Submission to the Call for Evidence
Comprehensive approach to mental health

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European Network of Migrant Women

The European Network of Migrant Women (ENoMW) is a non-governmental organization (NGO) that brings together over 50 member organizations across 23 European states. ENoMW plays a crucial role in shaping social policies and designing action programs to address the specific needs of migrant women. ENoMW aims to highlight the lived realities of migrant women and girls and create safe spaces where they can come together to heal, exchange experiences, learn, and co-create their own lives and stories.

According to the Eurostat, there are 1.9 million migrants in the EU in 2020, half of whom are women. Migrant women and girls face multiple challenges pre and post migration that can have severe impact on their mental well-being. Most of our work and publications references to mental health of migrant women but specifically our recent report 'Migrant women's mental health and mental wellbeing'[1], our policy briefing paper 'Undocumented women in the post-covid period'[2] and our report 'Approaches to address trauma in women in post-conflict and migration'[3], look at the impact of different types of violence and discrimination on migrant women's mental health and wellbeing through interviews with migrant women, women with migrant background, and experts working with migrant women, case studies and legal analysis Research and studies such as 'Women's Mental Health: An Evidence Based Review' by WHO and 'Migrant women's mental health and mental wellbeing' report by ENoMW demonstrate that women are more likely than men to suffer from mental health problems such as major depression disorder, Post traumatic stress disorder (PTSD), somatic symptom disorder, anxiety disorder, common mental disorder (CMD) and insomnia.

The mentioned publications highlight different systemic and social factors that migrant women are prone to and that can impact their mental health and psychological wellbeing. Those factors include male violence against women, including trafficking, prostitution, exploitation in surrogacy, female genital mutilation, forced marriage and 'honour' based violence, sexist and racist stereotyping, various types of institutional discrimination (at school, work, accessing different services such as health, housing, employment), and being undocumented or seeking

[1] Migrant Women mental health and wellbeing report, https://www.migrantwomennetwork.org/2021/10/06/report-mental-health/
2 Briefing paper; UNDOCUMENTED MIGRANT WOMEN IN EUROPE IN THE POST-COVID PERIOD: CASES OF IRELAND, MALTA AND POLAND AND EU-WIDE IMPLICATIONS, https://www.migrantwomennetwork.org/2023/02/02/hummingbird-briefing-paper/
[3] Approaches to address trauma in women in post conflict and migration, https://www.migrantwomennetwork.org/2021/11/11/approaches-to-address-trauma-in-women-in-post-conflict-and-migration/

asylum, as well as materials deprivation, poverty, social exclusion and overall low socio-economic status (SES) in countries where women migrated to.

Overall, historically, women's mental health has not been receiving enough attention in medical and scientific research, and, consequently, services providing mental health support to women have not been considered essential or important. This is despite the fact biological differences between women and men play a significant role in health and diseases throughout the life cycle of both sexes. "From conception, the life experiences of girls and women differ from those of boys and men. These have consequences for all aspects of health, including mental health. The prevalence of the serious mental disorders of schizophrenia and bipolar affective disorder is similar in women and men, but lifetime rates of common non-psychotic mental disorders are two to three times higher among women."[4]

For migrant women, the conditions affecting mental health can be even more dramatic, as several negative external factors increase throughout the process of migration and/or displacement, including risks of violence, access to resources, and facing migrant-specific systemic barriers[5]. Furthermore, according to the evidence from ENOMW's members, migrant women victims of violence and discrimination expressing mental distress and trauma are often mis-diagnosed and/or pathologised, resulting in number of unacceptable outcomes, such as categorising women as "insane", over-medicating women, hospitalising and even incarcerating women, depriving women of parental rights and child-custody, limiting women's access to state benefits, and general dismissive attitudes by health professionals and social workers. For example, women's reports of experiencing depression, insomnia, anxiety, panic attacks and suicidal thoughts as outcomes of their victimisation, witnessing war and conflict, undertaking extremely dangerous journeys to escape violence and/or persecution, being subjected to sexual violence and systemic discrimination, including racism, are often described as women "exaggerating" their symptoms or dismissed under the pretext that such symptoms may be "culturally created" rather than being outcomes of objective external factors and experienced universally by women subjected to such factors, regardless of their ethnic or cultural background.

