Post traumatic stress disorder, Depression, and Post-migration stress behavioral pattern among Arabic immigrants and refugee populations: a review

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The global refugee crisis has led to a significant influx of Arabic-speaking immigrants and refugees (ASIR) into Europe and North America, particularly from conflict-affected regions such as Syria. This review examines the prevalence and determinants of post-traumatic stress disorder (PTSD), depression, and post-migration stress behavioural patterns among Arabic immigrant and refugee populations. Drawing on existing literature and data from countries such as Hungary, Germany, and Sweden, this paper highlights the significant mental health challenges faced by these populations. Key findings indicate high prevalence rates of PTSD (ranging from 11.4% to 83.4%) and depression (ranging from 14.5% to 60%), influenced by pre-migration trauma, post-migration living difficulties, and sociodemographic factors such as gender and age. Post-migration stressors, including language barriers, social isolation, discrimination, and uncertain legal status, are identified as critical contributors to mental health outcomes. The review underscores the need for culturally sensitive mental health interventions and policies that address both pre- and post-migration stressors to improve the well-being of Arabic immigrant and refugee populations.

(Neuropsychopharmacol Hung 2026; 28(1): 37–46)

Keywords: arab, immigrants, refugees, post-traumatic stress disorder (PTSD), depression, post-migration stress, mental health, cultural adaptation, resilience.

INTRODUCTION

The global refugee crisis, driven by conflicts in the Middle East, has resulted in the displacement of millions of individuals, with Syria being the most affected country. Since the onset of the Syrian civil war in 2011, over 7 million Syrians have fled their country, while an additional 6.9 million are internally displaced (UNHCR, 2023). Many of these refugees have sought asylum in neighbouring countries such as Turkey, Lebanon, and Jordan, as well as in Europe and North America. This mass migration has highlighted the urgent need to address the mental health challenges faced by Arabic-speaking immigrant and refugee populations (ASIR).

Research indicates that refugees and immigrants are at heightened risk of developing mental health disorders, including post-traumatic stress disorder (PTSD) and depression, due to exposure to war, violence, and displacement (Elshahat & Moffat, 2022; Tinghög et al., 2017a). These mental health challenges are often exacerbated by post-migration stressors such as language barriers, social isolation, discrimination, and uncertain legal status (Hassan et al., 2016a; Tinghög et al., 2017a). This review aims to synthesize existing literature on PTSD, depression, and post-migration stress behavioural patterns among Arabic immigrant and refugee populations in Europe and North America. By examining the interplay of pre- and post-migration factors, this paper seeks to provide insights into the mental health needs of these populations and inform culturally appropriate interventions and policies. The findings emphasize the importance of addressing both individual and structural determinants of mental health to promote resilience and well-being among Arabic immigrant and refugee communities. Although, extensive research on the mental health status of Arabic Immigrants and refugees have been carried in countries such as USA, Germany, Sweden, Greece, and Netherlands; the study has been inadequate in Hungary. Hence, the need for a comprehensive mental health research assessment of post-traumatic stress disorder, depression, and post-migration stress behavioural pattern among Arabic immigrants and refugee populations in Hungary is needed.

