The Global Society on Migration, Ethnicity, Race and Health

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Webinar Summary[1]
Multiple Jeopardies: Long-term Impact of COVID-19 on Migrants' & Ethnic Minorities' Physical and Mental Wellbeing

The Global Society's 3rd webinar was held on July 1, 2021. Its aim was to consider the emerging long-term impact of COVID-19 on the health and wellbeing of migrants and ethnic minorities across the world. It was attended by 165 people from 52 countries.

Long COVID

Prof Charles Agyemang[2] set the scene by highlighting the relatively lower rates of COVID-19 vaccination among ethnic/racial minorities in the US and the UK during the first five months of 2021 compared with the White population. Unless this was rectified, it was likely that ethnic/racial minorities would remain at higher risk of infection. Against this background, he summarised the emerging evidence for "Long COVID", that is the experience of symptoms persisting weeks or months after the initial coronavirus infection. Symptoms can be many and varied in severity and duration. The most common are fatigue, shortness of breath, cough, joint pain and chest pain[3] [4]. Others include difficulty in thinking and concentrating, depression, muscle ache, intermittent fever and palpitations. A US study of almost two million COVID-19 patients found that 23% had at least one symptom more than 30 days after the start of the initial illness[5]. Most symptoms were more common in females than males and more likely and more severe in older age groups and in people with a more severe initial illness or with conditions such as diabetes and obesity. Currently, there are no reliable data on whether migrants or ethnic/racial minorities are more or less likely to be affected by Long COVID than the majority population. However, when Long COVID does occur, it is likely to exacerbate and prolong pre-existing inequalities experienced by migrants and many ethnic/racial minorities due to their typically poorer socioeconomic position, greater job and housing insecurity, social isolation and stigma and greater difficulties in accessing healthcare. There is thus an urgent need to obtain more data on the extent and impact of Long COVID on migrants and ethnic/racial minorities in all parts of the world. Access to healthcare and social support should be facilitated for everyone with Long COVID, particularly for older migrants and members of ethnic minorities and undocumented migrants.

Mental health impact among refugees in Europe

Prof Marit Sijbrandij[6] focused on the impact of COVID-19 on the mental health of refugees and other migrants. She identified three phases of vulnerability related to a) the immediate

reaction to the pandemic and the control measures; b) the adverse consequences of the control measures; and c) the long-term economic and societal effects and interrupted healthcare delivery. Before the pandemic, refugees and other migrants were more likely than the general population to suffer from major depression, post-traumatic stress disorder (PTSD), bipolar disorder and psychosis. A study of Syrian refugees in Turkey found 35% had probable depression, 20% probable PTSD and 36% probable anxiety disorder. Only around 10% of participants with these conditions were seeking care. Prof Sijbrandij described the European Union's Horizon 2020 RESPOND Project.[7] [8] This includes studies of refugees and other migrants, focusing on the short-term (<1 year) and long-term (1-3 years) effects of the pandemic on their mental health and wellbeing, resilience and service use. The programme is also evaluating mental health policy decisions across Europe and implementing scalable psychosocial interventions for vulnerable groups. "Doing What Matters in Times of Stress" is a WHO intervention trialled in Uganda, Europe and Turkey which promotes relaxation exercises, mindfulness and compassion. Delivered in facilitated groups using a self-help book, it is now being adapted for smartphone use in Europe. Problem Management Plus, trialled by the WHO in Kenya, Pakistan and the Netherlands and elsewhere, uses non-professional counsellors to facilitate problem-solving, stress management, behavioural activation and accessing support. These are being used with a range of different groups: labour migrants in the Netherlands; migrants in Italy; homeless people in France; and health and care workers in Spain and Belgium. So far, the main problems identified in interviews are: socioeconomic difficulties; family separation and social isolation; acculturation and discrimination; the negative impact of immigration and refugee policies; and lack of access to services.

