

**Community
mental health
responses for migrants
to deal with the COVID-19
pandemic in Antwerp**

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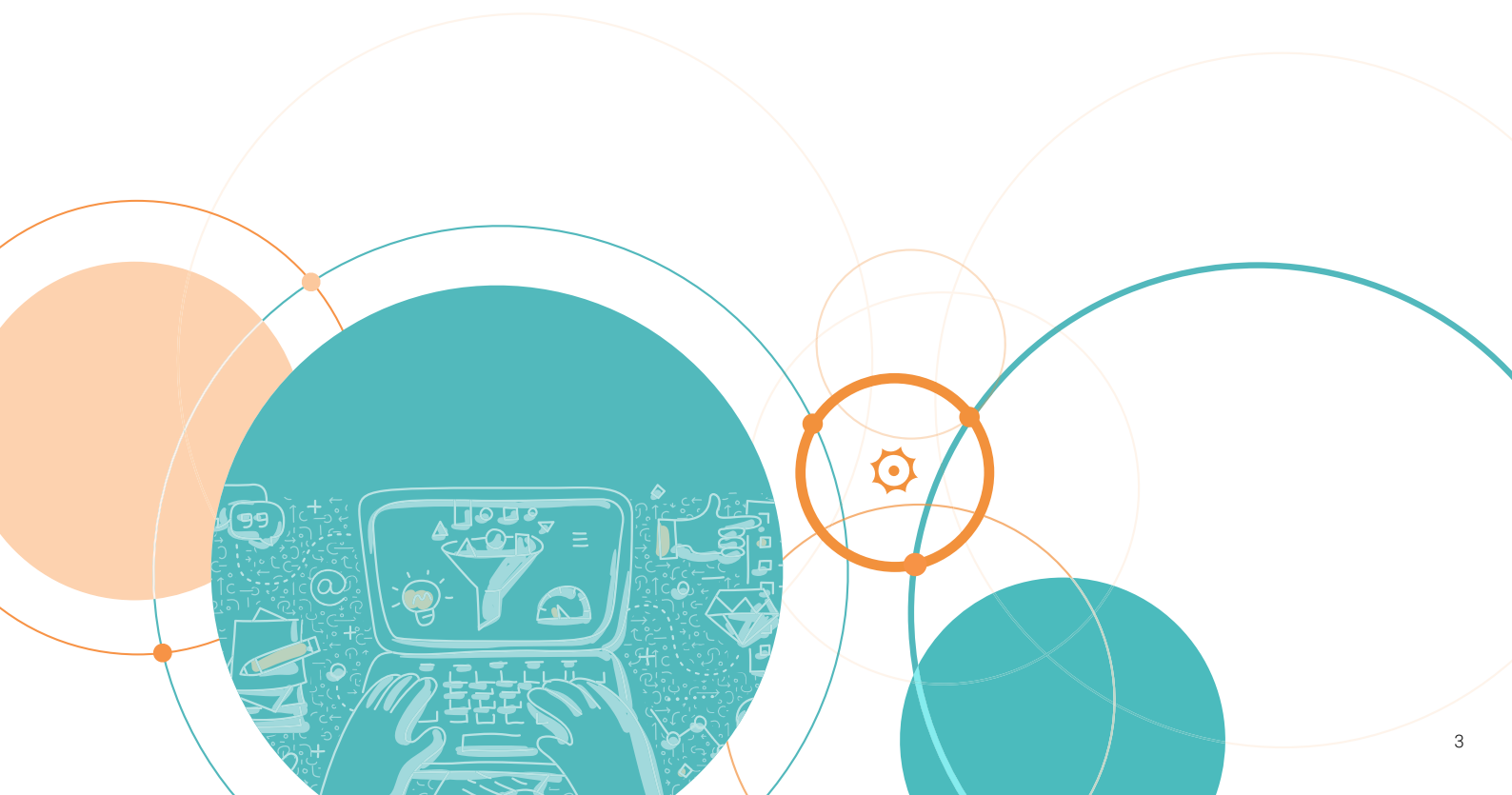
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Executive Summary

The COVID-19 pandemic has worsened the mental health of many vulnerable groups in society, including those of many migrants. Using insights from a case study conducted in Antwerp's districts of Borgerhout and Antwerpen-Noord, we highlight the assets and challenges faced by community-level organisations and services that aim to provide mental health care services during and after the COVID-19 pandemic.

These analyses inspired us to formulate three main recommendations: 1) prioritise the physical accessibility of community-level (mental health) services in the context of increasing digitalisation, 2) support the implementation of a holistic and culturally sensitive approach to community-based mental health services through training, and 3) prioritise “building bridges” and improving collaborations between community-level organisations as well as with city governments.

