

# Social Determinants of Mental Health among Migrants, Refugees, and Displaced Populations: A Systematic Literature Review

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## ABSTRACT

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Mental health among migrants, refugees, asylum seekers, and internally displaced persons has become an increasingly important public health concern, yet the evidence remains fragmented across population groups, determinants, and disciplinary traditions. This study aimed to systematically review the social determinants of mental health among migrants, refugees, and displaced populations, with particular attention to how employment, housing, social networks, and legal and policy conditions shape psychological outcomes across different migration contexts. This article was conducted as a Systematic Literature Review using a PRISMA aligned approach. The review drew on peer reviewed empirical studies identified through a structured Scopus based search strategy, supported by explicit inclusion and exclusion criteria, staged screening, design appropriate quality appraisal, and thematic synthesis. The review focused on adult migrants, refugees, asylum seekers, temporary migrant workers, and internally displaced persons, and examined mental health outcomes including depression, anxiety, distress, trauma related symptoms, wellbeing, and psychosocial functioning. The findings show that migrant mental health is shaped not only by trauma exposure but by interconnected post migration social determinants. Employment insecurity, underemployment, wage exploitation, and income instability were consistently associated with anxiety, depression, and psychological distress. Housing insecurity, overcrowding, poor living environments, and unstable shelter conditions emerged as major stressors affecting safety, autonomy, and future stability. Social support, family contact, and community ties functioned as important protective factors, but family separation, loneliness, and remittance obligations also generated emotional and financial strain. Legal precarity, exclusionary welfare systems, temporary visa regimes, and barriers to healthcare intensified structural vulnerability and restricted access to protection and care. Across the reviewed studies, these determinants operated cumulatively and interactively rather than independently, reinforcing the importance of multi level explanatory frameworks. Overall, the review demonstrates that mental health among migrants and displaced populations is best understood as a structural public health issue. The study contributes to existing knowledge by integrating fragmented evidence into a coherent framework linking material, relational, and policy determinants. It also highlights the need for longitudinal, comparative, and more inclusive research to support rights based and multisectoral policy responses.

**Keywords:** *Migrant Mental Health, Refugees, Internally Displaced Persons, Social Determinants of Health, Housing Insecurity, Employment Precarity, Legal Status*

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## 1. INTRODUCTION

International migration and forced displacement have increased significantly, with approximately 89.3 million people forcibly displaced worldwide by the end of 2021, including 68.3 million internally displaced persons (IDPs) by 2020. The Syrian conflict exemplifies this issue, displacing over 13.4 million individuals. These trends pose substantial challenges for health systems, as displaced populations often experience a combination of communicable diseases, noncommunicable diseases, and mental health issues under conditions of fragile infrastructure and limited access to care.

Mental health is a critical issue for migrants, refugees, asylum seekers, and internally displaced persons (IDPs), as they face significantly higher rates of psychological distress compared to host populations. Systematic reviews indicate prevalence rates of approximately 31-32% for post

traumatic stress disorder (PTSD), 29-32% for depression, and 25-34% for anxiety among refugees and asylum seekers. Specific populations, such as adult Syrian refugees, show even greater burdens with rates of 43% for PTSD and 40.9% for depression. IDPs in Africa exhibit a pooled prevalence of PTSD at 55.64%, with particularly alarming mental health challenges reported in conflict-affected regions like Mozambique and Nigeria. Overall, PTSD rates among refugees are estimated to be ten times higher than those in host country populations, highlighting stark mental health inequalities stemming from forced displacement.

Migrant mental health is increasingly recognized as influenced not just by trauma exposure, such as pre-migration violence and loss, but also by social conditions before departure, during transit, and post-arrival. A shift towards considering broader social determinants—like employment, housing, legal status, and discrimination—is essential for public health research and policy. Mental health issues in migrant populations are thus seen as structural, related to access to material security and social belonging.

Employment significantly influences the mental health of refugees and migrants, with unemployment linked to increased depression, anxiety, and trauma symptoms. Interestingly, the impact of post-migration unemployment can surpass that of pre-migration trauma. Housing conditions, characterized by overcrowding and instability, further exacerbate psychological distress, interacting negatively with economic insecurity. Legal status also plays a vital role, where undocumented migrants often suffer from heightened anxiety and depression due to exploitation and limited access to resources. Conversely, strong social support systems serve as protective factors against mental health issues, while isolation and discrimination can enhance vulnerability.

Migration is conceptualized as a multi-phase process consisting of pre-migration, transit, and post-migration experiences, which interact to generate distinct forms of adversity and cumulative stress. Pre-migration trauma, including war and persecution, lays a foundation of risk, while the transit phase may introduce challenges like imprisonment and family separation. Post-migration stressors can include unemployment and discrimination, which may exacerbate pre-existing trauma. This cumulative nature indicates that adversity is not merely a sequence of isolated events but interlinked experiences that amplify stress reactions.

Mental health outcomes differ among migrant categories, with refugees and asylum seekers showing poorer conditions due to pre-migration trauma and post-arrival barriers. Asylum seekers face unique challenges from legal uncertainty and insufficient support, prolonging their distress. Internally displaced persons (IDPs) endure violence and neglect within national borders, leading to high mental disorder rates. Undocumented migrants experience heightened vulnerabilities from exclusion, increasing risks of depression and anxiety.

Despite rapid growth in the field, the literature on migrant mental health is fragmented, limiting cumulative understanding. Methodological diversity creates challenges in cross-study comparisons and interpretation of pooled prevalence. Research is disproportionately focused on adult refugees in high-income Western areas, neglecting other groups such as IDPs, undocumented migrants, and those in low-income regions. The transit phase remains understudied, and longitudinal research is scarce, hindering the understanding of mental health trajectories. Existing studies often isolate determinants or subgroups, failing to analyze how various factors interact across migration phases to impact mental health outcomes.

The study conducts a systematic literature review on the social determinants of mental health among migrants, refugees, asylum seekers, and displaced populations. It synthesizes evidence on factors

influencing mental health outcomes, identifies pathways and contextual differences, and clarifies interactions among individual, interpersonal, community, and structural factors. The global scope emphasizes host country contexts, transit settings, and conflict or displacement environments, focusing on adult migrant workers and various mental health outcomes, including depression, anxiety, and post-traumatic stress disorder.

## 2. METHODS

This study employs a Systematic Literature Review design to synthesize evidence regarding the social determinants of mental health in various migrant populations. It follows the Preferred Reporting Items for Systematic Reviews and Meta Analyses framework to ensure transparency and rigor, aligning this section with the manuscript's overall framework and research design.

### 2.1 Search Strategy

The literature search utilized the Scopus database for comprehensive coverage of peer-reviewed publications in various disciplines related to social determinants of mental health. A structured query was designed, focusing on keywords related to population mobility, dynamics, and policy, with specific publication year and subject area limits. A supplementary query ensured broader coverage, filtering for English articles. The search strategy included three conceptual clusters on population terms, exposure variables, and outcome variables, employing Boolean operators, phrase searching, and truncation. Additionally, citation tracking was applied to capture relevant studies outside the initial database search, enhancing systematic review practices.

### 2.2 Inclusion and Exclusion Criteria

The eligibility criteria for study inclusion prior to screening required that the studies be peer-reviewed empirical research articles focusing on migrants, refugees, asylum seekers, migrant workers, or internally displaced persons, examining social determinants related to mental health outcomes. Exclusion criteria ruled out editorials, commentaries, book reviews, non-empirical publications, and studies that did not report on mental health or adequately link social determinants to mental health outcomes. Non-systematic theoretical papers were only considered for background discussion.

### 2.3 Screening and Selection Process

The screening and selection process for the study involved multiple stages: first, compiling records from the Scopus database and removing duplicates; second, screening titles and abstracts according to predefined criteria; and third, assessing full text articles for eligibility. To ensure reliability, two independent reviewers conducted the screening, resolving discrepancies through discussion. A systematic record of exclusion reasons at the full text stage was maintained for transparency. It is recommended to include a PRISMA flow diagram to visualize the process, detailing the number of records identified, duplicates removed, records screened, assessed articles, exclusions, and final inclusions.

