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Humanitarian Crises and Refugee Mental Health in Europe: A Psychological Perspective on Forced Migration and Global Governance

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Abstract

War, political instability, persecution, human rights violations and natural calamities have forced millions of people to involuntarily run from their homes in search of safety and stability, due to these sorrowful reasons humanitarian crisis arises and explains what really happens with these refugees. Europe has become one of the major destinations for refugees escaping such crises, however their experiences and what they are truly going through in order to survive is frequently reduced to policy debates. This paper strives to understand humanitarian crises, forced migration and refugee mental health challenges in Europe through a psychological perspective along with understanding the importance of global governance.

This study uses a qualitative content analysis approach as it uses secondary data from international organization and existing research literature to assess the reasons for forced migration. The refugees who flee from their home countries don't migrate voluntarily because migration for them becomes a vital necessity when safety, dignity and basic rights are threatened to them and their families. They come across financial burden, unemployment, legal uncertainty, social exclusion, discrimination and very limited access to healthcare and mental health services. The existing literature regularly shows that these stressors built-up over time have severe psychological repercussions.

The refugees show a very high prevalence of mental health disorders such as post-traumatic stress disorder (PTSD), complex traumatic stress disorder which happens due to persistent exposure to trauma, depressive and anxiety disorders, sleep disturbances and somatic symptom disorders. This study also addresses how India-Europe collaboration would help through policy exchange frameworks and community-based mental health interventions.

Key Words: *Humanitarian Crisis; Forced Migration; Refugee Mental Health.*

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1. INTRODUCTION

Having to pack all your belongings in a sudden rush of panic, unrest and uncertainty of what might happen to one's family and self not because you're doing this all voluntarily but due to the fact that if you don't act on fast to flee far far away from your home to another country just so you and your family can "stay alive" is forced migration.

When large populations face serious threats to their life, safety, health, their family and dignity due to grave factors like armed conflict, warfare, political instability, human rights violations and natural disasters are the gruesome situations that are stated as Humanitarian Crisis.

Forced migration and humanitarian crises are two such important crises that go hand in hand in making a bridge of misery, grief, fear or uncertainty and unrest amongst the helpless refugees which leads them falling into a pit of darkness and melancholy. In these recent years, these crises have increased globally, leading to ground breaking forced migration. Europe is the hotspot primary destination for refugees fleeing war-conflicted countries such as Syria, Afghanistan, Ukraine and parts of Africa. Whereas refugee movements in Europe are often discussed with regard to border control, asylum laws and financial uncertainty, the psychological distress experienced by the refugees frequently goes unnoticed and rarely addressed.

It's very important to understand that refugees never migrate by choice but because their forced migration becomes a survival tactic when safety, dignity and their basic human rights are threatened.

Due to such an experience of displacement it exposes the poor refugees to many layers of trauma, pain, fear that envelops them in a pit black darkness with no certainty if they could ever escape or be happy. The dangerous migration journeys that have no certainty whether they could stay alive or dead and then continue to survive after their arrival in host countries. These experiences have harsh consequences for mental health, social environment and long term well-being.

This paper understands how humanitarian crises and forced migration are a bridge to understand how both affect the refugee mental health in Europe, together through the joint lenses of psychology and global governance. From understanding through a conceptual framework and a detailed qualitative content analysis of secondary data, it helps analyze what the limitations are actually present in the international and regional government mechanisms. It further argues that the policy responses for refugees compulsorily prioritize border management, asylum laws, security over long-term mental health well-being which is often left neglected or unnoticed.

This paper takes a full stand on how refugee mental health should be treated with more care, caution and most importantly a core humanitarian urgency and a global concern not simply an indirect consequence of migration. The paper raises awareness and questions about how we need more facilitated international governance, prolonged investment in open mental health services.

Furthermore, this paper also mentions how India-Europe collaboration can be very promising and useful through culturally firmly based community-based mental health interventions to help support more humane, supportive and a careful understanding towards forced migration for the refugees.

