

# Migration, exils et santé mentale

Maria Melchior

IPLESP, INSERM/Sorbonne Université

CHAIRE ANNUELLE SANTÉ PUBLIQUE

En partenariat avec l'agence nationale Santé publique France

Migrants, immigrés, réfugiés, exilés..  
De qui parle-t-on?













**TON  
GRAND-PÈRE  
DANS  
UN MUSÉE.**

[www.histoire-immigration.fr](http://www.histoire-immigration.fr)  
Collection permanente, du mardi au vendredi 10h00-17h30, samedi - dimanche 10h00-19h00 / Métro ① - Tramway ② - Porte Dorée

PALAIS DE LA PORTE DORÉE - PARIS 75012



**L'IMMIGRATION  
ÇA FAIT  
TOUJOURS DES  
HISTOIRES.**

[www.histoire-immigration.fr](http://www.histoire-immigration.fr)  
Collection permanente, du mardi au vendredi 10h-17h30, samedi - dimanche 10h-19h / Métro ① - Tramway ② - Porte Dorée

PALAIS DE LA PORTE DORÉE - PARIS 75012



**UN FRANÇAIS  
SUR QUATRE  
EST ISSU DE  
L'IMMIGRATION.**

[www.histoire-immigration.fr](http://www.histoire-immigration.fr)

Collection permanente, du mardi au vendredi 10h-17h30 et samedi - dimanche 10h-19h

PALAIS DE LA PORTE DORÉE - PARIS 75012

Métro ① - Tramway ② - Porte Dorée



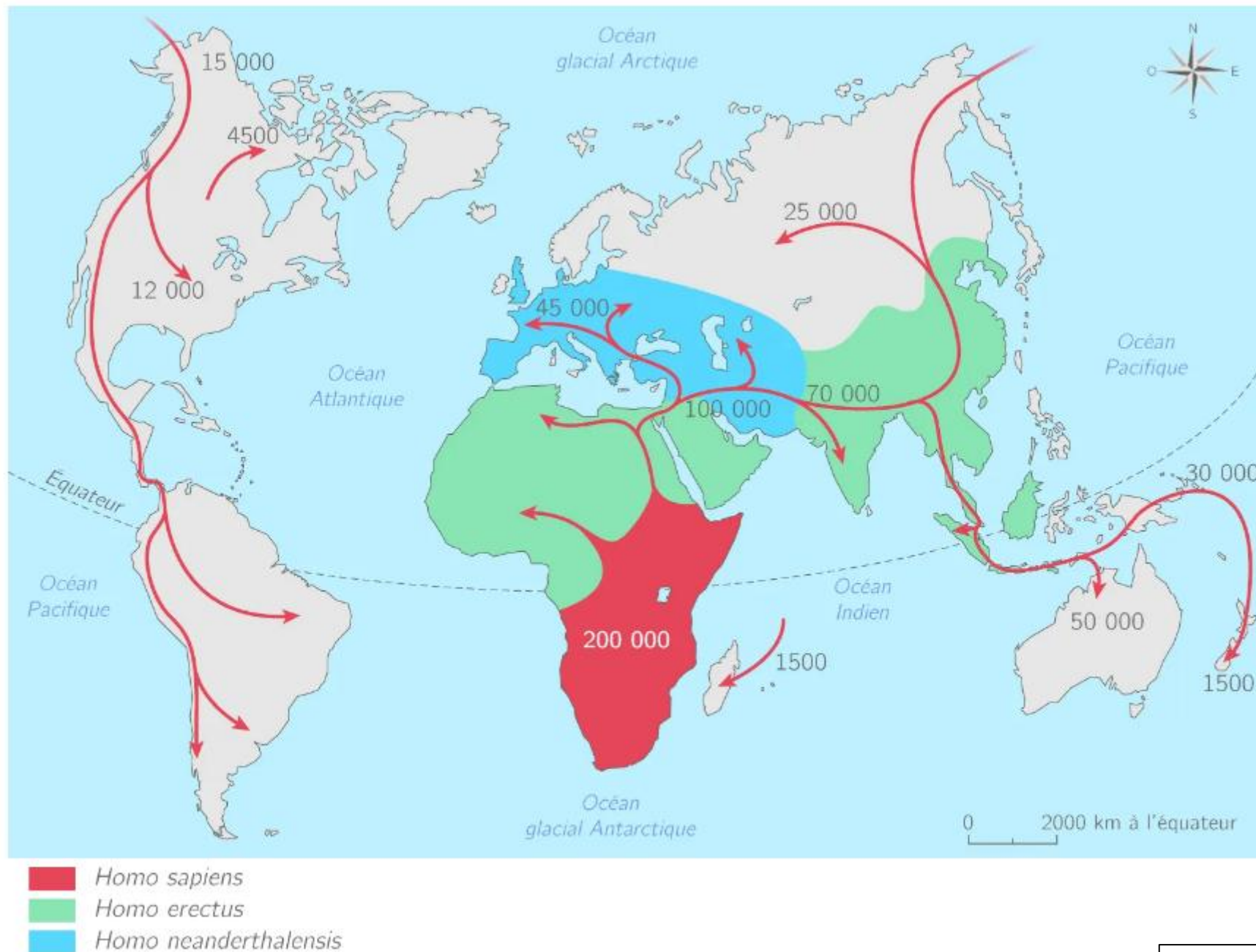
**NOS ANCÊTRES  
N'ÉTAIENT  
PAS TOUS  
DES GAULOIS.**

[www.histoire-immigration.fr](http://www.histoire-immigration.fr)

Collection permanente, du mardi au vendredi 10h-17h30 et samedi - dimanche 10h-19h

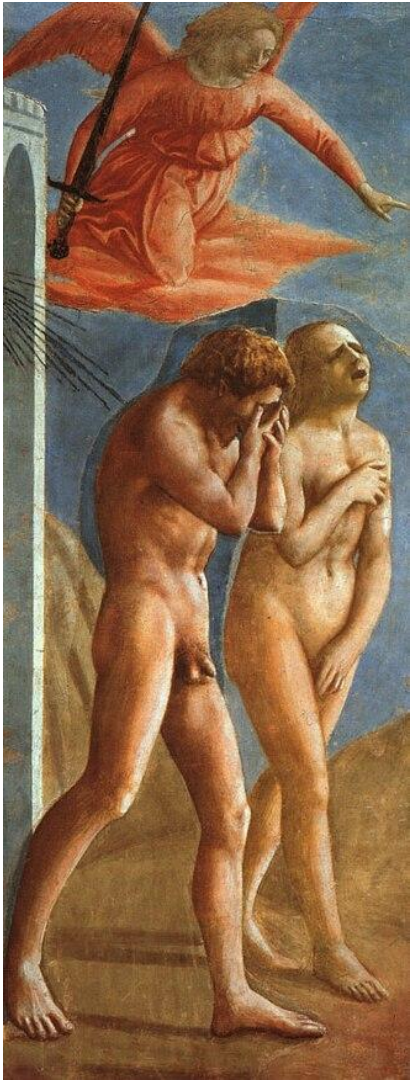
PALAIS DE LA PORTE DORÉE - PARIS 75012

Métro ① - Tramway ② - Porte Dorée



Les migrations des Homo sapiens





Adam et Eve chassés du jardin d'Eden  
Masaccio, 1424-1425



Le déluge  
Michel-Ange, ~1508



Abraham en route pour Canaan  
Pieter Lastman, 1614



Le repos pendant la fuite en Egypte  
Il Pesarese, 1625/1650



En bref :  
données clés sur la migration  
(données disponibles les plus récentes)



La plupart des immigrants vivent dans des pays développés (64%), mais les réfugiés ont tendance à rester dans les pays intermédiaires/en voie de développement (83%)