### 2.4 Quality Assessment

The methodological quality of the studies was assessed using design-specific appraisal tools: qualitative studies with the Critical Appraisal Skills Programme checklist, quantitative observational studies with the Newcastle Ottawa Scale, and mixed methods studies with the Mixed Methods Appraisal Tool. Additionally, the Joanna Briggs Institute Critical Appraisal Tools were applied when relevant. This approach reflects the methodological diversity in the literature, allowing the retention of studies with limitations if they aligned with research objectives, while considering their limitations in evaluating evidence strength and consistency.

### 2.5 Data Extraction and Synthesis

A structured data extraction process was employed to maintain consistency across studies, gathering essential details such as author, year, country, population type, study design, social determinants, mental health outcomes, and key findings. Thematic synthesis was used for analysis, allowing the integration of diverse quantitative and qualitative findings by recognizing patterns across studies. The synthesis was categorized into four themes: employment and economic precarity, housing and living conditions, social networks and transnational ties, and policy and legal determinants, aligning with the core social determinants identified in the literature. A meta-analysis was not performed due to significant variability in study designs and measurement tools; instead, a narrative and thematic approach was adopted for a coherent synthesis of evidence

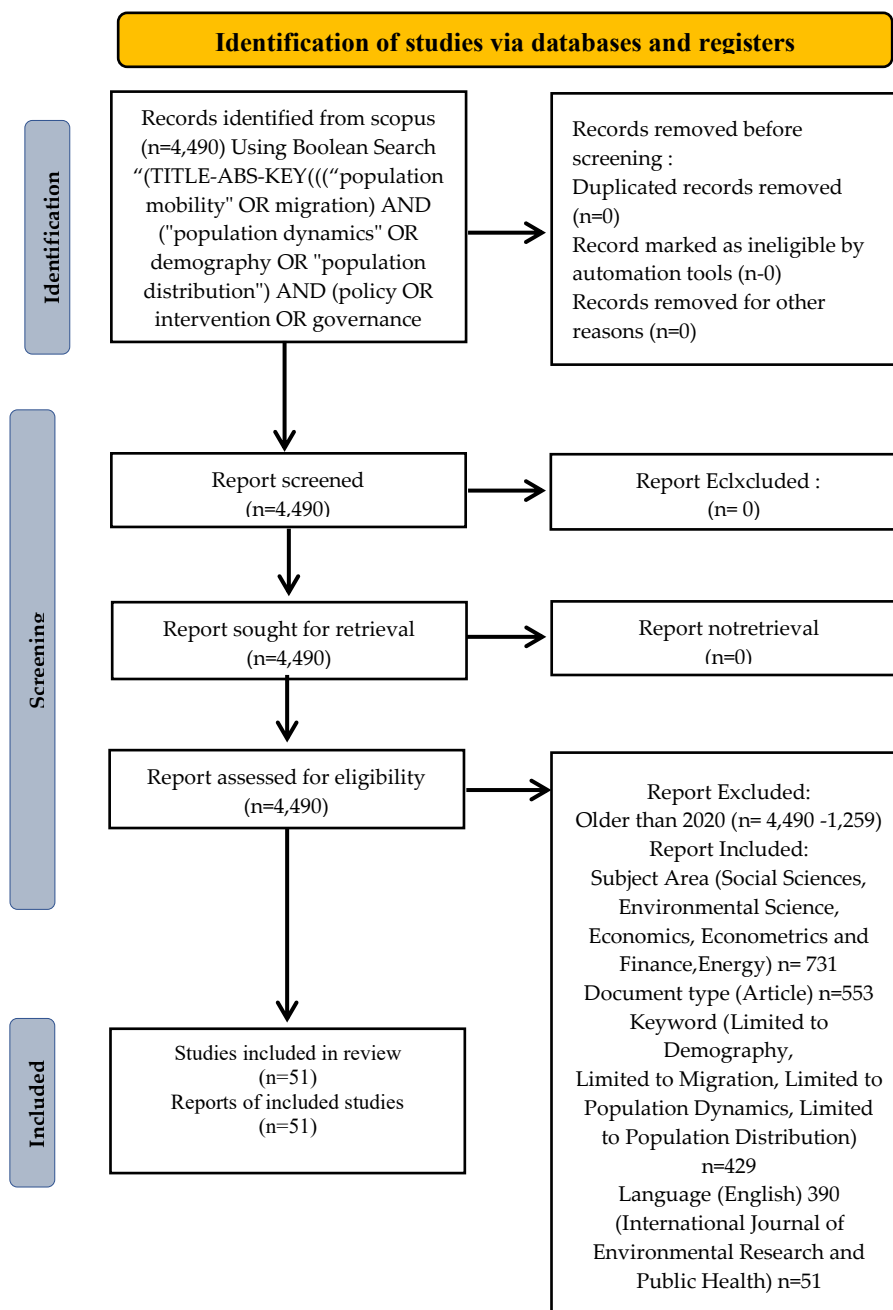


Figure 1. PRISMA flow diagram of study selection process.

The figure should illustrate the stages of identification, screening, eligibility assessment, and inclusion, including the number of records at each stage and reasons for exclusion. Suggested Table. Data extraction framework. Recommended columns include Author and Year, Country or Setting, Population Type, Study Design, Social Determinant, Mental Health Outcome, and Key Findings. This table supports transparency and facilitates comparison across included studies. Overall, this methodological approach ensures a systematic, transparent, and rigorous synthesis of the literature, enabling a comprehensive understanding of how social determinants shape mental health outcomes among migrant and displaced populations.

