

## Mind-Body Healing Ministry in Migration Stress

The Stress of Migration: Conditions which health system does not treat, so they become a concern for clergy and ministers

Often encountered terminology “acculturation stress” is not correct. This is not a regular stress of encountering a new culture, this is a stress of migration created by disfunction of our cultures.

### *Comorbidity with Postpartum Depression*

“All childbearing recent migrant women should be considered at risk for postpartum depression. To prevent and support migrant women suffering postpartum depressive symptoms, barriers to healthcare need to be addressed and interventions should include assessments and support/programmes for abuse/violence, lack of social support, food insecurity, and stress/poor mental health. Treatment of pain during the postpartum period is also critical.”(Dennis, Merry, & Gagnon, 2017)

The absence of nonworking women specifically, and social support generally, was central to migrants' descriptions of stress and infant feeding. The absence of elder and other nonworking women in migrant contexts may add vulnerability to already marginal communities. (Hunter-Adams, 2016)

### *Mental Health*

We recognized a need for an interdisciplinary and dynamic approach to mental health care. Undocumented migrants are in need of a minimum of psychological and material support assuring basic needs such as shelter and appropriate food and access to health care and social welfare.(Myhrvold & Smastuen, 2017).

The refugees and migrants surging into Europe are suffering very high levels of psychiatric disorders. Researchers are struggling to help.(Abbott, 2016) - pdf available

<https://www.nature.com/news/the-mental-health-crisis-among-migrants-1.20767>

### *Cardiovascular risks*

In a study of Asian immigrants in the United States, female Chinese immigrants were found to have a higher prevalence of hypertension (47.6% vs 5.6%) and higher cholesterol (40.5 vs 27.8) than female Korean immigrants.<sup>7</sup> Ton TG, Steinman L, Yip MP, et al. Knowledge of cardiovascular health among Chinese, Korean and Vietnamese immigrants to the US. *J Immigr Minor Health*. 2011;13:127–139.[CrossRef], [PubMed], [Web of Science ®], [Google Scholar] Another study of immigrant women and men in the United States showed that both obesity and inactivity tended to increase with duration of residence in the United States of 10 or more years.<sup>8</sup> Koya DL, Egede LE. Association between length of residence and cardiovascular disease risk factors among an ethnically diverse group of United States immigrants. *J Gen Intern Med*. 2007;22:841–846.[CrossRef], [PubMed], [Web of Science ®], [Google

Scholar] These studies suggest that KC migrant women may be at increased risk of developing cardiovascular disease (CVD) and therefore are in need of preventive interventions.(Lee et al., 2017)

In several western European countries, the prevalence of hypertension, diabetes, chronic kidney disease, obesity and metabolic syndrome was found to be higher among immigrants than in the native population. Although migrants are often initially healthier than non-migrant populations in their host countries, genetic factors, and changing environments with lifestyle changes, social exclusion and insufficient medical control may expose them to health challenges. Cultural reasons may also hamper both the dissemination of prevention strategies and migrant communication with healthcare providers. However, great diversity exists across and within different groups of migrants, making generalizations very difficult and many countries do not collect registry or survey data for migrant's health.(Modesti et al., 2014)

#### *Somatic comorbidity with PTSD and depression*

Migrants with PTSD and depression had a significantly higher rates of somatic comorbidity compared with migrants without a diagnosed psychiatric disorder. The rates were especially high for infectious, neurological and pulmonary diseases. Our results further suggest difference in the rates of somatic comorbid (ity according to region of. Preventive and treatment services should pay special attention to improve the overall health of migrants with PTSD and depression.(Lolk, Byberg, Carlsson, & Norredam, 2016)

#### *Living without a legal status affects health even more than regular immigration*

Living without legal status has a negative impact on health and well-being. Limited access to care may further exacerbate physical and mental illness. Possibilities to claim basic rights and protection as well as access to care without legal status appear to be important measures to improve health and well-being.(Kuehne, Huschke, & Bullinger, 2015)

