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Accepted for publication in the International Journal of Migration, Health and Social Care

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https://doi.org/10.1108/IJMHSC-08-2025-0105

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Mental Health of Migrants in South Asia: A Scoping Review

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Journal: *International Journal of Migration, Health and Social Care*

Manuscript ID: IJMHSC-08-2025-0105.R1

Manuscript Type: Academic Paper

DOI: 10.1108/IJMHSC-08-2025-0105

Keywords: labour migrants, refugee health, wellbeing, mental health, migration, Global South

Abstract

Purpose:

Migration in South Asia is shaped by diverse drivers such as economic needs, conflict, persecution, natural disasters, and sociocultural factors. Migrants across typologies are vulnerable to mental health challenges. However, research in this domain remains fragmented. This scoping review synthesizes existing literature on migrant mental health in South Asia and maps key trends, identifying research gaps, and drawing implications for future research, policy, and practice.

Methodology:

A systematic search of peer-reviewed literature was conducted across databases including Scopus, Web of Science, and PsycINFO. Studies using both qualitative and quantitative methods were included. Data extraction and thematic synthesis was conducted to analyse study characteristics, research methodologies, mental health outcomes, and associated risk and protective factors.

Findings:

Eighty studies met the inclusion criteria, with nearly half published since 2020. Most were cross-sectional and concentrated in India, Bangladesh, and Nepal. Commonly studied mental health issues included depression, anxiety, and PTSD—particularly among refugees, IDPs, and labour migrants. Risk factors included violence and trauma, economic hardship, social isolation, and perceived discrimination; while protective factors such as family support, cultural practices, and community resilience were highlighted, though resilience was often conceptualized narrowly as an individual trait. Research on queer and transgender migrants, children, older adults, and help-seeking behaviours was notably absent.

Originality:

This review underscores that while the burden of poor mental health among migrants in South Asia is significant, research priorities vary based on the migrant typology. Significant research gaps persist, including limited longitudinal studies and participatory research methods. Pathways to migrant mental health and wellbeing and intersectional analyses of mental health precarity are also unexplored. Future work should consider dimensions of precarity among migrants in the region to better understand mental health vulnerabilities.

Background

Migration in South Asia is a complex and multifaceted phenomenon which has historically been shaped by diverse socio-economic, political, and environmental factors in the region. South Asia is defined, for the purposes of this review, as the member states of the South Asian Association for Regional Cooperation (SAARC), with Myanmar included purposively because it was one of the original study sites of our research group. Throughout this review, we adopt the International Organization for Migration's (IOM) broad definition of a migrant as any person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently and for a variety of reasons (IOM, 2019). The region has a longstanding history of labour migration, with low-wage workers moving both within and across national borders to primarily undertake low and semi-skilled work, often in resource-poor and challenging contexts (Rajan, 2023).

The region has also witnessed significant forced displacement driven by conflicts, persecution, and natural disasters. According to the United Nations High Commissioner for Refugees (UNHCR), South Asia hosts one of the largest refugee populations globally, with Bangladesh sheltering close to one million Rohingya refugees from Myanmar (UNHCR, 2026). By the end of 2023, the region also accounted for 8.2 million internally displaced persons (IDPs), representing 11% of the global total (IDMC, 2024). Of these, 5.3 million were displaced due to conflict and violence, while 2.9 million were displaced by environmental disasters in the region (IDMC, 2024). These displacements have been further exacerbated by large-scale neoliberal development projects in South Asia, which have frequently displaced vulnerable populations, deepening their socio-economic marginalisation within the region (Kapilashrami and John, 2023a).

Understanding the impacts of these changing and challenging contexts of migration in South Asia on the mental and psychosocial health of migrants becomes increasingly significant. Global evidence indicates that migrants and refugees exhibit a higher prevalence of common mental disorders, such as depression, anxiety, and post-traumatic stress disorder (PTSD), often accompanied by distressing symptoms, including persistent sadness, hopelessness, sleep difficulties, fatigue, irritability, anger, and physical aches or pains, compared to host populations (WHO, 2025a). Migrants in South Asia face a heightened risk of experiencing mental health challenges due to several structural and interpersonal barriers. The increased vulnerability arising from forced displacement, exposure to trauma, socioeconomic instability, lack of social support, and limited access to mental health services significantly contribute to a higher prevalence of poor mental and psychosocial health among migrants as compared to host populations in the region (Virupaksha, Kumar and Nirmala, 2014). Moreover, these challenges intersect with existing structural inequalities in the region, along with experiences of living in challenging socio-economic conditions. Displacement and mobility to new spaces are, in themselves, sources of considerable psychological stress. This stress is further exacerbated by exploitative working conditions, mistreatment at the point of origin, experiences of discrimination and othering, challenges of adapting to unfamiliar environments and limited access to services and entitlements (Sharma, Sharma and Kapilashrami, 2021; Kapilashrami and John, 2023a).

The heightened mental health burden among migrants became particularly evident during the COVID-19 pandemic, as they were disproportionately affected by lockdowns, travel restrictions, economic downturns, and social isolation, severely impacting their psychosocial and mental health status in India (Singh, 2021). Many internal migrant workers faced sudden job losses, food insecurity, and

homelessness due to the abrupt shutdown of industries and services, while social distancing measures disrupted informal support networks, leaving them isolated and unable to access essential services (Jesline *et al.*, 2021).

Despite this growing recognition of the mental health vulnerabilities experienced by migrants during and after the COVID-19 pandemic, a notable evidence gap persists concerning the mental health burden among migrants in South Asia. Existing reviews of literature related to migration mental health in this region focus on either specific national contexts or particular migrant groups in the region. Some studies, for example, have examined mental health, psychosocial well-being, or mental disorder prevalence among refugee groups in South Asia (Mills *et al.*, 2008; Tay *et al.*, 2019; Joarder *et al.*, 2020). Others have focused on the mental health experiences of internal migrant workers (Daly *et al.*, 2020; Akhter, Mahmood and Rutherford, 2022) or their particular challenges during the COVID-19 pandemic within India (Jesline *et al.*, 2021; Singh, 2021). However, there remains a significant gap in systematically mapping the mental health of migrants across the diverse and varied migration experiences within the complex migration landscape of South Asia.

Aims and objectives

This scoping review seeks to address a significant and critical gap in the existing literature by systematically mapping and synthesising research focused on the mental health and wellbeing of migrant populations across South Asia. The primary aim of the study is to provide a comprehensive synthesis of research evidence surrounding the mental health of various migrant populations in South Asia. In line with this aim, the specific research questions for this review are:

1. Which migrant groups and migration contexts have been studied in mental health literature?
2. Which mental health conditions have been studied among migrant groups in South Asia?
3. How has the burden of poor mental health been studied? What tools and methodologies have been employed to study this burden?
4. What are the key determinants (risk and protective factors) of migrants' mental health and well-being in South Asia?

The scoping review aims to provide a comprehensive overview of the available literature and build a deeper understanding of the mental health and psychosocial experiences of migrants across South Asia. By systematically mapping the extent of research evidence available in the region, we aim to identify gaps in the current body of literature and highlight priority areas for future research. Additionally, this review seeks to present a contextually grounded understanding of the evidence base on mental health of migrants, which can act as a valuable resource for informing policy frameworks and supporting the development of targeted, contextually relevant interventions for migrants in South Asia.

Methodology

We conducted a scoping review of published literature to identify and map the breadth of evidence available (Munn *et al.*, 2022) regarding mental health of migrants in South Asia. We followed the Joanna Briggs Institute (JBI) guidelines for conducting scoping reviews (Peters *et al.*, 2020) informed

by Arksey and O'Malley's framework (2005) and the PRISMA Extension for Scoping Reviews (PRISMA-ScR) for reporting scoping reviews (Tricco *et al.*, 2018). The Population-Concept-Context (PCC) framework was used to clarify the main elements of the review question, identify keywords, formulate the search strategy as well as to analyse and organize the findings. Table I details the components of the PCC framework applied to this literature review.

Table I: PCC framework as applied to the review

Component		Definition
Population	Migrant	We adopted IOM's broad definition of a migrant as 'a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons' (IOM, 2019).
Context	South Asia	While different international organizations define South Asia differently, in terms of composition, for our scoping review South Asia is operationally defined as the region under The South Asian Association for Regional Cooperation (SAARC) and Myanmar. Myanmar was included as it was a geographical focus for the research group activities.
Concept	Mental Health	We adopted the WHO definition of mental health as 'a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community' (WHO, 2025b). Mental health conditions included mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm (WHO, 2025b).

Source: Authors own work

The detailed methodology for this review is registered with Prospero [CRD42024586544] as a consolidated scoping and systematic review protocol (Kapilashrami *et al.*, 2025) developed by RA, AK, GG with inputs from others in the research group. The methodology is fully compliant with the PRISMA-P protocol, including the PCC framing, inclusion and exclusion criteria, approach to data review, cleaning, extraction, and analysis.

Identifying relevant studies

Three sets of keywords were developed, one each for the population (migrants), context (South Asia) and concept (mental health). For migrants, previous research (Sweileh *et al.*, 2018) along with discussions with the research team were used to cover following components: (1) migrant workers, (2) refugees/asylum seekers (3) internally displaced persons, (4) trafficked victims/victims of human smuggling, (5) patients' mobility across borders, and (6) international migrants/immigration. For South Asia, names of countries with their demonyms were used. This review was conducted by a research group whose programme of work was concentrated in India and Myanmar. Accordingly,

more granular search terms, including state and major-city names, regional languages, and locally salient social identities (e.g. caste and tribe), were developed for these two countries to maximise retrieval of relevant studies. Eligibility itself was not restricted by country and studies from all SAARC nations and Myanmar were included. However, this design means our search was most sensitive for India and Myanmar, and this asymmetry should be borne in mind when interpreting the geographic distribution of included studies. For mental health, general mental health terms were used along with names of specific mental health conditions informed by MeSH terms. The search strategies for this review were informed by the conceptual framework of our research group, to define what it entails to be a migrant, aspects of mental health and the dimensions of precarity and syndemicity. The keywords and search strings for each component are detailed in Supplementary Material 1.

Multiple iterations were run with different search strategy combinations i.e. searching for keywords in title or abstract fields, before finalization of the search string. The final search string was composed by applying population (migrant) and context (South Asia) keywords in TITLE and concept (mental health) keywords in TITLE-ABSTRACT to reduce the number of irrelevant articles. We searched the following electronic databases: Scopus, Web of Science and PsycINFO. We did not restrict the search to specific languages or time periods.

Study selection

Since the aim of the review was to map research evidence on migrant mental health in the region, we included peer-reviewed journal articles and book chapters that reported empirical research based on primary data. Book chapters were retained because substantive primary research, particularly qualitative and community-based studies, from the region is sometimes published in edited scholarly volumes rather than journals. Excluding them risked omitting relevant primary evidence. We excluded literature reviews, commentaries, perspectives, correspondence, conference proceedings, and grey literature, as these either do not present original primary data or have not undergone peer review, consistent with our aim of mapping peer-reviewed primary evidence base. We only included studies available in English or with an English translation. Studies were also excluded if they did not fit into the conceptual framework of the review. For example, studies focusing on South Asian migrants outside South Asia and migrants returning to South Asia from outside South Asia. A full list of eligibility criteria for selection is detailed in Table II.

Table II: Eligibility criteria for study selection

Criteria	Details	Decision
Language	In English or translated to English	Include
Study setting	South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan, and Sri Lanka)	Include
Type of document	Journal articles	Include
	Book chapters	Include
	Literature reviews	Exclude
	Commentaries/Perspectives/Correspondence	Exclude
	Conference proceedings/papers	Exclude
	Grey literature	Exclude
Focus of document	Empirical research based on primary data	Include

	South Asian migrants outside South Asia; migrants returning to South Asia from non-South Asian countries	Exclude
	Evaluation of mental health interventions	Exclude
	Tool validation studies	Exclude

Source: Authors own work

We imported outputs from the three databases (n=5576) into Rayyan software and removed duplicates (n=1452) using the automated detection function of the software. We then exported a consolidated Excel file for screening the articles in two stages: (1) title and abstract review and, (2) full text review (refer to Figure 1). MB and AS first screened articles based on title and abstract to exclude studies that did not meet the inclusion criteria as detailed in Table II. Full text review of all articles deemed eligible at this stage was carried out by MB and AS independently, and final eligibility for inclusion in the review was consensually decided upon. Any conflict regarding eligibility for inclusion in the review was resolved in discussion with AJ from the research team. No critical quality appraisal was undertaken as JBI and PRISMA guidelines do not mandate this step for scoping reviews (Tricco *et al.*, 2018). After full text review, 80 articles were included for data charting and further analysis.

Data charting

Informed by the study's conceptual framework, a comprehensive data extraction template was developed by RA and AK with inputs from others in the research group. The template was designed in Microsoft Excel to chart data from the included studies. Fields like year of publication, authors, DOI and published keywords were automatically imported from the database search. In addition to the study metadata automatically exported from the databases, the chart captured data along seven dimensions: study characteristics; migrant population studied; social and psychosocial determinants of health; syndemics; precarity; mental health; and finally, gender-based violence (GBV). Data relating to GBV from the same charting exercise are reserved for a separate, dedicated publication. To ensure a comprehensive and focused analysis of mental health, we also charted data about the risks and protective factors in relation to mental health as well as tools used to assess mental health in the included studies.