## **2.6 Theoretical Framework / Background**

This section develops the conceptual and theoretical foundations that guide the systematic review. It situates migrant mental health within a multi-level and process-oriented perspective, emphasizing that psychological outcomes are shaped not only by individual experiences but also by structural conditions, social relationships, and institutional contexts across the migration trajectory. The section proceeds in four parts: conceptualization through social determinants, migration as a multi-stage process, relevant theories and models, and key scholarly debates.

### **2.6.1 Conceptualizing Mental Health through Social Determinants**

A growing body of research emphasizes that mental health among migrants, refugees, and displaced populations results from complex interactions of social, structural, and environmental factors within the framework of Social Determinants of Health. This perspective shifts focus from individual pathology to understanding how migration influences access to resources, risk exposure, and institutional interactions. Key determinants include employment and housing conditions, which affect psychological wellbeing and emotional security, while legal status influences access to work and healthcare. Social support plays a critical role in resilience, with strong community ties mitigating stress, whereas isolation and discrimination heighten vulnerability. Barriers to accessing mental health services—such as language and legal issues—further exacerbate these challenges, leading to greater socioeconomic deprivation and social exclusion among migrants, highlighting how their experiences intensify existing social determinants compared to the general population.

### **2.6.2 Migration as a Multi-Stage Process**

Mental health trajectories among migrants and displaced populations are framed within a multi-stage continuum of pre-migration, transit, and post-migration experiences, each contributing unique stressors and protective factors. The pre-migration phase involves exposure to trauma such as war and economic hardship, which heightens the risk of conditions like PTSD and anxiety. The transit phase, often overlooked, adds stressors like violence and uncertainty that can compound earlier trauma. The post-migration phase is crucial, marked by new challenges such as unemployment and discrimination, which may have mental health impacts comparable to pre-migration trauma. Cumulative adversity suggests that stressors from different phases interact, potentially intensifying psychological distress. Individual responses vary widely, influenced by resilience, social support, and community integration, emphasizing the role of context in mental health outcomes.

