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Mental health care in refugee camps: A nursing perspective

A literature review

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Thesis abstract

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This thesis introduces various subjects related to the global crises on refugees and summarizes the definition of the subjects and the keywords presented for the study. The aim of this thesis was to find out what type of interventions nurses can use to improve the mental health of refugees. This thesis has been done through a descriptive literature review followed by subsequent analysis utilizing inductive content analysis. Mental health obstacles confronting refugees are significant and multifarious. Considering the extensive traumas and experiences they go through, there is a pressing demand for interventions rooted in evidence tailored for them. This research paper dives deep into available literature on strategies targeting the mental well-being of refugees, taking into account psychological, psychotherapeutic, and societal tactics.

According to the results of the thesis, the use of drugs, especially the non-standard use of Selective Serotonin Reuptake Inhibitors (SSRIs), is noted, as well as the advantages of patient-oriented and trauma-centred therapies. The Group Problem Management Plus (gPM+) method is highlighted for its effectiveness, even if deployed by those without specialized training. Moreover, this research paper emphasizes the crucial involvement of a multidisciplinary team, encompassing translators and urgent mental health experts. The analysis ends by spotlighting gaps in current studies, underscoring the need to delve deeper into self-driven EMDR, the success rate of mental therapies, and the possibilities of educating staff. In the end, the research suggests an all-encompassing strategy for addressing the mental health concerns of refugees and calls for ongoing studies to bolster and widen the current understanding.

¹ Keywords: refugees, refugee camps, mental health

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TERMS AND ABBREVIATIONS

GPM+	Group Problem Management Plus
IRC	International Rescue Committee
IDP	Internally displaced person
EMDR	Eye Movement Desensitization and Reprocessing
DBT	Dialectical Behavior Therapy
PTSD	Post-traumatic stress disorder
UNHCR	The UN Refugee Agency
UNRWA	Agency for Palestine Refugees in the Near East
WHO	World Health Organization

1 INTRODUCTION

The rise in global refugee numbers has been driven by recent political instability and societal conflicts. Individuals fleeing their countries face the loss of much more than physical possessions; they are also severed from their social networks, professional roles, and too often, their family units are dispersed. The ordeals endured — witnessing violence and surviving perilous journeys — leave a lasting imprint on their health. These mental and physical traumas are not confined to the period of escape but persist as ongoing challenges in the aftermath of their initial flight.

The recent data indicates that around 110 million individuals worldwide are currently displaced (UNHCR and IRC, 2023). This statistic includes refugees, asylum seekers, and internally displaced persons (IDPs). Refugees are those who have left their home countries to avoid dangers such as war, violence, and persecution. These individuals are provided certain protections and aid from global organizations and humanitarian agencies. Moreover, they may also get the chance to resettle in third countries (International Rescue Committee, 2023).

Refugees residing in camps, particularly women, may confront numerous traumas related to war or persecution (Eruiyar, Maltby, & Vostanis, 2018). Several factors and experiences, such as torture, exposure to war, infectious diseases, scarcity of food, water, and shelter, physical injuries, sexual assault, loss of loved ones, inadequate medical care, and disrupted access to schooling, can significantly impact children within this demographic.

Addressing the mental health of individuals impacted by humanitarian crises is imperative (Gerber et al., 2021). Initiating interventions involving physical activities, such as sports, has demonstrated efficacy in ameliorating mental health issues, including post-traumatic stress disorder (PTSD).

The purpose of this thesis is to describe how nurses can improve the mental health of refugees. The aim is to propose interventions that nurses can use to improve mental health of refugees and outline the predominant mental health disorders affecting refugees living in refugee camps and to examine various interventions that nurses can utilize to enhance the mental health and well-being of refugees and asylum seekers.

2 REFUGEES AND MENTAL HEALTH

2.1 Refugee definition

The concept of a refugee has been rooted in the foundational 1951 Refugee Convention of the UNHCR (UNHCR, 1951). This convention defines a refugee as a person who, due to a well-founded fear of persecution for reasons such as race, religion, nationality, membership in a particular social group, or political opinion, is unable or unwilling to return to their country of origin. These individuals are often fleeing situations like conflicts, wars, violence, or persecution and are afforded protection under this international statute. However, terms like "forced migration" and "forced displacement" frequently intersect with the refugee narrative in the wider discourse on displacement, introducing potential ambiguities and misunderstandings.

As the 21st century has progressed, challenges related to global displacement have grown and evolved (UNHCR, n.d.). In 2021, the UNHCR had the responsibility of protecting approximately 21.3 million refugees. Additionally, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was responsible for an added 5.8 million individuals residing in about 60 camps throughout the Middle East (UNRWA, n.d.). Established in 1949, UNRWA mainly offers essential services, including education and healthcare, and intervenes with emergency assistance in conflict-affected regions.

By the end of 2021, amidst the global struggles with the COVID-19 pandemic, there was a significant shift in the refugee statistics (UNHCR, n.d.). Of the 89.3 million forcibly displaced individuals worldwide, 36.5 million were children under the age of 18, representing 41% of the entire displaced population. This statistic marked a growth from the 25.4 million refugees noted in 2017. Future displacement estimates show a concerning trajectory, indicating an anticipated number of about 103 million displaced persons by mid-2022.

In contrast, individuals seeking international protection but whose refugee status has not yet been legally determined are termed as asylum seekers (International Rescue Committee, 2023). They are required to apply for asylum immediately upon reaching the country they seek refuge in, which inherently necessitates the crossing of international borders. IDPs, while dealing with similar challenges as refugees, remain within their country's

boundaries. Notably, by the conclusion of 2022, IDPs were estimated to number around 62.5 million, with significant concentrations in conflict-afflicted regions such as Syria and Ukraine.

2.2 Refugee camps

Refugee camps are frequently highlighted in discussions surrounding involuntary displacement (USA for UNHCR, 2022). Initially conceived as transient solutions, these camps are established to accommodate refugees and others in similar situations. However, often these encampments persist longer than anticipated, evolving into quasi-permanent establishments, and thereby giving rise to a myriad of humanitarian and administrative challenges.

Jacobsen, (2002) provides a discerning view on the character of refugee camps. This researcher describes these sites as ephemeral havens, designed primarily to offer essential shelter and basic needs to large numbers of uprooted individuals. Intriguingly, even though these camps are meant to be short-lived, many continue to exist for prolonged periods, sometimes extending over several years or even decades. Such extended durations can be attributed to enduring hostilities, intricate political scenarios, or obstacles preventing refugees from returning home or moving to new locations.

Expanding on this, Agier (2011, p. 50-59) investigates the structural components of these camps, characterizing them as "extraterritorial domains." Within these defined boundaries, a host of aid agencies come together to provide assistance and, at the same time, maintain a structured environment. This environment becomes a collaborative hub where multiple entities, each with distinct missions, aims, and methods, operate synergistically to uphold the welfare of those residing within the camp.

Hyndman (2000) positions refugee camps as focal points where humanitarian actions are intensely evident. These sites, though intended as temporary responses to displacement challenges, frequently evolve into lasting habitats. Factors such as persistent conflicts, global political intricacies, and occasionally, the hurdles in identifying long-term solutions for the displaced, contribute to this transformation.

To summarize, while the foundational intent behind refugee camps is to offer a transient solution to the urgent needs of the displaced, the real-time operations, longevity, and challenges associated with these camps can differ widely, steered by an interplay of political, humanitarian, and socio-cultural dynamics.

2.3 Asylum seekers

Emphasizing the complexity and specificity of terms in migration dialogues, Douglas, Cetron, and Spiegel (2019, p. 2) articulate that an asylum seeker is distinctly defined as “a person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments.” This definition underlines the precariousness and transitional state embedded in the individual's status, hinging on legal processes and international protection frameworks to secure their safety and future.

The concept of asylum-seekers is rooted in the broader context of global migration and refuge (UNHCR, 2023). An asylum-seeker is described as an individual who has formally applied for protection and is awaiting the final decision on their application. Every year, this scenario involves around one million people, all of whom are navigating the complex asylum processes. The commitment to protect individuals from potential dangers is deeply held, and the United Nations High Commissioner for Refugees (UNHCR) consistently emphasizes the fundamental right to seek asylum and strives to offer necessary protection to those who need it.

2.4 Mental health pathways for refugees

According to a study by van Eggermont Arwidson et al. (2022) conducted in Sweden with 14 participants, the mental health trajectory of asylum seekers often follows a path towards potential ill health. The researchers emphasize the urgent need for support mechanisms that enhance the mental wellbeing of these individuals. They found that asylum seekers often link their distress to a combination of personal, societal, and environmental factors. van Eggermont Arwidson et al. argue for a thorough approach that delves deep into the complex realities affecting mental health outcomes, aiming to develop and apply effective and tailored support measures.

A detailed study from Australia investigated the experiences of 17 Iranian female asylum-seekers using a narrative method, uncovering multiple obstacles and hardships they faced during their resettlement process (Shishehgar et al., 2023). These difficulties touched various areas of their lives, such as unemployment, housing issues, financial constraints, study bans, family reunification complications, and deportation fears. All these issues were magnified by their uncertain residency status. The societal backdrop and governmental policies, particularly those related to boat arrivals, played a crucial role in heightening their feelings of exclusion and insecurity, reinforcing societal prejudice and discrimination towards them. The combined effect of these problems, coupled with insufficient support, was evident in the mental health struggles of this group. Shishehgar et al. (2023) stresses the severe mental health consequences of prolonged visa application procedures and call for a comprehensive reassessment and modification of the existing policies. They recommend that policymakers think about removing the hurdles that delay processing to give asylum seekers some semblance of hope and certainty about their futures.

