali and Bhutanese refugees in the greater Boston area in the United States. They conducted in-depth exit interviews of program participants to explore family experiences with the intervention and potential mechanisms of change. Aspects of the program that made it feasible and acceptable for the families included flexible intervention scheduling and the presence of community interveners. Participants valued the improved family communication and opportunity to spend time together. Community involvement resulted in an intervention that was culturally grounded and identified areas for refinement based on specific aspects of family interaction and the potential for additional targeted interventions.

In Israel, Knaifel (2023) explored the impact of a culturally adapted family psychoeducation intervention for mothers of patients with severe mental illness who were immigrants from the former Soviet Union. The intervention appeared to improve service engagement and satisfaction by surmounting language barriers and increasing access to mental health information. Providing multifamily psychoeducation groups in Russian allowed the women to share their experiences rather than keep them secret, thereby reducing stigma among group members, reducing isolation, and fostering a sense of belonging to a supportive cultural community. The mothers gained strength from each other, which enabled them to reassert healthy boundaries in their relationships with their adult children. The study underscores the importance of considering migrant cultural backgrounds in developing culturally responsive services and has implications for culturally adapted services for severe mental illness more broadly.

Taken together, these papers represent efforts to modify, change or adapt existing services and practices to better meet the needs of migrants and refugees. Such adaptations may be time consuming and challenging to implement, and the final product may fall short of the initial vision of the project; but culturally adapted services represent a crucial effort to implement meaningful change and can signal to migrants and refugees that their knowledge is valued, and their concerns are taken seriously.

Although migrant mental health is a growing aspect of mental health care across the globe, it does not receive adequate attention in the training of many mental health practitioners (Bäärnhielm & Schouler-Ocak, 2022). Frankova et al. (2023) report results from a survey of psychiatry trainees from 15 countries across Europe that found a high level of unmet need for training in how to work with refugees and forcibly displaced persons. Specific areas where more training

was desired included cultural competence and assessment and treatment of trauma-related disorders. In a systematic review of the literature, Peñuela-O'Brien et al. (2023) summarize the experiences and attitudes of health professionals toward migrants in Europe, where meeting the specialized needs of migrants poses challenges to health systems that are inadequately funded and do not provide universal access to care. Three main themes emerged. The first had to do with managing complicated challenges like stigma, discrimination, poverty, psychological trauma, and unresponsive health services that were not attuned to the special needs of migrants. The second theme was related to the negative emotional reactions of health professionals to migrants, with feelings of mistrust, hopelessness, exhaustion, and vicarious traumatization complicating clinical care. The third emergent theme highlighted the dilemma of providing care to people from different cultures with different understandings of mental illness and clinical needs, such as a perceived focus on somatic symptoms, the need for linguistic interpreters, and the impact of gender on clinical interactions (e.g., the benefit, in some instances, of gender-matching patients and clinicians). Recommendations for professionals included offering longer consultations, collaborating with volunteer organizations to support migrants and professionals alike, partnering with migrant communities, and adopting a person-centered approach.

Improving mental health systems and services for migrants

There is evidence that culturally adapted mental health services for minority ethnic populations produce better outcomes and are preferred by patients and caregivers (Arundell et al., 2021; Kirmayer & Jarvis, 2019). Adapted psychotherapies (like cognitive behavioral therapy and family interventions), involving community partners in care models, and culturally modifying assessment interviews are important aspects of efforts to engage diverse patients (Bhui et al., 2015; Naeem et al., 2019). Cultural adaptation of services requires more than modification of language or content: close attention needs to be paid to the setting and process of service delivery, including encouraging community-based programs to develop in partnership with religious groups, schools, and community organizations, and developing clinics situated in the cultural communities they serve (Pumariega et al., 2010).