Introduction

The COVID-19 pandemic has impacted the mental health of many people (Roxby, 2020). The mental health impacts on the population have disproportionately affected vulnerable groups in society, such as migrants (Allwood & Bell, 2020; Spiritus-Beerden et al., 2021; Rose et al., 2020). Although some efforts were made to develop inclusive policies during the pandemic, the focus and care on vulnerable groups did not seem to be a priority. Many policymakers could not reach these vulnerable groups during the pandemic through official channels and media and sought alternative ways to support them with the mental health consequences of the pandemic.

To support and cope with the worsened mental health of many migrants and people with a migration background, structurally informed mental health services and initiatives could be provided. More importantly, these services and initiatives are sensitive to social inequalities and cultural differences (Baskin et al., 2021; Morse & Dell, 2021; Weich et al., 2004). Community services and initiatives have the potential to consider social and cultural factors that matter for mental health care (Baskin et al., 2021) as well as to include people's explanatory models of mental health (Apers et al., 2023a; 2023b).



Research and Analysis

This policy brief is based on the interviews conducted with expert interviews with n=13 professionals, while the second stage involved n=19 in-depth qualitative interviews with first-generation migrants who arrived in Belgium at least 5 years ago in the Antwerp districts of Borgerhout and Antwerpen-Noord. The first main finding was that migrants living in these districts in Antwerp felt a large impact of the COVID-19 pandemic. They referred to the hardships and precarity across life domains they experienced before, during and after the pandemic. This underlined the need for targeted and adjusted support and mental health services, in an open and accessible way.

Unique value and indispensability of local-level services and organisations

During crisis situations, such as the COVID-19 pandemic, local-level services, and organisations in providing mental-health-related services, turned out to be particularly relevant given their:

- 1) Awareness of local needs:** In times of crisis, it is an asset to rely on existing community-level organisations and networks that have built up strong ties with the neighbourhood. Their long-lasting presence and understanding of local needs meant they could fill the gap left by national and regional governments, who tended to focus on physical health status, overlooking other vulnerabilities and hardships. This included gendered vulnerabilities related to varied caring responsibilities, or the unique challenges faced by undocumented migrants living in the neighbourhood.
- 2) Flexible nature:** The ability to immediately or faster respond to local needs enabled them to address bottlenecks and fill gaps left by other services. This was especially the case at the beginning of the COVID-19 pandemic when many governmental services closed their front offices.
- 3) Capacity to respond to a broad spectrum of needs:** Given the difficulties in accessing many support services during the pandemic, local-level services and initiatives still provided support across different life domains.
- 4) Ability to offer culturally sensitive care and support:** Our findings highlight the importance of culturally sensitive support when dealing with the mental health impact of the COVID-19 pandemic, including the awareness of the stigma surrounding mental health issues.
- 5) Physical accessibility:** Considering issues accessing many (mental health) services, issues related to navigating the system, and diverging culturally determined beliefs, organisations that aimed to provide mental health care stressed the importance of being easily physically accessible and close to the community.

Fragility and fragmentation

The challenges many community-level services and initiatives faced were mainly related to the fragility and fragmentation of services and initiatives, leading to the following issues:

- 1) Physical accessibility of organisations' services and digitalisation:** As stated earlier, the physical accessibility of many organisations was an asset, but the COVID-19 pandemic provided a real hindrance for many organisations. This was mainly due to an increased digitalisation during the pandemic, which also applied to some extent and impacted community-level services.
- 2) Services and initiatives becoming overloaded:** Considering that many organisations were already overloaded with work before the pandemic, the demand for their services increased due to the pandemic. This coincided with the changing nature of the needs, the provision of care and support, closing or digitalisation of other services, and the increased number of tasks at many organisational members' homes. This caused a considerable burden on many organisations and significantly increased their workload.
- 3) Lack of oversight of the available services:** Although the pandemic has increased some collaboration between local organisations and stimulated the forming of networks, a notable challenge was keeping an oversight of all existing and rapidly emerging organisations or initiatives. This formed a real barrier for both service users and providers.