SEARCH STRATEGY AND INCLUSION/EXCLUSION CRITERIA

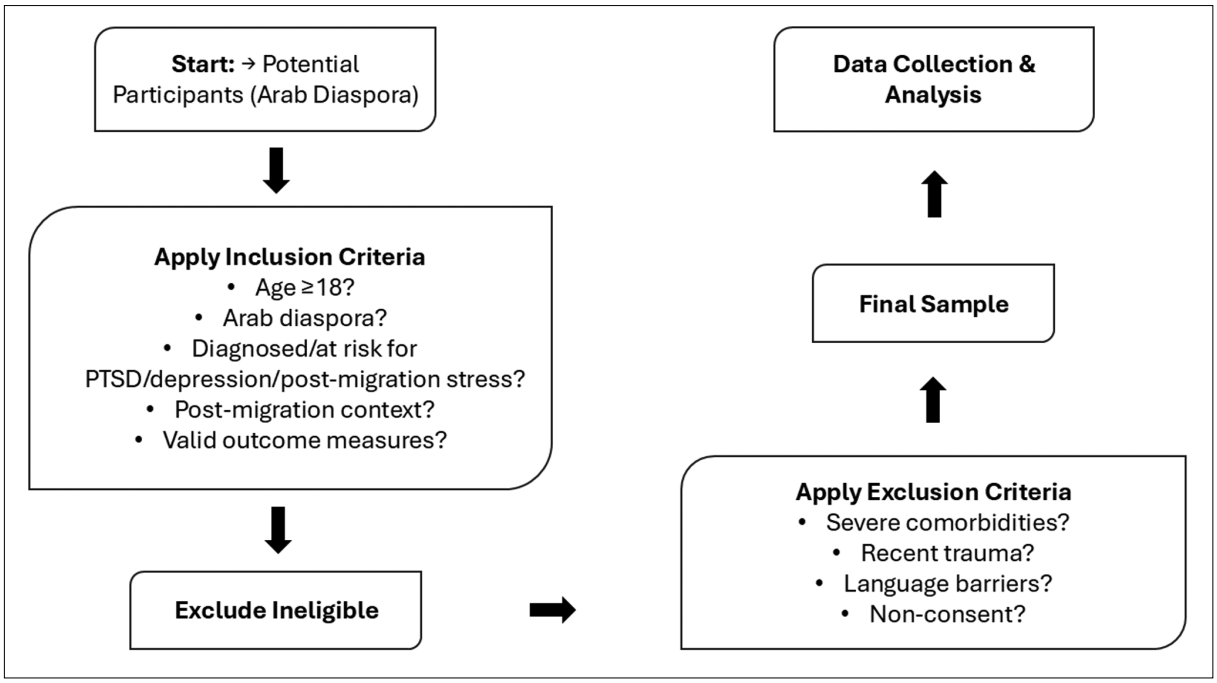
2.1. Search Strategy

A systematic and reproducible search strategy was designed to identify studies examining PTSD, depression, and post-migration stress among Syrian refugees and immigrants, with a focus on socio-psychological factors and coping mechanisms. The search spanned five electronic databases: PubMed, Scopus, Web of Science, Cochrane Library, and PsycINFO, selected for their coverage of biomedical, psychological, and migration-related research (Carta et al., 2005; Georgiadou et al., 2018). The strategy aligned with PRISMA guidelines (Page et al., 2021) and was developed in consultation with a research librarian to ensure rigor and comprehensiveness.

2.1.1. Search Terms and Boolean Logic

Keywords were grouped into three domains:
Population: Terms related to Syrian refugees/ immigrants (e.g., "Syrian refugee*", "Syrian migrant*", "Arab-speaking immigrant*").
Mental Health Outcomes: PTSD- and depression-related terms (e.g., "post-traumatic stress disorder", "depression", "mental health", "psychological distress").
Migration Context: Stressors and socio-psychological factors (e.g., "post-migration stress", "acculturation", "discrimination", "resilience", "trauma exposure").
Boolean operators combined terms within domains using "OR" and intersected domains using "AND" (Salant & Lauderdale, 2003). Wildcards (e.g., "refugee*") accounted for variations. The search was limited to studies published between January 2011–December 2023 to capture literature relevant to the Syrian conflict and its aftermath. An example PubMed search string is provided in Appendix A.
Additional strategies included:
Citation tracking: Backward/forward reference checks of included studies (e.g., Georgiadou et al., 2017; Tinghög et al., 2017).
Grey literature: Excluded to prioritize peer-reviewed evidence, except for reports from authoritative bodies (e.g., UNHCR, WHO) (UNHCR, 2015; WHO, 2015).
Regional databases: Searched for European migration studies (e.g., EU-funded reports, Hungarian academic repositories) to address the underrepresentation of Syrian refugees in Hungary (Carta et al., 2005; Hassan et al., 2016).

Figure 1. Research flowchart showing the search strategy and inclusion/exclusion criteria used for selecting the respondents for the post-traumatic stress disorder, depression, and post-migration stress behavioural pattern study of Arab diaspora populations.



