Psycho-Socio-Economic Challenges of Internal Migrants of India: A Narrative Review and Recommendations for Integrative Model of Care

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Abstract

Background: India is a diverse country with a substantial number of migrants. The COVID-19 outbreak and enforced protocols led to enormous stress in the migrants. The challenges of internal migrants during the COVID-19 pandemic in India have been unique because of the unique socio-politico-economic and cultural aspects. There are various levels of migrants' pre-existing vulnerability factors ranging from socio-cultural impediments, economic barriers to lower social or legal support. This paper aims to narratively review articles related to the psychosocial and mental health challenges of India's Internal Migrants amid the COVID-19 pandemic and subsequent nationwide lockdowns.

Methodology: A review was conducted by collecting articles related to challenges concerning the psychosocial and mental health of India's Internal Migrants amid the COVID-19 pandemic. We selected pieces, thematically organized them, and listed their significant findings under the head introduction, pre-existing vulnerability factors, and challenges of India's internal migrants amid the COVID-19 pandemic, responses, and recommendations.

Results and Conclusion: India needs to develop an integrated 'rights-based approach' for providing comprehensive care to migrants, including economic support, health care and active labour-market policy. The necessary support to migrants can be done by planning a top-bottom approach involving National Health and Family Welfare Department (NHFWD), State Health and Family Welfare Department (SHRWD), local municipal and corporation councils, mobile medical units, mental health care workers, and municipal bocks and NGOs.

Introduction

Migration is, most often than not, associated with a host of psychological, social, and economic factors. It can significantly impact the physical and mental well-being of people who migrate and their families. External or
international migrants cross the national border and move to other countries. Whereas those who move to the new geographical area within the national boundaries are Internal migrants (including those to cross states, other cities or metropolitan cities of their nation).\textsuperscript{1} Migration is often ventured for better economic opportunities and improving quality of life by choice rather than attempting to escape from conflict or persecution. The World Bank records the comparison of internal migration to be “about two-and-a-half times that of international migration”.\textsuperscript{2}

India has always had a substantial number of migrants. The most recent census records more than 450 million internal migrants in India (the 2011 census), increasing from 30\% in 2001 to 37\% in 2011.\textsuperscript{3} According to the Indian government 2016-17 Economic Survey, internal migrants form around 20\% of the workforce. Moreover, they contribute about 10\% to the Indian economy, consistent with the UN Educational, Scientific, and Cultural Organization (UNESCO). The annual rate of inter-state migration in employment search doubled in 20 years.\textsuperscript{4} Most of them are daily wagers who travel from various states such as Uttar Pradesh, Bihar, Jharkhand, Odisha, West Bengal, etc.\textsuperscript{5}

Delhi and Mumbai are two of the ‘migrant magnets’ with about 9.9 million migrants, i.e., 43\% of their total population, according to data from the National Sample Survey (NSS) 64\textsuperscript{th} round. Other states like Uttar Pradesh and Bihar record almost 20.9 million inter-state migrants. Uttar Pradesh also records a high percentage of out-migrants, and Maharashtra has a high rate of internal migrant workers.\textsuperscript{6}

Since Coronavirus disease (COVID-19) was declared a pandemic by WHO on March 11, 2020, countries across the globe started taking extensive preventive measures like enforcing lockdown to prevent the further spread of the virus.\textsuperscript{7} The International Labour Organisation (ILO) has stated that the COVID-19 pandemic affected more than 2.7 billion workers globally due to continuous lockdowns. In India, the total COVID-19 contractions are increasing drastically, which has led to rampant stress, particularly for the migrants since they move for better jobs and wages. The World Bank has stated that nationwide lockdown in India has impacted nearly 40 million internal migrants. The pandemic and lockdown have led to distress and helplessness in their lives.\textsuperscript{2}

**Methodology**

Search strategy and study selection were made using electronic databases of MEDLINE through PubMed, Cochrane, Google Scholar databases Library, and ScienceDirect. We mined with MeSH, or free text terms were entered for PubMed; COVID-19 and Migrant OR Migrant and COVID-19 effects [Terms] OR Psychosocial effects of COVID-19 on Migrant; OR Mental Health of Migrants OR effects on Migrant of COVID-19; Psychosocial impact of COVID-19, Migrant & mental health; COVID-19 and migrant; Psychosocial challenges of COVID-19, Migrant and mental health. Appropriate search strategy and terms were employed for other databases as appropriate. Four reviewers conducted the searches. We conducted a manual search of the studies of the related articles to gather more articles. The inclusion was limited to English language articles. We also included the information updates from the Supreme Court of India, MoHFW, ministries of India, WHO and other national and international organizations.