Adaptations of services and interventions can be basic or more comprehensive. Basic adaptations may focus on translating materials into minority languages, raising awareness of racism and cultural dilemmas, and making refugees and migrants more visible in mainstream society. Deeper adaptation strategies aim to co-adapt services in partnership with members of stakeholder communities and introduce cultural aspects of care linked to specific practices and beliefs (Taylor et al., 2022). Clearly, mental health providers should aim for comprehensive adaptations to their practice, which requires time for reflection, political will, and funding to achieve in a meaningful way. Many of the papers in this thematic issue advocate for fundamental changes in policy, services, and systems to provide linguistically adapted services, support community and religious institutions, ensure employment, and promote effective coping. Although specialized services can provide crucial adjuncts to routine care (Kirmayer & Jarvis, 2019; Larchanché, 2020), mental health professionals need specific training and skills for intercultural work with individuals, families, and communities. This must include attention to systemic racism and discrimination, while promoting cultural humility and safety (Lazaridou & Fernando, 2022).

The experience of discrimination is linked to negative mental and physical health outcomes (Williams et al., 2019). The studies in this thematic issue describe the impacts of discrimination experienced by migrants from Morocco living in The Netherlands, Somalis in North America, and diverse migrants to Australia. These are long-standing systemic problems, with historical roots in colonialism, that have been exacerbated by recent geopolitical events and a broad turn toward nativism and exclusionary politics. Mental health practitioners need to advocate for social change—but we have our own work to do to reduce bias and discrimination in mental health services, where anti-Muslim, anti-Indigenous, and anti-Black racism are reflected in differential access, diagnostic practices, and intervention choices (Brandow & Swarbrick, 2022; In Plain Sight, 2020; Khan, 2022). Effective ways to document, address, and reverse the effects of discrimination include developing a workforce that represents the diversity of the population, ensuring cultural safety of institutions through close collaboration with communities, and approaching the clinical encounter with humility and respect. Clinicians need training and resources to work effectively with migrants, focusing on their resilience and on long-term adaptive processes. Efforts to counter the systemic discrimination and structural violence of society need to be broad-based, unified, and persistent to make meaningful change.

Conclusion

We live in a time of great flux and unpredictability. The insularity of nations, ethnic groups, cities, and neighborhoods is being challenged by migration that will certainly grow in the years to come. Although this global movement of people may create apprehension, it also presents opportunities for growth and solidarity. The reception of migrants is a moral barometer of our communities and of global civil society. Effective policy can enable countries to receive migrants and refugees in ways that maximize well-being

and promote long-term adaptation. Migration presents governments, healthcare systems, institutions, and individuals with the opportunity to learn new languages, customs, and beliefs, and to increase capacity for tolerance and service to others. When migrants are free to realize their talents and aspirations, they can help build societies in which differences do not divide people but allow their cultures to co-exist, intertwine, and hybridize in new ways, creating social fabrics rich with diversity. The articles in this issue of *Transcultural Psychiatry* point to many ways forward for this vital endeavor.

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References

Allinson, C. H., & Berle, D. (2023). Association between unmet post-arrival expectations and psychological symptoms in recently arrived refugees. *Transcultural Psychiatry*, *60*(1), 39–51.

Anderson, B., Poeschel, F., & Ruhs, M. (2021). Rethinking labour migration: COVID-19, essential work, and systemic resilience. *Comparative Migration Studies*, *9*, 45. https://doi.org/10.1186/s40878-021-00252-2

Arundell, L. L., Barnett, P., Buckman, J. E., Saunders, R., & Pilling, S. (2021). The effectiveness of adapted psychological interventions for people from ethnic minority groups: A systematic review and conceptual typology. *Clinical Psychology Review*, *88*, 102063. https://doi.org/10.1016/j.cpr.2021.102063

Asmundson, G. J. G., & Taylor, S. (2020). Coronaphobia: Fear and the 2019–nCoV outbreak [Editorial]. *Journal of Anxiety Disorders, 70,* Article 102196. https://doi.org/10.1016/j.janxdis.2020.102196

Bäärnhielm, S., & Schouler-Ocak, M. (2022). Training in cultural psychiatry: Translating research into improvements in mental health care for migrants. *Transcultural Psychiatry*, *59*(2), 111–115. https://doi.org/10.1177/13634615221089384

Beiser, M. (2009). Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project. *Transcultural Psychiatry*, *46*(4), 539–583. https://doi.org/10.1177/1363461509351373