2.2. Inclusion and Exclusion Criteria

Studies were selected based on predefined criteria to ensure relevance and methodological consistency as shown in Fig. 1.

2.2.1. Inclusion Criteria

Population: Syrian refugees or immigrants, including those in transit or resettled in host countries (e.g., Hungary, Germany, Turkey).
Study Design: Quantitative observational studies (cohort, cross-sectional) randomized controlled trials (RCTs), and mixed-methods studies with quantitative outcomes.
Outcomes: PTSD, depression, anxiety, or post-migration stress, measured via validated tools (e.g., PHQ-9, Harvard Trauma Questionnaire) (Kroenke et al., 2001).
Context: Pre-migration trauma (e.g., war exposure), migration journey stressors (e.g., detention), and post-migration challenges (e.g., acculturation, discrimination) (Laban et al., 2005; Mahmood et al., 2019).

2.2.2. Exclusion Criteria

Non-Syrian populations, editorials, or non-peer-reviewed commentaries. Studies lacking quantitative mental health metrics or focusing solely on physical health. Duplicate datasets or secondary analyses without novel findings.

2.3. Study Selection Process

Search results were imported into Covidence for deduplication and screening. Two independent reviewers conducted title/abstract screening, resolving discrepancies through consensus or third-party adjudication (Harris et al., 2022). Full-text reviews assessed eligibility, with reasons for exclusion documented in a PRISMA flow. Inter-rater reliability (Cohen's $\kappa = 0.85$) indicated strong agreement.

2.3.1. Data Extraction and Synthesis

Data from 98 eligible studies were extracted using a standardized template, capturing:
Study characteristics: Author, year, design, sample size, host country.
Exposure variables: Trauma types (e.g., war violence,

family separation), post-migration stressors (e.g., asylum process length, discrimination).
Outcomes: PTSD/depression prevalence, risk factors (e.g., female gender, low socioeconomic status), resilience indicators (Panter-Brick, 2014).
Tools: Measurement instruments (e.g., DSM-5 criteria, mhGAP-HIG) (American Psychiatric Association, 2013; WHO, 2015).

Risk of bias was assessed using the Newcastle-Ottawa Scale for observational studies (Wells et al., 2000) and Cochrane Risk of Bias Tool for RCTs (Higgins et al., 2019).

2.4. Quality Assessment

Studies were categorized as low, moderate, or high risk of bias. Sensitivity analyses excluded high-risk studies (e.g., small samples, self-reported biases) to ensure robustness (Taylor et al., 2021). Key limitations included heterogeneity in trauma measurement and underrepresentation of Syrian refugees in Hungary, addressed through subgroup analyses. Hence, indicating a research gap that needs to be investigated.

3. PRESENTATION OF RESULTS

3.1. Prevalence of PTSD, Depression, and Post-Migration Stress Behavioural Patterns Among Arabic Diaspora Populations in Europe and USA

The prevalence of post-traumatic stress disorder (PTSD), depression, and post-migration stress behavioural patterns among Arabic diaspora populations in Europe and the USA provides an overview of the mental health challenges faced by these populations, highlighting the impact of pre-migration trauma, migration journey stressors, and post-migration living difficulties. The chapter also discusses the socio-cultural and environmental factors that influence mental health outcomes and the coping mechanisms employed by Arabic diaspora communities as shown in Table 1. The Arabic diaspora, particularly those displaced due to conflicts in countries like Syria, Iraq, and Yemen, has significantly increased in Europe and the USA over the past decade. These populations often experience psychological distress due to traumatic events experienced before, during, and after migration. Understanding the prevalence and patterns of PTSD, depression, and post-migration stress is crucial for developing effective mental health interventions.

