Health effects of migration

- Migrants may be exposed to health risks before, during and after leaving their countries of origin.
- Before and during the journey, migrants may experience imprisonment, long stays in immigrants shelter or refugee camps, socioeconomic hardship, etc.
Some of the risks experienced by migrants after arriving in the recipient country:

- unemployment and lack of shelter
- loss of social status and change of roles, e.g. within the family
- language barriers
- lack of knowledge about health services in the new social context
- discrimination and marginalization.
- The existential insecurity often leads to stress reactions with negative health impacts.
- These impacts may happen directly through a higher stress response resulting in, for example, higher blood pressure, or indirectly through unhealthy behaviours, e.g. drug abuse, lack of resources to prioritize disease preventing behaviour and to seek health care when needed, or poorer adherence to medical advice.
The *healthy migrant effect*

- There is often a selection in the people who migrate, as migrants are often healthier and younger than the majority in their countries of origin. This is called the *healthy migrant effect*.
- The effect may fade out over time because migrants are exposed to risk factors in the recipient country.
Lack of social support, large geographic distances to members of the family, and high expectations from relatives in the countries of origin are sometimes additional stressors leading to mental health problems and risky health behaviour among migrants.
Labor migration and health in Romania

- Research – only few studies:
  - Psychological disorders in children left behind by migrant parents
  - Psychosomatic problems of spouses and children of migrants
  - Prevalence of alcohol, cigarettes and drug abuse – comparison between children of migrants and non-migrants
  - Probability to go to high school and university of children left behind by migrant parents
Labor migration and health in Romania

- Psychosocial issues:
  - Separation of spouses – marital problems – divorce
  - Reunification – men sexually and emotionally distant
  - New relations / idealization beyond reality
  - Most affected – immigrant children or children left behind
Labor migration and health in Romania

- Psychosocial issues:
  - Women left behind - stress associated with the welfare of the absent husband, acquisition of new responsibilities and obligations and family disintegration
  - Migration of spouses, coupled with non-remittance of financial support is associated with marked health effects in the family left behind & women are more vulnerable than men
  - The familial reorganization influences timely health care-seeking behavior of female partners of migrants
Labor migration and health in Romania

- Psychosomatic problems
  - Peptic ulcer or stress-related ulcer
  - Chronic tension headaches
  - Chronic anxiety, sleep disorders, frequent headaches
  - Hypochondria and paranoia
  - Cultural differences in perceiving health, body and causes of disease
Labor migration and health in Romania

- Psychosomatic problems
  - Alcohol and drug abuse
  - Fear of sexually transmitted infections among women with male migrant partners
  - Schizophrenia
  - Depression – suicides
Labor migration and health in Romania

- **Media coverage**
  - 8 years old hangs himself after his mother went to Spain to work - Wednesday, February 27, 2007
  - 17 years old throws himself from the seventh floor – both parents working abroad - Wednesday, April 9, 2007
  - 12 year old boy kills himself after finding out that his mother will return to work in Italy - Wednesday, October 1, 2007
  - Missing his parents, 16 years old shooting champion kills himself – Thursday, December 20, 2007
Migration, mental health and costs consequences in Romania

A study of the Psychiatric Clinic in Cluj-Napoca aiming to:

- describe the socio-demographic and clinical profile of the migrants who have developed mental illness;
- estimate their services use in terms of hospitalization;
- to analyze the cost impact on the Romanian health system and on the migrants' co-payments;
- to discuss the relationships between migration and mental health.
RESULTS

- Most of the patients were young, single, with no previous experience abroad and with few social ties in the host country, with unqualified and insecure jobs.
- 45 out of 50 had schizophrenia spectrum disorders diagnoses.
Migration, mental health and costs consequences in Romania

- The average costs of hospitalization per day per patient 15,56 Euro.
- total costs 14 054, 92 Euro.
- In order to cover the costs of hospitalization due to an illness with the onset abroad, a patient should work and contribute 4,65 years (on the basis of minimum salary) as a co-payment for the hospitalization in Romania.
Medical staff exodus

Ever since it joined the EU in 2007, Romania, similar with other new member states, is facing an exodus of its 'white-coat' staff. Unlike for construction workers, doctors and nurses from this new member country face no restriction on the labour markets in old member states.
Medical staff exodus

- Romania spends just 3.6% of GDP on healthcare, less per capita than any other EU country;
- Doctors earn around US$ 400 per month in Romania (in French, British and Scandinavian hospitals, a doctor could earn between 2000 and 7000 €);
- Since 2007, almost 5000 doctors, 1 in 10, have left Romania for Western Europe.
Medical staff exodus

- "The loss is huge. The World Health Organisation says that when doctors' migration exceeds two percent, the state must declare a code red and take measures to counteract the trend. In Romania, they should have declared a code 'super-red'," Vasile Astarastoae, the head of the Romanian Medical Council, declared in February 2010.
Medical staff exodus

- The medical staff brain drain is particularly worrying since Romania has a low density of physicians per inhabitants in Europe.
- The last study carried out by the EU commission in 2008, which is however based on 2005 data, shows Romania and Poland with the lowest density of practicing physicians per 100,000 inhabitants, at around 30 percent below the EU average.
Resources: