

A Report on Mental Health and Disorders

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Introduction

According to scientists examining the relationship between climate change and human population mobility, people will have relocated from their homelands as a result of climate change by it is anticipated that there will be 86 million internal climate migrants in Sub-Saharan Africa alone. The frequency and intensity of extreme weather and natural disasters are increasing as anthropogenic greenhouse gas levels rise. Climate migrants, environmental migrants and eco migrants are terms used to describe people who are relocated as a result of these changes or their consequences. Because climate change is not seen as a single mechanism causing human displacement, these designations and concepts are hotly debated. It's also worth emphasizing that international standards do not recognize these individuals as refugees, thus identifying them as such is a misnomer.

Description

Mental health issues that environmental migrants have as a result of their exposure to climate change. It's crucial to know their mental health history because the stress of relocating and integrating into a new community might intensify or resurface existing psychological issues. Eco migrants, according to anthropologist" carry little with them except from the mental health difficulties produced by the environmental changes that drove them to relocate". According to the World Health Organization, up to half of all earthquake and tsunami survivors in Southeast Asia's coastal areas suffer from post-disaster mental health difficulties ranging from mild to severe.

Post-traumatic stress disorder sleeplessness, sadness, hopelessness and suicidal ideation, generalised anxiety disorder and mood disorders are the most common acute mental health illnesses that emerge from experiencing rapid climate change disasters. Hasan previous research has found that even the threat of forced relocation as a result of environmental changes causes a community's depression to skyrocket. Anthropogenic environmental changes have also resulted in the emergence of new mental health diseases. Eco-anxiety and solastalgia are two of the new clinical condition categories. Whereas normal anxiety is characterised by an unwavering sense of worry and unease, eco anxiety encompasses these feelings as well as the fear of facing an existential threat as a result of climate change. Solastalgia is the distress and solitude experienced when one can no longer find solace in the current state of one's home surroundings.

Mobile phones and telemedicine technology, according to the experts, should be enhanced in order to deliver care along migratory routes. They also suggested that health clinics be constructed at strategic rest stops along migration routes. Poor mental health outcomes have been linked to a lack of physical health support. If climate migrants do not have access to health care throughout their journey, treatment for other non-communicable diseases, such as diabetes, will be disrupted. If you become ill or injured, you won't be able to get medication because you won't be able to afford it. Some may argue that migration does not have a negative impact on climate migrants' mental health because their mental health is already unstable. The principle of immigrant self-selection underpins this reasoning. Immigrant self-selection is defined by economists as the conclusion that "the healthiest and wealthiest individuals are the most inclined to relocate the journey that migrants take is not perceived as a worsening of their existing mental health difficulties in this mentality since their mental health must have been stable before they were strong enough to take the risks of migrating. Receiving communities

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may regard environmental migrants as second-class citizens due to differences in cultural background, language and legal position. Eco migrants may experience feelings of isolation and despair as a result of the societal stigma and discrimination they face. "Moving away to somewhere that does not belong to you, you will always become a second class person in your heart you know you don't belong there," a citizen from the Republic of Kiribati. Similar stresses are depicted in the documentary.

Collecting, organising and scrutinising as much information as possible about the mental health consequences of environmental migration would be an injustice if it didn't also illuminate what might be done to reduce the phenomena. It is undoubtedly "a concern of social justice to invest in the mental health of these people in motion," according to medical sociology. The poor are disproportionately affected by climate change because their economic circumstances limit their dwelling options to environmentally hazardous places with inadequate infrastructure. To be clear, addressing the mental health of climate migrants will necessitate cooperation and support on a global scale. Given the multifaceted character of the problem, a truly long-term and effective solution will necessitate interdisciplinary collaboration. International development workers, gender and women's studies experts, policymakers, prominent economists, public health strategists and technological developers, among other professionals, will be needed. As a result, assigning recommendations particular to health systems should only be considered worthwhile if they are part of a bigger global intervention plan. Undoubtedly, such a strategy will need more crisis study.

First and foremost, there is universal agreement across publications that health systems should strive to overcome structural barriers that obstruct climate migrants' access to health services. For example, as previously noted, concerns about revealing personal legal status may deter climate migrants from obtaining mental health therapy [1-5].

Conclusion

As a result, health services along migration routes and inside nations that receive migrants should consider ways to accept patients without inquiring about personal information that patients may not want to reveal for fear of deportation. Furthermore, because this subset of migrants is frequently economically challenged, healthy systems must provide pro bono free uncompensated services. Given that it is an area where many environmental migrants resettle, the healthcare facilities in Arusha, Tanzania, that "provide free psychiatric and psychological counselling to underprivileged populations" are an exemplary model of successful allocation.

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Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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