The literature offers profound insights into the challenges faced by asylum-seekers globally. Douglas et al. (2019) provides a clear understanding of the definition and situations of asylum-seekers, emphasizing their precarious status as they traverse complex legal systems in search of refuge and definitive status resolution (UNHCR, 2023). Mental health issues among asylum-seekers are highlighted by both van Eggermont Arwidson et al. (2022) and Shishehgar et al. (2023), pointing to a myriad of individual, societal, and environmental stressors. Specifically, the study by Shishehgar et al. (2023) on Iranian female asylum-seekers in Australia unveils a spectrum of hardships from economic and social challenges to those influenced by policy, emphasizing the need for policy review and reform to provide better support. Taken together, these works advocate for holistic, compassionate, and context-specific approaches to better aid the welfare and experiences of asylum-seekers.

2.5 Predominant mental health disorders for refugees

Mental health is recognized as an integral element of holistic well-being, covering diverse areas including psychological, physical, social, and spiritual domains (WHO, 2013). This all-encompassing state of well-being enables individuals to actualize their capacities, manage life's stressors, and offer constructive contributions to their societies. It is vital to strike a harmony

between mental and physical health, emphasizing the importance of practices such as consistent physical activity, ample rest, and balance and nutrition.

Therefore, mental well-being is intimately tied to every individual's foundational human rights and is essential for holistic health and societal participation (WHO, 2023). Around the world, roughly one in eight individuals grapple with mental health issues, affecting personal health, social interactions, and career engagement. There's a noticeable increase in mental health struggles among teenagers and young adults. Despite its critical significance, those with mental health problems frequently experience numerous human rights breaches globally, facing ostracization, prejudice, and limited access to high-quality mental health services. For the preservation of mental health, ensuring an individual's right to be shielded from mental health dangers, guaranteeing access to quality treatment, and fostering a society that champions freedom and inclusiveness for everyone is crucial, particularly for those battling mental health conditions.

Navigating through the complex terrains of the discourse on refugee mental health involves exploring experiences throughout various migration phases and their psychological impacts. Zipfel et al, (2019) delve into this complexity, which intertwines with pre-flight traumas, adversities during migration, and subsequent integration challenges in host societies, highlighting the pivotal role of mental health in refugees' overall well-being and societal participation. Encountering research challenges such as language barriers and cross-cultural nuances, they emphasize the necessity of nuanced and culturally adapted approaches. This ensures that the mental health care provided is contextually relevant and effective, along with the numerous experiences and specific needs of the refugee population.

Theisen-Womersley (2021,p.298-300) provides a comprehensive examination of the profound difficulties faced by Refugee Victims of Torture (VOTs), which span across the spectrum of pre-migration, migration, and resettlement stages. These challenges are not isolated to the events preceding their migration but are exacerbated by a series of violent incidents and obstacles encountered along their journey, contributing to complex trauma. According to Theisen-Womersley, these difficulties are compounded by various cultural factors and post-migration stressors, such as legal issues, economic instability, social network disruptions, altered power dynamics, loss, and continuous stress. The author also stresses the profound influence of structural violence and socio-political factors on health outcomes, highlighting the need for a deeper understanding of how societal structures may

either exacerbate trauma or foster resilience. Furthermore, Theisen-Womersley argues for the importance of community-level responses that incorporate collective narrative practices and group activities to aid in the transformative healing process. Despite the severe impact of forced displacement, Theisen-Womersley acknowledges the possibility of healing and growth, underscoring the remarkable resilience of individuals in reshaping their identities and finding their footing in a new world when given the chance.

In a systematic literature review by (Bogic, Njoku, and Priebe 2015), the complexity of mental health issues among war refugees is illuminated, particularly highlighting the high rates of comorbidity. They found that nearly seven out of ten individuals with PTSD also experienced depression, illustrating the intertwined nature of these conditions. Moreover, the presence of generalized anxiety disorder (GAD) in this population does not occur in isolation, with over 40% of those with GAD also enduring PTSD, half suffering from major depression, and a considerable number also exhibiting symptoms of social phobia. This comorbidity underscores the multifaceted psychological challenges faced by refugees and necessitates comprehensive mental health care strategies.

Adding to the discourse on the mental health of refugees, van de Wiel et al. (2021) contribute evidence of the dire psychological implications of long-term stays in refugee camps, using Moria as a case in point. Their work corroborates the notion that such living conditions can exacerbate mental health problems, with the prevalence of disorders like PTSD, anxiety, and depression being significantly higher among refugees than in the general population. These findings point to the urgent need for improved mental health services and living conditions within refugee camps.