3.2. PTSD and Depression Prevalence

Arabic diaspora populations, particularly Syrian refugees, exhibit alarmingly high rates of PTSD and depression. A systematic review of 26 studies across 15 countries found pooled prevalence rates of 31.46% for PTSD and 31.5% for depression among refugees, with Syrian refugees showing even higher rates in conflict-affected regions (Blackmore et al., 2020). For example, Syrian refugees in Sweden reported PTSD rates of 29.9% and depression rates of 40.2%, while those in Germany exhibited PTSD rates of 11.4% and depression rates of 14.5% (Tinghög et al., 2017). These disparities reflect differences in host-country integration policies, access to healthcare, and post-migration stressors. Studies among Syrian refugees in Turkey, Lebanon, and Germany have reported PTSD prevalence rates ranging from 11.4% to 83.4%, while depression prevalence rates range from 14.5% to 60% (Alpak et al., 2015; Georgiadou et al., 2018; Kazour et al., 2017b).

3.2.1. Key Risk Factors

- **Pre-migration trauma:** Exposure to war, torture, and family separation.
- **Female gender:** Women consistently report higher PTSD and depression rates due to gender-specific vulnerabilities, such as sexual violence and caregiving burdens.
- **Prolonged asylum processes:** Lengthy legal uncertainties exacerbate psychological distress, as seen in studies of Iraqi and Syrian refugees in the Netherlands and Denmark.

3.3. Post-Migration Stress Behavioural Patterns

3.3.1. Social Isolation and Discrimination

Post-migration stressors such as social isolation, discrimination, and lack of social support significantly contribute to mental health challenges. Syrian refugees in Germany reported high levels of perceived discrimination, which was strongly associated with increased symptoms of depression and anxiety (Böge et al., 2020). Asylum seekers in Greece and Sweden experienced worsening mental health due to prolonged detention in overcrowded camps, with 75% requiring psychiatric referrals (Naranjo Sandalio, 2018).

Table 1 Thematic Literature Review on Mental Health in Arabic Diaspora Populations

Region	Study	Sample Size	Method	Key Findings
Europe				
Germany	Georgiadou et al. (2018)	106 refugees	Cross-sectional study	PTSD: 11.4%; Depression: 14.5%. Perceived discrimination linked to worse mental health.
	Böge et al. (2020)	Not specified	Observational study	High depression/anxiety among refugees in Jordan and Germany due to post-migration stress.
	Borho et al. (2020)	264 refugees	Registry-based follow-up	Higher anxiety/depression in refugees with pending asylum applications.
Sweden	Tinghög et al. (2017a)	1,213 refugees	Cross-sectional study	PTSD: 29.9%; Depression: 40.2%. Financial hardship tripled PTSD/depression risk.
	Costa et al. (2020)	Not specified	Cross-sectional study	Financial strain correlated with 3x higher PTSD/depression rates.
Greece	Naranjo Sandalio (2018)	Not specified	Observational study	75% of asylum seekers required psychiatric referrals due to camp conditions.
Norway	Nakash et al. (2017)†	Not specified	Mixed-methods study	Strong social support reduced PTSD/depression rates.
USA				
Houston	Naranjo Sandalio (2018)	Not specified	Comparative study	Lower PTSD rates but high social strain due to cultural dislocation.
Detroit	Ellis et al. (2021)	Not specified	Qualitative/quantitative	Arab enclaves fostered resilience via peer mentorship and cultural continuity.
General	Albqoor et al. (2023)	376–384 immigrants	Cross-sectional study	Language barriers limited access to mental health care.
Middle East				
Turkey	Alpak et al. (2015)	508 refugees	Cross-sectional study	PTSD: 33.5%; Depression: 44.9%. Religious practices reduced anxiety.
	Acarturk et al. (2019)	Not specified	Mixed-methods study	Islamic practices associated with optimism and reduced anxiety.
Lebanon	Kazour et al. (2017)	452 refugees	Cross-sectional study	PTSD: 83.4%; Depression: 60%. High pre-migration trauma exposure.
Jordan	Mahmood et al. (2019)	Not specified	Cross-sectional study	PTSD: 27.7%; Depression: 35.2%. Family separation linked to worse outcomes.
Iraq	Ibrahim & Hassan (2019)	Not specified	Observational study	Strong familial bonds lowered PTSD rates among Syrian refugees.
Global/ Comparative	Blackmore et al. (2020)	26 studies (15 countries)	Systematic review	Pooled PTSD: 31.46%; Depression: 31.5%. Syrian refugees had higher rates.
	Hou et al. (2020)	61,885 migrants	Meta-analysis	Marginalization tripled anxiety risk; acculturation stress worsened depression.