2. REVIEW OF LITERATURE

The existing literature on forced migration and humanitarian crisis has always focused on the political, legal and security related issues of refugee migration.

There are many reports that are published by international organizations such as World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) report the ever growing scale of forced migration globally and emphasizes the rapid pressure placed on the asylum laws and the host countries across Europe. These reports help give an insight about the critical status of the refugees, policy challenges and migration but frequently the long-term psychological distress that the refugees suffer is always given limited attention, often taking mental health as an unimportant problem that doesn't really need any attention towards.

The public and psychological health research regularly shows that refugees experience a considerably higher rate of mental health disorders compared to host populations. In the systematic review of Fazel, Wheeler and Danesh (2005) had reported the elevated commonness of severe mental health disorders amongst the refugees settled in the Western countries, mainly disorders like post-traumatic stress disorder (PTSD), depression and anxiety.

Steel et al. (2009) had found concrete associations between vulnerability to torture, violence and mass dispute that affects the mental health outcomes among the refugee population, undermining the psychological burden due to forced migration.

This research further emphasizes how mental health cannot be understood only through the exposure to migration trauma. Through the argument of Miller and Rasmussen (2010) they elaborated on how post-migration stressors such as unemployment, social isolation, discrimination, legal uncertainty play a vital role in upholding psychological distress.

When daily stressors are combined with pre-experience of loss and violence these reasons help understand how they contribute to collective trauma and the difficulties caused.

By understanding the ADAPT model Silove's (2013) it helps conceptualize disturbances to identity, social implications, safety and long-term psychological distress amongst refugees.

In spite of developing the body of evidence showcasing the mental health faced by refugees and psychological well-being is still an unnoticed secondary concern in many policy responses.

Betancourt et al. (2015) elaborated on how mental health needs always fail to be addressed only as an individual suffering and not an undermines family functioning, long-term recovery and social implication.

This detaches between established policy implementation and research findings that divulges a pivotal gap between the lived experiences of the refugees' psychological distress and their protection frameworks.

3. OBJECTIVES OF THE STUDY

The objectives of this research are:

[i] To understand the relationship between humanitarian crisis and forced migration in the European context.

[ii] To study the psychological influence of forced migration on refugees

[iii] To identify common mental health disorders in refugees as a result of collective trauma.

[iv] To examine the role of global governance in addressing refugee mental health needs

3.1. Research Questions

[i] How does humanitarian crisis and forced migration negatively influence the mental health of refugees in Europe ?

[ii] Do the existing global governance and asylum frameworks address in depth about the psychological need of refugees?

4. METHODOLOGY

This study employs a conceptual qualitative research design using content analysis of secondary data. Due to ethical considerations, realistic access constraints and the vulnerability of refugee populations the primary data collections such as surveys or interviews were not taken. The reason why the refugees would feel extremely vulnerable for the interviews as the direct data collection could pose risks of re-traumatization and confidentiality would be hampered.

Due to these presenting limitations, the study solely uses secondary data to guarantee ethical considerations and methodology. The data was taken from reliable and authoritative sources such as the reports published by the international organizations such as United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO), referred academic journals in psychology and public health along with the appropriate policy documents addressing the refugee protection, asylum laws and mental health interventions.

These sources were consistently analyzed to capture different perspectives on the humanitarian crisis, forced migration and refugee mental health in Europe.

The content analysis solely focused on identifying persistent themes and patterns that will help understand trauma, post-migration stressors, psychological distress and the gaps within current governance and policy responses. By merging the findings across multiple sources, this study aims to develop a rational understanding of how humanitarian crises play a key factor in mental health challenges for refugees and how the current global governance frameworks respond or overlook these psychological needs.

5. PSYCHOLOGICAL IMPACT OF FORCED MIGRATION AND REFUGEE MENTAL HEALTH IN EUROPE

A widespread psychological and public health research established about how forced migration exposes its grave dangers to refugees suffering from multiple, overlapping stressors that notably increase the risks of mental health disorders. Voluntary migration, forced migration is characterized by abrupt relocation, loss of safety and painfully long uncertainty due to such grey reasons it makes the psychological recovery extremely difficult. Fazel, Wheeler and Danesh (2005) altercate that refugees experience considerably higher rates of mental disorders than host populations due to growing exposure from trauma and post-migration stressors. This exact pattern is especially evident in the European context, where refugees face not just the geographical, social isolation but legal challenges after their arrival that takes a huge toll on them all individually.