Collating, summarizing and reporting the results

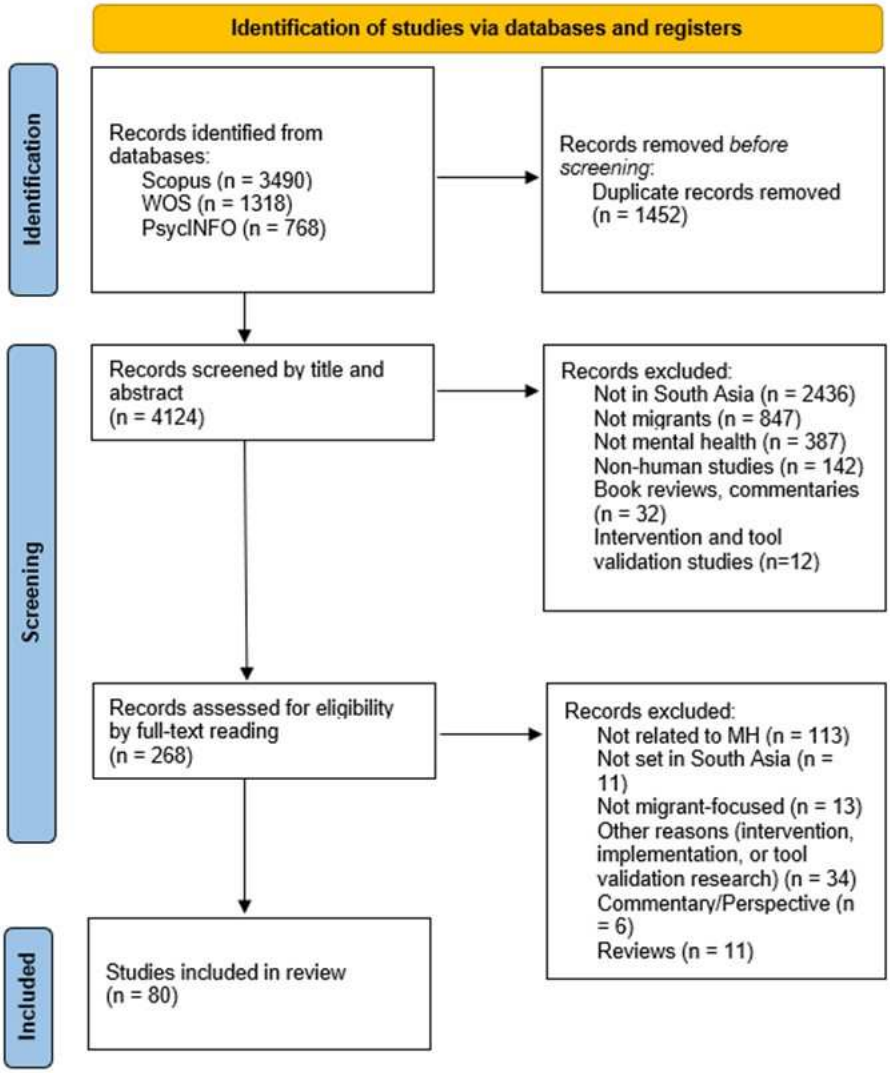
Descriptive analysis was done for aspects like study characteristics, migrants groups studied as well as the dimensions of mental health studied. A narrative synthesis of risk and protective factors was undertaken based on the open-ended data charted for the same. First draft of report was developed by MB and AS, and finalized after extensive reviews and feedback from AK, RA, GG and AJ.

Results

The process of identification of eligible studies for the review is detailed in Figure 1. Out of the 5576 outputs from electronic database search, 1452 duplicates were eliminated and 4124 articles were screened at the level of title and abstract. At this stage, 3856 articles were excluded. Reasons for the exclusion of articles pertained to their focus on migrants outside South Asia (n=2436), non-migrant population (n=847) or non-human study subjects (animal migration, material sciences, etc.) (n=142),

among others as listed in Figure 1. A total of 268 articles were assessed for eligibility through full text

Figure 1 Flowchart illustrating the search and identification of eligible studies



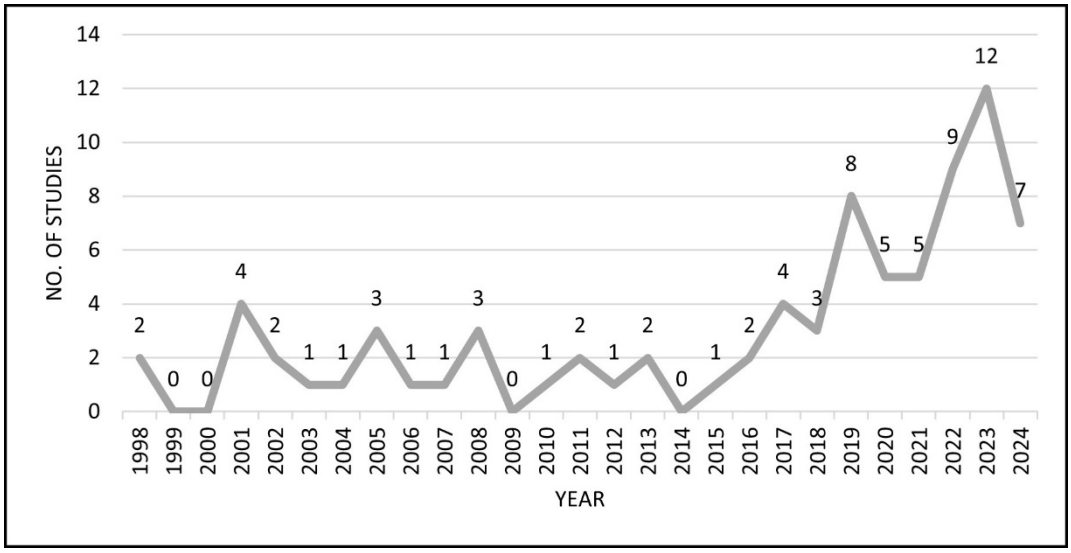
Source: Authors own work

reading. Of these, 188 were further excluded. Reasons for exclusion include studies not assessing mental health outcomes (n=113), tool validation/intervention/implementation studies (n=34) among others as listed in Figure 1. Finally, we included a total of 80 studies for analysis after full text review. A full list of included studies is provided in Supplementary Material 2.

Details of included studies

The number of included studies increased over time as seen in Figure 2. A little more than half (52.5%, n=42) of included studies were published before 2020 averaging at around 2 studies per year, whereas 47.5 percent (n=38) studies were published 2020 onwards with an average of around 7.5 studies per year.

Figure 2 Timeline of included studies



Source: Authors own work

Table III provides details of the study locations, with three out of four included studies (n=60) based in India, Bangladesh and/or Nepal. One included study was carried out in three countries (India, Bangladesh and Pakistan)(Ruback *et al.*, 2004), thus the numbers are not mutually exclusive.

Table III: Study Characteristics

Study characteristics	Number of studies
Study location	
India	31
Bangladesh	16
Nepal	13
Pakistan	12
Myanmar	5
Sri Lanka	5
Study methodology	
Quantitative Primary data Secondary data	 47 3
Qualitative	22
Mixed methods	8

Source: Authors own work

In terms of research methodology, most of the studies employed quantitative methods (n=50), followed by qualitative (n=22), with some also employing a mixed methods approach (n=8). Of the quantitative studies, most employ a cross-sectional design (n=43). Two studies used data from the Longitudinal Ageing Study in India (LASI) (Mandal and Pradhan, 2024; Mishra *et al.*, 2024) and one used data from the Cox's Bazar Panel Survey among Rohingya refugees in Bangladesh (Ritsema and Armstrong-Hough, 2023). While most qualitative studies did not specify their design in depth, researchers have used approaches like ethnography (n=3) (Somasundaram, 2010; Yadav, 2019; Yadav and Priya, 2024), grounded theory (n=3) (Priya, 2012; Kuttikat, Vaillancourt and Massey, 2018; Mookerjee and Roy, 2023), phenomenology (n=2) (Duggal *et al.*, 2022; Alve *et al.*, 2023), case studies

(n=2)(Chowdhury *et al.*, 2021; Digal and Atungbou, 2022) and narrative inquiry (n=1) (Raghavan *et al.*, 2021) to explore migrants' psychosocial distress and wellbeing.

Population studied

Table IV details the migrant groups studied, and Supplementary Material 2 identifies the specific group for each of the 80 included studies. Refugees were the most frequently studied group (n=34): Rohingya refugees in Bangladesh (n=13), Bhutanese refugees in Nepal (n=6), Afghan refugees in Pakistan (n=6), Tibetan refugees in India (n=4) and Nepal (n=1), Tamil refugees in India (n=3), and Ahmadiyya refugees from Pakistan in Nepal (n=1).

Internal migrants were the next most frequently studied migrant group (n=29). Most studies focused on labour migrants (n=21), the majority of which were conducted in India (n=16). Fewer studies were conducted in Myanmar (n=2), Nepal (n=1) and Bangladesh (n=1), while one multi-country study covered India, Pakistan and Bangladesh. The remaining (n=8) focused on migrants within national borders but did not define the study population as labour migrants. Internally displaced persons (IDPs) were researched in 14 studies, encompassing both conflict- and disaster-induced displacement in Sri Lanka (n=5), Pakistan (n=4), India (n=2), Myanmar (n=2) and Bangladesh (n=1). Finally, three studies focused on survivors of trafficking, all conducted in Nepal. Further details about the context of migrations are detailed in Table V.

Table IV: Population studied

Population studied	Number of studies
Migrant groups	
Refugees	
Rohingya refugees	13
Bhutanese refugees	6
Afghan refugees	6
Tibetan refugees	5
Tamil refugees	3
Pakistani (Ahmadiyya) refugees	1
Internally displaced persons (IDPs)	14
Internal migrants	
Labour migrants	21
Unspecified	8
Trafficking survivors	3
Age focus in included studies	
Exclusively children (<18 years old)	3
Adults (18 years and above)	75
Exclusively older adults (>45 years old)	2
Gender focus in included studies	
Exclusively male	2
Exclusively female	6
No exclusive gender focus	72

Source: Authors own work

Virtually all the included studies recruited adults over 18 years of age (n=75) without focusing on a particular age group. Three studies focused on children and adolescents affected by events such as communal riots or conflicts (Izutsu *et al.*, 2005; Priya, 2012; Ahmad, Hussain and Munir, 2018).

Additionally, two studies focused exclusively on older migrants aged over 45 years surveyed as part of the Longitudinal Aging Study in India (LASI) (Mandal and Pradhan, 2024; Mishra *et al.*, 2024).

Similarly, most studies (n=72) did not exclusively focus on any gender of study population. However, six studies in the review recruited female migrant participants which included trafficking survivors (Crawford and Kaufman, 2008; Tsutsumi *et al.*, 2008; Rimal and Papadopoulos, 2016), married women in India (Singh and Dangi, 2011), migrant women workers in India (Azeez *et al.*, 2021) and internally displaced women in Pakistan (Ehsan, Riaz and Khalily, 2019). Notably, none of the selected studies recruited participants falling beyond the gender binary. In terms of other social locations, we only found one study which focused on caste (i.e. Dalit migrants) in India (Digal and Atungbou, 2022).

Context of migration

We grouped the study context based on a-priori categories depending on the life course of migrants, details of which can be found in Table V.

Table V: Context of migration

Migration context	Number of studies
Conflict/War/Fear of persecution	46
Labour migration	21
COVID-19 pandemic and lockdown measures	6 (out of 21)
Trafficking	3
Environmental changes	3
Marriage	1
Non-specific	6

Source: Authors own work

Majority of studies (n=46) focus on refugees and IDPs in contexts of conflict, war, or displacement due to fear of persecution. These studies addressed movements driven by political instability (Crescenzi *et al.*, 2002), conflict and war (Thomas *et al.*, 2011; Burns *et al.*, 2018; Hossain *et al.*, 2020a; Hossain *et al.*, 2021) and human rights violations (Riley *et al.*, 2020). Labour migration is the second most frequently studied context (n=21), including those migrating internally for work and economic opportunities. Six studies from India specifically address the experiences of migrant workers during the COVID-19 pandemic and associated lockdown measures (Azeez *et al.*, 2021; Duggal *et al.*, 2022; Kumar *et al.*, 2022; Mathews, De Neve and Ayeb-Karlsson, 2023; Mookerjee and Roy, 2023; Ramana *et al.*, 2023). Some studies (n=6) involved internal migrants whose specific migration context was not defined. These include studies using survey data from older adults (Mandal and Pradhan, 2024; Mishra et al., 2024), broad rural-to-urban migrants (Albers et al., 2016), a comparison of migrants and non-migrants in a rural setting (Langer et al., 2017), and internal migration in relation to substance use (Ghimire et al., 2023; Kyaw et al., 2023).