Bhui, K., Aslam, R. W., Palinski, A., McCabe, R., Johnson, M. R. D., Weich, S., Singh, S. P., Knapp, M., Ardino, V., & Szczepura, A. (2015). Interventions designed to improve therapeutic communications between black and minority ethnic people and professionals working in psychiatric services: a systematic review of the evidence for their effectiveness. *Health Technology Assessment*, *19*(31), 95–103. https://doi.org/10.3310/hta19310

Brandow, C. L., & Swarbrick, M. (2022). Improving Black mental health: A collective call to action. *Psychiatric Services*, *73*(6), 697–700. https://doi.org/10.1176/appi.ps.202000894. Epub 2021 Sep 30. PMID: 34587786

Calhoun, L. G., & Tedeschi, R. G. (Eds.) (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.

Caplan, B., & Naik, V. (2015). A radical case for open borders. In Powell, B. (Ed.), *The economies of immigration: Market-based approaches, social science, and public policy* (pp. 180–211). Oxford University Press.

Carvajal-Velez, L., Ahs, J. W., Requejo, J. H., Kieling, C., Lundin, A., Kumar, M., Luitel, N. P., Marlow, M., Skeen, S., Tomlinson, M., & Kohrt, B. A. (2023). Measurement of mental health among adolescents at the population level: A multicountry protocol for adaptation and validation of mental health measures. *Journal of Adolescent Health*, *72*(1), S27–S33. https://doi.org/10.1016/j.jadohealth.2021.11.035

Copolov, C., & Knowles, A. (2023). "Everything was stuck in my inside and I just wanted to get it out": Psychological distress, coping, and help-seeking for young adult Australian Hazaras from refugee backgrounds. *Transcultural Psychiatry*, *60*(1), 114–124.

Crouzet, L., Scarlett, H., Colleville, A. C., Pourtau, L., Melchior, M., & Ducarroz, S. (2022). Impact of the COVID-19 pandemic on vulnerable groups, including homeless persons and migrants, in France: A qualitative study. *Preventive Medicine Reports*, *26*, 101727. https://doi.org/10.1016/j.pmedr.2022.101727

DiClemente-Bosco, K., Elizabeth Neville, S., Berent, J. M., Farrar, J., Mishra, T., Abdi, A., Beardslee, W. R., Creswell, J. W., & Betancourt, T. S. (2023). Understanding mechanisms of change in a family-based preventive mental health intervention for refugees by refugees in New England. *Transcultural Psychiatry*, *60*(1), 142–155.

Frankova, I., Scheeres, K., Menculini, G., Cikrikcili, U., Matei, I. C., Fellinger, M., Riboldi, I., Uzer-Kremers, L., & Küey, L. (2023). Forcibly displaced persons and mental health: A survey of the experiences of Europe-wide psychiatry trainees during their training. *Transcultural Psychiatry*, *60*(1), 167–175.

Gillespie, S., Winer, J. P., Issa, O., & Ellis, B. H. (2023). The role of discrimination, assimilation, and gender in the mental health of resettled Somali young adults: A longitudinal, moderated mediation analysis. *Transcultural Psychiatry*, *60*(1), 99–113.

Gower, T., Pham, J., Jouriles, E. N., Rosenfield, D., & Bowen, H. J. (2022). Cognitive biases in perceptions of posttraumatic growth: A systematic review and meta-analysis. *Clinical Psychology Review*, *94*, 102159. https://doi.org/10.1016/j.cpr.2022.102159

Hayward, S. E., Deal, A., Cheng, C., Crawshaw, A., Orcutt, M., Vandrevala, T. F., Norredam, M., Carballo, M., Ciftci, Y., Requena-Méndez, A., & Hargreaves, S. (2021). Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review. *Journal of Migration and Health*, *3*, 100041. https://doi.org/10.1016/j.jmh.2021.100041

Hirad, S., Miller, M. M., Negash, S., & Lambert, J. E. (2023). Refugee posttraumatic growth: A grounded theory study. *Transcultural Psychiatry*, *60*(1), 13–25.