5.1. Post-Traumatic Stress Disorder (PTSD)

The most regularly documented mental health disorder is Post-traumatic stress disorder which is found in many refugee populations massively. Steel et al.(2009) proved a strong bridge between exposure to war-related violence, torture and involuntary displacement and how PTSD can get triggered. Most of the refugees have frequently been forced to witness several innocent killings,

bombings, sexual violence and loss of family members all of which are the vital triggers to severe traumatic events that are stuck with them mentally for a painfully long chronic period. PTSD symptoms consist of intrusive memories, flashbacks, nightmares, emotional numbness, avoidant behavior and persistent hypervigilance. Miller and Rasmussen (2010) briefed about how forced migration worsens the PTSD symptoms because post-migration stressors such as the fear of uncertainty about asylum laws and fear of deportation which keeps a constant sense of threat, preventing any psychological rest amongst the refugees.

5.2. Complex Traumatic Stress Disorder (Complex PTSD)

A disorder caused due to the development of a result of prolonged and persistent exposure to trauma, often in situations where escape is not possible and the individual feels that they are stuck in a box with no escape whatsoever is Complex traumatic stress disorder. Herman (1992) had first conceptualized complex trauma different from single-event trauma as it majorly emphasizes its impact on emotional regulation, self-concept and interpersonal relationships. Refugees who have lived for prolonged periods in war zones, refugee camps, or confinement settings are particularly susceptible to harm. Silove (2013) through the ADAPT model, which explains disturbances to safety, identity, interpersonal relationships all contribute to complex trauma amongst the laid out populations. Forced migration worsens these disruptions by causing a separation among individuals from cultural and social support systems that leads to chronic emotional dysregulation and interpersonal difficulties.

5.3. Depressive Disorders

Depression is often famously quoted as the common cold of all mental health disorders, in fact sometimes not even considered a mental disorder due to its nature of "coming and going away with time". But why is it highly prevalent amongst the refugee populations because it is a serious mood disorder characterized by persistent, intense feelings of loss, grief and prolonged uncertainty of how they and their families can actually survive. Bogic, Njoku and Priebe (2015) discovered that long-term expulsion is closely associated with persistent depressive symptoms particularly when refugees face unemployment, poverty and social exclusion. In European host countries such as Germany and Sweden, refugees frequently experience prolonged reliance on welfare systems, limited social integration which heightens feelings of hopelessness and worthlessness. Thus, the importance of how Depression is among refugees is frequently chronicled to understand the refugees mental health due to their future prospects remaining uncertain for extended periods.

5.4. Anxiety Disorders

Anxiety disorders are generally developed among refugees due to their ongoing insecurity and fear. Miller and Rasmussen (2010) briefed that anxiety among refugees is driven not only by past trauma but also by diurnal stressors such as legal uncertainty, discrimination, threat to their identity and financial instability. Refugees in Europe typically experience prolonged asylum procedures, family separation along with the fear of deportation particularly in countries where migration have become more restrictive. Due to these grave reasons anxiety manifests through excessive worry, panic attacks, irritability, restlessness and substantially impairing daily functioning.

5.5. Sleep Disorders

Sleep Disturbances is extensively high among refugees and is closely linked to trauma exposure and deepens chronic stress. Fazel et al. (2012) discovered that insomnia (a sleep disorder where the individual has difficulty falling asleep leading to poor sleep quality and daytime impairment in functioning) and trauma-related nightmares are prevalent among displaced populations that are often enduring long after resettlement. Often sleep is associated with vulnerability due to past experiences of nighttime violence or hazardous living conditions among all refugees. Due to poor sleep worsens PTSD, depression and anxiety, while also affecting the physical health problems such as enervated immunity and cardiovascular risk.