### **2.6.3 Relevant Theories and Models**

Several theoretical frameworks examine the link between migration-related conditions and mental health, highlighting the interplay of structural, social, and individual factors. The Social Determinants of Health framework emphasizes macro-level influences like policy and economic systems that shape health outcomes, particularly through factors such as legal status and social policies in migration contexts. The Social Stress Process Model focuses on stressors' distribution and experience across social positions, important for understanding cumulative migration stress. The Structural Vulnerability framework highlights systemic inequalities caused by political and

economic structures that increase health risks for migrants. Ecological Systems Theory situates individuals within interconnected systems that collectively affect their wellbeing. Trauma-informed and psychosocial models stress the importance of sensitive interventions for those facing forced displacement. Additionally, resilience and life-course frameworks further contribute to comprehending mental health trajectories in migrants. A conceptual framework illustrates how these factors interact across pre-, transit, and post-migration phases, showcasing cumulative adversity and the role of protective factors like social support.

#### 2.6.4 Major Scholarly Debates

A central debate in migrant mental health research contrasts trauma-centered and structural explanations. The trauma-centered perspective links exposure to violence and loss to mental health disorders, informing clinical interventions. Conversely, structural explanations attribute mental health issues to ongoing social conditions like poverty and discrimination, arguing that the trauma-centered approach may medicalize social problems. Increasingly, scholars acknowledge the interaction between past trauma and current conditions, advocating for integrated frameworks.

Another debate explores whether to analyze migrant mental health by population category or shared determinants. Category-based approaches, focusing on distinct migrant groups, help target interventions, while research indicates similar structural determinants affect mental health across categories, suggesting a unified focus may be more applicable.

A third debate involves the balance between individual resilience and institutional responsibility. While resilience frameworks highlight personal and community adaptation, critics warn against shifting responsibility from institutions to individuals. Promoting mental health necessitates both enhancing individual resources and addressing structural inequalities. Overall, these discussions reveal the complexity of migrant mental health and the importance of integrative approaches in this field.

### 3. RESULTS AND DISCUSSION

#### 3.1 Employment, Income Insecurity, and Economic Precarity

Employment and income stability significantly influence the mental health of migrants, refugees, and displaced individuals. Key research indicates that unemployment, underemployment, and precarious jobs commonly lead to depression and anxiety. The Social Determinants of Health framework identifies employment as a crucial structural factor impacting access to resources and social engagement. Evidence highlights that unemployment is a recurring risk factor, exacerbated by financial issues and social disconnection. Moreover, precarious employment conditions can also harm mental health, emphasizing the importance of job quality. Various studies demonstrate that economic precarity intersects with other stressors like trauma and legal uncertainty, affecting the psychological wellbeing of different migrant groups, including refugees and temporary workers. Financial strain further compounds mental health challenges, with obligations such as remittances creating additional stress. Research illustrates that economic vulnerability is influenced by factors like gender, ethnicity, and legal status, revealing the need for a nuanced understanding of economic precarity's impacts on mental health across diverse populations.

Table 1. Studies on Employment and Economic Determinants of Mental Health

Author and Year	Country or Setting	Population Type	Economic Determinant	Mental Health Outcomes	Key Findings
Del Real et al., 2023	Argentina and Chile	Venezuelan migrants	Job loss, income loss, remittance pressure	Anxiety, depression, distress	Economic shocks and remittance burden intensified mental distress

Author and Year	Country or Setting	Population Type	Economic Determinant	Mental Health Outcomes	Key Findings
Asri and Chuang, 2023	Taiwan	Indonesian migrant workers	Work related conditions and restricted autonomy	Depressive symptoms	Poorer work related conditions were associated with higher depressive symptoms
Rung, 2023	Australia	Temporary migrant men	Economic exclusion and insecure status	Psychological stress and reduced wellbeing	Exclusion from support increased structural precarity and worsened wellbeing
Kwak and Wang, 2022	South Korea and Taiwan	Migrant workers	Labor precarity and unequal protection	Wellbeing and public health	Poorer labor protection for low skilled workers was linked to worse wellbeing

**3.2 Housing, Living Conditions, and Material Environment**

1. Examine the effects of overcrowding, unstable housing, unaffordability, poor living environments, camp/transit conditions, and neighborhood insecurity.
2. Compare studies on refugees in transit, urban migrants, and highly mobile populations.
3. Analyze how material conditions interact with autonomy, safety, and perceived future stability.
4. Discuss methodological limitations in measuring housing as both objective and subjective stressor.