For a more comprehensive review, we included studies that reported the effect on migrants’ psychosocial vulnerability factors and the impact of COVID-19 pandemic on their lives. This was done keeping in mind the diverse vocabulary used to describe the phenomenon of ‘Migrants and COVID-19’. This strategy generated more results. Based on these inclusion criteria, we included 50 articles. Three independent authors participated in article/study selection and reached a consensus on the included studies. Since this is a narrative review, we did not compute the effect sizes. We also did not do the risk of bias assessment for the papers had. The articles were categorized under headings and divided into various thematic sections and are being discussed in the following section. The data findings are qualitatively analysed and reported in this narrative review (Table 1).

**Psychosocial Vulnerability Factors for Internal Migrants of India**

Web-like circumstances are prevalent in India, encompassing unique socio-cultural, political,
Psycho-Socio-Economic Challenges of Internal Migrants of India

and economic realities. Consequently, various psychosocial vulnerability factors of internal migrants ranging from economic barriers, socio-cultural barriers, lack of awareness, psychological concerns to low social or legal support and mental health factors impact them and their families.

**Economic Stressors**

Most internal migrants earn meagre and uncertain wages. Hazardous work environment is another common phenomenon for unskilled and semiskilled migrants; their work is often referred to as ‘3 Ds,’ i.e., ‘dangerous, difficult and demeaning’. The nature of their jobs is not permanent, primarily seasonal, conditional, and non-standard.8

**Prone to Contagious Diseases**

Internal migrants mostly reside in temporarily built settlements, crowded spaces, or slums. Their poor living conditions, however temporary, are a host to physical and communicable diseases (e.g., pneumoconiosis, tuberculosis, HIV infections).9,11

**Psychosocial Stressors**

Migration in itself is a stressful process as people move to an alien geographical area far away from their families, searching for potential employment opportunities. The cost of moving with the family or caretakers often makes them migrate alone. Unfamiliarity with new socio-cultural surroundings

| Table 1: Psychosocial aspects of internal migrants of India amid COVID-19 pandemic |
|---|---|---|---|
| **Pre-existing psychosocial vulnerability factors** | **COVID 19 related Stressors** | **Psycho-social impact** | **Mental health impact** |
| Economic stressors- Three Ds' dangerous, difficult and demeaning' job | Outbreak of unknown disease they are not familiar with | Enormous stress | Anxiety |
| Low level of awareness | Enforcement of unplanned lockdown | Frustration | Depression |
| Prone to communicable diseases | No awareness and resources to maintain social distancing, hygiene | Alienated and Loneliness | High |
| Psychological stressors- Fear of rejection, fear of failure, low self-esteem, issues concerning wellbeing of their families | Loss of means of livelihood | Reduced stress threshold | Low motivation |
| Cultural stressors- Being less familiar to new socio-cultural surrounding | The impulsive 'mass movement'. | Hopelessness | |
| Family stressors | Lower initial government support | Distress | Aggression |
| Lower social support | Fear in family and children | Apprehension | Somatic complaints, |
| Lacunas in policies | Stay at temporary shelters: insecure and alienated | Fearfulness | disturbed sleep |
| Mental health conditions | Stress Reaching home But frustration continues | Anger | Self-harm thoughts and acts or Suicide |


makes them prone to numerous social, psychological, emotional, and cultural stressors. Novel contexts and decision-making without support lead to a range of stress like fear of rejection and failure and low self-esteem issues concerning their family’s well-being back at their native places. Their struggle affects their families as well. Young children with parents migrating to other countries report being less happy, having fewer interests, low academic performance, and lower levels of resilience than children of non-migrant families. This observation indicates that adults’ migration is associated with negative consequences on their children's social life and health. Furthermore, social factors, like cultural bereavement, culture shock, social defeat, a discrepancy between expectations and achievement, and acceptance by the new nation can also affect adjustment.