5.6. Somatic Symptom Disorders

When psychological distress is expressed through physical symptoms such as chronic pain, fatigue, headaches or migraines and gastrointestinal problems, Somatic symptom disorders are caused among the refugees due to the forced migration.

Silove et al. (2017) elaborated on how refugees may present somatic grievances due to cultural stigma surrounding mental illness or constrained access to mental health services/treatments.

Forced Migration heightens somatic symptoms as ongoing stress, destitute living conditions and inadequate healthcare access hinders from effective treatment. These physical symptoms often mask the underlying psychological trauma which leads to underdiagnosis and neglected mental health needs.

6. EUROPEAN CONTEXT: REFUGEE MENTAL HEALTH CHALLENGES IN GERMANY AND SWEDEN

The primary destinations for refugees in Europe are Germany and Sweden, since the 2015 refugee arrival. United Nations High Commissioner for Refugees (UNHCR) reports imply that both the countries have received extensive numbers of asylum seekers escaping conflicts in Syria, Afghanistan and the other regions.

Meanwhile Germany and Sweden have moderately robust welfare and asylum systems; the scale of refugee arrivals has placed meaningful strain on administrative and social services.

Germany has prolonged asylum procedures and bureaucratic complexity due to chronic stress and uncertainty amongst refugees as discussed by Bogic et al. (2015).

While in Sweden due to the recent policy shifts which majorly focuses on stricter migration controls and reduced welfare aid have increased insecurity, unrest and psychological distress amongst the refugees. Silove (2013) elaborated on how such policy environments can weaken refugees' sense of safety and increase unrest both physically and mentally taking a toll on their overall well-being.

Mental health services/treatments for refugees still remain inadequate relative to need, broken and often disconnected from wider integration policies. Due to which psychological disorders are often untreated, heightening towards long-term suffering and social isolation. The study tries to indicate how forced migration creates conditions that place refugees at a higher risk of developing a range of mental health disorders. If no trauma-informed and culturally sensitive interventions are developed then these conditions may worsen making it chronic and intergenerational affecting not only individual refugees but to their families.

Which is why it's a must that the refugee mental health crisis in Europe is addressed globally due to the critical humanitarian problem, public health and governance challenges that demands rightfully for an organized international action.

7. Conclusion

This paper argues for a global shift toward trauma, mental health impact, generational trauma should be thrown light towards so this is spread globally and this is made a global right to work towards. Through the strengthened collaboration between India and Europe which offers a pathway to establish institutional asylum laws with community-based mental health models. These models will help incorporate community based therapies which will be held as counseling sessions, group sessions for both men and women along with conducting sessions for children by inculcating art therapies, music and dance therapies for them to regain their faith in their development. Which will help improve their self-identity, esteem and restore their faith that they won't be stuck in the dark uncertain future for them forever. This will all be done through ethical and unable policy practice which helps strengthen the bond between Europe and India.

7. Recommendations

The mental HEALTH of refugees should be compelled to be recognised as a core part of humanitarian response rather than a secondary concern. The prolonged disclosure to conflict, displacement and post-migration stress places refugees at a higher risk of chronic psychological disorders leading to early and sustained mental health intervention extremely vital. The governments and international institutions should make a structured mental health screening, counseling, community based therapies and trauma-informed care including them all in refugee protection, asylum laws. Along with policy frameworks and how they must move compulsorily beyond emergency relief to include long-term psychosocial support that assists recovery, social integration and physical well-being. Sustained and increased funding is mandatory to enhance community-based mental health treatments that are societally sensitive and available, especially for women, children and survivors of violence. At a world-wide level, governance mechanisms should ensure unbiased responsibility-sharing among states, organized policy implementation and rightful obligation in addressing refugee mental health needs. Reinforcing international cooperation and coordinating humanitarian and migration policies can help provide more humane, efficient and viable acknowledgments towards forced migration.

References

[1]. Begum, Anwara (2024). Lacunae in Healthcare for Poor and Disabled Patients: Evidence from Gaps in Skills of Nurses and Corporate Governance, International Journal of Trade and Commerce-IIARTC, 13(1), pp: 69-94.