Based on the insights from this case study, we formulate three recommendations:

- 1) Priority of physical accessibility of community-level (mental health) services:** In light of the COVID-19 pandemic and increasing digitalisation of society, not all groups are being reached equally. This is particularly relevant for groups that already encounter difficulties accessing mental health care services, partially due to a lack of culturally sensitive care within existing services. Disproportionate vulnerabilities within society, including experiences of discrimination and structural hardships, highlight the need to reduce barriers and the congruence between mental health care and needs in the healthcare system.
- 2) Building bridges between community-level organisations and city governments:** some of the assets of community-level organisations and initiatives resulted from the existing networks and collaborations between services and organisations before the pandemic. In times of crisis, the benefits became apparent, and new initiatives could be set up easier and respond to local needs. The continuous effort to actively “build bridges” and improve collaborations between community-level organisations, as well as with city governments, needs to be institutionalised through local governments. Therefore, city governments have an important role to play in maintaining an overview of different organisations and stakeholders in the psycho-social care sector (e.g., through a publicly accessible database or directory), as well as facilitating cross-sectoral collaboration between organisations.
- 3) The use of a holistic and culturally sensitive approach to community-based mental health services through training and inclusive policy making:** What insights from the community-level organisations and local-level services have shown is the need to challenge prevailing ideas on mental health care, create a mutual understanding of mental health needs and approaches, and include bridging figures. This could be facilitated by training and employing more professionals who share a similar background and/or native language proficiency as migrants.

References

1. Allwood, L., & Bell, A. (2020). *Briefing—COVID-19: Understanding inequalities in mental health during the pandemic*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_CovidInequalities_0.pdf
2. Apers, H., Nöstlinger, C., & Van Praag, L. (2023a). Explanatory Models of (Mental) Health Among Sub-Saharan African Migrants in Belgium: A Qualitative Study of Healthcare Professionals' Perceptions and Practices. *Culture, Medicine and Psychiatry*, 1–20. <https://doi.org/10.1007/s11013-023-09816-6>
3. Apers, H., Van Praag, L., Nöstlinger, C., & Agyemang, C. (2023b). Interventions to improve the mental health or mental well-being of migrants and ethnic minority groups in Europe: A scoping review. *Cambridge Prisms: Global Mental Health*, 10, e23. <https://doi.org/10.1017/gmh.2023.15>
4. Baskin, C., Zijlstra, G., McGrath, M., Lee, C., Duncan, F.H., Oliver, E.J., Osborn, D., Dykxhoorn, J., Kaner, E.F.S., LaFortune, L., Walters, K.R., Kirkbride, J., & Gnani, S. (2021). Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: A scoping review. *BMJ Open*, 11(4), e041102. <https://doi.org/10.1136/bmjopen-2020-041102>
5. Morse, G.A., & Dell, N.A. (2021). The well-being and perspectives of community-based behavioral health staff during the COVID-19 pandemic. *Social Work in Health Care*, 60(2), 117–130. <https://doi.org/10.1080/00981389.2021.1904315>
6. Rose, N., Manning, N., Bentall, R., Bhui, K., Burgess, R., Carr, S., Cornish, F., Devakumar, D., Dowd, J. B., Ecks, S., Faulkner, A., Ruck Keene, A., Kirkbride, J., Knapp, M., Lovell, A.M., Martin, P., Moncrieff, J., Parr, H., Pickersgill, M., ... Sheard, S. (2020). The social underpinnings of mental distress in the time of COVID-19 – time for urgent action. *Wellcome Open Research*, 5, 166. <https://doi.org/10.12688/wellcomeopenres.16123.1>
7. Roxby, P. (2020). Psychiatrists fear “tsunami” of mental illness after lockdown. *BBC News*. <https://www.bbc.com/news/health-52676981>
8. Spiritus-Beerden, E., Verelst, A., Devlieger, I., Langer Primdahl, N., Botelho Guedes, F., Chiarenza, A., De Maesschalck, S., Durbeej, N., Garrido, R., Gaspar de Matos, M., Ioannidi, E., Murphy, R., Oulahal, R., Osman, F., Padilla, B., Paloma, V., Shehadeh, A., Sturm, G., van den Muijsenbergh, M., ... Derluyn, I. (2021). Mental Health of Refugees and Migrants during the COVID-19 Pandemic: The Role of Experienced Discrimination and Daily Stressors. *International Journal of Environmental Research and Public Health*, 18(12), Article 12. <https://doi.org/10.3390/ijerph18126354>
9. Weich, S., Nazroo, J., Sproston, K., McManus, S., Blanchard, M., Erens, B., Karlsen, S., King, M., Lloyd, K., Stansfeld, S., & Tyrer, P. (2004). Common mental disorders and ethnicity in England: The EMPIRIC study. *Psychological Medicine*, 34(8), 1543–1551. <https://doi.org/10.1017/s0033291704002715>

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The COVINFORM project

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Contact

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