Some studies (n=3) focused on forced migration due to trafficking (Crawford and Kaufman, 2008; Tsutsumi *et al.*, 2008; Rimal and Papadopoulos, 2016). Other studies looked at environmental changes (n=3) as major causes of displacement in South Asia, like the 2004 Indian Ocean tsunami (Ranasinghe and Levy, 2007), riverbank erosion (Kaiser, 2023) and wildlife conservation projects (Snodgrass, Most and Upadhyay, 2017). One study specifically considered marriage as a migration context among rural women in India (Singh and Dangi, 2011).

Mental health of migrants in South Asia

Psychiatric symptoms and disorders

Depression (n=32), anxiety (n=28), post-traumatic stress (n=25) are the most commonly studied mental health conditions among migrant groups, with 21 studies assessing at least two of the three conditions together. Most commonly employed standardised tools to assess these conditions were the Hopkins Symptoms Checklist (HSCL-25) (Shrestha *et al.*, 1998; Terheggen, Stroebe and Kleber, 2001; Crescenzi *et al.*, 2002; Van Ommeren *et al.*, 2002; Rimal and Papadopoulos, 2016), Centre for Epidemiological Studies (CES-D)(Ranasinghe and Levy, 2007; Yi *et al.,* 2019; Swe, Sornlorm and Laohasiriwong, 2019; Kuhn *et al.*, 2020), Composite International Diagnostic Interview (CIDI)(Van Ommeren *et al.*, 2001a, 2001b; Siriwardhana *et al.*, 2013), Patient Health Questionnaire (PHQ-9)(Burns *et al.*, 2018; Hossain *et al.*, 2020a; Khan and Haque, 2021; Ritsema and Armstrong-Hough, 2023), General Health Questionnaire (GHQ-12)(Singh and Dangi, 2011; Dhungana *et al.*, 2019), Depression Anxiety Stress Scale (DASS)(Mujeeb, 2015; Biswas, Das and Sheikh, 2024), Harvard Trauma Questionnaire (HTQ)(Crescenzi *et al.*, 2002; Sachs *et al.*, 2008; Riley *et al.*, 2017; Kim *et al.*, 2022), Impact of Event Scale (IES-R)(Hossain *et al.*, 2021; Somasundaram *et al.*, 2023) and PTSD Symptom Scale (PSS-I)(Ranasinghe and Levy, 2007). The diversity of study designs and intent of scoping reviews preclude us from comparing prevalence rates across studies, however key findings from the selected studies can be found in Supplementary Material 2.

Di/stress, emotions and quality of life

A majority of studies (n=67) have alluded to stress as a mental health challenge for the study population. Some studies have examined concepts like domestic migration stress (Soundarajan *et al.*, 2022), acculturative stress (Singh and Dangi, 2011; Jibeen, 2019) and daily stresses (Sachs *et al.*, 2008; Riley *et al.*, 2020) using previously developed scales. One study examined 'domestic migration stress' among migrants and found associations with other mental health conditions like alcohol and tobacco use (Soundarajan *et al.*, 2022). In a study among married women in rural India, it was found that acculturative stress was strongly associated with poor life satisfaction and self-reported happiness (Singh and Dangi, 2011). Some qualitative findings explain local 'idioms of distress' (Riley *et al.*, 2017; Yadav, 2019; Trang *et al.*, 2024). For example, a study among Rohingya refugees in Bangladesh identified five primary cultural concepts of distress including *tenshon* (tension), *bishi sinta* (excessive thinking), *feshar* (pressure), *gum zai nofara* (unable to sleep), and *shoit-shoit lagon* (feeling restless and/or trapped) (Trang *et al.*, 2024). Similarly, a study among migrant labourers in India found that participants used terms like *dukh* to convey intense, acute distress related to significant life events and *pareshaani* and *uljhan* to refer to daily hassles and ongoing distress (Yadav, 2019). Other qualitative studies also found that feelings of fear and grief (Kumar *et al.*, 2022), alienation and helplessness (Singh and Dangi, 2011), guilt and hopelessness (De Vries, 2001; Duggal *et al.*, 2022), worry and resentment (Chowdhury *et al.*, 2021), boredom and entrapment (Jesline *et al.*, 2021), confusion and loneliness (Mookerjee and Roy, 2023) shaped migrants' mental health experience. Four studies assessed quality of life using the WHO QoL BREF Scale (Swe, Sornlorm and Laohasiriwong, 2019; Zabeer *et al.*, 2019; Hossain *et al.*, 2020a) and the Indian Council of Medical Research (ICMR) Quality of Community Life (QoCL) Scale (Sriramalu *et al.*, 2023) as a dimension of migrant mental health. Some studies examined alcohol and substance use among migrants and largely conceptualized it as a coping mechanism for migration-related stresses (Luitel *et al.*, 2013; Soundarajan *et al.*, 2022; Ghimire *et al.*, 2023; Kaiser, 2023).

Stressors relating to migrant mental health

Violence and trauma

Exposure to torture (physical and psychological) was studied as a risk factor for various mental health conditions especially among Bhutanese refugees (Shrestha *et al.*, 1998; Van Ommeren *et al.*, 2001a; Van Ommeren *et al.*, 2002; Thapa *et al.*, 2003), Tibetan refugees (Terheggen, Stroebe and Kleber, 2001; Crescenzi *et al.*, 2002; Sachs *et al.*, 2008) and Rohingya refugees (Alve *et al.*, 2023). Witnessing and/or being subjected to violence was also related to poor mental health, especially post-traumatic stress as reported by many studies. This includes violence experienced both, before migration (Terheggen, Stroebe and Kleber, 2001; Izutsu *et al.*, 2005; Kuttikat, Vaillancourt and Massey, 2018; Hossain *et al.*, 2021; Khan and Haque, 2021) and after migration, especially in Rohingya refugee camps (Riley *et al.*, 2020; Ullah *et al.*, 2023).

Loss of family members was found to be associated with elevated anxiety and stress (Mujeeb, 2015) as well as obsessive-compulsive behaviour and feelings of fear, guilt and hopelessness (De Vries, 2001), notably in displaced children (Priya, 2012). Parentless children of Rohingya refugees were particularly vulnerable to emotional problems like increased worrying and feeling unhappy along with difficulties adjusting to peers (Khan *et al.*, 2019). Among women survivors of trafficking, experiences of sexual violence were associated with increased rates of anxiety, depression and post-traumatic stress with exposure to HIV as an added risk for these (Tsutsumi *et al.*, 2008; Rimal and Papadopoulos, 2016). Additionally, survivors also reported various somatic symptoms like headaches, abdominal pain and fatigue, behavioural symptoms like withdrawal, lack of motivation and aggression (Crawford and Kaufman, 2008). Additionally, one study among internally displaced persons in Bangladesh found that experiences of domestic violence led to feelings of anxiety, stress, depression, insomnia and even suicidal tendencies (Kaiser, 2023).

Discrimination

Across five studies, discrimination emerged as a key stressor, manifesting as racial, ethnic, and religious discrimination, as well as exclusion from housing, employment, education, public transport, and everyday social life (Thomas *et al.*, 2011; Chowdhury *et al.*, 2021; Tso and Shukla, 2022; Jafree *et al.*, 2023; Ramana *et al.*, 2023). Hazara Shias in Pakistan experienced discrimination in employment, public transport and access to shops and services (Jafree *et al.*, 2023), while internal migrant workers in India reported mistreatment and discriminatory treatment during transit and quarantine (Ramana *et al.*, 2023). Across contexts, these experiences compounded existing social and economic vulnerabilities and were associated with psychological distress, perceived stress, anxiety, fear and poorer wellbeing (Thomas *et al.*, 2011; Chowdhury *et al.*, 2021; Tso and Shukla, 2022; Jafree *et al.*, 2023; Ramana *et al.*, 2023).

Separation and isolation

Some studies also identified familial separation and isolation as a risk factor for conditions like psychological distress, depression and anxiety (Christensen, Ahsan and Mandal, 2020; Kuhn *et al.*, 2020; Soundarajan *et al.*, 2022; Sriramalu *et al.*, 2023). Higher prevalence of depressive symptoms was seen among elderly migrants living alone in India (Mishra *et al.*, 2024). Furthermore, some researchers found that migrants who felt a sense of cultural disconnection (Jibeen, 2019; Yadav, 2019; Digal and Atungbou, 2022; Soundarajan *et al.*, 2022) were more at risk to experience demoralization leading to a sense of burden and self-defeat (Yadav, 2019).

Poor living conditions

Inadequate sanitation, poor neighbourhood environment and housing conditions were some of the factors associated with mental health of labour migrants (Firdaus, 2017; Yi *et al*., 2019; Zabeer *et al.*, 2019; Raghavan *et al.*, 2022), those displaced due to environmental crisis (Kaiser, 2023) as well as refugees living in camps (De Vries, 2001; Alve *et al.*, 2023; Ullah *et al.*, 2023).

Economic difficulties

Unemployment or limited employment opportunities were significant contributors to poorly reported mental health of migrants (Siriwardhana *et al.*, 2013; Hossain *et al.*, 2020a; Kim *et al.*, 2022; Jafree *et al.*, 2023). Among those employed, lower income levels were associated with increased psychological stress and depressive symptoms (Firdaus, 2017; Burns *et al.*, 2018; Yi *et al.*, 2019; Digal and Atungbou, 2022). Additionally, work-related injuries were also significantly higher among migrant workers in Bangladesh (Kuhn *et al.*, 2020) which adds to work-related stress and overall mental health. Among forced migrants like Afghan refugees (Kassam and Nanji, 2006) and internally displaced groups (Ranasinghe and Levy, 2007), loss of property and possessions is associated significantly with poorer mental health outcomes like post-traumatic stress, depression and unexplained somatic symptoms like headaches and fatigue.

COVID-19 pandemic

Qualitative studies with migrant workers in India (Duggal *et al.*, 2022; Kumar *et al.*, 2022; Mathews, De Neve and Ayeb-Karlsson, 2023; Mookerjee and Roy, 2023; Ramana *et al.*, 2023) highlighted that every mental health stressor mentioned previously was exacerbated by the pandemic. This included challenges like loss of jobs and income, inability to return to place of origin, police brutality and mistreatment, stigmatisation, societal isolation, lack of social support and government aid, and difficulties in accessing services. Among women more specifically, there was an increased feeling of captivity and distress due to added caregiving responsibilities (Azeez *et al.*, 2021). Other studies documented an increase in psychological stress and anxiety among Rohingya (Palit *et al.*, 2022) and Tibetan refugees (Tso and Shukla, 2022).

Facilitators of migrant mental health and wellbeing

A little more than half of the included studies (n=45) identified protective factors against mental ill-health among migrants and explored positive mental health concepts such as resilience and healing. These facilitators of migrant mental health and wellbeing have been detailed under the following categories.

Family, community and social support

Social support, although defined ambiguously, was identified as a key facilitator of mental health and wellbeing by 15 studies in the review. This was especially studied in the context of internal migrant workers and IDPs (Ranasinghe and Levy, 2007; Singh and Dangi, 2011; Swe, Sornlorm and Laohasiriwong, 2019; Raghavan *et al.*, 2021; Mathews, De Neve and Ayeb-Karlsson, 2023; Mookerjee and Roy, 2023). More specifically, some studies noted a significant association between support from family and community networks and positive mental health (De Vries, 2001; Ruback *et al.*, 2004; Kassam and Nanji, 2006; Swe, Sornlorm and Laohasiriwong, 2019; Hossain *et al.*, 2020a; Riley *et al.*, 2020; Chowdhury *et al.*, 2021; Duggal *et al.*, 2022; Raghavan *et al.*, 2022). Longer duration at the destination was associated with more support networks, which in turn promotes mental wellbeing among migrants (Firdaus, 2017).

Access to resources

Access to education is associated with reduced risk for post-traumatic stress and depression (Thapa *et al.*, 2003; Luitel *et al.*, 2013; Ahmad, Hussain and Munir, 2018). Similarly, skilling and vocational training were related with better mental health among trafficking survivors (Crawford and Kaufman, 2008). A source of income in the form of employment was found to be protecting migrants from poor mental health conditions like depression and post-traumatic stress and promoting general mental wellbeing (Hossain *et al.*, 2021; Mathews, De Neve and Ayeb-Karlsson, 2023; Mookerjee and Roy, 2023). Some studies reported that migrants attributed better mental health to their ability to manage personal finances well (Tso and Shukla, 2022). Crucially, it was also seen that participation in ordinary activities and hobbies like stitching were also implicated in mental wellbeing of internal migrant workers, especially females (Raghavan *et al.*, 2021). Finally, it is seen that access to healthcare is also related to better mental health outcomes in relation to depression and anxiety among migrants (Thapa *et al.*, 2003; Kyaw *et al.*, 2023), especially during health emergencies like the COVID-pandemic (Kumar *et al.*, 2022). Provision of psychosocial support focusing on mindfulness exercises and positive appreciation was attributed to better mental health among Rohingya refugees (Ullah *et al.*, 2023).

Cultural and religious practices

Better psychological health was associated with a stronger inclination towards religion and spirituality and higher religiosity scores among internal migrants in India (Langer *et al.*, 2017). However, the study did not examine if the participants belonged to majoritarian religious identities or minority ones. Among Afghan refugees, higher religiosity was associated with lower odds of suicidal ideation (Jahangir, ur Rehman and Jan, 1998). In a study among displaced Sahariya tribe in India, participation in Holi (a traditional Hindu festival) rituals promoted positive over negative affect among study participants (Snodgrass, Most and Upadhyay, 2017). One of the factors attributed to mental wellbeing of Tibetan refugees during COVID-19 pandemic was maintaining cultural integrity through cultural and religious practices (Tso and Shukla, 2022).

Healing and resilience

Higher perceived control scores are attributed to lower levels of mental distress among migrants (Ruback *et al.*, 2004; Kuhn *et al.*, 2020). Perceived control was also seen to moderate effects of acculturative stress, thus improving life satisfaction scores among Afghan refugees (Jibeen, 2019). Among Tibetan refugees, resilience was related to acceptance of self and life, with those in employment and relationships having higher levels of resilience (Tso and Shukla, 2022). In addition to acceptance, hope for the future was also related to mental health resilience of migrants (Chowdhury *et al.*, 2021; Kim *et al.*, 2022; Raghavan *et al.*, 2022). Among internal migrant workers in India, mental peace and healing was associated with providing for the family, following the 'righteous path' and recognizing the 'brighter side' of migration like improved opportunities for children's education (Yadav and Priya, 2024). Another study with internal migrant workers in India introduced the concept of 'eudaemonic idioms' (or idioms of resilience) to refer to culture-specific expressions of ideas conducive to mental wellbeing (Raghavan *et al.*, 2022). The authors of the study categorised these as within-individual factors like hope, memories and wisdom from past experiences, courage, forgiveness, persistent hard work as well as outside-individual factors like relationships, friendships and generosity, 'work is worship' attitude, celebrations/festivals at family and community levels (Raghavan *et al.*, 2022).

Discussion

Findings from this scoping review show that the body of research on mental health of migrant populations in South Asia is diverse and growing over time. We found 47.5 percent of the studies published 2020 onwards. This can be corroborated with a rising trend of migration health research globally, with mental health as a key domain of migration health research (Sweileh *et al.*, 2018). While majority of the included studies were based in India (n=31), Bangladesh (n=16) and Nepal (n=13), we found no studies from Afghanistan, Bhutan and Maldives. The lack of mental health research from these countries has also been previously flagged by other reviews in the region (Hossain *et al.*, 2020b; Weaver and Karasz, 2022; Vidyasagaran *et al.*, 2023). We discuss the status of evidence base under three broad areas:

Methodology and research design: There is a dearth of longitudinal research using both qualitative and quantitative methods. Most quantitative studies used a cross-sectional design to screen for and deduce point-prevalence rates of mental health conditions like depression, anxiety and post-traumatic stress. The limited use of longitudinal designs can be attributed to practical challenges associated with research among mobile populations like migrants, and capturing data at different points of their migration journeys. However, the review underscores a need for longitudinal designs to better infer causality in mental health, and a fuller understanding of the risk and protective factors related to migrant mental health. Additionally, only three studies analysed large-scale survey data, including one using the Cox's Bazar Panel Survey focusing on Rohingya refugees and two using the Longitudinal Ageing Study in India (LASI) focusing on older adults in India. This indicates a lack of migrants' mental and overall health datasets at the national or subnational level in this region.

While quantitative studies provided evidence suggesting associations between stress and poorer mental health outcomes like depression and reduced mental wellbeing, qualitative studies shed more light on the stress experienced. However, reporting in qualitative studies is highly limited in description of methods and methodological reflections. Among the two studies that went beyond the traditional methods of interviewing to incorporate participatory methods, one used community theatre with internal migrants (Raghavan *et al.*, 2022) and another used the draw-and-tell technique with internally displaced children (Priya, 2012).

Most studies focused on adult migrants. This might be attributed to practical and ethical challenges of research with vulnerable children. However, our review includes few studies (n=3) focused on children and adolescents affected by events such as communal riots or conflicts who were at greater risk for post-traumatic stress, challenges with peers and reduced overall mental wellbeing (Izutsu *et al.*, 2005; Priya, 2012; Ahmad, Hussain and Munir, 2018). Additionally, two studies in the review focused exclusively on elderly migrants in India and found that those with lower education, living alone and with multiple comorbidities were at a higher risk for depression (Mandal and Pradhan, 2024; Mishra *et al.*, 2024). Apart from one study with older migrants, we did not find any study examining the intersections of existing co-morbidities and mental health among migrants. This is critical, as research shows higher burden of communicable and non-communicable diseases like diabetes and hypertension among this group with many barriers to healthcare access (Kusuma and Babu, 2018; Choudhari, 2020).

A gendered pattern was observed in the migrants studied, wherein women were studied largely in the context of trafficking (Crawford and Kaufman, 2008; Tsutsumi *et al.*, 2008; Rimal and

Papadopoulos, 2016) and marriage (Singh and Dangi, 2011); while men in context of work and labour (Duggal *et al.*, 2022; Soundarajan *et al.*, 2022; Mathews, De Neve and Ayeb-Karlsson, 2023). With the exception of one study, there is no examination of the gender power relations in migrant households, and how that influences mental health; the one study found that women experienced increased feeling of captivity and burden of caregiving responsibilities leading to distress during the COVID-19 pandemic (Azeez *et al.*, 2021). Notably, none of the selected studies recruited participants from queer or transgender communities, thus highlighting a significant gap in literature.

Conceptualization of migrant groups and mental health challenges: While the studies were nearly equally divided in their focus on international and internal migrants (including IDPs), it was found that research on mental health conditions and experiences were often decided by the context of migration rather than the border movements. Migration in the context of persecution and conflict has largely been conceptualised as a traumatic event, with most studies focusing on the effects of trauma, torture and human rights violations on mental health conditions. Research on traumatic experiences, their associations with specific conditions like depression and post-traumatic stress, and their implications for general mental wellbeing dominated the literature focusing on groups like refugees (Van Ommeren *et al.*, 2001a, 2001b; Kassam and Nanji, 2006; Chase, Welton-Mitchell and Bhattarai, 2013; Riley *et al.*, 2017, 2020), trafficking survivors (Crawford and Kaufman, 2008; Tsutsumi *et al.*, 2008; Rimal and Papadopoulos, 2016), and IDPs (Somasundaram, 2010; Siriwardhana *et al.*, 2013; Burns *et al.*, 2018; Sahoo *et al.*, 2024). An omission of enquiry of other mental health challenges in these groups and an assumption that only these groups are vulnerable to such conditions limits a comprehensive understanding of migrants' mental health. There is a huge lack of research examining resilience and other positive mental health constructs in these contexts. Interestingly, one study in the review assessed a tribal group in India forced to migrate due to wildlife conservation projects, and found that indigenous rituals reduce stress and promote mental health in the study group (Snodgrass, Most and Upadhyay, 2017). More research is needed in this regard.

Similarly, while most of the studies focusing on internal migrants alluded to labour migrants, not all studies mentioned the context of study participants' migration. We appreciate that not all of them can be categorized as 'voluntary' migrants as the boundaries between 'voluntary' and 'forced' migration are inherently blurred (Bakewell, 2021). There is a tendency to homogenize the category of internal migrant workers, and intersectional influences on mental health and wellbeing are underexplored. We also found that included studies in the review fail to provide a complete picture of the migration trajectories of study populations- as most studies did not capture data about places of origin.

Aspects of mental health studied: While the burden of poor mental health in the form of mental health conditions like depression, anxiety and PTSD was examined, the review identified some risk factors for migrant mental health. Violence and trauma, isolation and perceived discrimination, economic difficulties and poor living conditions were all implicated in poor mental health of migrants in South Asia. This is in agreement with findings from other reviews on mental health of forced migrants in other regions (Farahani *et al.*, 2021; Hasan *et al.*, 2021; Fadhlia, Doosje and Sauter, 2024). However, there were some gaps identified as well. While unemployment was identified as a risk factor, working conditions were not adequately studied in relation to migrant mental health. Other intersectional social influences like caste, religion and gender, which are important

dimensions of migrants' precarity (Kapilashrami and John, 2023b), were not studied in the context of migrants' mental health. Similarly, while the review identifies separation from family/communities and social isolation at the destination a risk factor for mental health challenges, it is imperative to distinguish these from social exclusion. Social exclusion is a complex, multi-dimensional process involving factors like a lack/denial of resources, rights, goods and services; and the inability to participate in the normal relationships and activities which are otherwise available to most people in a society (Levitas *et al.*, 2007) thus providing a more structural framing of mental health. Notably, there is a dearth of research examining how such processes influence migrant mental health. Overall, while the risk factors identified do shed light on the mental health vulnerabilities of migrants in the region, an analysis of socioeconomic and political determinants and the pathways leading to the production of mental health states is lacking. Further research among migrants' mental health should detail precarities associated with migrant lives (Kapilashrami and John, 2023b) and how they are implicated in mental health and wellbeing. It is also critical to examine these risks through an intersectional lens given the diversity in this regional context.

Some protective factors promoting migrant mental health were also identified by the review. Family and social support was the most studied factor protecting migrants from adverse mental health conditions. A longer duration of stay in the destination was associated with more support networks and mental wellbeing indicators (Firdaus, 2017). This is in contrast to findings from a review on mental health of migrant workers which found that a longer duration of stay was associated with more depressive symptoms in Malaysia and Spain (Hasan *et al.*, 2021). More research is needed in this area, to identify if there is a link between social connectedness and duration of stay in the destination. Other protective factors like access to education, employment and healthcare, as well as cultural practices and religiosity were identified. These were also identified as protective factors by a review on refugees at a global level (Fadhlia, Doosje and Sauter, 2024).

Positive mental health concepts like healing and resilience were explored, albeit in only 10 studies. They found that hope, acceptance of life, courage and forgiveness as well as the sense of fulfilling sociocultural responsibilities and following the 'righteous' path can help promote resilience and healing among migrants and influence mental health and wellbeing (Raghavan *et al.*, 2022; Tso and Shukla, 2022; Yadav and Priya, 2024). However, in accordance with existing literature on resilience (Coope *et al.*, 2020), we find a common tendency to assume that resilience as an individual 'trait' rather than a multi-layered concept influenced by communities and the wider sociocultural and political contexts. As with research on risk and protective factors, further efforts are needed to identify intersectional influences on mental health resilience of migrants in a way that does not put the responsibility of wellbeing wholly on migrants themselves.

Another crucial gap identified was the lack of research about mental health/care seeking and coping among migrants in the region. This is especially critical in South Asia, where multiple sociocultural and systemic barriers converge. These include issues like stigma regarding mental disorders and lack of awareness, low government spending on mental health, dearth of human resources and public health infrastructure for mental healthcare and poor recognition of mental health in health policy priorities (Trivedi *et al.*, 2007; Hossain *et al.*, 2020b; Kabir, Isigi and Candussi, 2024; McDaid *et al.*, 2024). Understanding migrants' help-seeking behaviour will help understand unique barriers to mental healthcare access as well as inform interventions and policies to bridge the treatment gap.

Conclusion

This scoping review highlights the complexities of mental health outcomes among migrant populations in South Asia, offering insights into the diverse experiences of migrants within the region. By synthesising evidence from 80 studies, the review underscores the importance of examining mental health through a multidimensional lens that integrates individual, social, cultural, and structural determinants. While making a valuable contribution to the field, the review also brings to light significant research gaps and priorities for future enquiry.

Strengths

To the best of our knowledge, this is the first review to examine evidence on the mental health of diverse migrant groups in precarious contexts in South Asia. A key strength of this review lies in its comprehensive scope, which encompassed a wide range of migrant groups, including refugees, internally displaced persons (IDPs), labour migrants, and survivors of trafficking. This broad inclusion enabled a nuanced understanding of the heterogeneity within migrant populations and the unique mental health challenges they face.

The review successfully integrated findings from both quantitative and qualitative studies, providing a balanced perspective on the prevalence and lived experiences of mental health conditions among migrants. By identifying both risk and protective factors, it sheds light on the complex interplay between adverse experiences- such as violence, economic precarity, and discrimination- and resilience-promoting elements like social support and cultural practices.

Limitations

Despite its strengths, this review has notable limitations that warrant consideration when interpreting the findings. First, we included only peer-reviewed studies based on primary data published in English or available with an English translation. Although South Asia is linguistically diverse, we did not find any peer-reviewed research published in any regional languages during the screening process. Nevertheless, grey literature and reports produced by local or regional organisations in these languages may not have been captured. Consequently, locally produced evidence may be underrepresented in this review.

Second, some migrant groups were disproportionately represented in particular geographies. For example, the literature was concentrated on Rohingya refugees in Bangladesh, internal migrants in India, and trafficking survivors in Nepal. While these may represent the most visible or exclusively studied migrant populations in the country, this uneven distribution limits the generalizability of the findings across South Asia. It also underscores the need for further research among underrepresented migrant groups and populations in other national and regional contexts.

Third, the predominance of cross-sectional studies limits the ability to establish causality or assess the long-term impacts of migration on mental health. Longitudinal studies are crucial for understanding how mental health outcomes evolve over time, particularly among individuals experiencing prolonged displacement or adapting to new social and environmental contexts.

Finally, the overreliance on (and frequent use of) Western diagnostic frameworks and assessment tools raise concerns about cultural validity. Although some studies used tools which were previously validated in the study populations, this was not the case for most quantitative studies. Cross-cultural

differences in the presentation, conceptualisation, and terminologies of mental health across cultures may therefore affect the comparability of findings and limit their applicability to culturally diverse migrant populations. Future research should prioritise culturally sensitive approaches, including the validation or adaptation of assessment tools for specific migrant populations and contexts.

Directions for future research

1. **Employ diverse research designs:** Future research should prioritize longitudinal studies to examine causal relationships and long-term mental health trajectories among migrants. Such studies would improve understanding of the risk and protective factors that shape mental health over time and contribute to research on resilience. Participatory research methods are also needed to capture migrants' lived experiences and provide deeper insight into the social, cultural and structural factors underlying mental health vulnerabilities and resilience.

2. **Adopt an Intersectional approach to analyses:** In diverse South Asian sociocultural contexts, intersectionality should guide future research to explore how overlapping identities, such as gender, caste/tribe, religion, and socioeconomic status, interact and influence mental health outcomes among migrants. This approach can help identify how multiple forms of disadvantage or privilege interact to shape experiences of vulnerability, agency and access to support.

3. **Examine migrants' access to mental health/care:** A significant gap identified in the review is the lack of studies exploring help-seeking behaviour of migrant groups. Further studies should investigate the individual, social, cultural, economic, institutional and structural barriers that prevent migrants from obtaining support. This evidence can inform the design of culturally responsive interventions and policies to improve access and utilisation of care. This review highlights the urgent need to address the mental health challenges faced by migrant populations in South Asia. While significant progress has been made in understanding the prevalence and determinants of mental health conditions, substantial gaps remain in the research evidence, which can help design better interventions for their mental health and wellbeing.

The insights provided by this review call for a commitment from researchers, policymakers, and practitioners to develop efficient systems that recognise migrants' lived experiences, uphold their dignity and rights, ensuring that migration becomes a pathway to opportunity rather than a source of psychological distress.

Acknowledgements

This work was funded by the NIHR (NIHR Global Health Research; GEMMS Global Health Research Group on Gendered violence and Poor Mental health among Migrants in precarious Situations; grant nihr134629) using UK aid from the UK Government to support global health research, awarded to the University of Essex, UK (lead organisation). The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the UK government.

The GEMMS Global Health Research Group brings together an interdisciplinary and international team of academic, non-academic, policy, and community partners working across the UK, South Africa, India, Cambodia, Zimbabwe, and Nepal. The group is led by the Centre for Global Health and

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Supplementary material 1: Keywords and search strings for research components

Component 1: Population (Migrant)

Subcomponent		Comb	Search string	
Migrant			*migrant* OR *migrat*	1
People			person* OR people OR population OR citizen*	2
Migration / Movement			*migr* OR movement OR mobility OR transfer	3
International pre-			foreign* OR transnational* OR international* OR expatriate* OR inbound OR outbound OR "non national*" OR "non-national*" OR "cross-border" OR overseas OR alien* OR transient	4
Internal pre-			internal OR "intra-country" OR intracountry OR "inter-state" OR interstate OR "intra-state" OR intrastate OR "intra- regional" OR intraregional OR "within country" OR seasonal OR circular OR rural-to-urban OR "rural to urban" OR "urban to rural" OR urban-to-rural	5
Workers			"labour migr*" OR "labor migr*" OR newcomer OR "newly arrived" OR "new arrival" OR gypsy OR gypsies OR "mobile population*" OR nomad* OR settler* OR travel?er* OR "guest worker" OR "home care worker*" OR *staff OR "domestic worker*" OR maid* OR "construction worker*" OR labo?rer*	6
Student			student* OR graduate*	7
Specific International migrant categories			emigrant* OR emigrat* OR immigrant* OR outsider OR "recent entrant*" OR "visa overstayer*" OR refugee* OR *asylum OR stateless* OR "state-less*" OR "exile" OR "uprooted person*" OR deportee OR "internal* displac*" OR idp*	8
Trafficking pre			traffick* OR smuggl*	9
Specific Pre			temporary OR irregular OR illegal OR undocumented	10
Victims			human OR woman OR women OR man OR men OR child* OR girl* OR boy* OR female* OR victim* OR minor* OR sex OR prostitut*	11
Forced context			"forced labour" OR "forced labor" OR "sexual slav*"	12
Patients			patient* OR ill OR sick OR "healthcare user*"	13
Returning			deport* OR return* OR "voluntary return*" OR repatriate* OR detention OR detaine*	14
International or Internal or Specific		4 OR 5 OR 10	(TITLE (foreign* OR transnational* OR international* OR expatriate* OR inbound OR outbound OR "non national*" OR "non-national*" OR "cross-border" OR	15

Subcomponent		Comb	Search string	
Movement or Population or Workers or Students		AND 2 OR 3 OR 6 OR 7	overseas OR alien* OR transient OR internal OR "intra-country" OR intracountry OR "inter-state" OR interstate OR "intra-state" OR intrastate OR "intra- regional" OR intraregional OR "within country" OR seasonal OR circular OR rural-to-urban OR "rural to urban" OR "urban to rural" OR urban-to-rural OR temporary OR irregular OR illegal OR "undocumented") AND TITLE (person* OR people OR population OR citizen* OR *migr* OR movement OR mobility OR transfer OR "labour migr*" OR "labor migr*" OR newcomer OR "newly arrived" OR "new arrival" OR gypsy OR gypsies OR "mobile population*" OR nomad* OR settler* OR travel?er* OR "guest worker" OR "home care worker*" OR *staff OR "domestic worker*" OR maid* OR "construction worker*" OR labo?rer* OR student* OR graduate*))	
Trafficking of people		9 AND 11 OR 2	(TITLE (person* OR people OR population OR citizen* OR human OR woman OR women OR man OR men OR child* OR girl* OR boy* OR female* OR victim* OR minor* OR sex OR prostitut*) AND TITLE (traffick* OR smuggl*))	16
International or Internal Movement with Forced Context or Trafick/ SMuggling		15 AND 9 OR 12	((TITLE (foreign* OR transnational* OR international* OR expatriate* OR inbound OR outbound OR "non national*" OR "non-national*" OR "cross-border" OR overseas OR alien* OR transient OR internal OR "intra-country" OR intracountry OR "inter-state" OR interstate OR "intra-state" OR intrastate OR "intra- regional" OR intraregional OR "within country" OR seasonal OR circular OR rural-to-urban OR "rural to urban" OR "urban to rural" OR urban-to-rural OR temporary OR irregular OR illegal OR "undocumented") AND TITLE (person* OR people OR population OR citizen* OR *migr* OR movement OR mobility OR transfer OR "labour migr*" OR "labor migr*" OR newcomer OR "newly arrived" OR "new arrival" OR gypsy OR gypsies OR "mobile population*" OR nomad* OR settler* OR travel?er* OR "guest worker" OR "home care worker*" OR *staff OR "domestic worker*" OR maid* OR "construction worker*" OR labo?rer* OR student* OR graduate*))) AND (TITLE ("forced labour" OR "forced labor" OR "sexual slav*" OR traffick* OR smuggl*))	17
Patient Mobility		3 AND 13	(TITLE (*migr* OR movement OR mobility OR transfer)) AND (TITLE (patient* OR ill OR sick OR "healthcare user*"))	18
Exclusionary words			animal* OR fish OR salmon OR ocean OR sea OR river OR forest OR *tropical OR cell* OR neuron OR bird OR plant* OR 4g OR "mobile system" OR computer OR engineering OR chemical OR electro* OR fluid OR mechanical OR chromatog* OR soil OR carbon OR marine OR planet OR earth OR "stage	19

Subcomponent		Comb	Search string	
			migration" OR surgery OR synthetic OR chemistry OR chemi* OR chromatog* OR neural OR brain OR muscle OR joint OR dna OR rna OR cell* OR camera	

Final MIGRANT string: 1 OR 8 OR 14 OR 15 OR 16 OR 17 OR 18 AND NOT 19

Component 2: Context (South Asia)

Subcomponent	Search string	String#
Countries and Nationalities	"South Asia*" OR "Southern Asia*" OR India OR Indian* OR Bangladesh* OR "Sri Lanka*" OR Ceylon OR Nepal* OR Afghan* OR Bhutan*" OR Maldiv* OR Pakistan* OR Myanma* OR Burma OR Burmese	1
Languages	Hindi OR Bengali OR Sinhal* OR Tamil* OR Pashto OR Persian OR Dari OR Dzongkha OR Dhivehi OR Urdu	2
India and Nationality	India* OR Hindustan* OR Bharat*	3
Official Languages- India	“Assamese” OR “Bengali” OR “Bodo” OR “Dogri” OR “Gujarati” OR “Hindi” OR “Kannada” OR “Kashmiri” OR “Konkani” OR “Maithili” OR “Malayalam” OR “Manipuri” OR “Marathi” OR “Nepali” OR “Odia” OR “Punjabi” OR “Sanskrit” OR “Santali” OR “Sindhi” OR “Tamil” OR “Telugu” OR “Urdu”	4
Other Languages/caste-India	“Scheduled Caste” OR “Other Backward Class” OR “Dalit” OR “Shudra” OR “Adivasi” OR “Scheduled Tribe”	5
Main/Major Ethnic groups/Tribes-India	“Bhil” OR “Gond” OR “Santhal” OR “Naikda” OR “Oraon” OR “Sugali” OR “Banjara” OR “Munda” OR “Koli” OR “Naga” OR “Khond” OR “Kond” OR “Khasi” OR “Bodo” OR “Kol” OR “Varli” OR “Warli” OR “Kokna” OR “Kokni”	6
Provinces/ States-India	“Andhra Pradesh” OR “Arunachal Pradesh” OR “Assam” OR “Bihar” OR “Chhattisgarh” OR “Goa” OR “Gujarat” OR “Haryana” OR “Himachal Pradesh” OR “Jharkhand” OR “Karnataka” OR “Kerala” OR “Madhya Pradesh” OR “Maharashtra” OR “Manipur” OR “Meghalaya” OR “Mizoram” OR “Nagaland” OR “Odisha” OR “Punjab” OR “Rajasthan” OR “Sikkim” OR “Tamil Nadu” OR “Telangana” OR “Tripura” OR “Uttarakhand” OR “Uttar Pradesh” OR “West Bengal” OR “Andaman and Nicobar” OR “Chandigarh” OR “Dadra and Nagar Haveli” OR “Daman” OR “Diu” OR “New Delhi” “Jammu and Kashmir” OR “Ladakh” OR “Lakshadweep” OR “Puducherry” OR “Pondicherry”	7
Major Cities-India	“Mumbai” OR “Delhi” OR “Bangalore” OR “Bengaluru” OR “Hyderabad” OR “Ahmedabad” OR “Chennai” OR “Kolkata” OR “Calcutta” OR “Surat” OR “Pune” OR “Jaipur” OR “Lucknow” OR “Kanpur” OR “Nagpur” OR “Indore” OR “Thane”	8
Main Ethnic Groups-Myanmar	Myanmar OR Burma OR Burmese OR Myanma* OR Bamar OR Burman* OR Kachin OR Jingpo OR Kayah OR Karen OR Karenni OR Karin OR Kayin OR Mon OR Shan OR Tai OR Rakhine OR Arakanese OR Chin	9
Other ethnic groups-Myanmar	Taron* OR Dalaung OR Jinghpaw OR Singpho OR Gauri OR Hkahku OR Duleng OR Maru OR Lawgore OR Rawang OR Lashi OR La Chit OR Atsi OR Lisu OR Zayein OR “Ka-yun” OR Padaung OR Gheko OR Kebar OR Bre OR “Ka-Yaw” OR Manu Manaw OR Yin Talai OR Yin Baw OR	10

	Kayinpyu OR Geba Karen OR “Pa-Le-Chi” OR Mobwa OR “Mon Kayin” OR Sarpyu OR Sgaw OR “S’gaw” OR “Ta-Lay-Pwa” OR Thalebwa OR Paku OR Bwe OR Monnepwa OR Monpwa OR Shu OR Pwo OR Meithei OR Kathe OR Saline OR “Ka-Lin-Kaw” OR Lushay OR Khami OR “Awa Khami” OR Khawno OR Kaungso OR “Kaung Saing Chin” OR Kwelshin OR Kwangli OR Sim OR Gunte OR Lyente OR Gwete OR Ngorn OR Zizan OR Sentang OR “Saing Zan” OR “Za-How” OR Zotung OR Zo-Pe OR Zo OR Zahnyet OR Zanniet OR Tapong OR Tiddim OR “Hai-dim” OR “Tay-Zan” OR Taishon OR Thado OR Torr OR DIm OR Dai OR Yindu OR Naga OR Tanghkul OR Malin OR Panun OR Magun OR Matu OR Miram OR Mara OR “Mi-er” OR Mgan OR Lushei OR Lushay OR Laymyo OR Lyente OR Lawhtu OR Lai OR Laizao OR Wakim OR Mro OR Haulngo OR Anu OR Anun OR “Oo-Pu” OR Lhinbu OR Asho OR Plain OR Rongtu OR Dawei OR Beik OR Yaw OR Yabein OR Kadu OR Kado OR Ganan OR Salon OR Hpon OR Kamein OR Khami OR Daingnet OR Maramagyi OR Mro OR Awa Khami OR Thet OR Yun OR Lao OR Kwi OR Pyin OR Yao OR Danaw OR Pale OR En OR Son OR Khamu OR Kaw OR “Akha-E-Kaw” OR Kokang OR “Khamti Shan” OR Hkun OR Taungyo OR Danu OR Palaung OR “Man Zi” OR “Yin Kya” OR “Yin Net” OR “Shan Gale” OR “Shan Gyi” OR Lahu OR Intha OR “Eik-swair” OR “Pa-O” OR “Tai-Loi” OR “Tai-Lem” OR “Tai-Lon” OR “Tai-lay” OR Maingtha OR “Maw Shan” OR Wa	
Non-recognised groups-Myanmar	Rohingya OR Taungtha OR Rungtu OR Panthays OR “sino-burmese“ OR tayoke OR “anglo-burm*” OR Mizo OR “Bamar Muslim*” OR Pathi	11
Languages-Myanmar	Burmese OR Burman OR Burmish OR Rohingya OR Shan OR Khun OR “Tai Nuea” OR Khamti OR “Tai Laing” OR Aiton OR Phake OR Khamyang OR Turung OR Karen OR Sgaw OR Pwo OR “P’o” OR Kachin OR Jingpho OR Tamil OR Mon	12
Regions, Cities and Zones-Myanmar	Ayeyarwady OR Bago OR Magway OR Mandalay OR Sagaing OR Taninthairy OR Yangon OR Naypyidaw OR Kachin OR Kayak OR Kayin OR Chin OR Mon OR Rakhine OR Shan OR Yangon OR Mandalay OR Naypyidaw OR Mawlamyine OR Taunggyi OR Bago OR Monywa OR Myitkyina OR Pathein OR Sittwe OR Pyay OR Pakokku OR Myeik OR Meiktila OR Taungoo OR Myingyan OR Mogok OR Magway OR Hinthada OR Sagaing OR Thanlyin OR Dawei OR Nyaunglebin OR Shwebo OR Bham OR Aunglan OR Yenangyuang OR Bogale OR Minbu OR Hlegu OR Tharrawaddy OR Hakha OR Thayet OR Danu OR Kokang OR Naga OR “P’O” OR “Pa Laung” OR Wa	13

Final SOUTH ASIA string: 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13

Component 3: Concept (Mental health)

Subcomponent	Search terms	Search string	String #
General mental health (pre)		mental* OR psycho* OR psychiatr* OR emotional* OR behaviour* OR behavior*	1
General mental health (post)		health* OR well-being OR wellbeing OR "well being" OR hygiene OR illness* OR disorder* OR disease* OR state OR condition OR state OR suffering OR disabilit* OR stress* OR distress OR trauma OR function*	2

Specific mental health conditions		addicti* OR anger OR anxiety OR panic OR bipolar OR depress* OR "dissociative disorder*" OR "affective disorder*" OR "adjustment disorder*" OR alcohol* OR dependen* OR schizophreni* OR mania OR grief OR "learning disability*" OR "obsessive compulsive" OR ocd OR "self harm" OR "self-harm" OR "self-injury" OR "self injury" OR "self injurious" OR nssi OR "mood disorder*" OR fear OR paranoi* OR "personality disorder*" OR phobia* OR "post-traumatic stress" OR "posttraumatic stress" OR "post traumatic stress" OR ptsd OR "psychosis" OR "psychotic disorder*" OR insomnia* OR suicid* OR bereave* OR neurosis OR "attention deficit" OR "body dysmorphi*" OR delirium OR delusion* OR hallucinat* OR hyperactiv* OR delinquen* OR aggress* OR "alcohol use" OR "alcohol abuse*" OR "drinking problem" OR "substance use" OR "substance abuse*"	3
General Mental Health (complete)	1 AND 2	(TITLE (mental* OR psycho* OR psychiatr* OR emotional* OR behaviour* OR behavior*)) AND (TITLE (health* OR well-being OR wellbeing OR "well being" OR hygiene OR illness* OR disorder* OR disease* OR state OR condition OR state OR suffering OR disabilit* OR stress* OR distress OR trauma OR function*))	4

Final MENTAL HEALTH string: 3 OR 4

Supplementary material 2: List of included studies

S. No	Authors	Year	Study Location (Country)	Migrant category	Context of migration	Methods	Key Objectives and Aim of the Study	Key Findings
1	Ahmad, N., Hussain, S. and Munir, N.	2018	Pakistan	IDPs	Conflict/War/Fear of persecution	Quantitative	To assess the occurrence of PTSD and its relationship with academic performance among school children	Higher PTSD scores were observed among female and displaced students, negatively correlating with academic achievement scores.
2	Ahmad, N. *et al.*	2020	Pakistan	IDPs	Conflict/War/Fear of persecution	Quantitative	To examine the relationship between mental health issues and educational outcomes among children displaced by violence in Swat, Pakistan.	Internal displacement in Swat, Pakistan, significantly affected children's mental health and education. Female students and those not attending school showed higher levels of PTSD, depression, and anxiety, which negatively impacted academic performance.

3	Albers, H.M. *et al.*	2016	India	Internal migrants – unspecified	Non-specific	Quantitative	To explore the frequency and severity of depressive symptoms among rural-to-urban migrants compared to permanent rural and urban residents in India.	Women had a higher prevalence of mild to severe depressive symptoms than men, particularly in rural areas (16.7% of rural women and 8.0% of rural men). Migrant women exhibited the lowest prevalence of depressive symptoms, with no significant difference between migrant, rural, or urban men.
4	Alve, Y.A. *et al.*	2023	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Qualitative	To explore how Rohingya refugees engage in and experience everyday occupations while living in temporary refugee camps in Bangladesh.	Rohingya refugees, particularly women, experienced high prevalence of sleep disturbances, physical and mental exhaustion, and poor living conditions contributing to risky work. Mistrust and fragmented family relationships led to domestic conflict.

5	Azeez, E.P.A. *et al.*	2021	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To explore the impact of COVID-19 on women migrant workers and their families in India	Six themes emerged from the interview data on the impacts and experiences of women migrant workers, highlighting anxiety about infection, challenges with social distancing in slums, treatment affordability, lack of awareness of telecounselling services, and feelings of captivity, particularly among women burdened with responsibilities.
6	Biswas, M.M. *et al.*	2024	India	Labour migrants	Labour migration	Quantitative	To assess prevalence and associated risk factors of depression, anxiety, and stress among higher-educated migrant youth	Among educated migrant youth in Kolkata, high rates of mental health issues were observed: 54.4% reported depression, 61.8% anxiety, and 47.9% stress. Unemployment, female gender, unmarried status, and repeated

								migration were significant risk factors for these mental health challenges.
7	Burns, R. *et al.*	2018	Sri Lanka	IDPs	Conflict/War/Fear of persecution	Quantitative	To explore how displacement experiences and associated risk factors impact mental health, chronic disease status, and quality of life among Sri Lankan men and women in Vavuniya district.	Internally Displaced Persons (IDPs) had a lower quality of life than host communities and returning refugees. Mental health did not significantly differ across displacement statuses, but age and gender were prominent predictors of depression. Chronic diseases were similar across groups, but age and dietary diversity increased disease risk.
8	Chowdhury, S.K. *et al.*	2021	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Qualitative	To explore how relationships with local communities are represented through the voices of Rohingya refugees living in	Rohingya refugee children in Kutupalong camp faced social exclusion and educational challenges. Families experienced

							camps in Bangladesh, and to explore the complex emotions experienced by Rohingya families and young people in their state of statelessness.	discrimination and forced relocation, leading to increased resentment and psychological stress.
9	Christensen, L., Ahsan, H. and Mandal, S.	2020	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Mixed Methods	To identify Rohingya refugees suffering mental health issues in Kutupalong refugee camp in Bangladesh	Among the 958 refugees screened at Kutupalong camp, Bangladesh, 20.46% showed significant mental health issues using a digital screening tool, with men having a higher referral rate (30.27%) than women (17.56%), likely reflecting different help-seeking behaviors and stressors. Ethnographic findings indicated socio-spatial confinement, enforced idleness, family separation, and economic

								constraints as significant stressors impacting mental well-being.
10	Crawford, M. and Kaufman, M.R.	2008	Nepal	Trafficking survivors	Trafficking	Mixed Methods	To examine characteristics and outcomes of trafickking on survivors in Nepal	Survivors reported somatic symptoms, such as headaches and abdominal pain, along with behavioral changes like social withdrawal and aggression. Societal stigma significantly impeded their reintegration and negatively impacted their overall health outcomes.
11	Crescenzi, A. *et al.*	2002	India	Refugees – Tibetan	Conflict/War/Fear of persecution	Quantitative	To examine the impact of political imprisonment on levels of anxiety, depression, and somatic symptoms reported by newly arrived Tibetan refugees.	Refugees who had been previously imprisoned reported more traumatic events, particularly torture, and higher anxiety levels than non-imprisoned refugees, though both groups had similarly high

								depression and somatic complaints.
12	De Vries, J.	2001	India	Refugees – Tamil	Conflict/War/Fear of persecution	Mixed Methods	To examine the events that led to fleeing to India and assess the mental health (including PTSD) and psychosocial issues faced by Tamils residing in refugee camps in South India.	High levels of PTSD, somatization, obsessive-compulsive behavior, and depression were found among Sri Lankan Tamil refugees. Stressors included violence and personal loss, with limited social support.
13	Dhungana, R.R. *et al.*	2019	Nepal	Labour migrants	Labour migration	Quantitative	To assess the prevalence of and factors associated with psychological morbidity among Nepali migrants upon their return from India	Nepali returnee migrants from India exhibited a 13.5% prevalence of psychological distress, particularly among older individuals (45+), migrants from the Terai region, and marginalized ethnic groups (Dalit, Janajati). Lack of sick leave and limited healthcare access further exacerbated

								psychological morbidity.
14	Digal, G. and Atungbou, N.	2022	India	Labour migrants	Labour migration	Qualitative	To explore the lived experiences of Odia Dalit migrants in Hyderabad, focusing on their self-identity, interactions with others, and how the city shapes their experiences.	Migration provided economic opportunities and socio-cultural improvements but did not alter the caste structure. Dalits experienced improved lifestyles but continued to face caste identity issues. They often redefined themselves as OBCs or Khandayat to escape caste stigma.
15	Duggal, C. *et al.*	2022	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To understand the lived experiences of migrant workers during the early months of the pandemic	Migrant workers faced severe challenges during the early months of the pandemic, including fears of death, unemployment, poverty, and the inability to support families. Emotional distress was heightened by feelings of guilt,

								shame, helplessness, and financial hardship often leading to reliance on cultural and religious interpretations of the crisis.
16	Ehsan, N. *et al.*	2019	Pakistan	IDPs	Conflict/War/Fear of persecution	Quantitative	To examine the posttraumatic effects of terrorism on women, internally displaced from Federally administered tribal areas of Pakistan (FATA)	Among internally displaced women from FATA, 41% met PTSD criteria, with age proving a significant predictor of PTSD severity. Older women exhibited more pronounced symptoms, and although marital status affected PTSD symptoms, age was a stronger factor.
17	Firdaus, G.	2017	India	Labour migrants	Labour migration	Quantitative	To examine the relationship between specific components of the social environment and the psychological well-being of	For migrants, poor mental health was associated with being single, unskilled, and illiterate. Social and housing concerns, along with insecurity, were key predictors.

							migrants in an urban center.	Better mental health was linked to longer migration duration, younger age, and higher income.
18	Ghimire, D.J. *et al.*	2023	Nepal	Internal migrants – unspecified	Non-specific	Quantitative	To investigate the relationship between internal migration and alcohol use in a low-income country.	Internal migration was linked to increased alcohol consumption and higher risks of transitioning from occasional use to regular use and alcohol use disorders (AUD), particularly among males. The effects were consistent across age groups, highlighting migration as a key factor influencing alcohol use patterns.
19	Hossain, A. *et al.*	2021	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To identify the prevalence of posttraumatic stress symptoms (PTSS) among displaced Rohingya adults and investigate	46.6% of participants experienced severe PTSS, while 23.1% had moderate PTSS. Non-working participants had a higher prevalence of severe PTSS (48.4%)

							the association between predisplacement abuse and postdisplacement factors with PTSS.	compared to working ones (40.9%). Inadequate aid was reported by 41.9% of respondents, and physical and sexual abuse affected 11.6% of the participants, with 64% of them suffering from severe PTSS. Paid employment and appropriate aid reduced the risk of PTSS, while abuse increased the risk.
20	Hossain, K.M.A. *et al.*	2020	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To examine the prevalence of depression and association with HRQoL for Rohingya displaced persons.	The study found that 70% of Rohingya refugees were depressed, with 8.7% experiencing severe depression.Quality of life (WHOQOL-BREF) was significantly lower for those with severe depression, affecting overall health, well-being, and social connections. Older age and higher

								depression severity correlated with worse quality of life. Being married was associated with lower depression and better well-being, suggesting social support as a protective factor.
21	Izutsu, T. *et al.*	2005	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Quantitative	To examine the physical and mental health of Afghan refugee children in four camps in Peshawar, Pakistan	Afghan refugee children in Peshawar camps exhibited a high prevalence of mental health symptoms across camps, with newer camps showing more war-related trauma
22	Jafree, S.R. *et al.*	2023	Pakistan	Internal migrants – unspecified	Conflict/War/Fear of persecution	Mixed Methods	To identify the determinants of life satisfaction and mental health disorders in Hazara Shias and ascertain which socio-demographic characteristics are	PTSD rates were higher among women and unemployed individuals, with low community support being a major risk factor for mental health issues. Key contributors to life satisfaction were

							associated with PTSD.	household, community, financial, and job satisfaction. Barriers included fears of assault, discrimination, and issues with employment, education, and financial security.
23	Jahangir, F., ur Rehman, H. and Jan, T.	1998	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Quantitative	To assess the prevalence of depressive illness and examine the relationship between religiosity and vulnerability to suicide among Afghan patients with depression residing in refugee camps.	The study highlighted that Afghan refugees with a higher degree of religiosity are less likely to attempt suicide or make suicide plans. While incidents of actual suicide attempts and plans were nearly negligible, the desire for death remained notably high among this group.
24	Jibeen, T.	2019	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Quantitative	To examine the role of perceived control in moderating the effects of acculturative	Perceived control was shown to mitigate the impact of stressful circumstances on life satisfaction and to

							stress on the well-being of first generation Afghan married men refugees	improve psychological outcomes. It moderated acculturative stress, resulting in increased life satisfaction and reduced stress.
25	Kaiser, Z.R.M.A.	2023	Bangladesh	IDPs	Environmental changes	Mixed Methods	To analyze the impact of riverbank erosion on livelihood and health.	IDPs faced challenges in meeting basic needs like food, education, and housing, with poor sanitation exacerbating health issues. Riverbank erosion caused economic instability and contributed to high anxiety, stress, depression, and even suicidal tendencies.
26	Kaleem, S. *et al.*	2024	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Quantitative	To assess the health-related Quality of Life (HRQOL) and its association with socio-demographic factors among	Health-related quality of life (HRQOL) was influenced by age, marital status, locality, years as refugees, prior refugee life outside

							Afghan refugees residing in Quetta, Pakistan.	Pakistan, education, and occupation, with refugee populations showing relatively better HRQOL compared to other studies.
27	Kassam, A. and Nanji, A.	2006	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Qualitative	To understand the collective factors influencing mental health in an Afghan refugee camp in Karachi, Pakistan	Among Afghan refugees, pre-migration trauma, displacement stress, and difficulties adapting to new environments contributed to mental health issues. Social support was limited, and health issues included somatic symptoms and lack of culturally competent care.
28	Khai, T.S.	2023	Myanmar	IDPs	Conflict/War/Fear of persecution	Qualitative	To explore how the military coup in Myanmar has exacerbated the health and well-being of internally displaced persons (IDPs) and to	Internally displaced persons (IDPs) in Myanmar faced significant mental and physical health challenges, including anxiety, fear, and infectious diseases

							understand barriers to accessing healthcare.	due to armed conflict and military-imposed restrictions on healthcare, food, and humanitarian aid. Limited access to essential services and food shortages have further compromised IDP health and well-being.
29	Khan, N.Z. *et al.*	2019	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To conduct early screening of children in newly established camps within Bangladesh to assess the prevalence and extent of mental health and developmental challenges.	4.8% of children aged 0–2 and 7.3% of children aged 2–16 screened positive for NDDs. 52% had abnormal emotional symptoms, and 25% had abnormal peer problems. Parentless children and those who lost family members during the crisis were at higher risk.
30	Khan, S. and Haque, S.	2021	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To examine if direct and indirect exposure to traumatic events could predict	Rohingya refugees in Bangladesh experienced higher levels of PTSD, depression,

							PTSD, depression, generalized anxiety, and everyday functioning	generalized anxiety, and functional impairment than those in Malaysia, with direct trauma being a stronger predictor of mental health issues in Bangladesh. In Malaysia, indirect trauma was more predictive of PTSD, possibly due to the time elapsed since migration.
31	Kim, G.U. *et al.*	2022	Myanmar	IDPs	Conflict/War/Fear of persecution	Quantitative	To investigate trauma symptoms and functional health among internally displaced persons (IDPs) in Myanmar and identify factors associated with their functional health in the presence or absence of PTSS.	Over one-third of participants experienced PTSS, which negatively impacted their functional health. Higher resilience was linked to better functional health, but the positive impact of resilience was weakened in participants with higher PTSS.

32	Kuhn, R. *et al.*	2020	Bangladesh	Labour migrants	Labour migration	Quantitative	To compare the health status of male international migrants, internal migrants, and non-migrants in the Matlab district of Bangladesh.	International migrants reported higher depressive symptoms, especially negative emotions, compared to internal migrants and non-migrants. Despite better physical health, international migrants faced significant mental health challenges, including family separation and poor working conditions.
33	Kumar, N. *et al.*	2022	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To explore the lived experiences of Indian migrant workers during the first COVID-19 nationwide lockdown, examining their challenges from a social identity perspective.	During the COVID-19 lockdown in India, migrant workers (MW) faced intensified challenges, including increased abuse, exploitation, and discrimination. Scapegoated and perceived as threats due to misinformation, migrant workers suffered severe

								mistreatment and marginalization. They encountered bias from locals and authorities, who favored locals for jobs and services, and experienced unfair judgment based on religion and migrant status. The lockdown exacerbated pre-existing vulnerabilities, leading to heightened exploitation, job insecurity, and financial instability.
34	Kuttikat, M., Vaillancourt, A. and Massey, M.	2018	India	Refugees – Tamil	Conflict/War/Fear of persecution	Qualitative	To explore resilience among Sri Lankan Tamils living in refugee camps in India	Sri Lankan Tamil refugees demonstrated resilience through spirituality, community support, and adaptive coping strategies, with religion and community cohesion aiding in managing

								psychological, socio-cultural, and economic challenges.
35	Kyaw, K.W.Y. *et al.*	2023	Myanmar	Internal migrants – unspecified	Non-specific	Quantitative	To estimate the prevalence of symptoms of anxiety or depression and experience of emotional or physical violence among PWUD	High levels of anxiety and depression were reported among participants, with significant associations to economic migration, forced displacement, unstable housing, and hunger. Forced displacement was significantly linked to anxiety, depression, and violence.
36	Langer, B. *et al.*	2017	India	Internal migrants – unspecified	Non-specific	Quantitative	To elicit the psychological health, lifestyle variables, religiosity, spirituality and coping among migrants and compare it with non-migrants in a rural locality.	Migrants and non-migrants had comparable psychological health scores, with migrants reporting slightly better outcomes and higher spirituality. Younger migrants and those with strong religious inclinations

								showed improved psychological health.
37	Luitel, N.P. *et al.*	2013	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To ascertain the prevalence of hazardous and harmful alcohol consumption among Bhutanese refugees in Nepal and identify predictors of elevated risk to inform intervention needs.	The prevalence of hazardous drinking was 2.8%, and alcohol dependence was 0.6%. Male gender, Christian religion, tobacco use, substance use, and living in Timai camp were associated with higher odds of hazardous drinking and alcohol dependence. Higher education was linked to lower odds, and substance use was generally infrequent, with a third of users drinking daily.
38	Mandal, B. and Pradhan, K.C.	2024	India	Internal migrants – unspecified	Non-specific	Quantitative	To explore health disparities between elderly migrants and non-migrants in India, focusing on self-rated health (SRH), depression,	Migrants reported higher rates of poor self-rated health, depression, multimorbidity, and functional limitations than non-migrants. The prevalence was

							multimorbidity, and functional limitations.	24.04% for poor SRH among migrants versus 16.29% among non-migrants, with notable disparities in multimorbidity and functional limitations.
39	Mathews, M.A. *et al.*	2023	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To explore the mental health and wellbeing experiences of migrant workers during the lockdown in Kerala.	The study found that migrant workers stranded in Kerala during the COVID-19 lockdown faced severe material hardship due to job losses, depleted savings, and inadequate government aid, which heightened emotional and mental stress. Social networks provided essential resources and psycho-social support, improving subjective well-being.

40	Mishra, P.S. *et al.*	2024	India	Internal migrants – unspecified	Non-specific	Quantitative	To investigate the risk of depression among older adults aged 60+ based on migration status and other socioeconomic factors	Depression risk among older Indian adults was higher in migrants, especially females, with a prevalence of 7.8% for migrant males and 10.2% for migrant females. Migrant older adults were more likely to experience depression, with adjusted odds ratios of 1.42 for migrants.
41	Mookerjee, D. and Roy, S.	2023	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To develop a typology of mental health precarity sources among migrant workers in India during the COVID-19 lockdown.	The study identified four typologies of migrant vulnerability during the COVID-19 pandemic, each highlighting different combinations of distress and precarity related to financial stability, health, access to information, and social isolation.

42	Mujeeb, A.	2015	Pakistan	IDPs	Conflict/War/Fear of persecution	Quantitative	To examine the gender differences in internalizing problems and psychological well-being, and explore the impact of family loss on these factors among internally displaced persons.	Internally displaced persons, particularly females, showed higher levels of depression, anxiety, and stress. Family loss was a key factor contributing to psychological distress.
43	Naeem, F. *et al.*	2005	Pakistan	Refugees – Afghan	Conflict/War/Fear of persecution	Quantitative	To measure psychiatric morbidity among a group of Afghan refugees attending a psychiatric clinic in Peshawar, Pakistan.	Nearly 80% of patients were diagnosed with PTSD, with many reporting a family history of mental illness or physical disabilities. Only 13.7% had sought healthcare prior to addressing their psychiatric needs.
44	Palit, S. *et al.*	2022	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To determine the impact of the COVID-19 pandemic on the mental health of Rohingya refugees with preexisting	The longitudinal study showed a significant increase in mental distress from pre-pandemic to pandemic periods, with higher

							health conditions in Bangladesh.	emotional distress scores and significant increases in perceived pandemic impact. Higher distress was associated with female sex and increased pandemic-related QoL decline in Rohingya refugees.
45	Priya, K.R.	2012	India	IDPs	Conflict/War/Fear of persecution	Qualitative	To explore the experiences of trauma reactions, social suffering, and healing among the children of these families in the Panchmahal district of Gujarat.	Trauma reactions and social suffering were prevalent among displaced children, characterized by symptoms such as fear, PTSD, loneliness, and deprivation. Healing was facilitated through supportive socio-religious values and an emotionally supportive school environment.
46	Raghavan, R. *et al.*	2021	India	Labour migrants	Labour migration	Qualitative	To explore the stresses of three slum dwelling internal migrants	Three narratives each exemplify the “urge to live” via their ongoing

							in Pune, India, and the way in which they construct resilience for mental health and wellbeing	confrontation with mental distresses. The sketches indicate some of the stressors and mental health challenges that typically confront internal migrants and their ongoing capacity to construct resilience.
47	Raghavan, R. *et al.*	2022	India	Labour migrants	Labour migration	Qualitative	To explore the concept of resilience in a cross-cultural context by examining the lived experiences of internal migrants.	Migrants in Pune showed resilience through personal acceptance, social support, and community resources. Strength from past experiences, hope for the future, and acts of kindness were key in coping with adversity. 'Eudaemonic idioms' reflected culturally specific expressions of resilience.