[2]. Begum, Anwara (2023). Acclimatizing Women and Building Resilience to Overcome the Risks to Females and Migration: Strategies to Ameliorate Vulnerability Following Climate Disasters, International Journal of Trade and Commerce-IIARTC, 12(1), pp: 91-114.

[3]. Daynes, L. (2016). The health impacts of the refugee crisis: a medical charity perspective. Clinical Medicine, 16(5), pp: 437-440. https://doi.org/10.7861/clinmedicine.16-5-437

[4]. Sukiasyan, S.G. (2024). The Mental Health of Refugees and Forcibly Displaced People: A Narrative Review. Consortium Psychiatricum. 5(4), pp: 78-92. https://doi.org/17816/cp15552
[5]. WHO. (2025, May 6). Refugee and migrant mental health. Who.in; World Health Organization:WHO.https://www.who.int/news-room/fact-sheets/details/refugee-and-migrant-mental-health
[6]. Fox, K. (2026, January 16) Europe Refugee Crisis: Understanding What Happened and Why It Matters – Caffe Yolly. Café Yolly - Your Daily Brew of Business, Tech, Travel & More! https://cafeyolly.com/europe-refugee-crisis/
[7]. Migration Data Portal. (2024, June 20). Forced Migration or Displacement. https://www.migrationdataportal.org/themes/forced-migration-or-displacment
[8]. Bahar, D., Brough, R., & Peri, G (2024). Forced Migration and Refugees: Policies for Successful Economic and Social Integration. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.4771242
[9]. Rosero,D.(n.d.) FORCED MIGRATION AND REFUGEES' RIGHTS. Retrieved from https://www.unafei.or.jp/publications /pdf/RS_No62/No62_14VE_Rosero.pdf
[10]. Six causes of forced migration. (2019, June 29). Concernusa.org. https://concernusa.org/news/forced-migration-causes/
[11]. Silove, D., Ventevogel, P., & Rees, S. (2017). The Contemporary Refugee Crisis: an Overview of Mental Health Challenges. World Psychiatry, 16(2), pp: 130-139. https://doi.org/10.1002/wps.20438
[12]. Nickerson, A., Ellis, B.H., Morina, N., Neuner, F., & Zoellner, L.(2025). Understanding and improving the mental health of refugees and asylum-seekers: Reflections from the closing panel of the 2024 International Society for Traumatic Stress Studies Annual Meeting. Journal of Traumatic Stress. https://doi.org/10.1002/jts.23176
[13]. Tinghog, P., Malm, A., Arwidson, C., Sigvardsdotter, E., Lundin, A., & Saboonchi, F. (2017). Prevalence of mental ill health, traumas and postmigration stress among refugees from Syria resettled in Sweden after 2011: a population-based survey. BMJ Open, 7(12), e018899. https://doi.org/10.1136/bmjopen-2017-018899
[14]. Grupp, F., Mewes, R., & Tudorache, A.-C. (2025). Trauma, post-migration stress, and mental health among forcibly displaced people in Germany: Does resilience have a protective effect? International Journal of Social Psychiatry. https://doi.org/10.1177/00207640251358094
[15]. Hameed, S., Sadiq, A., & Din, A.U. (2019). The Increased Vulnerability of Refugee Population to Mental Health Disorders. Kansas Journal of Medicine, 11(1), pp: 20-23. https://doi.org/10.17161/kjm.v11i1.8680
[16]. Grasser, L.R. (2022). Addressing Mental Health Concerns in Refugees and Displaced Populations: Is Enough Being Done? Risk Management and Healthcare Policy, Volume 15(2022), pp: 909-922. https://doi.org/10.2147/rmhp.s270233
[17]. Saif, Samira Binte (2022). International Organization's Humanitarian Coordination and Activities in the Sector of Micro, Medium and Small Enterprises in Bangladesh, International Journal of Trade and Commerce-IIARTC, 11(1), pp: 168-184.