Table 2. Studies on Housing and Living Environment as Determinants of Mental Health

Note: Although the broader review may assess 51 articles in depth, this table includes only studies that are directly relevant to Theme 4.2.

Author and Year	Country or Setting	Population Type	Housing or Environmental Factor	Indicator Used	Mental Health Outcomes	Key Findings	Policy or Practice Implication
Asri and Chuang, 2023	Taiwan	Indonesian migrant workers	Living environment quality	Satisfaction with living environment and freedom after work	Depressive symptoms	Poorer satisfaction with living environment was associated with higher depressive symptoms. Restricted autonomy after work also reflected constrained daily living conditions linked to poorer wellbeing.	Improve accommodation standards and strengthen oversight of migrant living conditions
Rizzi et al., 2022	Poland and transit	Refugees in transit and internally	Transit and displacement conditions	Rapid intake based assessment in	Anxiety, depression,	People in unstable transit and	Strengthen shelter quality, safe reception

Author and Year	Country or Setting	Population Type	Housing or Environmental Factor	Indicator Used	Mental Health Outcomes	Key Findings	Policy or Practice Implication
		displaced persons		unstable displacement settings	sleep disturbances	displacement environments reported high or very high anxiety, depression, and sleep disturbance. Material insecurity appeared to intensify psychological burden. Housing pressure reduced settlement stability and increased psychosocial strain, although direct clinical mental health outcomes were not the primary focus. Housing instability emerged as a secondary stressor during economic crisis and contributed to mental distress alongside employment and income insecurity.	spaces, and psychosocial support in transit settings
Jin et al., 2023	Zhejiang Province, China	Highly skilled young migrants	Housing unaffordability	Tolerance for housing unaffordability	Wellbeing related pressure and settlement stress		Expand affordable housing access and develop differentiated urban housing support for migrants
Del Real et al., 2023	Argentina and Chile	Venezuelan migrants	Housing instability linked to economic hardship	Narrative evidence of housing instability during crisis	Anxiety and depression		Integrate housing assistance with income support and mental health services during crisis periods

### 3.3 Housing, Living Conditions, and Material Environment

Housing and living conditions significantly influence mental health among migrants and refugees. Evidence shows that housing acts as a mediator through which structural inequalities affect psychological wellbeing, linking adverse conditions like overcrowding and instability to increased rates of anxiety and depression. Studies highlight that inadequate housing undermines safety, privacy, and emotional regulation, especially in camp settings. Moreover, housing affordability and

insecurity compound these issues, as they dictate where migrants live and the risks they face. The mental health impact is pronounced in environments of chronic stress, such as transit and camp settings, and access to basic services further exacerbates mental health risks. Overall, the material environment plays a crucial role in shaping mental health outcomes for displaced populations.

Table 3. Studies on Housing and Living Environment as Determinants of Mental Health

Author and Year	Country or Setting	Population Type	Housing or Environmental Factor	Indicator Used	Mental Health Outcomes	Key Findings	Policy or Practice Implication
Asri and Chuang, 2023	Taiwan	Indonesian migrant workers	Living environment quality	Satisfaction with living environment and freedom after work	Depressive symptoms	Poorer satisfaction with living environment was associated with higher depressive symptoms. Restricted autonomy after work also reflected constrained daily living conditions linked to poorer wellbeing. People in unstable transit and displacement environments reported high or very high anxiety, depression, and sleep disturbance. Material insecurity appeared to intensify psychological burden.	Improve accommodation standards and strengthen oversight of migrant living conditions
Rizzi et al., 2022	Poland and transit settings linked to Ukraine	Refugees in transit and internally displaced persons	Transit and displacement conditions	Rapid intake based assessment in unstable displacement settings	Anxiety, depression, sleep disturbances	Material insecurity appeared to intensify psychological burden.	Strengthen shelter quality, safe reception spaces, and psychosocial support in transit settings
Jin et al., 2023	Zhejiang Province, China	Highly skilled young migrants	Housing unaffordability	Tolerance for housing unaffordability	Wellbeing related pressure and settlement stress	Housing pressure reduced settlement stability and increased psychosocial strain, although	Expand affordable housing access and develop differentiated urban housing support for migrants