**Mental Health Aspects**

Firdaus (2017) examined the role of the social environment in the mental well-being of migrants in India. His study reported significantly low mental health in the lower-income, less educated or uneducated migrants and facing hardships in acquiring essential healthcare facilities. The findings conclude that the economic and socio-cultural change that comes with migration precipitates their poor mental health. The majority of migratory quarry workers exhibit various somatic and neurotic symptoms for an extended period. Henssler et al. (2020) showed an increased risk for schizophrenia and nonaffective psychosis among first- and second-generation migrants. The psychiatric morbidity was more (33.66%) among Kashmiri migrants (predominantly depression, post-traumatic stress disorder, and generalized anxiety disorder), who were staying in a Jammu based camp, as compared to non-migrants (26%). These symptoms are also reported in higher prevalence in migrants who face job insecurities and financial constraints. The study’s primary observation is that there is a need to improve migrants’ socioeconomic status and provide them with effective psychiatric services. Morina et al. (2018) reported that the highest prevalence of psychiatric disorders was registered for post-traumatic stress disorder from 3 to 88%, depression from 5 to 80%, and anxiety disorders from 1 to 81% in refugees and internally migrated persons. According to NCRB, 22.4% of suicides are recorded in the daily wagers’ population, the highest incidents being from Maharashtra, followed by Tamil Nadu, West Bengal, Madhya Pradesh, and Karnataka states of India.

**Lower Level of Awareness**

Deficient awareness about one’s mental health needs and poor help-seeking behaviour is rampant in this population. However, researchers also conclude that this is possible due to inadequate access to mental healthcare services. Unfortunately, they do not have any social insurance to sustain them if they lose their job.

**Poor Social Support System**

Unstandard and informal work contracts make them vulnerable to exploitation and workplace abuse. Therefore, they face a higher risk to develop physical and stress-related disorders with a lack of access to social benefits. This intensifies due to improper housing, lack of health care, and social support. Furthermore, housing owners hesitate in providing shelter to these migrant workers due to fear that migrants may be infected with/ or be the carriers of some disease.

**Policy Gaps**

In the absence of affirmative policies, the social exclusion of vulnerable migrant groups continues. The migrants are socially isolated because of a shortage of straightforward policies that can consider their rights. Due to a lack of workplace rights and benefits, they can get exploited. Moreover, due to the lack of proper documentation and government records that state their place of origin, the availing benefits of public schemes such as food distribution (like subsidized ration or LPG), free education, and healthcare facilities remain out of the picture. Unfortunately, there is a shortage of direct governing organizations to handle the complaints and grievances of migrant workers. Majority of them lack proper documents or have no documents pertinent to their place of origin. There is an absence of a permanent authority or
direct governing body to address migrant workers' grievances.

**Psychosocial Aspects of Internal Migrants amid COVID-19 Pandemic in India**

**Enforcement of Unplanned Lockdown**

India has been taking extensive preventive measures to implement lockdown and issue guidelines for maintaining hygiene to prevent infection.\textsuperscript{23} India enforced a Nationwide lockdown in four phases, from March 25 to May 31, 2020. The ‘unlocking’ process started on June 1, 2020, and since then, the lockdown was restricted to containment zones (with high case counts) only. However, the unavoidable surge in COVID-19 (and newer variants) cases continues.\textsuperscript{24} Migrants faced the stigma of being perceived as carriers of the coronavirus.\textsuperscript{25,26} Stigma and myths related to COVID-19 lead to increased panic and fear among the public at large.\textsuperscript{27}

Post lockdown announcement, a sentimental analysis of Indian citizens was conducted by Barkur et al. (2020) using social media platforms (Twitter). A significant number of Indians had taken this fight against the pandemic positively. Still, most of them expressed concern about the daily wagers who would lose their livelihood because adequate relief measures were not yet announced. However, the generalizability of these findings may be questionable. This is because statistics depict about 11.45 million are ‘Twitter’ users, and the sufferings of the migrants and economically weaker sections of society may be unrealistically represented through the population using social media.\textsuperscript{28}

An array of pre-existing vulnerability factors, particularly meagre earning, uncertain jobs, harsh living conditions, vulnerability for diseases, lack of social insurance, lack of awareness, psychological fear of rejection and failure, discrimination from society, language and cultural barriers, inadequate access to and lack of availability of health care services, persistent worry for families at origin places, vulnerability for developing mental health difficulties, coupled with untimely and indefinite lockdowns filled the migrants with insecurity and anxiety. Due to this, they all started fleeing away from their temporary housing. Their challenges were more existential and severe than the threats looming because of the pandemic.