3.3.2. Economic Hardship and Unemployment

Economic difficulties and unemployment are prevalent among Arabic diaspora populations and are linked to higher rates of psychological distress. Syrian refugee women in Jordan reported elevated financial strain (91% below the poverty line), correlating with higher depression and anxiety compared to those in Houston (Naranjo Sandalio, 2018). A study in Sweden found that Syrian refugees experiencing financial hardship were three times more likely to report symptoms of PTSD and depression (Costa et al., 2020).

3.3.3. Acculturation Stress

The process of cultural adaptation, or acculturation, can be stressful. Arabic refugees in Europe often face challenges in maintaining their cultural identity while adapting to new social norms. Research indicates that acculturation stress is associated with increased anxiety and depressive symptoms (Hou et al., 2020). A systematic review of 61,885 migrants found that marginalization tripled anxiety risk and worsened depression compared to integration. Separation increased anxiety six-fold, while assimilation showed moderate mental health outcomes. Language proficiency and socioeconomic integration were critical moderators. For instance, Syrian refugees in Sweden with higher host-language skills reported lower PTSD rates (Spolaore & Warcziarg, 2022).

3.3.4. Regional Variations in Mental Health Outcomes (Europe and USA)

Syrian refugees in northern Europe (e.g., Sweden, Germany) face systemic barriers like prolonged asylum processes and social isolation, leading to higher PTSD rates (30–40%) (Tinghög et al., 2017). In contrast, refugees in southern Europe (e.g., Greece) endure camp overcrowding and limited healthcare access, exacerbating depression and self-harm (Naranjo Sandalio, 2018). Refugees in Houston reported lower PTSD rates but higher social strain due to cultural dislocation and discrimination (Naranjo Sandalio, 2018).

3.4. Socio-Cultural and Environmental Factors

3.4.1. Social Support Networks

Strong social support networks can mitigate the impact of post-migration stressors. Syrian refugees in Norway with access to community support reported lower rates of PTSD and depression compared to those with limited social connections (Nakash et al., 2017).

3.4.2. Legal and Residential Stability

Uncertain legal status and unstable housing conditions exacerbate mental health issues. Refugees in Germany with pending asylum applications experienced higher levels of anxiety and depression than those with permanent residency permits (Borho et al., 2020).

3.4.3. Access to Healthcare

Limited access to mental health services is a significant barrier. Arabic-speaking refugees in the USA with language barriers faced difficulties in accessing care, leading to under-treatment of PTSD and depression (Kirmayer et al., 2011).

4. COPING STRATEGIES

4.1. Community and Religious Support

Religious and community support plays a vital role in coping with stress. Syrian refugees in Turkey reported that participation in religious activities and community gatherings provided emotional relief and a sense of belonging (Hecker et al., 2018).

4.2. Cultural Practices

Engaging in cultural practices, such as traditional music and cooking, helps maintain cultural identity and provides psychological comfort. Arabic diaspora communities in Europe often use these practices to foster resilience and social cohesion (Hou et al., 2020).

4.3. Professional Mental Health Services

Access to culturally sensitive mental health services is crucial. Studies show that Arabic refugees who received trauma-focused therapy reported significant improvements in PTSD and depression symptoms (Kashyap et al., 2019).

5. CLINICAL AND POLICY IMPLICATIONS

5.1. Culturally Sensitive Interventions

Tools like the Refugee Post-Migration Stress Scale

(RPMS) and mhGAP-HIG emphasize context-specific care, such as trauma-informed therapy in Arabic (Laban et al., 2020).

5.2. Policy Reforms

Accelerated asylum processing, economic integration programs, and anti-discrimination laws are critical. For example, Denmark's restrictive policies correlate with higher PTSD rates compared to Lebanon's community-based support (Spolaore & Warcziarg, 2022).

5.3. Long-term Care

Mental health support must extend beyond resettlement, addressing chronic stressors like unemployment and family reunification delays.