#### *Forced separation with children*

Child-separation is an important source of migration-related stress, and the effect is particularly strong for migrant women. Public policies and intervention programs should consider these factors to encourage and facilitate the co-migration of parents with their children to mitigate migration-related stress.(Guo et al., 2016)

Higher anxiety and depression were observed in left-behind children compared to the control group living with parents (Tomsa and Genaro 2015)

#### *Suicidal Ideation*

The overall sample reported elevated levels of anxiety, depression, and suicidal ideation. Family dysfunction, ineffective social support, hopelessness, and high acculturative stress were related to high depression. Migrant farmworker women who experienced suicidal ideation reported lower self esteem, greater family dysfunction, less effective social support, greater hopelessness, higher acculturative stress, and more depression than migrant farmworker women with no suicidal ideation. In determining whether these factors could predict suicidal ideation, a logistic regression analysis accurately classified 100% of the cases. Finally, a content analysis revealed that the migrant farmworker women experienced 21 distinct stressors associated with their lifestyle.( Hovey and Magaña, 2003)

## Clinically Proven Interventions

### Decreases cardiovascular risks

#### Standard working intervention

To decrease the CVD risk for KC migrant women, walking interventions must be tailored to KC migrant women's lifestyle and work environment (Lee et al., 2017)– Same for all categories of migrants

how to walk correctly, stretching exercises for before and after walking, how to develop goals, pedometer instructions, and the best community places for walking. – 3000 to 12,500 steps (30 min to 2-3 hours).

### Improves Gynecological and Urinary Health

#### Education and Lectures

- (1) A 48-page handbook (*Reproductive Health Handbook for the Family*) that was designed by 22 gynecologists, epidemiologists, and maternal and child health professionals. This handbook included clinical manifestation, diagnosis, and treatment of SUI, and it was dispensed to all enrolled individuals in the IG. (2) Health lectures and free medical consultations were conducted in all selected communities. The content of the health lectures focused primarily on SUI, including its clinical manifestation, diagnosis, risks, and conservation treatment, in combination with the handbook. Additionally, some related common gynecopathies, such as vaginitis and uterus prolapse, were discussed. The consultations were specifically for SUI, including its diagnosis, recommended referral hospitals, and conservation treatment {such as where and how to perform a pelvic floor muscle (PFM) strength test, postpartum PFM training (PFMT) and Kegels. These events were held at least twice for at least 1 h by 12 experts from the selected communities, maternal and child health hospitals, and the Obstetrics and Gynecology Hospital of Fudan University. All experts underwent standardized training provided by the project group. (Zhang et al., 2016)

#### Meaning-making

the protective function of meaning of migration in helping migrant workers withstand the stress of migration (Wong and Song, 2008)

CBT – talking –

Our overall findings provide support for the usage of culturally-responsive support groups as an effective short-term intervention for migrant farmworkers. Our use of a promotora appeared especially helpful in decreasing stigma and promoting trust (Hovey, Hurtado, Seligman, 2008)

#### Neurofeedback

(Blaskovits, Tyerman, & Luctkar-Flude, 2017)

(Askovic, Watters, Aroche, & Harris, 2017)

### Yoga

(Sciarrino, DeLucia, O'Brien, & McAdams, 2017)

### Mindfulness (MBSR)

(Freedenberg, Hinds, & Friedmann, 2017)

### Meditation

The TM group exhibited significant improvement in vitality (Sumedha et al., 2013)

(Cahn, Goodman, Peterson, Maturi, & Mills, 2017)

(Buric, Farias, Jong, Mee, & Brazil, 2017)

### System's approach

*cognitive, somatic, dynamic, emotive and hands-on*, in a flexible eight-month format (Sallon et al., 2017), pdf available, can develop yourself based on the prototype.

### Good News

Families with migrant background (Muslim) are found more resilient to mental strain, psychiatric diseases in women, and "young fathers' problem. They are, however, more subject to social stressors, financial problems, housing problems etc. (Metzner, Schwinn, Mosko, & Pawils, 2015)

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