Furthermore, Al-Smadi et al. (2021) delve into the impact of fibromyalgia (FM) among refugees, a condition often overlooked in discussions of refugee health. Their study reveals a striking 73.62% of the refugees with FM experiencing a moderate to severe impact on their lives. Notably, the incidence of FM and its severity appeared to vary based on location and nationality, with Iraqi refugees and those residing in Irbid facing a greater burden. Additionally, their research emphasizes the relationship between FM impact and other psychological issues such as anxiety and PTSD, thereby amplifying the call for a holistic approach to refugee health care that considers both physical and mental well-being.

Collectively, these studies shed light on the intricate web of mental health issues pervading the refugee population. They underscore the urgency for tailored healthcare interventions that address both the psychological and somatic symptoms experienced by refugees. Through their rigorous analysis, these researchers advocate for an integrated healthcare system that is sensitive to the cultural and contextual nuances of the refugee experience.

3 PURPOSE AND AIM

The purpose of this thesis is to describe how nurses can improve the mental health of refugees and to present the most common mental health issues that refugees experience. The aim is to propose interventions that nurses can use to improve mental health of refugees, outline the predominant mental health disorders affecting refugees living in refugee camps, and to examine various interventions that nurses can utilize to enhance the mental health and well-being of refugees and asylum seekers. This entails a deep dive into the psychological distresses and psychiatric conditions that are commonly experienced as a result of traumatic pre-migration experiences, the hardships of the migration journey itself, and the challenges faced within the confines of refugee camps.

Research question:

1. What kind of interventions could nurses use to improve mental health of refugees?

4 RESEARCH IMPLEMENTATION

4.1 Literature review

This thesis was done with a descriptive literature review. Conducting literature reviews transcends the mere accumulation of knowledge, inviting researchers into a nuanced dialogue with existing scholarly works (Ridley, D 2012, p 3). Literature reviews serve a dual function, shaping research questions and grounding them in relevant theoretical contexts. This leads to a reflective consideration of their role, either as procedural necessities or as vital elements that direct the scope and depth of research.

The responsibility of researchers to disseminate their findings is integral to the expansion of academic and societal knowledge (Chris, 1998, p.14). This responsibility entails not only the conduct of research but also its communication within appropriate academic and social frameworks. It also raises a discussion on the ethical and societal duties of researchers and how they navigate the dissemination of information in today's complex informational landscape.

In the health and social care domains, literature reviews are essential for digesting, interpreting, and presenting a vast array of information in a coherent form (Aveyard, 2010). Through the analogy of a puzzle, the literature review process is shown to be one where each piece contributes to a complete, insightful understanding, prompting questions about how the integration of diverse studies impacts the authenticity and comprehensiveness of the research topic.

4.2 Qualitative method

To find what kind of interventions nurses can use to improve mental health of refugees, for this thesis qualitative research method was implemented. This means a qualitative summary of the literature, details of the research methods and results of cited studies are provided. The literature review forms the theoretical foundation the qualitative research (Charles Sturt Academy, n.d.). It focuses on literature relevant to the research problem. The purpose of the literature review is to show from which perspectives and how the

matter has been studied previously. The literature review collects the key perspectives and research results from previous studies.

Qualitative research is frequently utilized in the healthcare arena to comprehend health behavior patterns, explain lived experiences, create behavioral theories, examine healthcare requirements, and create interventions (Renjith V et al., 2022). It is inductive and it involves the studied use and collection of a variety of empirical materials. It is based on a naturalistic research philosophy (Denzin et al., 2000, p. 14). Qualitative research is known as the use of techniques of data production and analysis that apply to textual data. All sorts of textual content can be analyzed using qualitative approaches to provide answers to a variety of research issues that cannot be answered solely by measuring physical events. According to Kyngäs et al. (2020, p. 5) qualitative study may be employed when a researcher does not have knowledge or has insufficient knowledge about a certain phenomenon.