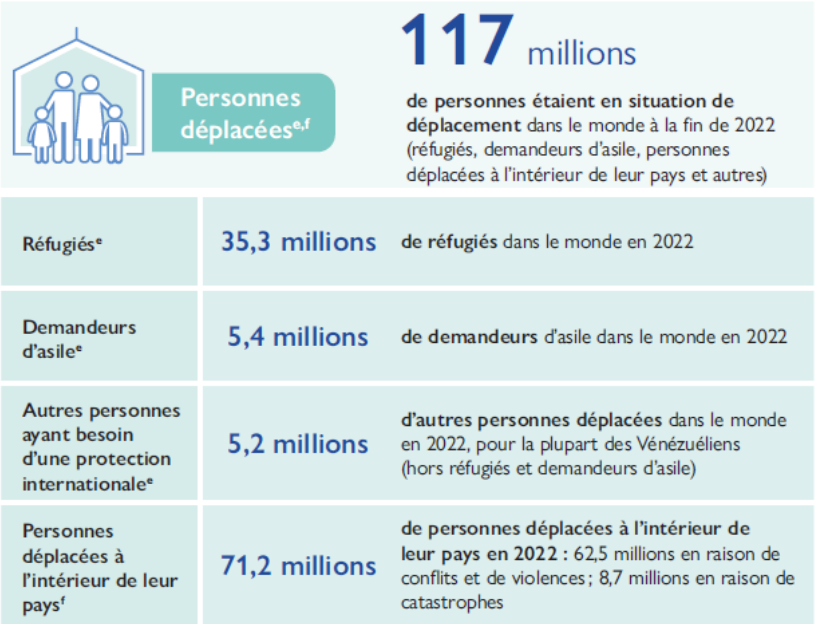
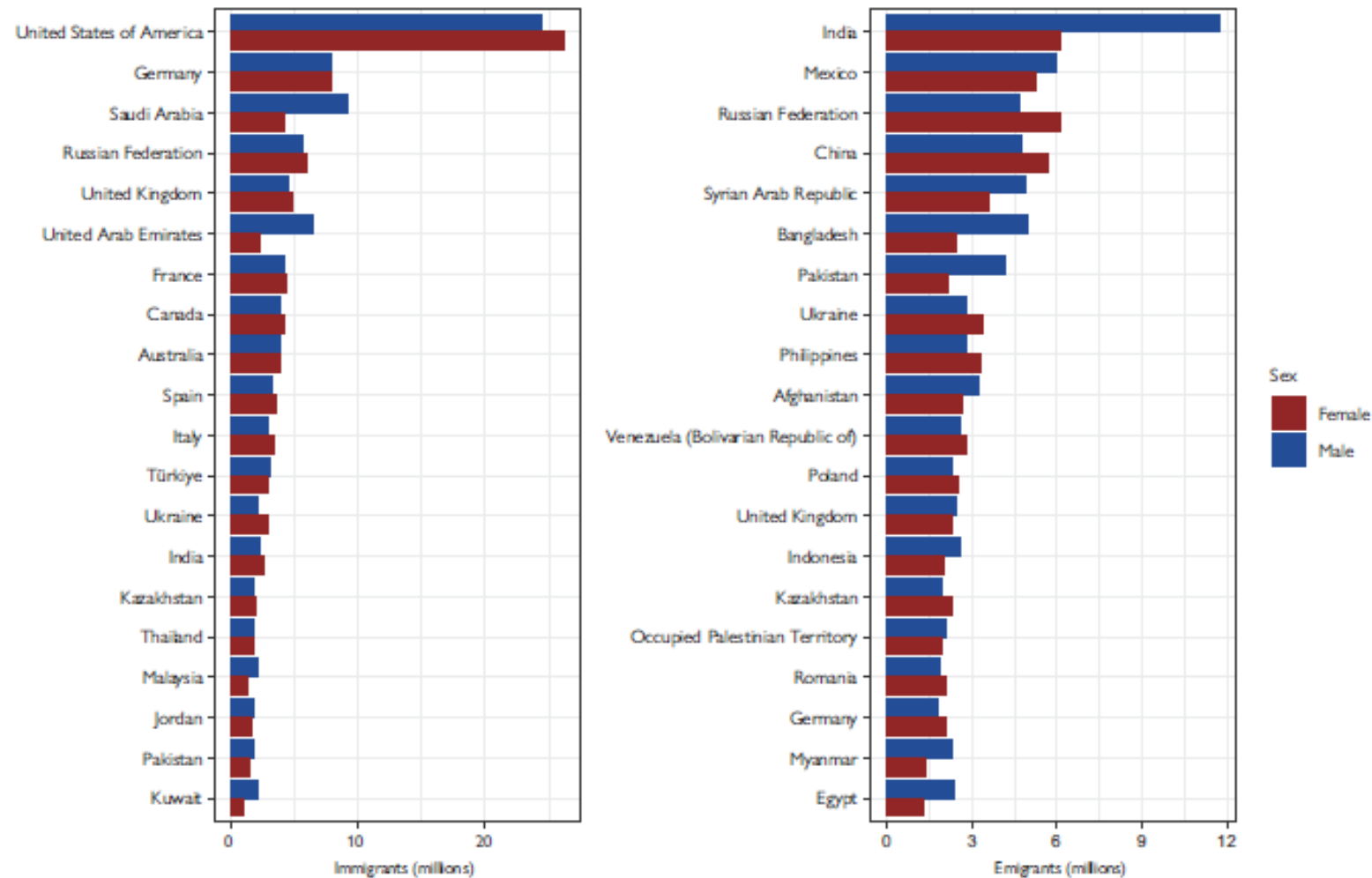


Figure 3. International migrants, by sex, top 20 destination countries (left) and origin countries (right) (millions)\*

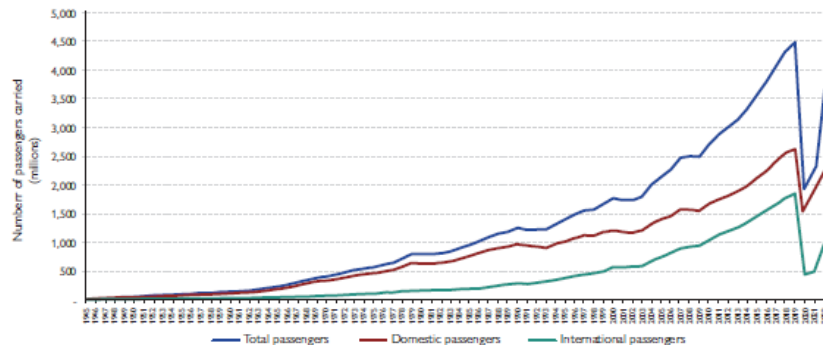




# Migrations internationales entre 2000 et 2024

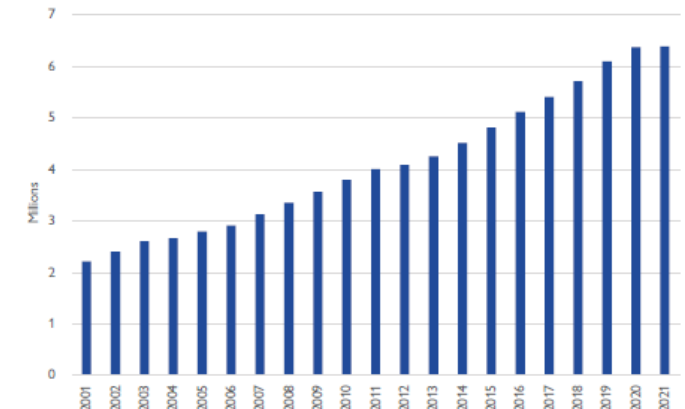
	Rapport de 2000	Rapport de 2024
Nombre estimatif de migrants internationaux	150 millions	281 millions
Proportion estimative de migrants dans la population mondiale	2,8 %	3,6 %
Proportion estimative de femmes parmi les migrants internationaux	47,5 %	48,0 %
Proportion estimative d'enfants parmi les migrants internationaux	16,0 %	10,1 %
Région ayant la plus forte proportion de migrants internationaux	Océanie	Océanie
Pays ayant la plus forte proportion de migrants internationaux	Émirats arabes unis	Émirats arabes unis
Nombre de travailleurs migrants	–	169 millions
Rapatriements de fonds internationaux à l'échelle mondiale (en dollars É.-U.)	128 milliards	831 milliards
Nombre de réfugiés	14 millions	35,4 millions
Nombre de personnes déplacées à l'intérieur de leur pays	21 millions	71,4 millions

Figure 9. Air passengers carried globally, 1945–2022



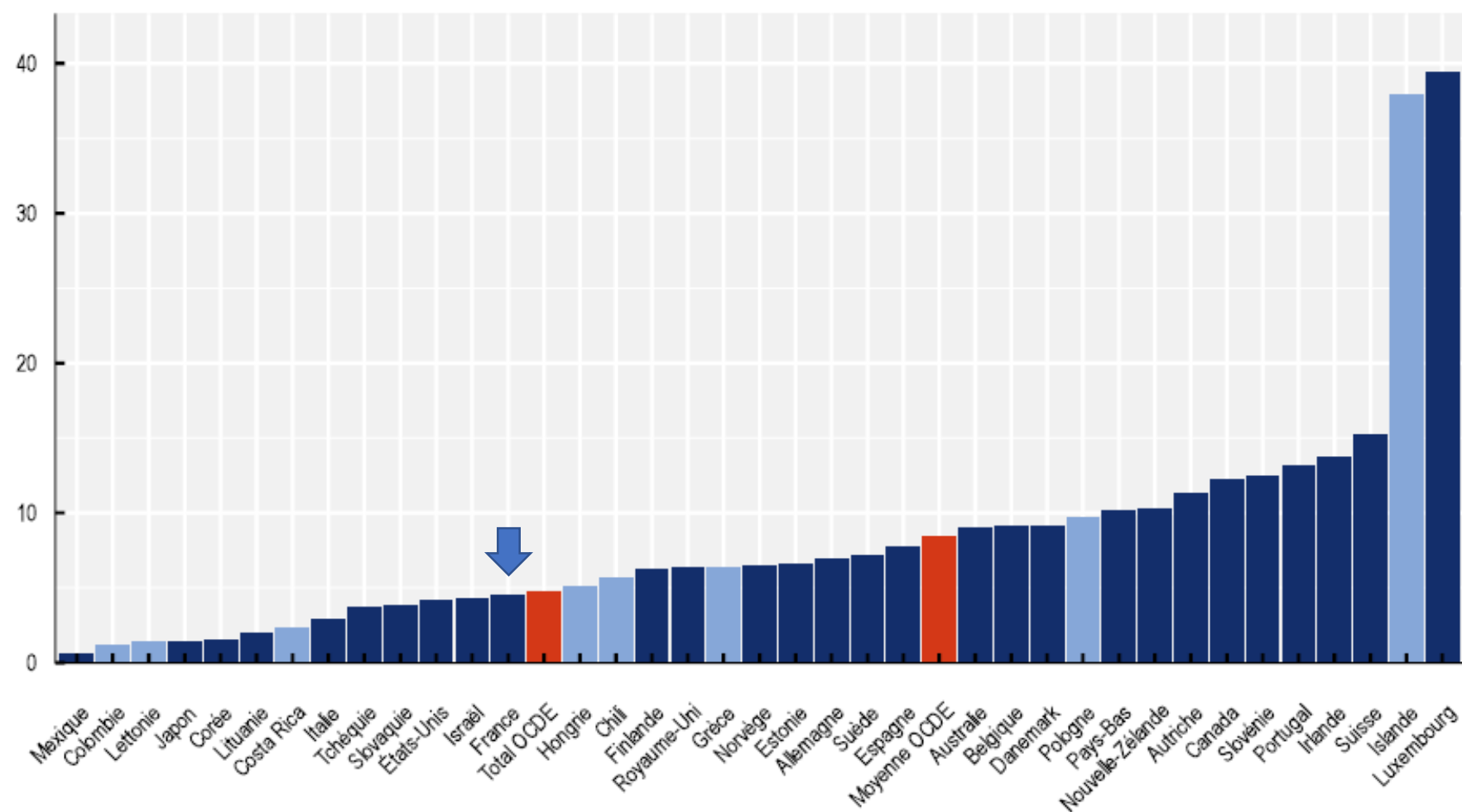
Source: ICAO, 2023.

Figure 13. International students globally, 2001 to 2021



## Graphique 1.2. Immigration à caractère permanent dans les pays de l'OCDE, rapportée à la population totale, 2024

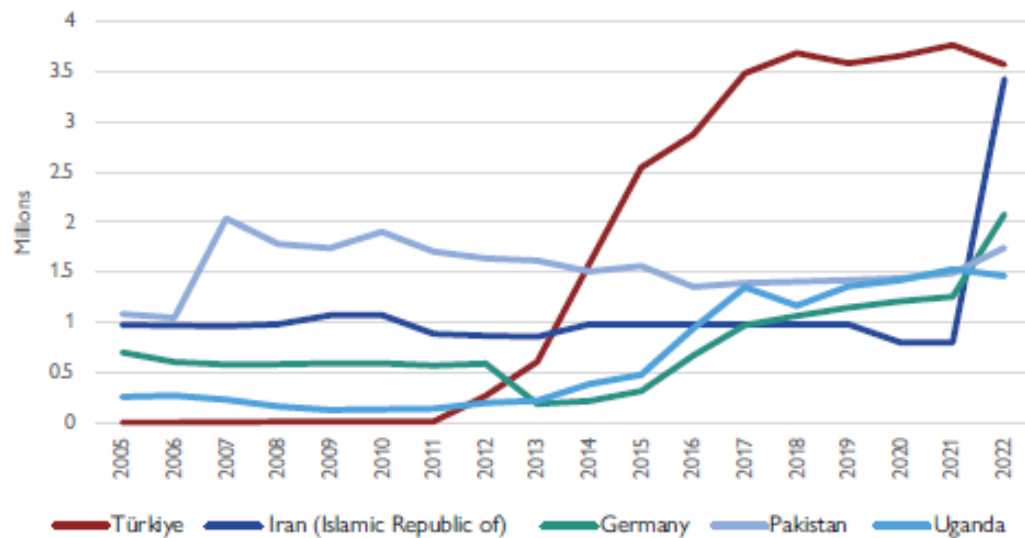
Pour 1 000 habitants





# Demandeurs d'asile et réfugiés dans le monde

Figure 16. Number of refugees by top five host countries, 2005–2022 (millions)



Source: UNHCR, n.d. (accessed 17 June 2023).

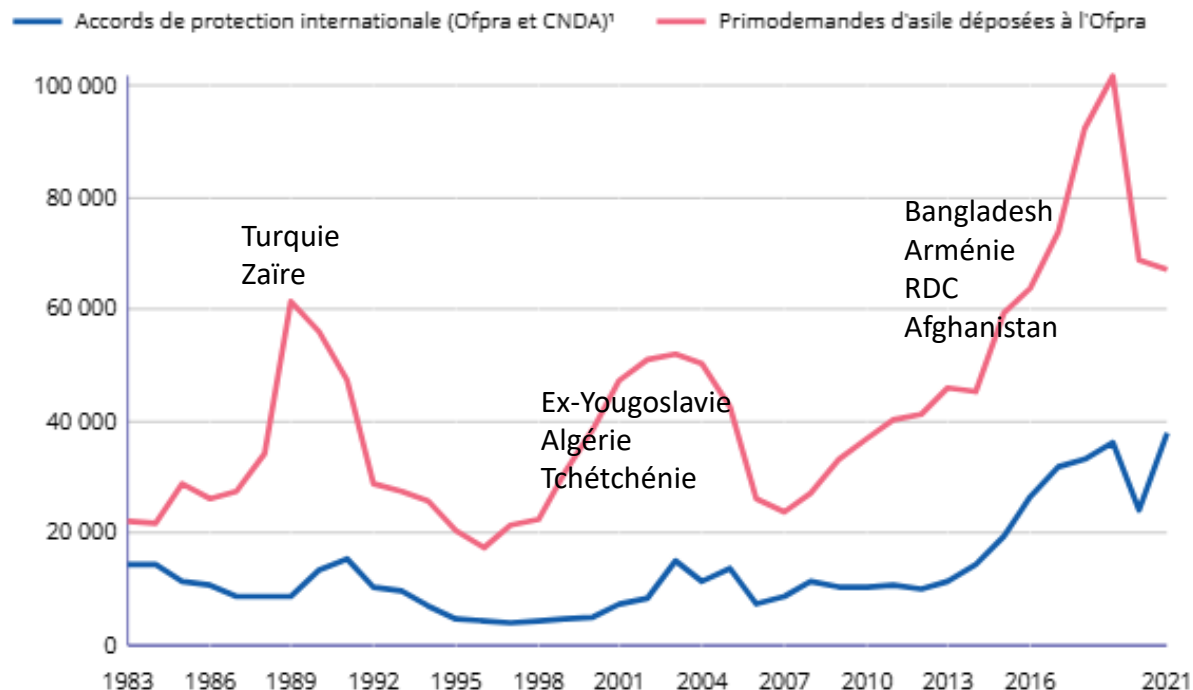
Note: As of 30 June 2023, the registration and formal recognition of Ukrainians in the Russian Federation were still ongoing and therefore not all those reported had the formal status of refugees (see UNHCR, 2022).

## En visite au Tchad, le chef du HCR réclame une aide urgente pour les réfugiés soudanais



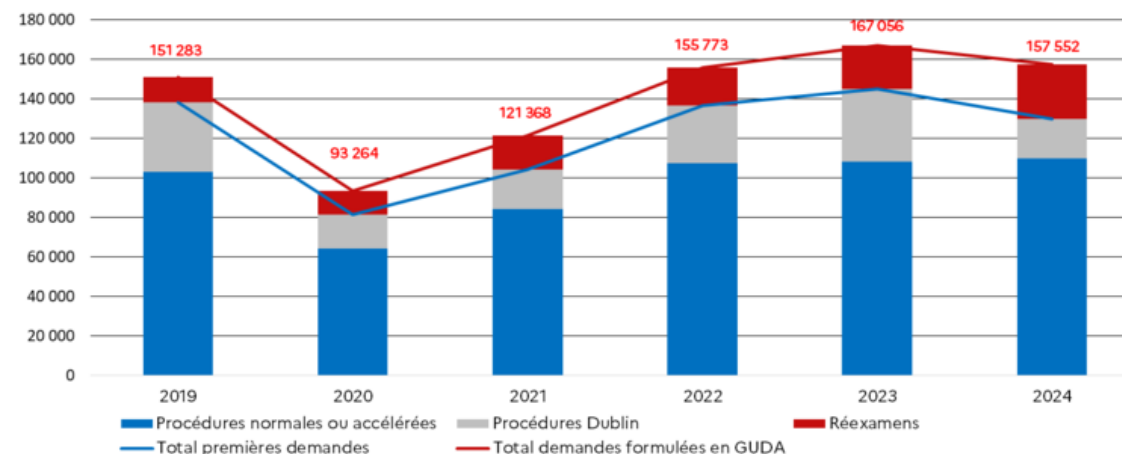
© UNHCR/Andrew McConnell | Des réfugiés soudanais fuyant les violences arrivent à la ville frontalière d'Adre, au Tchad (photo d'archive).

# Demandeurs d'asile en France



Pays d'origine des personnes en situation de demande d'asile en France en 2024:

- Afghanistan (16650)
- Guinée (10514)
- Turquie (9806)
- Bangladesh (9562)
- Côte d'Ivoire (8813)



Source : Ministère de l'intérieur, OFPRA  
Champ : France





# Migration et santé: des concepts

# « Healthy migrant effect »

## Global patterns of mortality in international migrants: a systematic review and meta-analysis

*Robert W Aldridge\*, Laura B Nellums\*, Sean Bartlett, Anna Louise Barr, Parth Patel, Rachel Burns, Sally Hargreaves, J Jaime Miranda, Stephen Tollman, Jon S Friedland, Ibrahim Abubakar*



**Interpretation** Our study showed that international migrants have a mortality advantage compared with general populations, and that this advantage persisted across the majority of ICD-10 disease categories. The mortality advantage identified will be representative of international migrants in high-income countries who are studying, working, or have joined family members in these countries. However, our results might not reflect the health outcomes of more marginalised groups in low-income and middle-income countries because little data were available for these groups, highlighting an important gap in existing research. Our results present an opportunity to reframe the public discourse on international migration and health in high-income countries.



## Article

## Divergent mortality patterns for second generation men of North-African and South-European origin in France: Role of labour force participation


Myriam Khat<sup>a,\*</sup>, Matthew Wallace<sup>a,1</sup>, Michel Guillot<sup>b,a</sup>
<sup>a</sup> French Institute for Demographic Studies (INED), 133 boulevard Davout, 75980, Paris Cedex 20, France

<sup>b</sup> Population Studies Center, 239 McNeil Building, University of Pennsylvania, 3718 Locust Walk Philadelphia, PA, 19104-6298, University of Pennsylvania, Philadelphia, USA

Table 3

Parametric survival models: mortality hazard ratios (ages 18–64) for population subgroups, France, 1999–2010, Men.

	Baseline model		Baseline + educational level		Baseline + economic activity		Baseline + education + economic activity	
	HR	95% CI	HR	95% CI	HR	95% CI	HR	95% CI
<b>Population subgroup</b>								
Reference	1		1		1		1	
G2s of South-European origin	0.64*	0.46–0.90	0.62**	0.44–0.87	0.65**	0.46–0.91	0.63**	0.45–0.89
G2s of North-African origin	1.71**	1.09–2.70	1.59*	1.01–2.50	1.20	0.76–1.89	1.16	0.74–1.83
<b>Educational level (ISCED)</b>								
Tertiary	Not adjusted		1		Not adjusted		1	
Secondary			1.68**	1.49–1.89			1.52**	1.35–1.71
Primary			2.34**	2.06–2.67			1.93**	1.69–2.20
<b>Economic activity status</b>								
Employed	Not adjusted		Not adjusted		1		1	
Unemployed					2.85**	2.55–3.18	2.67**	2.39–2.99
Student					1.11	0.77–1.61	1.15	0.79–1.66
Retired					1.55**	1.36–1.76	1.43**	1.26–1.62
Inactive other than student or retired					4.56**	4.05–5.13	4.16**	3.69–4.69

P &lt; 0.01 \*\*; p &lt; 0.05.



Report on the  
**health of refugees and  
migrants** in the WHO  
European Region

No PUBLIC HEALTH  
without REFUGEE and MIGRANT HEALTH

« **Healthy migrant effect** » mais des risques spécifiques dans certains domaines:

**Maladies infectieuses** (ex. VIH, tuberculose, COVID-19): risque relatif élevé, mais faible transmission à la population générale.

**Maladies chroniques**: risque faible au moment de l'arrivée, mais qui augmente avec le temps (obésité++).

**Cancers**: risque faible sauf certaines localisations (col de l'utérus).

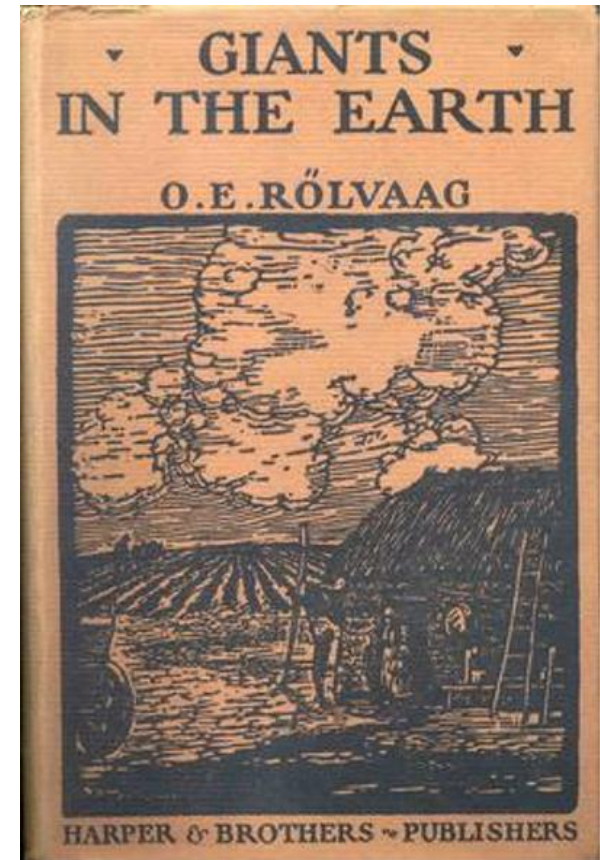
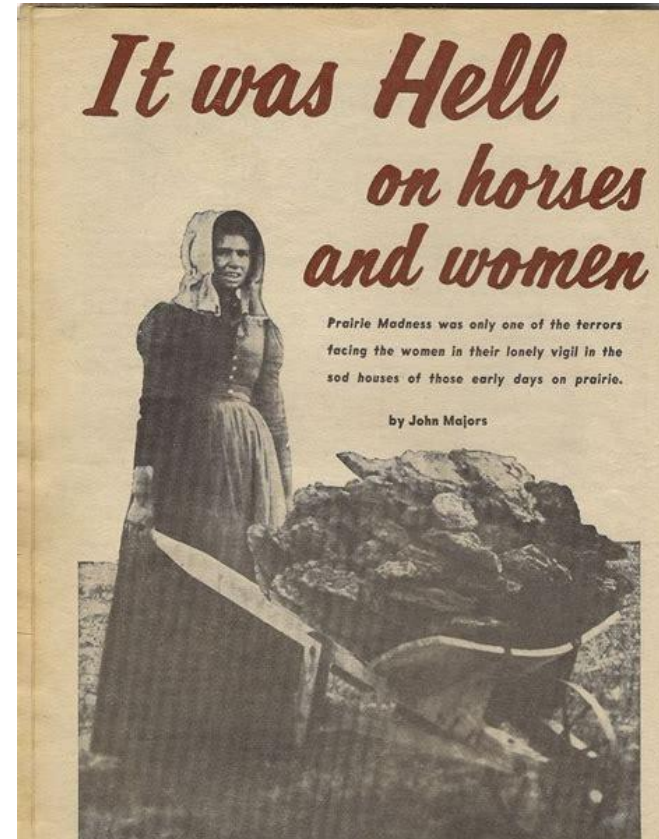
**Diabète**: incidence, prévalence et mortalité élevée, pour certains pays d'origine (femmes++).

**Santé mentale**: risque élevé, mais des estimations très variables

# Migration et santé mentale: des données épidémiologiques



# « Prairie madness »



# Migration et santé mentale aujourd'hui

- Risque élevé de **psychose**, dont schizophrénie :  $RR=2.1$  (Selten, 2019)
- Dépression:  $\sim 15\%$  (2 x plus qu'en population générale (Foo, 2018))
- **Descendants d'immigrés** : troubles de l'humeur et anxiété ++ (Dingoyan, 2017)
- Personnes «**left behind**»: enfants (Ding, 2019), parents (Thapa, 2018)

# Demandeurs d'asile et réfugiés

- **Adultes:** 2% de troubles psychotiques, 7-8% dépression, 9% Episode de Stress Post-Traumatique (ESPT) (Priebe et al, 2016 WHO)
- **Enfants et adolescents :** 19-52% ESPT; dépression : 10-30% (Kien et al, 2019)
- **Enfants non accompagnés:** ESPT ++ (Curtis et al, 2018)
- **Obstacles à l'accès aux soins de santé mentale++:**
  - Manque de connaissances/ littératie en santé
  - Barrières linguistiques
  - Croyances culturelles/ attentes
  - Manque d'accès/ de confiance dans le système de santé



# Effets des politiques migratoires sur la santé mentale

## Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis

Sol Pia Juárez, Helena Honkaniemi, Andrea C Dunlavy, Robert W Aldridge, Mauricio L Barreto, Srinivasa Vittal Katikireddi\*, Mikael Rostila\*

### Summary

**Background** Government policies can strongly influence migrants' health. Using a Health in All Policies approach, we systematically reviewed evidence on the impact of public policies outside of the health-care system on migrant health.

**Methods** We searched the PubMed, Embase, and Web of Science databases from Jan 1, 2000, to Sept 1, 2017, for quantitative studies comparing the health effects of non-health-targeted public policies on migrants with those on a relevant comparison population. We searched for articles written in English, Swedish, Danish, Norwegian, Finnish, French, Spanish, or Portuguese. Qualitative studies and grey literature were excluded. We evaluated policy effects by migration stage (entry, integration, and exit) and by health outcome using narrative synthesis (all included studies) and random-effects meta-analysis (all studies whose results were amenable to statistical pooling). We summarised meta-analysis outcomes as standardised mean difference (SMD, 95% CI) or odds ratio (OR, 95% CI). To assess certainty, we created tables containing a summary of the findings according to the Grading of Recommendations Assessment, Development, and Evaluation. Our study was registered with PROSPERO, number CRD42017076104.

**Findings** We identified 43 243 potentially eligible records. 46 articles were narratively synthesised and 19 contributed to the meta-analysis. All studies were published in high-income countries and examined policies of entry (nine articles) and integration (37 articles). Restrictive entry policies (eg, temporary visa status, detention) were associated with poor mental health (SMD 0·44, 95% CI 0·13–0·75;  $P=92\cdot1\%$ ). In the integration phase, restrictive policies in general, and specifically regarding welfare eligibility and documentation requirements, were found to increase odds of poor self-rated health (OR 1·67, 95% CI 1·35–1·98;  $P=82\cdot0\%$ ) and mortality (1·38, 1·10–1·65;  $P=98\cdot9\%$ ). Restricted eligibility for welfare support decreased the odds of general health-care service use (0·92, 0·85–0·98;  $P=0\cdot0\%$ ), but did not reduce public health insurance coverage (0·89, 0·71–1·07;  $P=99\cdot4\%$ ), nor markedly affect proportions of people without health insurance (1·06, 0·90–1·21;  $P=54\cdot9\%$ ).

**Interpretation** Restrictive entry and integration policies are linked to poor migrant health outcomes in high-income countries. Efforts to improve the health of migrants would benefit from adopting a Health in All Policies perspective.

**Funding** Swedish Council for Health, Working Life, and Social Research; UK Medical Research Council; Scottish Government Chief Scientist Office.

**Copyright** © 2019 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

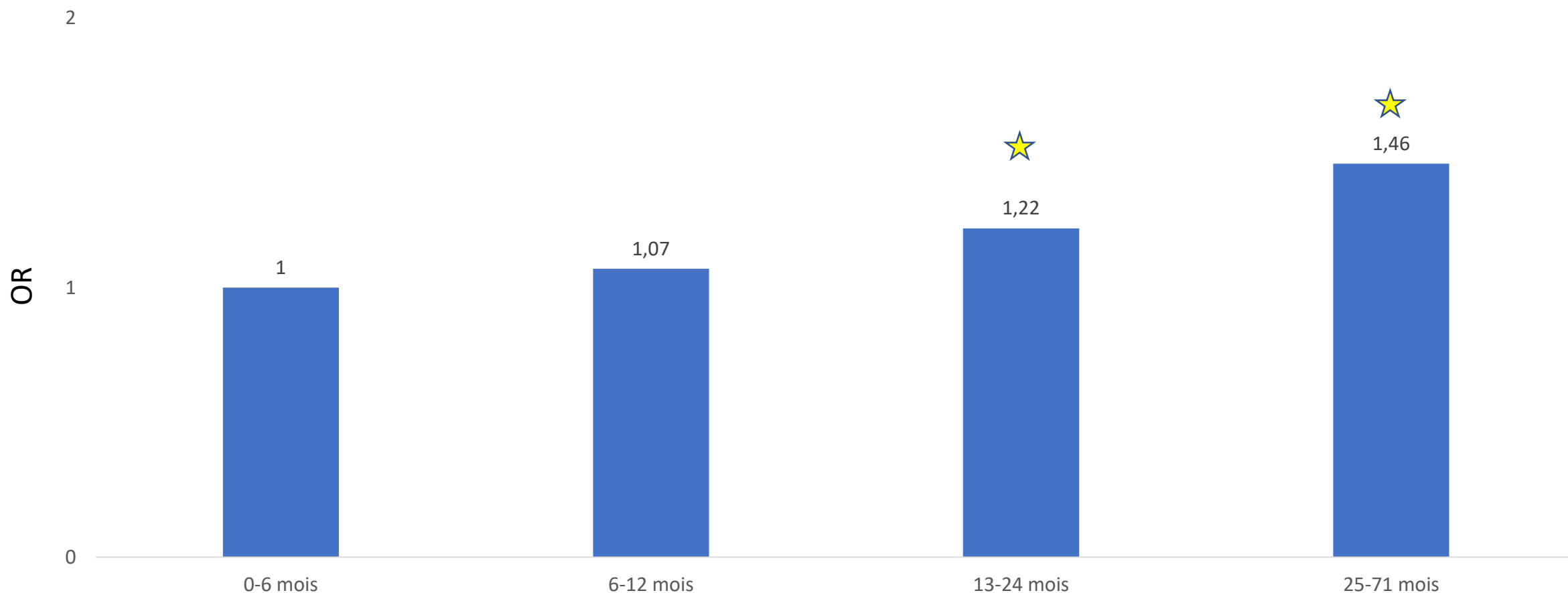
Juarez et al, The Lancet 2019

## Détention et santé mentale

	Estimation basse	Estimation haute
Dépression	52%	88%
Anxiété	12%	72%
Episode de stress posttraumatique	23%	
Psychose	10%	
Idées suicidaires	26%	47%
Actes suicidaires	3%	19%

Von Werthern et al, BMC Psychiatry 2018

# Durée de la période de traitement de la demande d'asile et troubles psychiatriques

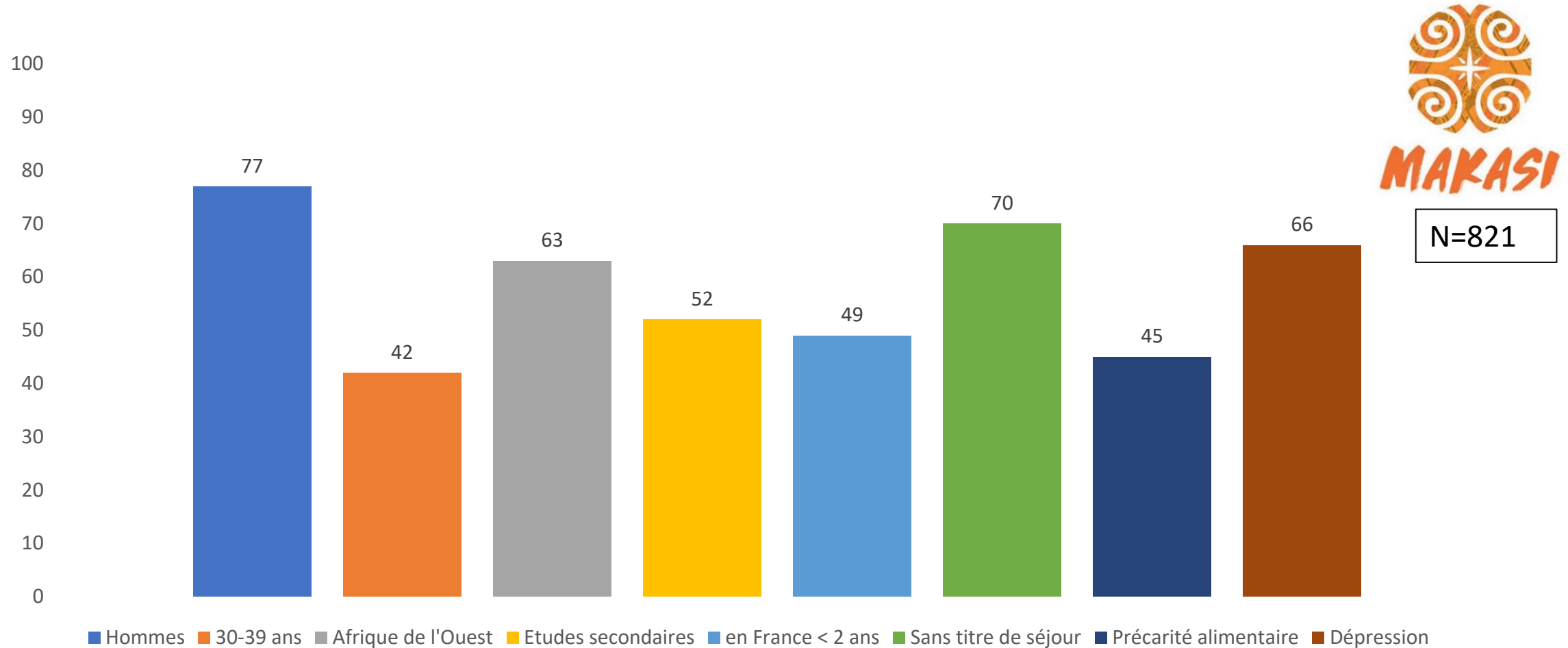


Hvidtfeldt et al, International Journal of Epidemiology, 2019

# Migration et santé mentale: quelques données françaises



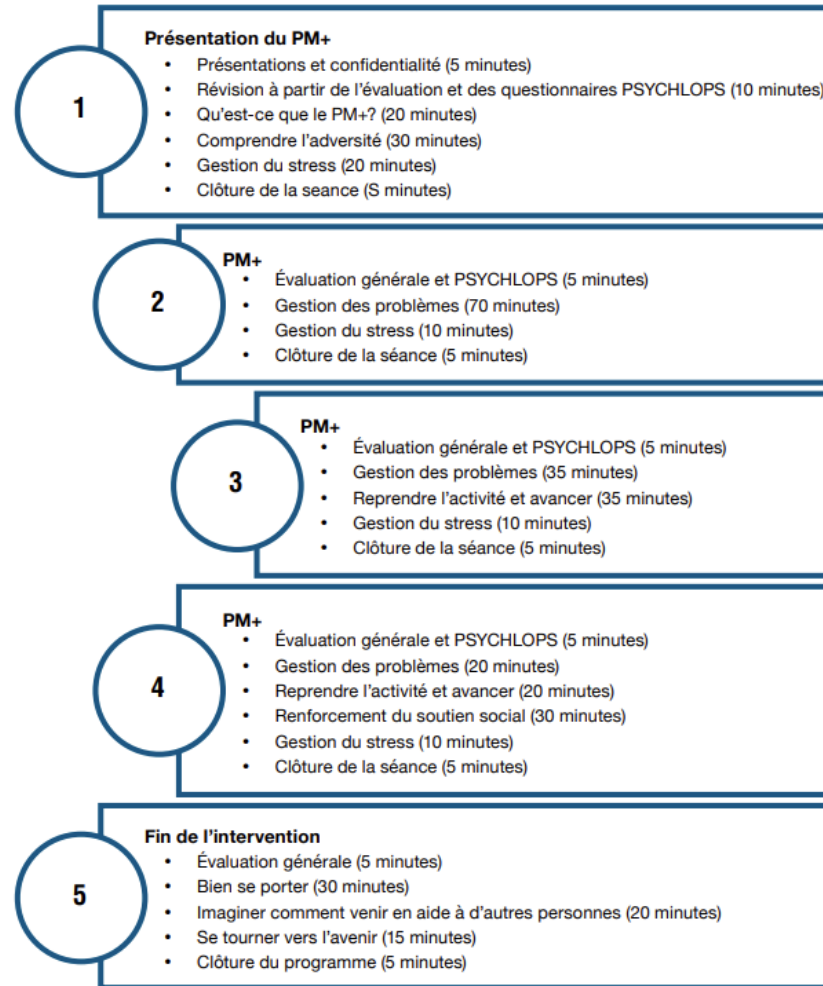
# Caractéristiques socio-démographiques et santé mentale d'immigrés d'Afrique sub-saharienne à Paris (2018-2021, %)