Additionally, Covid-19 had major mental health implications for migrant women, women with migrant background and especially undocumented migrant women. Covid-19 resulted in many women becoming undocumented, unemployed, homeless and sexually exploited. As undocumented migrants already face limitations accessing services specially health services, covid-19 made these limitations even more severe, including in access to health care and covid-19 vaccinations. For example, in order to get vaccinated one needed a national health insurance or ID card, which undocumented migrant women do not possess. Because of the lockdowns their access to support networks such as migrant women led NGOs became limited or impossible, which resulted in severe depression, anxiety and insomnia.

In the area of justice and fundamental rights, migrant women frequently face barriers in accessing civil and criminal justice system when they are subjected to violence and discrimination (by partner, at work, in educational institutions). They are often unable to report violence and seek support, because of 1. the lack of information - where to access such support, 2. the lack of support from authorities such as police and legal practitioners, 3. fear

[4] Fisher, Jane & Herrman, Helen & Cabral de Mello, Meena & Chandra, Prabha S.. (2013). Women's Mental Health. 10.1093/med/9780199920181.003.0016.
[5] Migrant women's mental and wellbeing, https://www.migrantwomennetwork.org/2021/10/06/report-mental-health/

of deportation. Cumulatively, these factors lead to severe mental health implications for the women, such as depression, anxiety and even suicidal ideations.

When accessing mental health services, there are major obstacles at institutional level. They include long waiting times to see a mental health specialist, lack of understanding by mental health specialists of the nature and impact of sex discrimination, men's violence, racism and social exclusion on women's mental health, in particular when women are victims of male sexual violence; lack of trauma- informed and victim-focused approach; lack of cultural or religious sensitivity; low awareness of ethnic and migratory aspects of women's trauma; high costs associated with accessing mental health specialists privately as well as the lack of information and awareness on how and where to access mental health services; language barriers; and the lack of awareness and understanding about violence and discrimination and fundamental rights by the migrant women themselves.

The forms of violence and discrimination that have particularly harmful and lasting impact on women's mental health:

- **Exploitation in Prostitution and other forms of sexual exploitation:** Mental health trauma, coupled with a sexual-reproductive one in the women exploited in prostitution, is of the most severe observed by health professionals among different groups of women victims of violence. "Frequent health consequences observed by medical professionals in trafficked for prostitution women include gonorrhoea, chlamydia, trichomonads, genital warts, syphilis, hepatitis, HIV, infertility, unwanted pregnancies, indigestion, vomiting, malnutrition, eating and nervous disorders, insomnia, depression, PTSD, thrombosis, pelvic degradation, inflammation of the abdomen and ovarian tubes, vaginal, anus and rectum tears, fissure, deliberately inflicted injuries, dizziness, headache, sleep difficulty, poor concentration, memory problems, difficulty following directions, low frustration tolerance, fatigue, appetite and weight changes, substance abuse, concussion, traumatic brain injury, self-harm, suicide and death."[6] Additionally, for sexually exploited women, sexual exploitation and substance use are inextricably bound together with trauma, which often exists as a pre-condition for women entering prostitution in the first place. "Research shows that the majority of those in the sex trade suffered abuse, violence and neglect in their early years. When left unseen and untreated, this trauma can leave girls and women vulnerable to exploiters. Being in the Life generates physical, emotional and mental trauma too. The result is lasting harm; for example, depression, suicidal thoughts and dissociation."[7]

- **Reproductive exploitation of women in surrogacy:** According to the Joint investigation by ENOMW and CIAMS on reproductive exploitation of women in surrogacy, migrant women are at major risk to be targeted by traffickers.[8] According to the Maternity Action UK, "All pregnancies carry physical and mental health risks to pregnant women, ranging from trivial to very severe (sepsis, pre-eclampsia, haemorrhage and maternal death for