Author and Year	Country or Setting	Population Type	Housing or Environmental Factor	Indicator Used	Mental Health Outcomes	Key Findings	Policy or Practice Implication
Del Real et al., 2023	Argentina and Chile	Venezuelan migrants	Housing instability linked to economic hardship	Narrative evidence of housing instability during crisis	Anxiety and depression	direct clinical mental health outcomes were not the primary focus. Housing instability emerged as a secondary stressor during economic crisis and contributed to mental distress alongside employment and income insecurity.	Integrate housing assistance with income support and mental health services during crisis periods

**3.4 Social Networks, Family Separation, and Transnational Ties**

Social networks, family relations, and transnational ties significantly impact the mental health of migrants, refugees, and displaced individuals. These factors influence mental wellbeing through emotional attachment, social support, and obligations across borders, aligning with the Social Determinants of Health framework. Strong social support is essential, as migrants often face higher distress due to disrupted ties. Family contact serves to protect against mental health issues but also creates burdens. Transnational relationships can offer support or stress, depending on circumstances. Loneliness, particularly from family separation, emerges as a crucial link to mental health outcomes. Research indicates that both family contact and community ties are protective, while separation and loneliness exacerbate distress. Overall, relational determinants of mental health vary across migration phases and are influenced by structural contexts.

Table 4. Studies on Social Support, Family Ties, and Transnational Relationships

Author and Year	Country or Setting	Population Type	Social Determinant Category	Direction of Effect	Mental Health Outcomes	Key Findings	Theoretical Lens Used
Del Real et al., 2023	Argentina and Chile	Venezuelan migrants	Remittance obligation and transnational family ties	Mixed	Anxiety and depression	Remittances functioned as both coping support and a source of stress when migrants struggled to support relatives while maintaining their own livelihood.	Social Stress Process Model

Author and Year	Country or Setting	Population Type	Social Determinant Category	Direction of Effect	Mental Health Outcomes	Key Findings	Theoretical Lens Used
Asri and Chuang, 2023	Taiwan	Indonesian migrant workers	Family contact	Protective	Depressive symptoms	Frequency of contact with family was significantly associated with depressive symptoms, indicating that stronger family connection may protect psychological wellbeing.	Social support perspective
Rizzi et al., 2022	Poland and transit settings linked to Ukraine	Refugees in transit and internally displaced persons	Family proximity and support network	Protective	Anxiety, depression, sleep disturbances	Being close to family or maintaining contact with family acted as a protective factor that supported resilience and reduced psychological burden.	Resilience and psychosocial support framework
Wang and Cao, 2022	China	International migrants	Social network diversity and home country ties	Mixed	Health change	Home country networks showed stronger explanatory power for health change than host country networks, suggesting that transnational ties may remain central to wellbeing.	Social network theory

### 3.5 Policy, Legal Status, and Access to Protection and Care

Policy environments and legal status critically impact the mental health of migrants, refugees, and displaced populations. Legal precarity influences access to welfare and healthcare, highlighting structural determinants beyond individual trauma. Undocumented migrants experience increased psychological stress due to fear of deportation, while exclusionary immigration policies exacerbate vulnerabilities during crises like the COVID-19 pandemic. Factors such as gender and race intersect with legal precarity, intensifying challenges for specific groups, particularly women. Barriers to healthcare, driven by legal status and service design, deter migrants from seeking care, leading to adverse health outcomes. Overall, promoting inclusive policies and equitable labor protections is vital to improving migrants' mental health.