4.3 Data collection

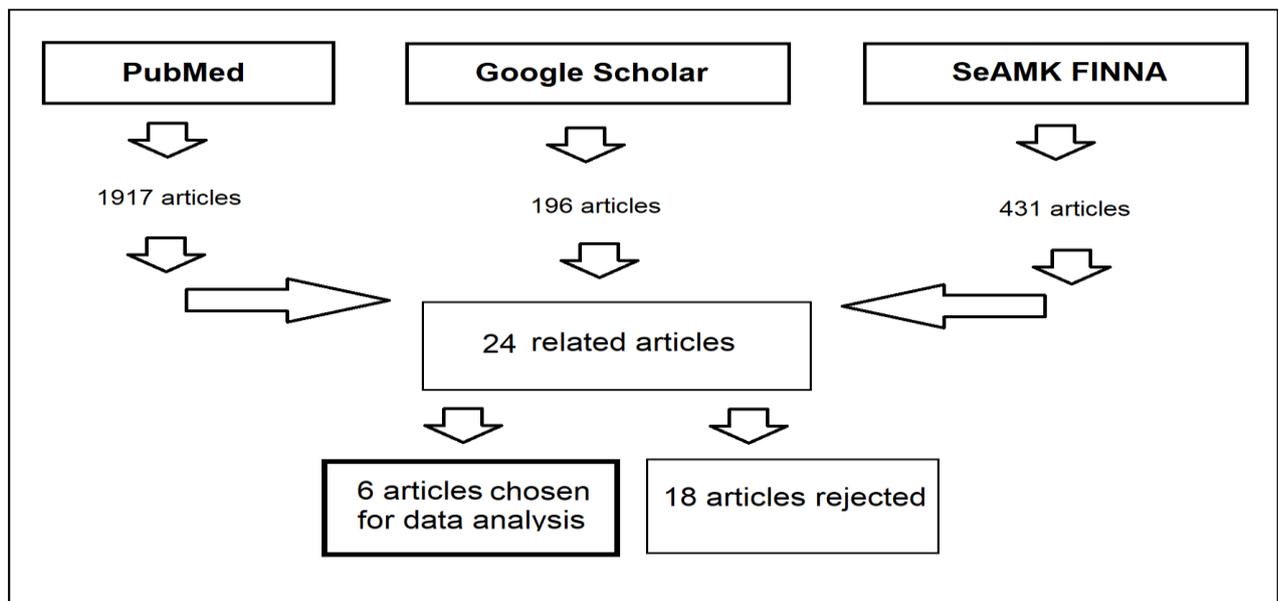
The knowledge required to plan the data gathering process is provided by a literature review. Information for this thesis was searched from academic journals available through various electronic databases. The parameters of the literature review were defined by inclusion and exclusion criteria. The criteria utilized for the data collection included: articles containing relevant keywords, only full text articles, free of charge articles, articles published between 2010 and 2022, to ensure the recency of the data. High-quality older sources relevant to the research were also considered. The databases that were used in this research included SeAMK Finna, PubMed and Google Scholar. Only full-text articles that were free electronic sources available at Seinäjoki University of Applied Sciences constituted the research material. Articles that were only partly available or were for sale were excluded. Inclusion was limited to peer-reviewed articles written in English and sourced from reliable scientific databases for this study. The focus of the collected data was on the mental health issues of refugees and the nursing interventions applied to those concerns. These interventions were required to be based on clinical evidence; therefore, the type of data sought in this thesis was empirical. Empirical evidence, which is information obtained through observation or experimentation, as defined by Merriam-Webster (n.d.), was sought. To locate the most pertinent information for the research, keywords related to the topic were exclusively employed. The keywords used

for searching articles were: "refugees", "asylum seekers", "displaced persons", "mental health", "mental health care", "psychiatric nursing", "nursing interventions" and "nursing".

Table 1. Inclusion and exclusion criteria

Inclusion	Exclusion
Articles published in 2010 or after	Articles published before 2010 (unless good quality)
Full articles	Partial articles
Free access	Behind paywall
Written in English	Written in other language than English
Specifically, about refugees	Not about refugees
Includes intervention(s) nurses can apply	Includes other types of interventions
Mental health related	Not mental health related

Table 2. Data collection



4.4 Data analysis

Content analysis was applied to analyze the collected data. Vaismoradi et al. (2013, p. 400) highlight that one of the purposes of content analysis in qualitative research is to reduce and simplify data, aiding in organizing and categorizing large volumes of data. This approach provides a structured method for analyzing textual data, enabling the examination of the context in which data was produced. With an understanding of this context, the content can be better interpreted, offering new insights about the research subject, as noted by Moule et al. (2009, p.350). Literature review was utilized for article selection necessary for analysis. The data included text describing various interventions to improve the mental health of refugees. Initially, meaning units were extracted from relevant articles and categorized into specific types of interventions beneficial for nurses managing refugees with mental health problems. These units were then simplified into reductions. To address the research question, “What kind of interventions can nurses use to improve the mental health of refugees?”, the reductions were organized into subcategories, which were subsequently grouped into categories.

The qualitative method is instrumental in defining key concepts for research. Schreier (2012, p. 28) states that qualitative research is interpretive and situational, always considering context. It is inductive, employing open measures for data collection, allowing key categories and concepts to emerge from the data. Qualitative content analysis is used to analyze and describe significant characteristics of large amounts of qualitative data, reducing and summarizing the material.

5 RESULTS

The results of this thesis indicate that when providing care to refugees that have mental health problems, nurses can use interventions that could be categorized into multi-professional co-operation or individual support (table 3.)

Table 3. Nursing interventions to improve mental health of refugees.

What kind of interventions nurses can use to improve mental health of refugees?		
Reductions	Subcategory	Category
Drug care (2)	Benefits of medical treatments	Multiprofessional co-operation
Patient-centered and multicomponent interventions (5) Meta-analysis to disentangle the relative contribution of different components of psychological treatments (5) Dialectical Behavior Therapy (1) EMDR therapy "Eye Movement desensitization and responsive therapy (4) Group problem management PLUs (6)	Benefits of psychological care	
Establishing and maintaining contact with an interpreter and emergency mental health worker to manage urgent psychiatric crises (3) Providing company from a volunteer community supporter (3) Providing company from a community supporter (3) Providing company from a community health worker (3) Mobilising company from a volunteer community supporter (3) Mobilising company from a community supporter (3) Mobilising company from a community health worker (3) Encouraging social support (3) Listening without interruption (3) Encouraging talking (3) Conveying compassion (3)	Social support	Individual support
Ensuring basic spiritual needs are met (3)	Spiritual support	
Protecting from further harm (3)	Supporting physical and psychological safety	
Assessing safety needs (3)		
Ensuring basic physical needs are met (3) Assessing physical needs (3)	Physical support	

The total number of articles chosen for the content analysis to create results was 6 (see appendix 2.). Multi-professional co-operation includes interventions that require multi-professional teamwork between different health care professionals. This main category includes subcategories: medical treatments and psychological care. It was found out that nurses take part in providing drug care (2.) for the refugees as medical treatment. Nurses take part in different forms of psychological care which includes such interventions as: patient-centered and multicomponent interventions (5.), psychological treatments (5.), group problem management PLUs (6.), also different types of therapies like dialectical behavior therapy (1.), EDMR-therapy (4.) and de-centralization and responsive therapy (4.).

Contrary to multi-professional co-operation where the interventions are more evidence-based and require professional background, individual support is not about medical treatments or therapies, this category's interventions are about emotional support. For example, taking care of the basic needs of refugees and guiding refugees with the help of social workers. Individual support is patient-centered and wholesome, where the basic needs of refugees are taken care of. It includes such things as: supporting the safety of refugees (both physical and psychological), social support, spiritual support and physical support.

Social support for refugees contains different forms of emotional support like encouraging talking and social support, (3.), listening without interruption (3.) and conveying compassion (3.). Refugees benefit from the support received from volunteers and other professionals. In these cases, nurses can act as intermediates, for example by establishing and maintaining contact with an interpreter (3.) and emergency health worker (3.). This subcategory also includes providing or mobilizing company from another person such as a community volunteer supporter (3.) or a community supporter (3.). Seeking the help of other professionals: providing or mobilizing a community health worker (3.). It was also found out that for some refugees' spiritual support is important and the nurse can, as an intervention, ensure that their basic spiritual needs are met. If the refugees' basic physical needs are met, it has a positive impact on their mental well-being. Physical support means that the nurse can assess the physical needs (3.) of the refugees and ensure that these physical needs are met (3.), in order to improve the mental well-being of refugees. In addition to the previously mentioned forms of individual support it was found out that supporting the physical and psychological safety of refugees is also important and as an intervention nurses can assess their safety needs (3.) and protect them from further harm (3.).

6 ETHICS AND RELIABILITY

Ethical principles guide behaviour by delineating what is right and wrong, particularly in distinguishing good from bad actions. A significant ethical issue, particularly in scholarly work, is plagiarism. According to a definition by Stanford University, cited by Waseem, Rifat, and Colin (2018), plagiarism is the act of using someone else's original work without proper acknowledgment. This work can include a variety of forms, such as codes, formulas, ideas, language, research, and strategies.

The Helsinki Declaration, though initially tailored to oversee medical research ethics, has progressively been adopted and adapted to the nursing research domain. It has transitioned not merely as a formal code of conduct but as a moral compass that emphasizes the weight of research integrity. While the declaration is not anchored in legal stipulations, it persuasively encourages researchers to be astutely attuned to the contextual particularities of their individual research contexts (World Medical Association, 2013).

According to Kyngäs, Mikkonen, & Kääriäinen (2020, p. 50), the ethics of research involving human participants in nursing are the same as those in other fields. The standards for participant protection must be strictly adhered to for any research involving human participants. In addition to being intended originally as a medical research ethics statement, the Helsinki Declaration has been adapted for use in human subjects' nursing research. There is no legal obligation for code of ethics to be followed. It may be necessary to interpret them based on the situation, since they do not cover every circumstance. The ability to interpret, assess, and apply various research rules in practice is therefore important for researchers and other stakeholders, as is the ability to make the correct decision when faced with ethical research ethics. Clinical research ethics can be viewed as a maximum level of ethical conduct, while legislation can be viewed as a minimum level of ethical conduct. Research ethics is a broad phrase that encompasses all ethical perspectives and judgements relating to science and research. However, the same research integrity also places a strong focus on the honesty and integrity that all researchers should bring to their research endeavors.