48	Ramana, A.B. *et al.*	2023	India	Labour migrants	COVID-19 pandemic and lockdown measures	Qualitative	To explore the lived experiences and perceptions of migrant workers regarding the COVID-19 lockdown and its consequences on their lives.	During the COVID-19 lockdown, migrant workers faced financial strain, job loss, and inadequate government aid, leading to increased mental and emotional distress. Social networks and voluntary services played a crucial role in improving well-being.
49	Ranasinghe, P.D. and Levy, B.R.	2007	Sri Lanka	IDPs	Environmental changes	Quantitative	To measure the prevalence of posttraumatic stress disorder (PTSD) and identify risk factors for PTSD among participants.	PTSD was prevalent among 56% of participants, with women having over twice the risk compared to men. Depression was significantly associated with PTSD, and 69% of participants experienced depressive symptoms. Significant predictors of PTSD included sex, education level, and

								depression, while depression was influenced by health status, family loss, and PTSD.
50	Riley, A. *et al.*	2017	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To examine trauma history, daily environmental stressors, and mental health outcomes for Rohingya refugees	Participants reported high levels of PTSD, depression, somatic complaints, and functional impairment, with local idioms of distress such as spirit possession. High daily environmental stressors in camps included food scarcity, restricted movement, and safety concerns.
51	Riley, A. *et al.*	2020	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To describe systematic human rights violations, traumatic events, daily stressors, and mental health symptoms and to examine relationships	Rohingya refugees reported high levels of trauma and human rights violations, with 61% showing PTSD symptoms and 84% exhibiting emotional distress. Systematic human rights violations, past

							between these factors.	traumas, and daily stressors in camps collectively predicted PTSD and emotional distress, complicating daily functioning.
52	Rimal, R. and Papadopoulos, C.	2016	Nepal	Trafficking survivors	Trafficking	Quantitative	To understand the prevalence and explanatory factors of depression, anxiety and post-traumatic stress disorder (PTSD) symptoms among female survivors	87%, 85.5% and 29.7% of the sample scored above anxiety, depression and PTSD thresholds, respectively; with worse levels of PTSD and depression in those trafficked into sex work
53	Ritsema, H. and Armstrong-Hough, M.	2023	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Quantitative	To evaluate the association of post-displacement stressors with mental health outcomes in the Rohingya refugee population in Cox's Bazar, Bangladesh	Nearly one-third of Rohingya refugees experienced symptoms of depression, and 5% had PTSD. Trauma from displacement increased depressive symptoms, but the quality of the refugee's neighborhood environment was a more substantial and

								modifiable risk factor for depressive symptoms.
54	Ruback, R.B. *et al.*	2004	India, Pakistan and Bangladesh	Labour migrants	Labour migration	Quantitative	To explore the reasons for migration and assess the satisfaction with city life among male and female residents of slums in New Delhi, India, Dhaka, Bangladesh, and Islamabad, Pakistan.	Economic opportunity was the primary reason for migration among participants. In Dhaka and Islamabad, migrants also moved due to fate, while enhancing prestige was a key motivation in Islamabad. Social support in the destination city improved housing satisfaction and reduced stress.
55	Sachs, E. *et al.*	2008	India	Refugees – Tibetan	Conflict/War/Fear of persecution	Quantitative	To explore the experiences, coping strategies, and psychological distress of Tibetan refugees	Most participants reported traumatic experiences, including torture and imprisonment. Psychological symptoms were generally low, but trauma exposure was linked to depression, PTSD, anxiety, and

								somatization. Coping strategies mediated the relationship between trauma exposure and psychological distress.
56	Sahoo, I. *et al.*	2024	India	Refugees – Tamil	Conflict/War/Fear of persecution	Quantitative	The objective of this study is to identify stressors adversely affecting the mental health of refugees and to develop a predictive model for refugee mental health.	Key markers of declining mental health among Tamil refugees included elevated PMLDC, PTSD, and sleep difficulties scores. PTSD scores were particularly predictive of poor mental health, highlighting vulnerability among adult refugees.
57	Schwartz, S. *et al.*	2005	Nepal	Refugees – Tibetan	Conflict/War/Fear of persecution	Qualitative	To explore the impact of adverse experiences on psychosocial distress among Tibetan refugees, assess available resources for coping (including	Tibetan refugees in Nepal face significant psychosocial distress. Traditional Tibetan healing, integrating spirituality and medical practices, is crucial for addressing trauma. Community

							traditional healing systems and other services), and evaluate the need for potential psychosocial interventions at individual and community levels.	support and spiritual practices like meditation play key roles in resilience and coping.
58	Shrestha, N.M. *et al.*	1998	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To examine the impact of torture on Bhutanese refugees in Nepal	Tortured refugees had significantly higher PTSD, depression, and anxiety scores compared to non-tortured refugees. Torture was a strong predictor of psychological distress, with torture survivors also reporting more musculoskeletal and respiratory complaints. Buddhist male survivors showed less anxiety and depression.

59	Singh, K. and Dangi, S.	2011	India	Internal migrants – unspecified	Marriage	Mixed Methods	To compare the well-being of married migrant and non-migrant women, explore acculturative stress as a predictor of well-being among migrants, and understand their perceptions of Haryana and marital life.	Married migrant women in rural Haryana reported lower health, happiness, and life satisfaction than non-migrant women. Acculturative stress, social challenges, and discrimination were significant predictors of poorer well-being in migrant women.
60	Siriwardhana, C. *et al.*	2013	Sri Lanka	IDPs	Conflict/War/Fear of persecution	Quantitative	To investigate the prevalence and correlates of common mental disorders among displaced Muslims in North-Western Sri Lanka due to conflict since 1990.	The prevalence of CMDs was 18.8%, with specific rates for somatoform disorder (14.0%), major depression (5.1%), and PTSD (2.4%). Factors associated with CMDs included unemployment, widowhood or divorce, and food insecurity.
61	Snodgrass, J.G. *et al.*	2017	India	IDPs	Environmental changes	Mixed Methods	To test the impact of religious rituals on stress and	Ritual participation in Holi was associated with positive

							anxiety levels among indigenous Sahariya conservation refugees recently displaced from a wildlife sanctuary in central India.	psychosomatic experiences, particularly for wealthier individuals and those with more uncertainties in life. These rituals appeared to build resilience in healthy individuals rather than serve as psychotherapy for the severely affected.
62	Somasundaram, D.	2010	Sri Lanka	IDPs	Conflict/War/Fear of persecution	Qualitative	To explore the long term psychosocial and mental health consequences of exposure to massive, existential trauma	Displacement in Vanni has led to disrupted family and community structures, resulting in collective symptoms like despair and passivity. However, signs of resilience and post-traumatic growth were also observed.
63	Somasundaram, D. *et al.*	2023	Sri Lanka	IDPs	Conflict/War/Fear of persecution	Quantitative	To examine the extent to which the relationship between war-related trauma	Daily stressors mediated the relationship between war trauma and PTSS, with both indirect

							and mental distress is mediated by daily stressors and collective efficacy among internally displaced communities a decade after exposure to war.	pathways—war trauma to daily stressors and daily stressors to PTSS—being significant. Neighborhood informal social control, as a component of collective efficacy, reduced the impact of war trauma and daily stressors on mental distress, emphasizing social cohesion's protective role.
64	Soundarajan, S. *et al.*	2022	India	Labour migrants	Labour migration	Quantitative	To identify domestic migration stress and to determine its role in practising precarious behaviours among interstate migrant workers.	Alcohol and cigarette/tobacco ab/use are significantly associated with various dimensions of domestic migration stress (primarily with separation and rejection scales)

65	Sriramalu, S.B. *et al.*	2023	India	Labour migrants	Labour migration	Quantitative	To assess the level of psychological distress, and measure the quality of community life (QoCL) of migratory construction workers	64% of participants showed high distress levels, with females more affected. Overall, QoL was below moderate, especially in sanitation.
66	Swe, Y.M. *et al.*	2019	Myanmar	Labour migrants	Labour migration	Quantitative	To assess socioeconomic status, health behaviors, mental health, social capital, healthcare access, and Quality of Life (QoL) among migrant workers in Myanmar using a Generalized Linear Mixed Model.	Only 25% of internal migrant workers reported good quality of life (QOL), which was associated with high cognitive and structural social capital and absence of depression. Living with related family members, higher income, and ability to manage medical costs also contributed to better QOL.
67	Terheggen, M.A. *et al.*	2001	India	Refugees – Tibetan	Conflict/War/Fear of persecution	Quantitative	To investigate the occurrence of traumatic experiences and	Individuals with more traumatic experiences reported higher symptoms of

							consequent reactions, and to explore the applicability of posttraumatic stress conceptualization within a Tibetan refugee community.	anxiety and depression, particularly somatically. Traumatic events most endorsed included lack of religious freedom, danger to life, and imprisonment.
68	Thapa, S.B. *et al.*	2003	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To compare psychiatric disability between tortured and nontortured Bhutanese refugees living in Nepal and identify factors associated with psychiatric disability among tortured refugees.	Tortured and non-tortured refugees exhibited similar disability patterns but differed in their psychiatric morbidities. PTSD and specific phobia were associated with disability among tortured refugees, while physical illness and generalized anxiety disorder were more common in non-tortured refugees.
69	Thomas, F.C. *et al.*	2011	Nepal	Refugees – Ahmadiyya	Conflict/War/Fear of persecution	Qualitative	To assess coping behaviour and aspects of	Urban refugees relied heavily on primary relationships for

							resilience amongst refugees in Kathmandu, Nepal.	coping, using love, solidarity, and self-respect as essential resources. Legal recognition, supportive relationships, and community solidarity were critical for enhancing coping capacity and mental well-being.
70	Trang, K. *et al.*	2024	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Qualitative	To characterize salient cultural concepts of distress (CCDs) among Rohingya refugees living in Cox's Bazar, Bangladesh	Among Rohingya refugees, five cultural concepts of distress were identified: tenshon (tension), bishi sinta (excessive thinking), feshar (pressure), gum zai nofara (insomnia), and shoit-shoit lagon (restlessness). These terms helped contextualize mental health concerns within the refugee community

71	Tso, L. and Shukla, M.	2022	India	Refugees – Tibetan	Conflict/War/Fear of persecution	Mixed Methods	To explore the experiences of Tibetan refugees in India during the COVID-19 pandemic.	Tibetan refugees experienced low to moderate stress during the COVID-19 pandemic due to financial anxiety and ethnic discrimination, with non-working and older individuals facing more financial stress. However, religious and cultural practices contributed to their resilience and cultural integrity, despite challenges.
72	Tsutsumi, A. *et al.*	2008	Nepal	Trafficking survivors	Trafficking	Quantitative	To investigate the prevalence and contributing factors of depression, anxiety, and PTSD symptoms among female survivors receiving support from two non-governmental organizations (NGOs) in Nepal.	Trafficked women, including sex workers and non-sex workers, exhibited high levels of anxiety, depression, and PTSD. Sex workers showed significantly higher prevalence of these mental health issues and had a higher rate of HIV infection.

73	Ullah, A.N.Z. *et al.*	2023	Bangladesh	Refugees – Rohingya	Conflict/War/Fear of persecution	Qualitative	A qualitative study to explore the mental health status and psychosocial support among the Rohingya refugees	Most Rohingya refugees had endured severe violence or torture before fleeing, leading to significant mental health issues. Women showed internalizing disorders (e.g., depression and anxiety), while men exhibited externalizing behaviors (e.g., anger and substance abuse). Both past trauma and ongoing stressors significantly impacted their mental well-being.
74	Van Ommeren, M. *et al.*	2001a	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To understand the determinants and impact of torture on the distribution of psychiatric disorders among Bhutanese refugees	Tortured refugees were more likely to report 12-month and lifetime PTSD, persistent somatoform pain disorder, and dissociative disorders (amnesia and conversion), with

								women more likely to report lifetime generalized anxiety disorder.
75	Van Ommeren, M. *et al.*	2001b	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To identify personal factors that increased the risk of individuals during an epidemic of medically unexplained illness in a Bhutanese refugee camp in southeastern Nepal.	Cases with greater childhood trauma, early loss, and recent loss reported higher distress and adverse outcomes.
76	Van Ommeren, M. *et al.*	2002	Nepal	Refugees – Bhutanese	Conflict/War/Fear of persecution	Quantitative	To test the relationship between somatic and PTSD symptoms, independent of comorbid depression and anxiety	Tortured individuals reported more PTSD symptoms and somatic complaints than nontortured individuals; predictors included female sex, higher age, torture history, and PTSD symptoms.
77	Yadav, S.	2019	India	Labour migrants	Labour migration	Qualitative	To explore the experiences of	Migrant laborers expressed distress

							distress among migrant labourers in India	through terms like "dukh" for acute distress and "pareshaani" for daily challenges, reflecting socio-cultural expectations and structural inequities. Systemic inequalities and lack of resources led to disenfranchisement, alienation, and a pervasive sense of hopelessness.
78	Yadav, S. and Priya, K.R.	2024	India	Labour migrants	Labour migration	Qualitative	To understand cultural idioms of well-being and experiences of healing among unskilled migrant laborers (UMLs) and internal migrants in India.	The healing process for unskilled migrant laborers was influenced by reaffirming sociomoral roles, adherence to socioreligious values, and optimism about migration's impact on their children’s education.
79	Yi, M.S. *et al.*	2019	Myanmar	Labour migrants	Labour migration	Quantitative	To assess the magnitude of depression and to	Depression prevalence was 38.22%. Strong

							identify the association between socioeconomic disparity and depression among migrant workers in Myanmar	associations were found between depression and income adequacy, floor surface area of homes, stress, QoL, and the burden of medical costs.
80	Zabeer, S. *et al.*	2019	India	Labour migrants	Labour migration	Quantitative	To study the QoL and associated factors for poor QoL in a sample of migrant construction workers in Bangalore, India	Migrant construction workers reported poor physical, social, and psychological Quality of Life (QoL), significantly associated with higher income, education, better accommodation, and type of work.

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Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	2
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	3
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	4
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary material 1
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	4
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	4
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	4
Critical appraisal of individual	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe	5

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
sources of evidence§		the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	5
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	5
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Supplementary material 2
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	8
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Supplementary material 2
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	6
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	11
Limitations	20	Discuss the limitations of the scoping review process.	14
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	14
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	15

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.