In Plain Sight (2020). Addressing indigenous-specific racism and discrimination in B.C. Health Care. Addressing Racism review summary report. Government of British Colombia. Retrieved December 5, 2020, from https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf.

Jumaa, J. A., Bendau, A., Ströhle, A., Heinz, A., Betzler, F., & Petzold, M. B. (2023). Psychological distress and anxiety in Arab refugees and migrants during the COVID-19 pandemic in Germany. *Transcultural Psychiatry*, *60*(1), 62–73.

Khan, A. A. (2022). Encountering Islamophobia in the medical profession. *Canadian Medical Association Journal*, *194*(4), E815–E816. https://doi.org/10.1503/cmaj.220455

Kirmayer, L. J. (2008). Empathy and alterity in cultural psychiatry. *Ethos*, *36*(4), 457–474. https://doi.org/10.1111/j.1548-1352.2008.00027.x

Kirmayer, L. J., & Jarvis, G. E. (2019). Culturally responsive services as a path to equity in mental healthcare. *HealthcarePapers*, *18*(2), 11–23. https://doi.org/10.12927/hcpap.2019.25925

Kirmayer, L. J., Weinfeld, M., Burgos, G., du Fort, G. G., Lasry, J. C., & Young, A. (2007). Use of health care services for psychological distress by immigrants in an urban multicultural milieu. *The Canadian Journal of Psychiatry*, *52*(5), 295–304. https://doi.org/10.1177/070674370705200504

Knaifel, E. (2023). Cultural competence in multi-family psychoeducation groups: The experiences of Russian-speaking immigrant mothers of adults with severe mental illness. *Transcultural Psychiatry*, *60*(1), 156–166.

Kronick, R., Jarvis, G. E., & Kirmayer, L. J. (2021). Refugee mental health and human rights: A challenge for global mental health. *Transcultural Psychiatry*, *58*(2), 147–156. https://doi.org/10.1177/13634615211002690

Kronick, R., Jarvis, G. E., & Kirmayer, L. J. (2023). Migrant mental health: Immigrants, refugees and displaced persons. In Tasman, A., Riba, M. B., Schutze, T., Ng, C. H., Alfonso, C. A., Lecic-Tosevski, D., Kanba, S., Alarcón, R. D., & Ndetei, D. (Eds.), *Psychiatry* (Fifth edition). Springer.

Kyrillos, V., Bosqui, T., Moghames, P., Chehade, N., Saad, S., Rahman, D. A., Karam, E., Karam, G., Saab, D., Pluess, M., & McEwen, F. (2023). The culturally and contextually sensitive assessment of mental health using a structured diagnostic interview (MINI Kid) for Syrian refugee children and adolescents in Lebanon: Challenges and solutions. *Transcultural Psychiatry*, *60*(1), 125–141.

Larchanché, S. (2020). *Cultural anxieties: Managing migrant suffering in France*. Rutgers University Press.

Lawrence, J. A., Kaplan, I., Korkees, D., Stow, M., & Dodds, A. E. (2023). Perspectives and feelings of refugee children from Syria and Iraq about places and relations as they resettle in Australia. *Transcultural Psychiatry*, *60*(1), 52–61.

Lazaridou, F., & Fernando, S. (2022). Deconstructing institutional racism and the social construction of whiteness: A strategy for professional competence training in culture and migration mental health. *Transcultural Psychiatry*, *59*(2), 175–187. https://doi.org/10.1177/13634615221087101

Lindqvist, S. (2021). *Exterminate all the Brutes*. Granta books.

Mayblin, L., & Turner, J. (2020). *Migration studies and colonialism*. John Wiley & Sons.

Migration Data Portal (2020). *International students. IOM UN migration: Global migration data analysis centre*. Retrieved January 5, 2023, from https://www.migrationdataportal.org/themes/international-students.

Migration Policy Institute (2019). *World population prospects 2019, Online Edition. Rev. 1*. Retrieved January 5, 2023, from https://www.migrationpolicy.org/programs/data-hub/charts/net-number-migrants-country-1950-2020-five-year-intervals.

Milanovic, B. (2016). *Global inequality: A new approach for the age of globalization*. Harvard University Press.

Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaptation of cognitive–behavioural therapy. *BJPsych Advances*, *25*(6), 387–395. https://doi.org/10.1192/bja.2019.15

Najjarkakhaki, A., & Ghane, S. (2023). The role of migration processes and cultural factors in the classification of personality disorders. *Transcultural Psychiatry*, *60*(1), 99–113.

O'Donnell, A. W., Paolini, S., & Stuart, J. (2022). Distinct trajectories of psychological distress among resettled refugees: Community acceptance predicts resilience while low ingroup social support predicts clinical distress. *Transcultural Psychiatry*, 13634615221098309. doi:10.1177/13634615221098309.

Papadopoulos, R. K. (2021). *Involuntary dislocation: Home, trauma, resilience, and adversity-activated development*. Routledge.

Peñuela-O'Brien, E., Wan, M. W., Edge, D., & Berry, K. (2023). Health professionals' experiences of and attitudes towards mental healthcare for migrants and refugees in Europe: A qualitative systematic review. *Transcultural Psychiatry*, *60*(1), 176–198.

Pumariega, A. J., Rothe, E. M., Song, S., & Lu, F. G. (2010). Culturally informed child psychiatric practice. *Child and Adolescent Psychiatric Clinics of North America*, *19*(4), 739–757. https://doi.org/10.1016/j.chc.2010.07.004

Sheehan, D. V., Sheehan, K. H., Shytle, R. D., Janavs, J., Bannon, Y., Rogers, J. E., Milo, K. M., Stock, S. L., & Wilkinson, B. (2010). Reliability and validity of the Mini International Neuro-psychiatric interview for children and adolescents (MINI Kid). *Journal of Clinical Psychiatry*, *71*(3), 313–326. https://doi.org/10.4088/JCP.09m05305whi

Simich, L., & Andermann, L. (Eds.) (2014). *Refuge and resilience: Promoting resilience and mental health among resettled refugees and forced migrants*. Springer.

Spiritus-Beerden, E., Verelst, A., Devlieger, I., Langer Primdahl, N., Botelho Guedes, F., Chiarenza, A., Maesschalck S, D., Durbeej, N., Garrido, R., Gaspar de Matos, M., Ioannidi, E., Murphy, R., Oulahal, R., Osman, F., Padilla, B., Paloma, V., Shehadeh, A., Sturm, G., van den Muijsenbergh, M., Vasilikou, K., Watters, C., Willems, S., Skovdal, M., & Derluyn, I. (2021). Mental health of refugees and migrants during the COVID-19 pandemic: The role of experienced discrimination and daily stressors. *International Journal of Environmental Research and Public Health*, *18*(12), 6354. https://doi.org/10.3390/ijerph18126354

Taylor, A., Radfor, G., & Calia, C. (2022). Review: Cultural adaptations to psychosocial interventions for families with refugee/asylum seeker status in the United Kingdom – a systematic review. *Child and Adolescent Mental Health*. https://doi.org/10.1111/camh.12547. Epub ahead of print. PMID: 35195944

UNHCR (2022). *Refugee Data Finder*. UNHCR: The UN Refugee Agency. Retrieved January 5, 2023, from https://www.unhcr.org/refugee-statistics/.

UNWTO (2022). *Tourism recovery accelerates to reach 65% of pre-pandemic levels*. The World Tourism Organization (UNWTO), United Nations. Retrieved January 5, 2023, from https://www.unwto.org/news/tourism-recovery-accelerates-to-reach-65-of-pre-pandemic-levels.

van de Beek, M. H., Landman, E., Veling, W., Schoevers, R. A., & van der Krieke, L. (2023). Discussing the unspoken: A qualitative analysis of online forum discussions on mental health problems in young Moroccan-Dutch migrants. *Transcultural Psychiatry*, *60*(1), 86–98.

Williams, D. R., Lawrence, J. A., Davis, B. A., & Vu, D. (2019). Understanding how discrimination can affect health. *Health Services Research*, *54*(Suppl 2), 1374–1388. https://doi.org/10.1111/1475-6773.13222

World Health Organization (2020). *ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19*. ISBN 978-92-4-001793-1.

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