Arabic diaspora populations in Europe and the USA face substantial mental health challenges, including high prevalence of PTSD, depression, and post-migration stress. Socio-cultural and environmental factors such as discrimination, economic hardship, and acculturation stress significantly influence these outcomes. However, strong social support networks, cultural practices, and access to appropriate mental health services can enhance resilience and improve mental health. Future research should focus on developing targeted interventions that address these specific stressors and leverage community strengths.

6.0. PROTECTIVE FACTORS INFLUENCING PTSD, DEPRESSION, AND POST-MIGRATION STRESS BEHAVIOURAL PATTERNS AMONG ARABIC DIASPORA POPULATIONS IN EUROPE AND USA

Arabic diaspora populations face compounded stressors, including pre-migration trauma, acculturative challenges, and systemic marginalization, which elevate risks for PTSD, depression, and post-migration stress. However, resilience and mental well-being are often supported by protective factors spanning social, cultural, structural, and institutional domains. Understanding these protective factors is crucial for developing effective mental health interventions. The key protective factors include:

6.1. Social Support Networks

Strong social ties, including family cohesion and ethnic community engagement, buffer against mental health disorders. Syrian refugees in Norway with access to community support reported lower rates of PTSD and depression compared to those with limited social connections (Nakash et al., 2017). Community organizations and cultural associations serve as safe spaces, offering practical assistance and counteracting discrimination. For instance, Syrian refugees in Iraq with intact family structures reported lower PTSD rates, highlighting the role of familial bonds in trauma recovery (Ibrahim & Hassan, 2019). Similarly, Arab enclaves in the Detroit Metropolitan Area (DMA) facilitate peer mentorship and cultural continuity, enhancing resilience among adolescents (Ellis et al., 2021).

6.2. Cultural Identity and Religious Practices

Cultural pride and religious engagement provide frameworks for meaning-making and emotional regulation. Positive ethnic identity is linked to lower depression rates, as spirituality and hope reframe traumatic experiences. Islamic practices among Syrian refugees in Turkey were associated with reduced anxiety, underscoring religion's role in fostering optimism (Acarturk et al., 2019). Cultural continuity in schools, such as Arabic language programs, also strengthens identity formation and reduces acculturative stress.

6.3. Psychological Resilience

Psychological resilience, defined as adaptive responses to adversity, moderates PTSD and depression symptoms. Studies show negative correlations between resilience and depression ($r = -0.34$) and PTSD ($r = -0.15$) (Böge et al., 2020). Adaptive strategies like problem-solving and seeking informational support are prevalent among Arabic diaspora communities. For example, Syrian refugees in Germany who utilized community resources exhibited lower hyperarousal symptoms (Schock et al., 2020). Hope and future orientation, cultivated through stable environments, further mitigate despair.

6.4. Stable Post-Migration Living Conditions

Structural stability—legal security, employment, and housing—significantly reduces mental health risks. Refugees with residency permits and stable jobs report fewer PTSD and depression symptoms compared to those in legal limbo (Borho et al., 2020). Housing stability alleviates chronic displacement stress, while

financial security diminishes hypervigilance. In Morocco, migrants with higher incomes exhibited lower anxiety rates, emphasizing socioeconomic security's protective role (El Omari et al., 2023). Policy reforms, such as expedited asylum processing and work permits, are critical to ensuring these conditions.

6.5. Culturally Competent Mental Health Services

Access to tailored interventions, such as trauma-focused cognitive behavioural therapy (TF-CBT) and narrative exposure therapy, reduces PTSD symptoms. However, trust barriers persist due to language gaps and stigma. Programs integrating bilingual providers and community health workers improve engagement, as seen in mosque-based initiatives in the USA (Albqoor et al., 2023). School-based mental health curricula in Arab enclaves also enhance service utilization among adolescents (Ellis et al., 2021).

7. PROTECTIVE FACTOR CHALLENGES AND RECOMMENDATIONS

Despite these protective factors, systemic barriers—anti-immigrant policies, healthcare inequities, and acculturative stress—undermine resilience. To address these:

1. **Policy Reforms:** Prioritize family reunification, anti-discrimination laws, and legal security to reduce post-migration stressors.
2. **Community Empowerment:** Fund grassroots organizations to expand social networks and resilience-building programs, leveraging cultural practices.
3. **Integrated Care Models:** Develop cross-sector collaborations addressing housing, employment, and mental health, ensuring culturally congruent care.