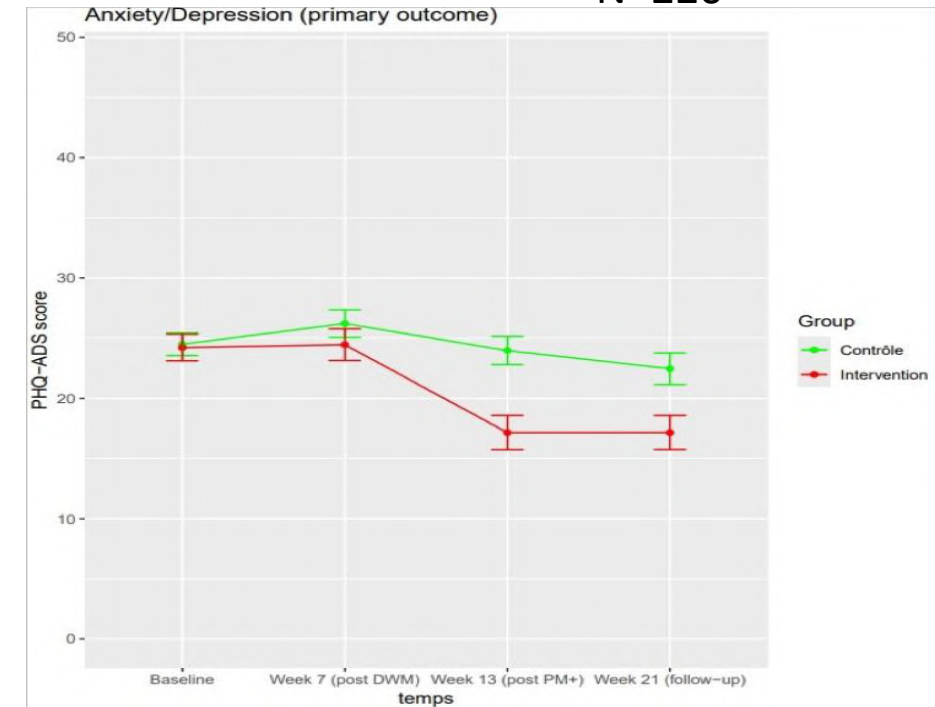
# PM+ : Problem management +



## Schema Structure d'une intervention PM+

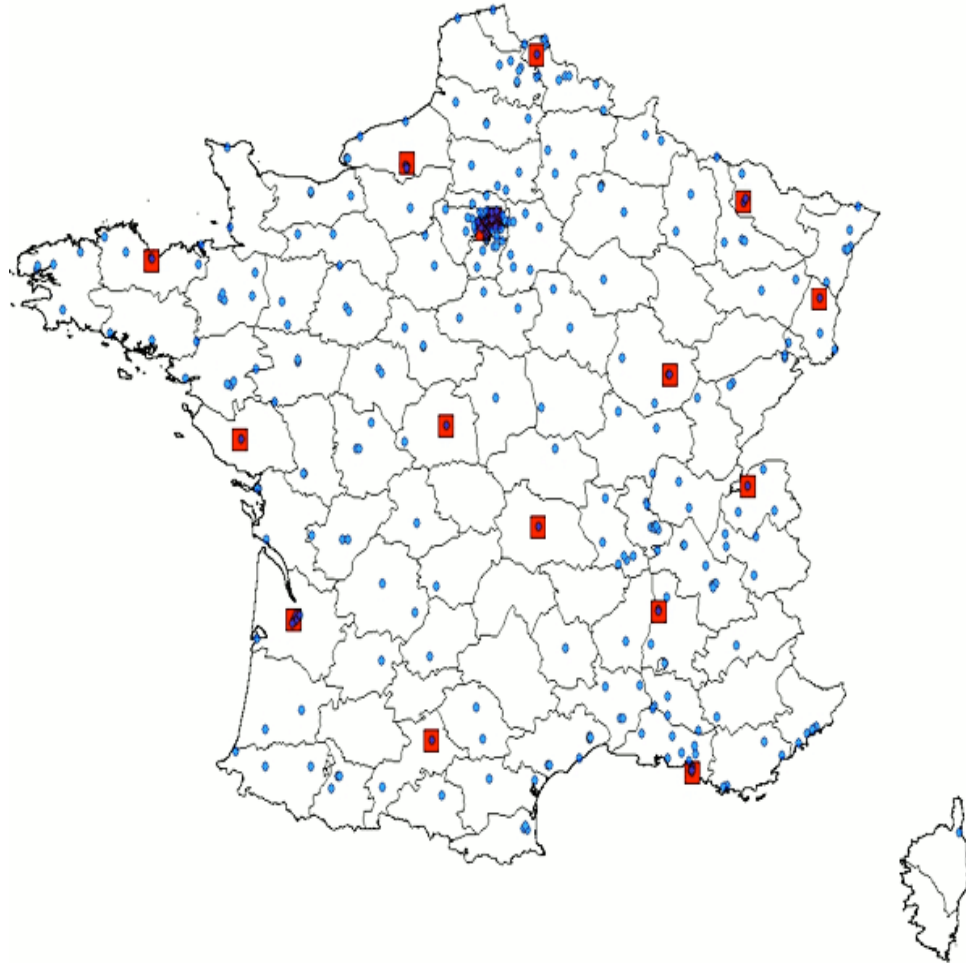


N=220



# Cohorte nationale ELFE

INSERM/INED; PI Marie-Aline Charles



Enfants nés en 2011

Grossesse simple ou gémellaire

$\geq 33$  semaines de gestation

Mères  $\geq 18$  ans, parlant français /  
anglais / arabe / turc

**18 312 enfants**

**18 042 mères**

**320 maternités**

**Participation : 49%**



# Région d'origine des femmes immigrées et descendantes d'immigrées (ELFE, % pondéré)

**Table 2** Region of origin of immigrant women participating in the ELFE (Etude Longitudinale Française Depuis l'Enfance) cohort study (*n* = 17,988, France, 2011)

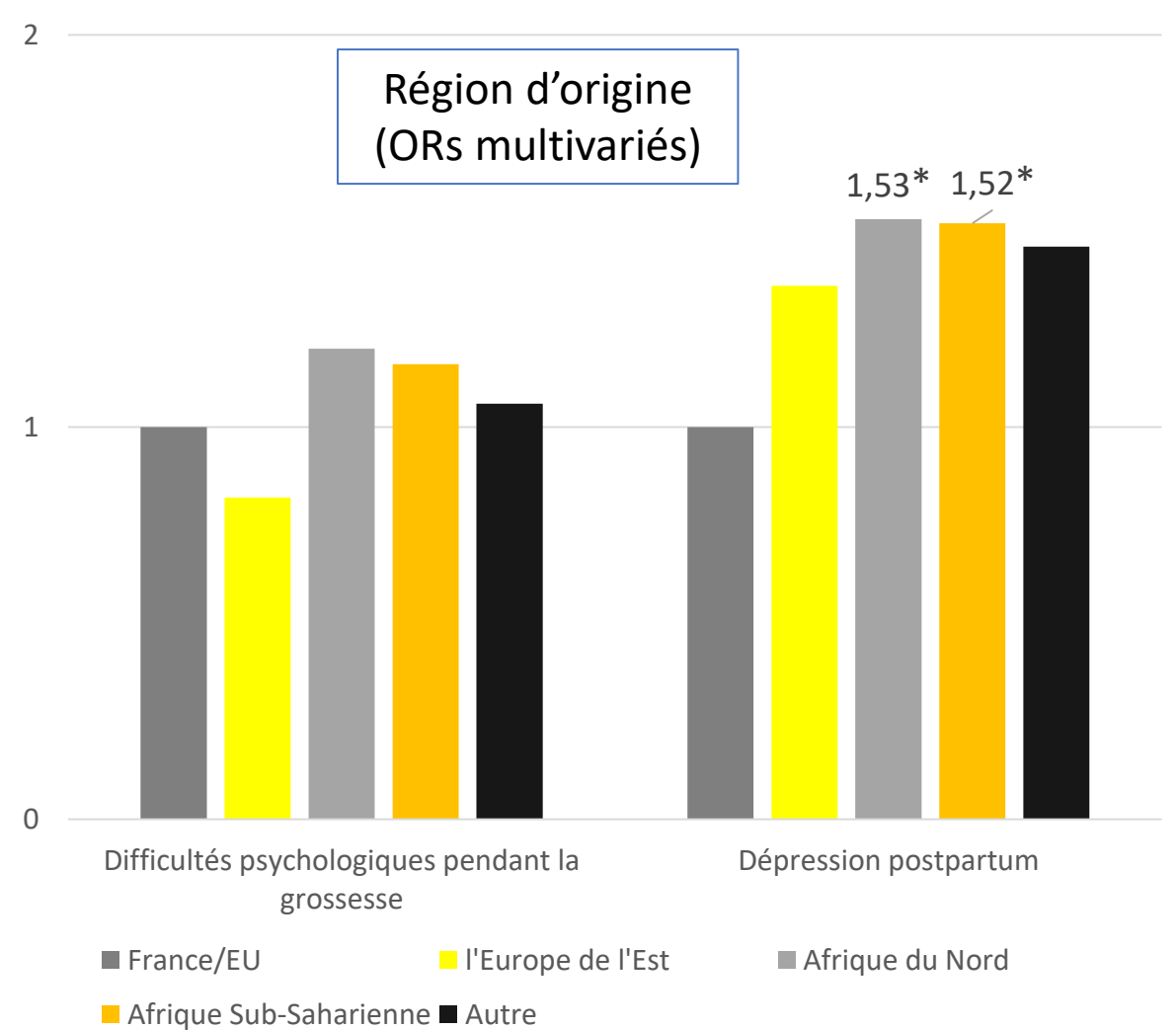
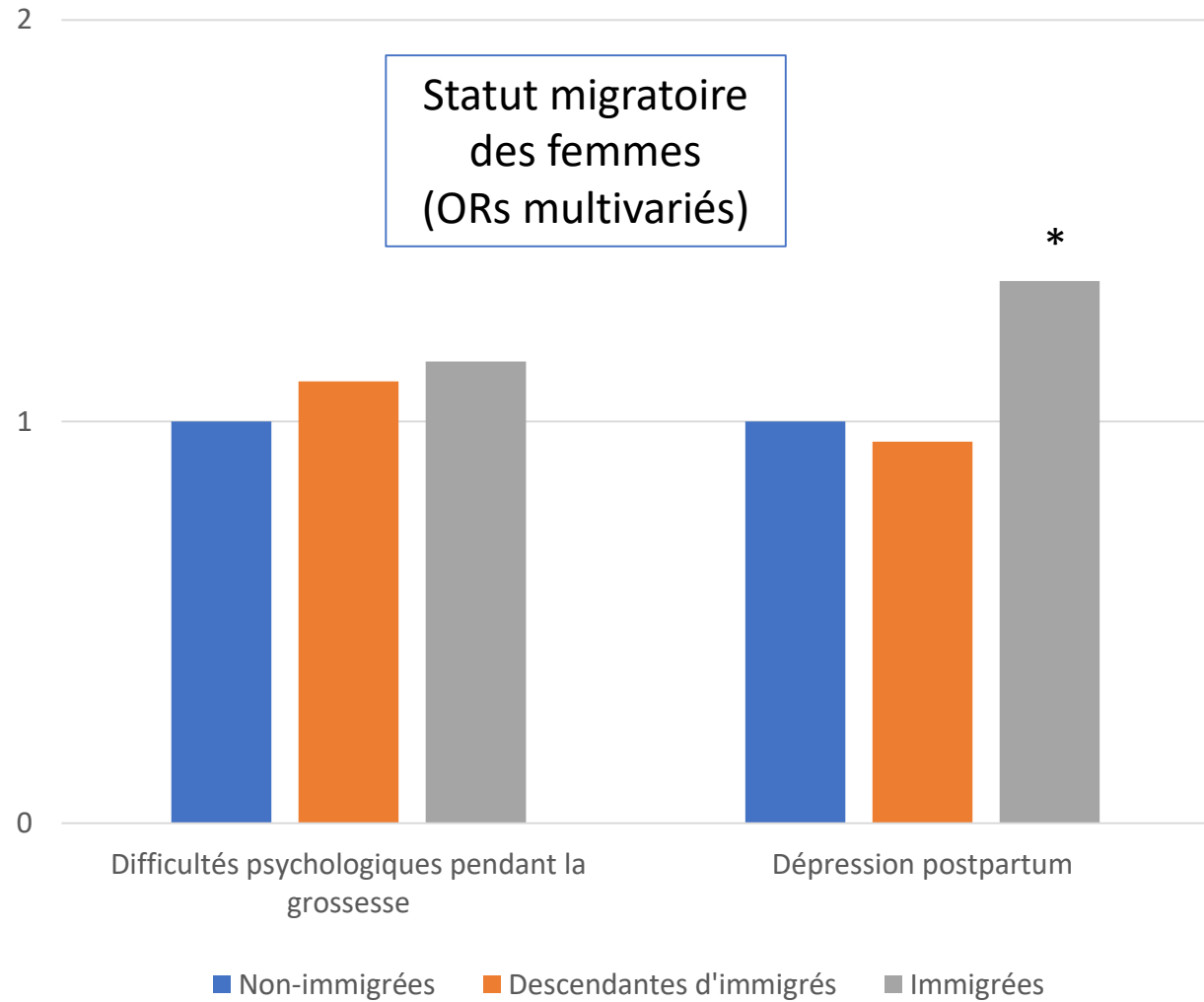
Region of origin <sup>a</sup>	Non-immigrants	Descendants of immigrants	Immigrants	Missing value
EU/France	12,294 (100%)	1064 (53.2%)	335 (15.4%)	1407 (92.9%)
North Africa, Turkey	–	644 (32.2%)	807 (37.0%)	15 (0.1%)
Sub-Saharan Africa	–	157 (7.9%)	561 (25.8%)	8 (0.5%)
Eastern Europe, Asia	–	75 (3.8%)	225 (10.3%)	4 (0.3%)
Others, non-declared	–	51 (2.8%)	239 (11.0%)	23 (0.8%)
Missing value		9 (0.4%)	12 (0.8%)	69 (4.5%)