**Loss of Means of Livelihood**

The COVID-19 pandemic and nationwide lockdown affected the livelihood of migrants as they were daily wagers. These workers were reported to have driven to a state of starvation in the absence of money and depletion of resources.\textsuperscript{29} They are left with either no shelters or no money to rent a place. The United Nations predicted that about 40 crore informal sector workers in India would face the danger of falling deeper into poverty during the COVID-19 pandemic crisis.\textsuperscript{1}

Even the ILO (2020) has drawn attention to the fact that migrant workers have been experiencing the worst economic crisis as prices of food, medicines, essential hygiene products e.g., detergents, soaps, and sanitizers have been rising persistently. Because of the shutting down of small to medium scale businesses, many employers terminated the migrant workers or could not pay their salaries on time.\textsuperscript{30} This led to more threats for their livelihood than COVID-19.\textsuperscript{31}

**The ‘Mass Movement’ of Migrants**

The post-pandemic lockdown period witnessed most migrant workers travelling back to their native places filled with fear, distress, uncertainty, insecurity and panic. The news of thousands of them walking on foot crossing state borders spread like wildfire, crowding bus stands and railway stations.\textsuperscript{32,33} This particular move was labelled as an impulse reaction during the pandemic; it was without necessary precautions and protocol-free. Contrary to their growth and financial stability expectations, the COVID-19 pandemic has thrust them more towards insecurity after migration. Scarcity of food, getting to grips with sudden evictions from the promised shelter by their employers, limited housing space, absence of essential supplies like masks, sanitizers, clean drinking water, and sufficient food intensify their distress. Additionally, they continuously grapple with unmet safety needs, fear of getting infected, anxiety from constant rejection from potential jobs and making ends meet with limited resources. All these lead to an inescapable sense
of insecurity, hopelessness and helplessness and increase their vulnerability to difficulties viz a viz their mental health.

**Experiences at Temporary Housing**

Posing as a risk during COVID-19, many of these returning migrants were made to halt their march by staying in temporary shelters (relief camps) with improper arrangements. This made them feel alienated and banned from the immediate environment. Inconsistent and inadequate information related to COVID-19 led to a shared feeling of confusion and frustration. They were categorized as “disease carriers”, adding to their sense of exclusion from the society. Simultaneously, they were also grappling with the anxiety regarding family members’ health condition back at home. A feeling of failure and incompetence due to insufficient fulfilment of their needs drained their confidence, making them feel stuck and restrained and, consequently, helpless. Instead of their concerns related to contracting the COVID-19 virus, their foremost concerns were “ambiguity about a period of lockdown; impatience to meet their family; apprehension of being discarded by employers; anxiety-related to earning; health matters of children and pregnant women, substance use-related concerns like craving and withdrawal symptoms due to abstinence and healthcare-related issues of people in shelter homes”.

**Reaching Home and ‘Unlocking’**

With India commencing its unlocking stage, with rare containment zones and curfews, states have also lifted travel limitations. The daily wage workers who had left Maharashtra have been returning for jobs that are now limited. For instance, a significant percentage of migrants who have returned are from Uttar Pradesh (1.91 lakh), trailed by 83,515 labourers from Bihar, 78,424 from Punjab, 58,363 from Rajasthan, 22,565 from West Bengal, and 17,002 from Kerala. Despite being wounded in the hustling, the police forcefully directed migrant labourers in Gujarat to be transported in a solitary lorry and dropped in Maharashtra. Despite exhausting their meagre savings, they could not procure their previous jobs due to decreased employment vacancies. These circumstances make them feel all the more frustrated and helpless.

**Mental Health Aspects of Migrants**

A study that included 98 male migrant labourers suggested that the current COVID-19 pandemic causes severe anxiety and depressive symptoms in migrant workers. More than half of migrants met the clinical criteria of both anxiety and depression. 73.5% screened positive for at least one psychiatric morbidity, 73.5% were assessed positive for depression, and half of them were screened positive for anxiety on the GAD-2. In addition to bearing the vulnerability to mental health difficulties due to the process of migration, they reported mental health impact of immediate lockdowns giving birth to feelings of anxiety, loneliness, low concentration due to lack of motivation and high distractibility of threats of health, reduced stress threshold and coping and panic about future.