[6] (Bissinger, 2019; Farley, 2018) from Coalesce Policy Brief, October 2023 (https://usercontent.one/wp/www.migrantwomennetwork.org/wp-content/uploads/COALESCE-POLICY-BRIEF-2-1.pdf)

[7] The Life Stories, Factsheet on Trauma and Addiction, Sharing the voices of survivors of sexual exploitation. (https://thelifestory.org/assets/downloads/about/handouts/en/TLS_Handouts_Trauma_Addiction.pdf)

[8] Migrant Women and Reproductive Exploitation in the Surrogacy Industry: Joint Investigation by the International Coalition for the Abolition of Surrogacy (CIAMS-ICASM) and the European Network of Migrant Women (ENoMW), October 2022 (https://www.migrantwomennetwork.org/2022/10/21/migrant-women-and-reproductive-exploitation-in-the-surrogacy-industry-joint-investigation-by-enomw-and-icasm/)

the woman; abnormality, prematurity, stillbirth, brain damage, infant death for the baby). For untested first-time mothers, or primigravidae, these risks are entirely unknown […] Risks for the surrogate may be higher if she, or another woman, are involved as egg donor, which involves undergoing ovarian stimulation, egg extractions and a small risk of the serious complication of ovarian hyperstimulation syndrome. The surrogate may have many appointments, drug treatments, invasive procedures and timed embryo transfer. More importantly, she is at a significantly increased risk of developing pre-eclampsia. If it is a twin pregnancy, she is at increased risk of every complication barring post-maturity. […] On a perinatal mental health level, although many surrogates are keen to hand over the baby, there are a lot of dramatic hormonal events in the first days and weeks after birth, and some find that handover triggers or exacerbates perinatal mental ill-health conditions, like postnatal depression or postpartum psychosis."[9]

- **Sexual violence, including rape:** Sexual violence leaves women with a long-term trauma and depression throughout their lives. Some migrant women become victims of sexual violence including rape and sexual abuse either in their country of origin, during their migratory journey or when they arrive in the EU. A report 'Rape, abuse and violence: Female migrants' journey to Libya' by Al-jezara highlights how migrant women were sexually abused and raped by the smugglers, traffickers, military, and detention centre guards to the point that some women reported of their genitals being burned.[10] A study by Mixed Migration Centre, 'Protection risks within and along routes to Libya - a focus on sexual abuse', concludes that: "women are particularly exposed to sexual abuse, with approximately 1 in 5 female respondents having experienced or witnessed sexual abuse... The perpetrators of the abuses are comprised of a multitude of actors, the most frequently cited of whom are smugglers and security personnel."[11] This evidence, including the mental health report by ENoMW, clearly indicates that migrant women can be sexually exploited and abused with those crimes remaining unreported and without support from the criminal justice system or having access to appropriate women centred services such as counselling, and therapy. Women victims of sexual abuse, violence and exploitation need ongoing mental health support including holistic therapy. Female genital mutilation (FGM) to which women from certain ethnic backgrounds are subjected is another serious form of sexual violence that can impair women's mental health. Most victims of FGM, in particular of the Type 2 (excision) and Type 3 (infibulation) suffer from a range of sexual-reproductive, mental and psychological consequences.[12]

- **Forced marriage and other 'honour' based crimes:** Honour based crimes which include honour killing, forced marriage and abandonment have increased in the EU and are targeted, in their overwhelming majority, at women.[13] Forced marriage is an act of violence against one's fundamental rights and most often involves sexual