<sup>a</sup>Region of birth for immigrant women, and parents' region of birth for descendant of immigrants

# Statut migratoire et caractéristiques socio-démographiques (ELFE,% pondéré)

	Non-immigrées (n=15,143)	Immigrées (n=2330)	P-value
25-29 ans	31.9	26.6	<0.0001
>=35 ans	20.5	28.8	
>=1 enfant	53.5	58.1	<0.0001
Conjoint immigré	8.0	56.2	<0.0001
Ne vit pas avec le père de l'enfant	4.7	10.5	<0.0001
<=niveau scolaire primaire	3.0	17.5	<0.0001
Au chômage / inactive	16.5	44.2	<0.0001
Conjoint au chômage / inactif	7.3	15.7	<0.0001
<7 visites médicales prénatales	9.7	14.7	<0.0001

# Statut migratoire et santé mentale périnatale (ELFE, n=17 988/ 16 280)





# La migration comme accumulation d'incertitudes?

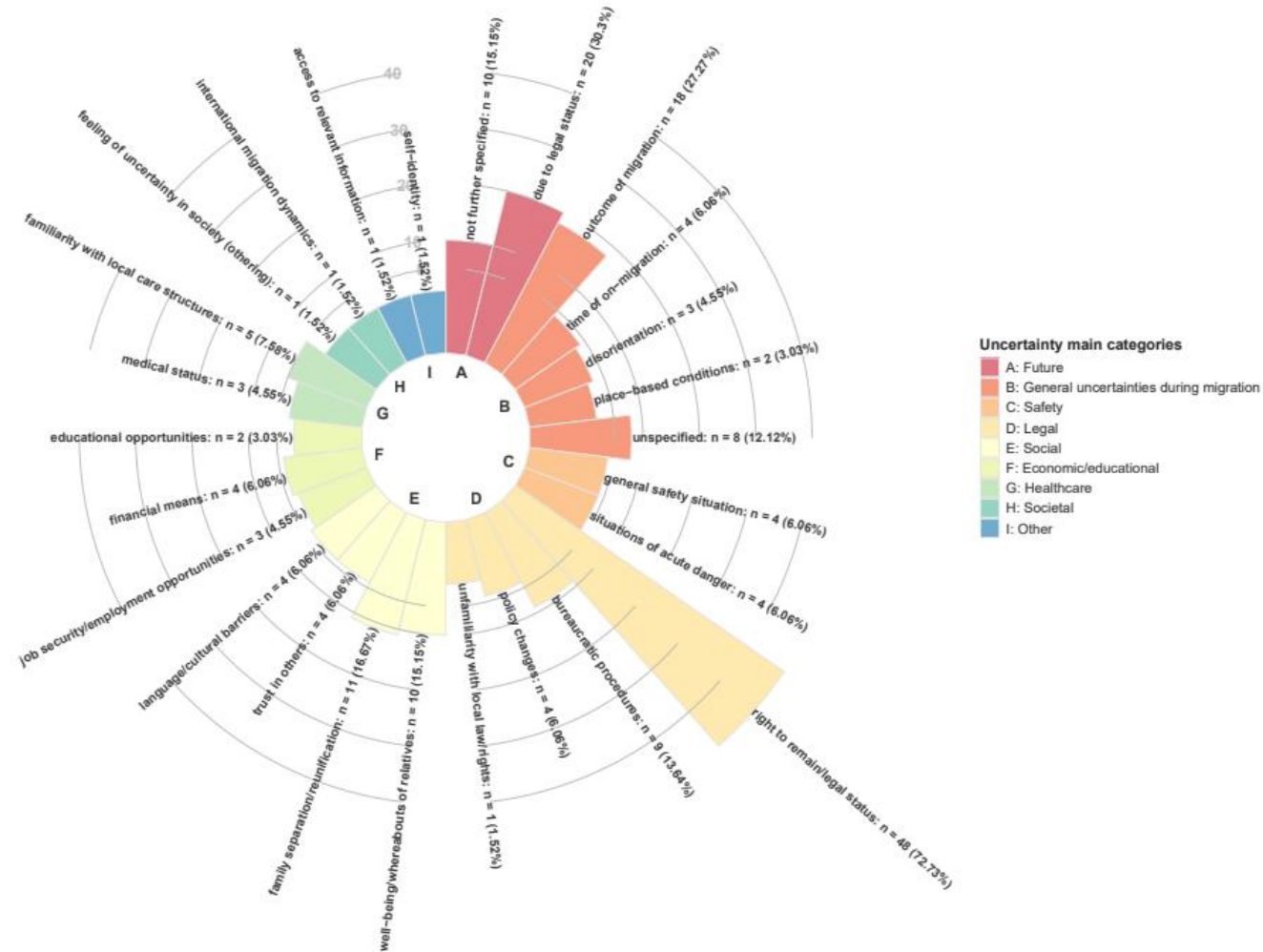


Fig. 2. Uncertainty categories mentioned by number of included publications.

Merci de votre attention

[maria.melchior@inserm.fr](mailto:maria.melchior@inserm.fr)