7 DISCUSSION

The critical role of the environment in supporting the mental health and wellbeing of asylum seekers is emphasized by Brooker et al. (2016), who propose a model of care identifying an invalidating environment as a key factor influencing mental health. This highlights the importance of creating supportive environments for vulnerable populations.

Kameg (2019) discusses the utility of Selective Serotonin Reuptake Inhibitors (SSRIs) in treating PTSD, depressive disorders, and anxiety disorders, showcasing the potential benefits of SSRIs in managing symptoms associated with PTSD.

Procter (2005) focuses on the significance of a team approach in nursing, integrating non-intrusive emotional support and personal safety, which is vital in building resilience and promoting positive mental health among asylum seekers at risk of self-harm.

The accessibility and safety of self-administered psychotherapies, including EMDR therapy, are evaluated by Waterman and Cooper (2020). They also call for more research to determine the effectiveness and safety of self-administered EMDR.

The effectiveness of trauma-focused interventions in managing PTSD symptoms and mental health comorbidities in individuals with complex-trauma histories is supported by Coventry et al. (2020).

Finally, Bryant et al. (2022) discusses the potential of certain interventions in scaling up mental health services for refugees in settings with limited health resources, underscoring the need for accessible and effective mental health care in resource-poor settings.

8 CONCLUSION AND RECOMMENDATION

In the exploration of the mental health landscape of refugees and asylum seekers, a wide array of disorders such as PTSD, depression, anxiety disorders, and somatization was uncovered, intrinsically tied to the traumatic experience's endemic to their reality. The adoption of a holistic strategy, acknowledged for its complexity, was necessitated.

The potential of evidence-based psychological therapies, including Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR), along with the pharmacological use of Selective Serotonin Reuptake Inhibitors (SSRIs), was identified. These treatments were recognized as integral to an integrated approach, ideally incorporated within community-based support frameworks that offer a compassionate backdrop for healing and recovery.

Significant challenges were encountered, particularly in obtaining data. A profound challenge was met in the quest for detailed information on mental health care nursing interventions for refugees. The lack of accessible, precise data highlighted the need for enhanced focus and dedicated research into the application and efficacy of nursing interventions in this context—whether in refugee camps, urban dwellings, or transitional accommodations.

The scarcity of information regarding refugees in camps further complicated the research efforts. This scarcity is indicative of a broader issue of data availability and emphasizes the urgent need for more focused studies to illuminate the unique mental health needs and effective care strategies for those in such settings.

To bridge the gaps in research and to improve the mental health outcomes for refugees and asylum seekers, several recommendations were formulated. Comprehensive training in DBT, EMDR, and other relevant interventions is to be provided to nurses, equipping them to address the complex trauma profiles of refugees. The prescription of SSRIs and other pharmacological treatments is to be guided by an understanding of the cultural nuances and diverse backgrounds of the refugee populations. The implementation of interventions like gPM+ is to be expanded by training non-specialists, thereby increasing the accessibility and potential reach of mental health services within refugee communities. The initiation and advocacy of targeted data collection strategies are to fill the existing knowledge gaps regarding effective nursing interventions for refugee mental health care. Community members are to be trained in mental health support to enhance service

availability and reduce the stigma associated with mental health issues in displaced populations. The development of policies and programs underpinning a care model that integrates therapy, community support, and medication, tailored to the individual needs of refugees, is to be supported.

Faced with the challenges of limited data, particularly regarding mental health care nursing interventions, a commitment to an integrated and compassionate care model is maintained. Advocacy for a culturally informed, comprehensive approach to mental health care is essential, underpinned by continuous research and the evolution of nursing practices to effectively meet the complex needs of refugees. This approach is crucial in fostering resilience, promoting healing, and facilitating the integration of refugees into new communities.

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10 APPENDIX

Appendix 1. Meaning units

Article number	Meaning units
1	<p>“We considered Marsha Linehan’s Dialectical Behavior Therapy and associated skills targeting emotional regulation and distress tolerance strategies as a possible model for understanding and engaging detainees”</p>
2	<p>“Selective- serotonin reuptake inhibitors (SSRIs) may be useful as off-label pharmacological modalities in the treatment of PTSD, and also can be utilized in isolated or co-occurring depressive disorders and anxiety disorders”</p>
3	<p>“Establishing and maintaining contact with an interpreter and emergency mental health worker to manage urgent psychiatric crises (ie. danger to self or others, psychoses, severe depression, agitation).”</p> <p>“The clinical skills necessary to apply these principals include listening without interruption; conveying compassion; assessing physical and safety needs; ensuring basic physical and spiritual needs are met; not forcing, rather gently encouraging talking; providing or mobilising company from significant trusted others (especially a volunteer community supporter, a community health worker); encouraging but not forcing social support; and protecting from further harm.”</p> <p>“Establishing and distributing a flow of written and verbal information to asylum seekers (using an interpreter) on (a) the application or visa appeal process; (b) efforts to establish physical safety of self and family (if in a family situation); and (c) efforts being made by each organisation/individual to help and support asylum seekers.”</p>
4	<p>“There is evidence that self-administered psychotherapies, in general, can be safe, effective and highly accessible. However, controversies persist regarding the safety and potential efficacy of self-administered EMDR therapy, and more robust research is needed.”</p>
5	<p>“Existing evidence-based trauma-focused psychological treatments can be effectively used as first-line therapy for PTSD and mental health comorbidities in people exposed to complex trauma.”</p>
6	<p>“This study suggests that mental health non specialists can be briefly trained in Group Therapy Management plus (gPM+), and they can deliver this intervention in a way that it can improve mental health of refugees.”</p>

Appendix 2. Articles

The articles chosen for data analysis					
	Author(s) and year	Title	Aim and purpose	Findings and results	Conclusion
1	Brooker S, Albert S, Young P et al. (2016)	Challenges to Providing Mental Health Care in Immigration Detention	<p>Aim is to identify a range of practical responses that can be developed to help ensure that mental health services within detention can be independent, autonomous, and sufficiently resourced.</p> <p>Purpose is to examine models of care that can better support the mental health care and well-being of asylum seekers and other populations held within immigration detention facilities operated within Australian Territories.</p>	The writers have argued that there is a role for mental health professionals within detention.	This paper has proposed a model of care in which the role of an invalidating environment is a critical lever for supporting the mental health and wellbeing of asylum seekers.
2	Kameg, B. N. (2019)	Management of mental health conditions in refugee youth: An overview for the psychiatric-mental health nurse practitioner	The purpose of this report is to provide psychiatric-mental health nurse practitioners (PMHNPs) with an understanding of unique cultural implications in refugee youth, risk factors towards the development of psychiatric illness, and means to identify those at-risk for sequelae or those meeting diagnostic criteria.	A variety of risk and protective factors are discussed, spanning from premigration, during flight, and post-settling periods. PMHNPs must be proficient in screening and diagnosis of mental health conditions in refugee youth and implementation of pharmacological and psychotherapeutic interventions. PMHNPs must also be well versed in community-based resources that can be utilized to promote optimal outcomes.	Selective- serotonin reuptake inhibitors (SSRIs) may be useful as off-label pharmacological modalities in the treatment of PTSD, and also can be utilized in isolated or co-occurring depressive disorders and anxiety disorders.

3	Procter, N. (2005)	Emergency mental health nursing for refugees and asylum seekers.	This clinical update is intended to support nurses in their practice should they encounter an adult refugee or an asylum seeker needing emergency mental health care.	None.	By using a team approach that integrates non-intrusive emotional support and personal safety, nurses can help build resilience and promote positive mental health for asylum seekers at risk of self-harm.
4	Waterman, L., & Cooper, M. (2020)	Self-administered EMDR therapy: Potential solution for expanding the availability of psychotherapy for PTSD or unregulated recipe for disaster?	To present a commentary assessing the potential advantages and disadvantages of self-administered EMDR therapy	Significant reduction in symptoms of PTSD, Sadness, Anxiety, Distress, and Impairment. No grave adverse effects. However, there were some serious side effects found.	There is evidence to support the notion that self-administered psychotherapies can generally be extremely accessible, safe, and successful. Self-administered EMDR therapy is controversial, and more thorough research is required to determine its safety and possible effectiveness.
5	Coventry, P. et al. (2020)	Self-administered EMDR therapy: Potential solution for expanding the availability of psychotherapy for PTSD or unregulated recipe for disaster? Psychological and pharmacological interventions for posttraumatic stress disorder and comorbid mental health problems following complex	To identify candidate interventions for mental health problems in people exposed to complex traumatic events and to evaluate the efficacy of pharmacological and psychological treatments in victims of complicated traumatic incidents.	Psychological treatments are effective for treating PTSD, anxiety, and depression and improving sleep in people with a history of complex traumatic events.	Trauma-focused interventions are effective for managing PTSD symptoms and mental health comorbidities in people with complex-trauma histories.
6	Bryant, R. A. et al. (2022)	Traumatic events: Systematic review and component network meta-analysis.	This study was the first to test the effectiveness of the Group Problem Management Plus (gPM+) program in distressed refugees in a refugee camp.	3 months following treatment, refugees who received gPM+ reported significantly less depression but not anxiety, with a	The intervention has the potential to scale up mental health services for refugees in settings that lack adequate health resources.

				moderate effect relative to EUC.	
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