[9] Surrogacy – wish fulfilment or exploitation? Dr Rebecca Steinfeld, Senior Policy Officer for Health, Maternity Action , February 2020 (https://maternityaction.org.uk/2020/02/surrogacy-wish-fulfilment-or-exploitation/)
[10] https://www.aljazeera.com/features/2020/1/25/rape-abuse-and-violence-female-migrants-journey-to-libya
[11] https://mixedmigration.org/wp-content/uploads/2019/10/075_snapshot_na.pdf
[12] FGM Handbook for Healthcare professionals, Akidwa, 2021 (https://akidwa.ie/wp-content/uploads/2021/12/AkiDwAFGMforHCP3rdEd-2.pdf)
[13] Combating 'honour' crimes in the EU, https://www.europarl.europa.eu/RegData/etudes/BRIE/2015/573877/EPRS_BRI(2015)573877_EN.pdf#:~:text=Although%20the%20incidence%20of%27honour%27%20crimes%20is%20higher%20outside,wanting%20to%20join%20the%20EU%20%28forinstance%2CTurkey%29%20andinotherssuch%20asPakistanandYemen.

violence (including rape) and exploitation, domestic abuse, financial and psychological control and domination.[14] Women subjected to forced marriages often are victims of men's violence since their childhood and as such may already carry trauma and low self-esteem which makes them even more vulnerable to becoming targets of forced and arranged marriages. Additionally, women with disabilities - in particular mental disabilities - are a particularly vulnerable group in the context of forced marriages. Forced marriages can have a long-lasting mental health implication such as low self-esteem, self-blame, shaming, trauma, anxiety and PTSD with significant impairment to one's functionality. If the conditions are not taken seriously and if the mental health practitioners are not trained appropriately, it can lead to suicide and severe psychiatric disorders. Other types of honour crimes, such as community shaming, coercive control by families and spouses on the under the pretext of maintaining cultural or religious purity, domestic violence, acid attacks, can be the precursors for the most extreme form of honour based violence, i.e. femicide or honour based killings.

- **Coercive control from partners, family and community members:** Migrant women and girls are often controlled by partners, family members and observed closely by the community members. Coercive behaviour can sometimes lead to physical abuse and violence. When violence is not physical it can be classified as emotional abuse, which can cause profound disempowering effects on women and girls, including their loss of self-confidence, lowering their educational achievements and reducing their capacity to socialise and build relationship, feeling of internalised guilt, depression and anxiety, among others. Women with disabilities, elderly women and women with the history of sexual violence are most prone to coercive control. "Psychological violence is just as detrimental to a victim's mental health as its physical counterpart. An extended period of coercive control creates 'psychological trauma, making victims vulnerable as the trauma overrides the ability to control their lives and experience periods of helplessness and terror.' Furthermore, research links both physical and psychological domestic violence to a range of physical harms to the victim, including disability preventing work, arthritis, chronic pain, migraine, and other frequent headaches, stammering, sexually-transmitted infections, chronic pelvic pain, stomach ulcers, spastic colon, and frequent indigestion, diarrhea, or constipation." [15]

- **Racist and ethnic discrimination and violence:** Racial discrimination can have negative effect on one's mental well-being. "In general, everyone experiences daily stress throughout life. However, it is the persistent and unpredictable nature of exposure to discrimination that can diminish one's protective psychological resources (e.g., personality) over time; create changes behaviours (e.g., smoking, drug use); and weaken emotional control to increase vulnerability and susceptibility to poor mental health."[16] The research by Mind entitled 'Race and mental health' highlights the impact of race and discrimination on poor mental health but also the discrimination ethnic minorities face when accessing mental health services. "People from ethnic minority communities shared many examples of direct and indirect discrimination they have experienced within mental health services. These negative lived experiences further erode trust in the system and often deter people from seeking support."[17] Our report 'Migrant women's mental health and wellbeing' also highlights the multiple discrimination black and

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[14] https://www.cambridge.org/core/services/aop-cambridge-core/content/view/AC591C015B16EC5BC736227A00FCDADD/S1355514600017260a.pdf/forced-marriage-implications-for-mental-health-and-intellectual-disability-services.pdf

[15] Criminalizing Coercive Control Within the Limits of Due Process, Erin L. Sheley, *Duke Law Journal, Forthcoming,* February 11, 2020, p9

[16] Perceived Racial/Ethnic Discrimination and Mental Health: a Review and Future Directions for Social Epidemiology, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5596659/

[17] Race and mental helath, https://www.mind.org.uk/media/12427/final_anti-racism-scoping-research-report.pdf

racialised migrant women face, which includes institutional discrimination, discrimination in accessing mental health and maternity services, leading to postpartum depression.

- **Sexual and racist objectification, including through online pornography:** By its omnipresence, pornography enhances and legitimizes systemic violence against women. According to a 2007 content analysis, 88% of the most viewed pornographic videos show physical assaults including spanking, slapping and choking of women.[18] Women with migrant backgrounds are particularly humiliated in pornography. On the most visited websites (Pornhub, Xhamster, Xvideo, etc.), women are categorized according to their ethnicity. Tag words such as 'Asian', 'Black', 'Interracial', 'Beurette' (French racist slur for Arab women) are associated with degrading stereotypes, worsening the degree of dehumanization the women face in the videos.[19] This objectification of racialized women finds its roots in colonization that, since its beginning, has given rise to the production of "erotic images" and the sexual commodification of racialized people (especially women and children) considered "exotic".[20] Sexualization has been and remains an integral part of the construction of power relations and the justification of racist and sexual violence. This phenomenon has important consequences on migrant women and girls' mental health. In pornography, women are mere products to be consumed. The fragmented vision of the female body, deprived of a face, as well as the depersonalization of women reduced to their sexual function, leads to the internalization that women's bodies are objects[21], meant to be exploited[22] and transformed[23]. Watching pornographic content regularly, leads to a moral and empathic disconnect with neurobiological[24] correlates[25]. It also leads to the confusion between sexuality and violence, along with the dissemination of "rape myths".[26]

- **Impact of war and conflict:** The impact of war on migrant women's mental health and wellbeing is very traumatic, and can lead to severe anxiety disorder and, in some cases, pronoia and suicidal ideations. Women in war and during conflict often become the means of warfare and are subjected to sexual violence and abuse such as rape, sexual mutilation, forced pregnancy and abortions, prostitution, being taken hostage for exchange of goods and soldiers. The psychological impact of war "are anxiety, depression, irritability, emotional instability, cognitive disturbances, personality changes, behavioural disturbances, neurovegetative symptoms, such as lack of energy, sleep disturbances, and sexual dysfunction (Holtz, 1998). Sexually violated women complain of fear, betrayal, and guilt, and feelings of shame may prevent them from reporting sexual violence."[27] It is especially important that the mental health practitioners are aware of women's background and history of war before starting their treatments. With the current of migration of women escaping war in Ukraine, Syria, and in

[18] Wosnitzer R. J., Bridges A. J. "Aggression and Sexual Behavior in Best-Selling Pornography : A Content Analysis Update
[19] Alyssa Ahrabare, Lorraine Questiaux, Céline Piques (2023) "La pornographie, système mondial de violation des droits humains", Droits et Libertés n°200, pp. 44-46
[20] Committee of Ministers to member states (2019) Recommendation CM/Rec(2019) on preventing and combating sexism
[21] Willis, M., Bridges, A. J., & Sun, C. (2022) "Pornography Use, Gender, and Sexual Objectification: A Multinational study". Sexuality & Culture, 26(4), 1298–1313.
[22] Helm, K. (2015) "Women's pleasure online – kontrastierende Analyse eines ausgewählten japanischen Mainstream- und Frauenpornofilms aus dem Internet." [Thèse, Université de Vienne]
[23] Marzano, M. (2007) *La pornographie ou l'épuisement du désir. Pluriel*. Hachette Littératures.
[24] Khün, S., Gallinat J. (2014) "Brain Structure and Functional Connectivity Associated with Pornography Consumption". Jama Psychiatry, 827-834.
[25] Cuesta U., Ignacio Niño J., Martinez L. and Paredes B. (2020) "The Neurosciences of Health Communication: An fNIRS Analysis of Prefrontal Cortex and Porn Consumption in Young Women for the Development of Prevention Health Programs". Front. Psychol., Sec. Cognitive Science, Volume 11
[26] Seabrook, R. C., Ward, L. M., & Giaccardi, S. (2019) "Less than human? Media use, objectification of women, and men's acceptance of sexual aggression". Psychology of Violence, 9(5 PG-536–545), 536–545.
[27] War and women mental health, Marianne Kastrup, https://usercontent.one/wp/www.worldculturalpsychiatry.org/wp-content/uploads/2019/08/05-War-V01N1.pdf

Afghanistan to Europe, the mental wellbeing of women and children must be taken seriously as part of EU health policy.