Migrant care workers in Israel

Prof Nadav Davidovitch[9] discussed the impact of the pandemic on migrant care workers in Israel. In many ways their experiences are similar to other groups of essential workers in other countries. There are about 70,000 migrant care workers in Israel, the largest proportions coming from the Philippines, India, Moldova and Uzbekistan. The multiple stresses they normally experienced had been worsened by the pandemic. These included more frequent incidents of harassment and an insistence by many manpower agencies that care workers should live at their place of work with no days off, often in illegal living conditions. As COVID-19 spread rapidly in care homes, many care workers were vulnerable to infection. Many found their visas had expired and their children faced deportation.

A rapid questionnaire survey recruited about 400 migrant care workers aged 25-65; 78% were female and half had been in Israel for more than five years. Symptomatic anxiety was reported by 28% and depression by 38%, with many reporting both. More than 50% had experienced at least one COVID-19 related racist incident, such as passers-by covering their faces, expressing fear and accusing the respondent of having COVID-19. Many females reported sexual harassment and more stress than males. In reporting their findings to the Ministry of Health, the study authors recommended that a round table of the Health, Labour, Social Affairs and Social Services Ministries and NGOs should be created to develop an integrated response the problems the study had revealed. They highlighted positive interventions by some local municipalities such as creating a special mental health clinic for care workers. Despite the many challenges, the pandemic has provided opportunities to do things in a better way: useful initiatives should not be lost when a more normal situation returns.

Apart Together Survey

Dr Rifat Hussein[10] began by highlighting the WHO's *Apart Together* survey. This aimed to learn more about the experiences and coping strategies of refugees and other migrants during the pandemic in the light of anecdotal evidence of discrimination, stigmatisation, and the lockdown of refugee and migrant populations. An online questionnaire was developed and translated into 37 languages. It covered sociodemographic characteristics, COVID-19 health status, and social and psychological wellbeing. With the support of the IOM[11] and the UNHCR[12], about 30,000 people were recruited from 170 countries by snowball sampling, of whom 44% were female. On a scale of 1-10, the average overall impact of the pandemic on participants varied from 7.0 to 7.85 across the six WHO regions. This seems high but no control group data were available. Higher scores were reported by participants whose housing or resident status was precarious. Migrants with limited or no schooling or undocumented migrants reported the least use of healthcare. Lack of finances (35%) or fear of deportation (22%) were given as the main reasons for not seeking healthcare. Despite the size of the survey, the scope for disaggregating the data into different types of migrants and refugees was limited and should be rectified in future surveys. The report recommends that refugee and migrant groups should be included in pandemic response plans and access to health care should not be linked to legal status. Increasing investment is needed to provide healthcare that is more sensitive to the needs of migrants, including reproductive and child health, mental health, trauma from injuries, violence, and sexual abuse and assault.

Global Evidence Review on Health and Migration

The WHO has recently published a report addressing the question: "How has the COVID-19 pandemic shaped national migration and public health policies regarding refugees and migrants?"[13] The aim was to develop guidelines to facilitate policymaking and targeted interventions aimed at helping refugees and migrants. Systematic evidence reviews were undertaken of English language documents, using stringent screening criteria and quality assessment methods. The reviews focused on three areas: border policies; migration policies for foreigners already within the territory of States; and public health policies on access to health care for refugees and migrants. From the resultant evidence, recommendations have been formulated, giving explicit consideration of benefits and harms; feasibility and resource use; equity and non-discrimination; human rights and socio-cultural acceptability. Examples include:

- Prioritise entry requirements over border closure to carry out medical screening on the basis of a careful and evidence-informed risk assessment
- Release migrants from detention centres and implement non-custodial, community-based alternatives to immigration detention with proper safeguards
- Provide equal access to health care for all refugees and migrants, regardless of status, nationality, gender or ethnicity

Discussion

Lack of data. Several participants highlighted the lack of reliable data about the health of migrants and ethnic minorities during the pandemic. How could this be improved? Prof Agyemang said it was important to collect data from representative samples that were as homogeneous as possible rather than, for example, combining very different ethnic groups

together just to get a big enough sample. Often, a lack of funding was a problem. Quantitative methods should be augmented by qualitative studies. This was the approach being taken in a study of Long COVID among migrants in Denmark, Sweden and the Netherlands. Prof Davidovitch said there should always be a control group, otherwise it was difficult to make sense of the findings. The methods used should be appropriate for the population being studied, for example, a particular ethnic group, or employment sector. There was agreement that recruiting undocumented migrants to studies could be difficult. Dr Hossain said about 5% of the 30,000 respondents in the Apart Together study self-reported as undocumented but their results could not be analysed separately.

