



# FORCED MIGRATION AND MENTAL HEALTH: HUMAN RIGHTS IMPLICATIONS

# History of International Human Rights Law

---

The United Nations Charter (1945) promoting respect for human rights and fundamental freedom

The Universal Declaration of Human Rights (1948)

“Common standard of achievement” to promote human rights

The International Covenant on Human Rights (1976) – broad principles for safeguarding and promoting rights

Mental Illness Principles (1991) – commitments including to standards of care and treatment

Montreal Declaration of Intellectual Disability (2004) – recognising human rights of prisoners with intellectual disability

Convention on the Rights of Persons with Disabilities (2008) wide range of civil, cultural, economic, political and social rights

# Human Rights in current climate

---

Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities(CRPD) and other international and regional human rights instruments



# Application to Health

---

- Access to 'same range, quality and standard of free or affordable healthcare.'
- Early identification and intervention
- As close as possible to people's own communities
- Care of same quality based on free and informed consent
- Prohibit discrimination in provision of healthcare

# Key Principles in Practice (FREDA)

---

- **Fairness** – opportunity to have point of view expressed
- **Respect** – consideration of value systems of person
- **Equality** – equity of access to treatment
- **Dignity** – support and promote self respect
- **Autonomy** – self-determination and free choice

# European Convention on Human Rights

- **Article 2** – Right to life
- **Article 3** – Prohibition of torture and inhumane treatment
- **Article 4** – Prohibition of slavery
- **Article 8** – Right to respect for private and family life
- **Article 14** – Freedom from Discrimination

# European Court of Human Rights Judgments

MSS v Belgium and Greece, 2011 –  
vulnerability, breach of Article 3

Ilias and Ahmed v. Hungary, 2019 – PTSD  
and depression, but no breach of Article 3

ND and NT v Spain, 2020 – Spanish policy  
of ‘hot returns’ was supported

Vulnerability backsliding (Hudson, 2024)

# Areas of Human Rights Concerns

Rapidly changing  
immigration  
legislation

Immigration  
detention

Accommodation  
arrangements

Access to  
healthcare

# Implications for mental health professionals

Signposting to third sector organisations

Vigilance regarding capacity in decision about immigration case

Supporting patients to obtain legal representation

Advance planning regarding stressors like immigration reporting or hearings

Awareness of potential breaches to Articles 2 (Right to Life); Article 3 (Torture) and Article 8 (Private and Family Life)

(Universal, Objective, Indigenous Reactions)

### NORMATIVE

I. Empathic Disequilibrium	II. Empathic Withdrawal
Uncertainty	Blank Screen Façade
Vulnerability	Intellectualisation
Unmodulated Affect	Misperception of Dynamics
TYPE II CTR (Over-Identification)	TYPE 1 CTR (Avoidance)
III. Empathic Enmeshment	IV. Empathic Repression
Loss of Boundaries	Withdrawal
Over-Involvement	Denial
Reciprocal Dependency	Distancing

### PERSONALISED

(PARTICULAR, Subjective, Idiosyncratic Reactions)

# IMPACT ON THE WORKER

# Good practice points(FREDA) (Banerjee, 2025)

- **Recognise** trauma and mental health issues early. Screen for them in discussions
- **Empower** with interpreters. Language barriers hinder care; always use trained interpreters to ensure clear communication. Advocate for policy changes
- **Show** cultural humility and understand different expressions of mental health to provide appropriate care
- **Provide** trauma-informed care. Consider which services will help this patient, including mental health services, voluntary groups and charities specifically supporting ASRs
- **Explore** different interventions, including social prescribing and digital mental health tools to reach patients who face logistical and systemic barriers to access
- **Collaborate** through integrated care. Consider which services will help this patient, including mental health services, housing, employment, voluntary groups and charities specifically supporting ASRs
- **Trust-building**; establish rapport and develop relationship-based care by following up with these patients to create a strong therapeutic alliance and fosters patient engagement and healing

# SEEKING ASYLUM AND MENTAL HEALTH

A Practical Guide for Professionals

Edited by Chris Maloney, Julia Nelki  
and Alison Summers





---

- ‘It did feel as if we had landed on the moon – everything looked, smelled and felt different. Just getting to our flat meant using a lift. I had been in one the summer before with my father, so at least I had experienced being transported in a small metal box. But for my mother, it was like boarding a spaceship. She would literally close her eyes as soon as we entered and say prayers beneath her breath...my mother liked being on the ground...those early days in Birmingham reminded me of being interminably displaced in Pakistan – except the faces, the food, and the language here were foreign. We were comfortable; we were being well taken care of – but it had not been our choice to come here, and we missed home.’



THANK YOU

---

- ANY  
QUESTIONS?