- **Women with disabilities, including mental disabilities:** Women with disabilities are three to six times more likely to be victims of violence than non-disabled women. It is widely recognised that "Girls and women of all ages with any form of disability are generally among the more vulnerable and marginalised of society"[28]. "Women with disabilities of all ages, often have difficulty with physical access to health services. Women with mental disabilities are particularly vulnerable, while there is limited understanding, in general, of the broad range of risks to mental health to which women are disproportionately susceptible as a result of gender discrimination, violence, poverty, armed conflict, dislocation and other forms of social deprivation"[29]. At the same time, according to the World Health Organisation, "Depressive disorders account for close to 41.9 per cent of the disability from neuropsychiatric disorders among women compared to 29.3 per cent among men"[30]. In addition, women asylum seekers who flee situations of war, protracted conflicts and/or severe material deprivation, may arrive to Europe with previously acquired disabilities, including traumatic brain injury, concussions, reproductive, mobility, visual and hearing impairments. All these factors can contribute significantly to the mental ill-health of women, and, unless accurately diagnosed and treated, may lead to long-term cognitive impairments and disorders.

- **Discrimination against girls and young women:** Our experience with young migrant women including those described in our report 'Migrant women's mental health and wellbeing', indicates that young migrant women experience a lot of stressors both from the host community and from their own communities which lead to mental illnesses such as depression and anxiety. Becoming an adolescent is already an incredibly stressful period in one's life-cycle. According to World Health Organisation one in seven people age 10-19 years old experience mental illness such as depression, anxiety and behavioural disorders. "Physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems."[31] For migrant women these situations are aggravated by additional pressure of fitting in (both with the new environment or an environment that is different to their upbringing while also trying to fit in their own community), language barriers, cultural and religious differences, not knowing the system and/or their rights, not having access to right mental health practitioners who can understand young migrant women needs, identity crises, exclusion and bullying.

- **Discrimination against elderly women:** Older migrant women face various difficulties such as social isolation, poor health, financial and social dependency, language barriers and not understanding the system, all of which can lead to mental illnesses such as depression, anxiety, and dementia. Whereas language and new skills acquisition may be done faster by younger migrant women, for elderly women who migrate there is an observable lack of opportunities in addition to the fact that older women are often expected to take care of the entire family and remain bound to the household. As a result, older migrant women are often at extreme risk of social isolation

[28] Further actions and initiatives to implement the Beijing Declaration and Platform for Action", General Assembly Resolution S23/3 of 10 June 2000, annex, paragraph 63.
[29] Committee on the Elimination of Discrimination against Women General Recommendation 24 Women and Health, in relation to the Convention on the Elimination of All Forms of Discrimination against Women (Article 12) (Twentieth session, 1999, paragraph 25).
[30] Women's mental health: The Facts, World Health Organization, Geneva 2020 (https://www.who.int/publications/i/item/WHO-MSD-MDP-00.1)
[31] Adolescent mental health, https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

and do not participate in society beyond their families. A paper entitled ‘Mental health of the ageing immigrant population’ by the Cambridge University Press emphasises that “relative socio-economic deprivation, ageing and immigrant status – the ‘triple whammy’ – lead to a particular vulnerability to mental illness in older migrants.”[32] The finding in this report shows that migrant populations, because of low socio-economic, poor living condition, language and cultural barriers, were more prone to depression and higher exposure to dementia. Unexpected live events such the outbreak of COVID and lockdowns impacted everyone’s mental wellbeing, whereas the impact on elderly was even more severe because of their exposure to COVID-related measures, isolation and loneliness exacerbated the depression and anxiety specifically related to migrant elderly women.