Table 5. Studies on Policy, Legal Status, and Institutional Determinants

Author and Year	Country or Policy Context	Population Type	Policy or Legal Determinant	Access Dimension Affected	Mental Health Outcomes	Key Findings	Recommended Policy Response
Rung, 2023	Australia	Temporary migrant men	Exclusion from COVID 19 economic relief and temporary visa precarity	Work, social protection, income security	Health and wellbeing, psychological stress	Policy induced exclusion increased structural precarity and likely worsened health and wellbeing among temporary migrants during the pandemic.	Expand crisis support eligibility, reduce exclusion based on visa status, and strengthen protections for temporary migrants
Kwak and Wang, 2022	South Korea and Taiwan	High skilled and low skilled migrant workers	Differential labor migration regulation, unequal social protection, restricted union rights, unequal access to permanent residency	Work, social protection, residency, political participation	Public health and wellbeing	Low skilled migrant workers faced weaker protections and more precarious labor conditions than high skilled workers, with negative implications for wellbeing. Government crisis responses created multiple stressors including job loss, income loss, and inability to provide transnational support, intensifying mental distress.	Harmonize labor protections, improve access to social protection, and reduce skill based inequality in migration regimes
Del Real et al., 2023	Argentina and Chile	Venezuelan migrants	COVID 19 containment measures affecting employment and remittance capacity	Work, livelihood security, economic stability	Anxiety and depression		Design crisis policy responses that protect migrant livelihoods and incorporate migrant sensitive support mechanisms
Rizzi et al., 2022	Poland and transit settings linked to Ukraine	Refugees in transit and internally displaced persons	Emergency displacement context and institutional support needs	Protection, psychosocial care, emergency assistance	Anxiety, depression, sleep disturbances	The findings indicate high psychosocial need in transit and displacement	Strengthen emergency protection systems, trauma informed

Author and Year	Country or Policy Context	Population Type	Policy or Legal Determinant	Access Dimension Affected	Mental Health Outcomes	Key Findings	Recommended Policy Response
Thogersen et al., 2023	Denmark	Trauma affected refugees	Need for coordinated treatment systems, research infrastructure, and access pathways	Healthcare access, treatment continuity, data driven care	Mental health treatment outcomes and broader psychosocial needs	during conflict settings, highlighting the importance of rapid access to institutional support and mental health care. A coordinated multicenter database can improve treatment planning, research quality, and understanding of barriers, risk factors, and access to care for trauma affected refugees.	reception, and rapid mental health response in displacement settings Invest in integrated treatment systems, linked data infrastructure, and long term refugee mental health services

**Discussion**

The findings from the reviewed studies indicate that mental health issues among migrants, refugees, asylum seekers, and internally displaced persons are influenced by a range of interconnected social determinants, rather than solely by trauma. Key factors identified include employment insecurity, housing instability, disrupted social ties, and legal exclusion, all of which contribute to everyday uncertainty and psychological distress. Post-migration adversities, such as unemployment and precarious labor conditions, were strongly associated with mental health deterioration. Housing conditions played a similar role, with poor shelter leading to increased anxiety and reduced wellbeing. Additionally, the complexity of social support networks highlighted how familial connections can serve both protective and stressful roles, depending on economic stability. Legal status and policy environments emerged as critical determinants, shaping access to resources and increasing mental health risks, especially during crises like the COVID-19 pandemic. Variances were noted across different migrant categories, with refugees often facing harsher conditions due to compounded issues of trauma and legal insecurity. Methodological limitations were acknowledged across the research, including a reliance on cross-sectional studies and diverse measurement approaches, which complicates the overall understanding of these relationships.

**4. CONCLUSION**

This review highlights that the mental health of migrants and refugees is influenced by various social, economic, relational, and policy factors, particularly emphasizing four key domains: employment and income insecurity, housing and material conditions, social networks and transnational ties, and legal status. It underscores that significant mental health determinants extend beyond trauma, involving structural issues like unstable employment, inadequate housing, weak

social support, and legal uncertainty. The findings advocate for understanding migrant mental health as a public health issue rather than solely a clinical one, suggesting that treatment-focused policies are insufficient without addressing broader socio-economic vulnerabilities. The study calls for multisectoral approaches integrating mental health services with labor protection, housing support, and equitable access to legal and healthcare systems, while recommending future research to focus on longitudinal studies and underrepresented migrant populations.

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