Mental health services. Prof Sijbrandij acknowledged that the provision of mental health services had suffered during the pandemic while needs had increased. She and her colleagues were studying how successful the shift to online mental health services had been. She thought it was important to resume face-to-face services whenever possible. Prof Davidovitch said pre-existing networks for migrants had proved very useful for creating new service initiatives during the pandemic. In general, those on the periphery of society, including migrant care workers, had been the least well served. By comparison, the Arab population in Israel, with representatives in the healthcare community and NGOs had been relatively successful in highlighting and addressing problems. Building trust was important, for example in overcoming vaccine hesitancy, with misinformation and conspiracy theories being very common among migrant and ethnic minority communities. A Finnish participant drew attention to the MigCOVID study. This had shown that migrants to Finland were more likely than the general population to have experienced negative impacts on their health, functioning, mental wellbeing and quality of life during the pandemic.[14]

Border policies Dr Hossain acknowledged the difficulties that had arisen at borders as result of COVID restrictions. He hoped that lessons would be learnt, and that smart technology could ease some of the pressure. However, if vaccination became a requirement at borders but there was no vaccine equity, discrimination would be inevitable.

Conclusions

As the pandemic continues to have severe health, social and economic impacts in every country, this timely webinar underlined the ongoing vulnerabilities of migrants and ethnic/racial minorities. Carefully designed and executed studies are needed to shine more light on their experience. Governments and service providers should equitably respect their rights and address their health needs alongside other citizens, be it at the border, in the workplace or in hospital.

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Notes and references

[1] Summary prepared by Prof Laurence Gruer

[2] *Amsterdam University Medical Centres, The Netherlands*

[3] Carfì A, Bernabei R, Landi F. Persistent Symptoms in Patients After Acute COVID-19 JAMA. 2020;324(6):603-605.

[4] Garg M, Maralakunte M, Garg S, Dhooria S, Sehgal I, Bhalla AS et al. The Conundrum of 'Long-COVID-19': A Narrative Review**.** Int J Gen Med. 2021; 14: 2491–2506.

[5] FAIR Health. A detailed study of patients with long-haul covid: an analysis of private healthcare claims. https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/A%20Detailed%20Study%20of%20Patients%20with%20Long-Haul%20COVID--An%20Analysis%20of%20Private%20Healthcare%20Claims--A%20FAIR%20Health%20White%20Paper.pdf June 15, 2021.

[6] *Amsterdam University Medical Centres, The Netherlands*

[7] P**RE**paredness of health systems to reduce mental health and **P**sychosocial concerns resulting from the C**O**VID-19 pa**ND**emic

[8] https://respond-project.eu

[9] *Ben-Gurion University of the Negev, Israel)*

[10] Global Programme on Health and Migration, WHO, Geneva, Switzerland.

[11] International Organisation for Migration

[12] United Nations High Commissioner for Refugees

[13] World Health Organisation. Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices **https://www.who.int/publications/i/item/9789240028906**

[14] Skogberg N, Koponen P, Lilja E, Austero S, Prinkey T, Castaneda AE (2021).Impact of Covid-19 on the health and wellbeing of persons who migrated to Finland: The MigCOVID Survey 2020-2021. https://thl.fi/en/web/thlfi-en/research-and-development/research-and-projects/impact-of-coronavirus-epidemic-on-wellbeing-among-foreign-born-population-migcovid-/project-publications