- **Discrimination against pregnant women and mothers:** Mental health disorders in pregnant women and mothers can develop at pre or postnatal stages and they consist of “depression, anxiety, post-traumatic stress disorder (PTSD), eating disorders, personality disorders, bipolar disorder, affective psychosis and schizophrenia”.[33] One in five women can develop peripartum depression (PPD) during pregnancy or after birth. If PPD is left untreated, it can lead to suicidality. “Perinatal suicidality, including completed suicides, suicide attempts, suicidal ideation and thoughts of self-harm, has been acknowledged as one of the leading causes of maternal mortality in the first twelve months postpartum.” [34] Migrant women in Europe face many obstacles such as lack of awareness about their rights as mothers, discrimination by the health care professionals, language barriers, lack of intercultural understanding of the health care professionals, socio-economic difficulties and dependencies both in accessing health services and financial strains as new mothers. Many pregnant migrant women who do not possess documents” do not enter the health care system for fear of deportation. In some countries (such as Germany, Croatia) health professionals are required to report the immigration status of their patients; in others, (such as Denmark, the Netherlands) this is prohibited.”[35] All these factors can hinder the mental well-being of migrant women and lead to PPD. A report ’Vulnerable migrant women and postnatal depression: A case of invisibility in maternity services’ in the UK recommends a holistic approach when dealing with pregnant women and mothers with new baby. this report also highlights the importance of midwives building ”trust with the woman, bearing in mind that the woman may be wary of health professionals, based on past experiences [...] trust, engagement with care and disclosure of sensitive issues is improved when the clinician has a shared understanding of the woman's cultural background, including concepts of health (such as common ideologies of mental illness) and cultural differences in expectations of healthcare providers. This understanding must come from meaningful conversation with the woman herself, being respectful and upholding her preferences around choice of interpretation method.”[36]

[32] Mental health of the ageing immigrant population, https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/mental-health-of-the-ageing-immigrant-population/2E6CF35E5C540C689920B14F37CA9C5C

[33] A systematic review of ethnic minority women’s experiences of perinatal mental health conditions and services in Europe, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210587

[34] Emerging issues and questions on peripartum depression prevention, diagnosis and treatment: a consensus report from the cost action riseup-PPD, Emerging issues and questions on peripartum depression prevention, diagnosis and treatment: a consensus report from the cost action riseup-PPD - ScienceDirect

[35] https://www.migrantwomennetwork.org/2021/10/06/report-mental-health/

[36] https://www.britishjournalofmidwifery.com/content/clinical-practice/vulnerable-migrant-women-and-postnatal-depression-a-case-of-invisibility-in-maternity-services

Recommendations:

- Research, data collection and special/stand-alone services and programmes with a focus on sex-specific health conditions, including mental health.
- Reducing waiting time to access professional mental health practitioners and/or specialist services.
- Female interviewers and interpreters, as well as legal support, to enable women to disclose their migratory history, including any history of violence, abuse, or exploitation.
- Victim-centered, female-focused, trauma-informed, culturally sensitive services for women victims of violence and discrimination.
- Holistic approach to service provision that includes migrant, refugee, minority ethnic women.
- Establishment and support of local domestic violence support groups and drop-in service with focus on women from different backgrounds.
- Establishing culturally sensitive services with culturally and human rights trained mental health practitioners and non-discriminatory and non-prejudiced counselling environments where women with different backgrounds are welcome.
- Support for female-only single-sex spaces and services where women with traumatic experiences can find peer- and professional support and safely disclose their experiences.
- Support and funding for migrant women-led organisations that offer variety of services including women focused services; women only shelters; women mentors; language courses; legal support; awareness raising workshops and resources; psychologists and counsellors. It is more likely that they reach out to and provide information and support to migrant and refugee women and girls in accessing the mental health services they need.