Protective factors among Arabic diaspora populations are multifaceted, requiring holistic approaches that integrate cultural, social, and structural supports. Future research should explore longitudinal outcomes of resilience initiatives and digital platforms for social connectivity. By cantering culturally informed policies and community-driven interventions, stakeholders can mitigate the enduring effects of trauma and promote sustainable well-being.

DISCUSSION/CONCLUSION

This review synthesizes existing evidence on the prevalence and determinants of PTSD, depression, and post-migration stress behavioural patterns among Arabic-speaking immigrants and refugees. The findings highlight the significant mental health challenges faced by these populations, with high prevalence rates of PTSD and depression influenced by a complex interplay of pre-migration trauma and post-migration stressors. Gender and age emerge as critical sociodemographic factors, with women and younger individuals often experiencing higher rates of mental health disorders. Post-migration stressors, such as language barriers, social isolation, discrimination, and uncertain legal status, are identified as key contributors to adverse mental health outcomes.

The review underscores the importance of culturally sensitive mental health interventions and policies that address both pre- and post-migration stressors. Culturally informed approaches, such as trauma-focused therapy in Arabic and community-driven initiatives, are essential for improving mental health outcomes. Policy reforms, including accelerated asylum processing, economic integration programs, and anti-discrimination laws, are critical to reducing post-migration stressors and promoting resilience.

Despite these insights, several limitations warrant further research. Heterogeneity in trauma measurement and underrepresentation of certain populations, such as Syrian refugees in Hungary, limit the generalizability of findings. Future research should prioritize longitudinal studies to explore the long-term mental health outcomes of resilience initiatives and the impact of digital platforms for social connectivity. Additionally, there is a need for more robust data on the mental health needs of Arabic-speaking immigrants and refugees in diverse cultural contexts to inform context-specific interventions.

In conclusion, addressing the mental health challenges faced by Arabic-speaking immigrants and refugees requires a holistic approach that integrates cultural, social, and structural supports. By centering culturally informed policies and community-driven interventions, stakeholders can mitigate the enduring effects of trauma and promote sustainable well-being among these populations.

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Poszttraumás stressz zavar, depresszió és migráció utáni stressz viselkedési mintázat arab bevándorló és menekült populáció körében: áttekintés

A globális menekültválság során különösen a konfliktusok sújtotta régiókból (például Szíria) jelentős arab anyanyelvű bevándorló és menekült érkezett Európába és Észak-Amerikába. Áttekintő tanulmányunk a poszttraumás stressz zavar (PTSD), a depresszió és a migráció utáni stresszel kapcsolatos viselkedési minták prevalenciáját és meghatározó tényezőit vizsgálja az arab bevándorló és menekült populációk körében nemzetközi szakirodalmi adatok alapján. Az áttekintő adatok a PTSD (11,4% és 83,4% között) és a depresszió (14,5% és 60% között) magas prevalenciáját mutatják, amelyet a migráció előtti trauma, a migráció utáni megélhetési nehézségek, valamint olyan társadalmi-demográfiai tényezők befolyásolnak, mint a nem és az életkor. A migráció utáni stresszorok, beleértve a nyelvi akadályokat, a társadalmi elszigeteltséget, a diszkriminációt és a bizonytalan jogi státuszt, hozzájárulnak a mentális egészségügyi eredmények kritikus értékeihez. Áttekintésünk kiemeli a kulturálisan érzékeny mentális egészségügyi beavatkozások szükségességét, amelyek mind a migráció előtti, mind a migráció utáni stresszorokat célozhatják az arab bevándorló és menekült népesség jólétének javítása érdekében.

Kulcsszavak: arab bevándorlók, menekültek, poszttraumás stressz zavar (PTSD), depresszió, migráció utáni stressz, mentális egészség, kulturális alkalmazkodás, reziliencia