The ongoing reverse migration of day workers to their villages is likely to accelerate mental health deterioration. Due to the sudden inflow of migrants and farmers, rural India may be particularly susceptible to suicide.

**Impact on Families of Migrants**

The primary concerns of family members of migrant daily wage workers range from loss of income to worry about migrant family members’ health. The uncertain lockdowns have made the families anxious about their situation and worrisome about their livelihood and well-being, including the migrated members. The risk of debt bondage of families of migrant workers with money lender’s exponential interest rates also fills them with hopelessness and helplessness.

Families of migrant workers face challenges about their health, housing, and loss of employment. In addition, it is even more difficult when the migrant members are the sole earning member in the family. Hence, the large families end up finding themselves in compromised situations to get their basic amenities for livelihood.

Demand and cost of basic amenities such as proper food, preventive supplies, a sanitized environment, healthy food and clean water have
been increasing due to nationwide inflation in the crisis. In rural areas, the health care facility doesn’t meet the expected standards; there are insufficient and incompetent health care professionals with no specialized knowledge regarding the COVID-19 pandemic. This existential crisis nudges the family members towards more distress, improper sleep and appetite, difficulty in coping, leading to deterioration in their physical and mental health.

Management by the Indian Government

Economic Support

Central government kickstarted some economic relief schemes to provide support to the informal sector like the following

- **National Disaster Response Fund (NDRF):** The government directed the states to guarantee that migrants would not move during the lockdown, permitting the states to utilize the NDRF for giving food and accommodation to the migrant workers during the coronavirus-induced lockdown beginning March 25, 2019. This was encouraged to ensure proper shelters, sanitization, healthy community kitchens, and other relief material, keeping in purview the protocols of social distancing and identification of suspected cases of infection.

- **The introduction of Ayushman Bharat - National Health Protection Scheme (AB-NHS) under PM Jan Arogya Yojana (PM-JAY):** on August 15, 2019, amended their policy to provide the largest health assurance scheme for Indians during the pandemic. The plan focuses on providing secondary and tertiary health care/hospitalization for poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The rural beneficiaries are recognized depending upon the underprivileged status (D1 to D7). Urban households are categorized based on occupation categories.

- **The Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA):** started in 1991, which provides at least 100 days of paid employment per financial year to unskilled workers, had reached a standstill since 2015. It has been reinforced to help give occupations and wages to the labourer. It was planned that the workers under the MGNREGA would get a hike of Rs. 2000 each on an average. Additionally, three crore senior citizens, persons with disabilities, and widows under this scheme would receive a one-time additional 1,000 rupees to help them during this financial crisis.

**National Migrant Information System (NMIS)**

Database was created by National Disaster Management Authority (NDMA) to help in smooth inter-state communication to facilitate returning migrant workers to their native places. Additional features of the database included “contact tracing” wherein the mobile numbers of migrants were used to monitor their movement and if they may have come into contact with an infected person, and further steps were taken to ensure less contraction in crowds.

Given the growing impact of the economic and poor health of migrants globally, The International Organization for Migration launched The Migration Health Evidence Portal for COVID-19. It is an open-source research database that enlists high-yield evidenced briefs on COVID-19 and its intersection with migration health. These findings can ultimately assist evidence-informed decision-making, strategic preparedness, and response plan from a migration lens.

**Psychosocial and Mental Health Support**

A Public Interest Litigation (PIL) was filed at The Supreme Court of India, keeping in view the aftermath of COVID-19 on the lives of migrants, their unending distress, anguish, and loss of life. The court actively responded by directing the state governments to set up relief camps and shelter homes and frequent visits by trained counsellors and community group leaders from all faiths to address the anxieties and concerns of the migrants.

In response to the Supreme Court order, the Ministry of Health and Family Welfare advisory was formulated and uploaded regarding the inter-country migrants’ psychosocial issues and concerns during COVID-19 and lockdown. Policies are in place that encourages treating migrant workers with dignity, respect, empathy, and
compassion by listening to their concerns patiently, understanding their problems, and recognizing specific and diverse needs for each person/family. As per the guideline, it is essential to provide them with all possible information and amenities to help them stay in their present location since mass movement could significantly and adversely affect all efforts to contain the virus spread. Understanding their issues and reminding them that it is safer for their families to stay away from them is essential. Instead of reflecting any act of mercy, instilling in them a feeling of support and cooperation in the collective spirit of combating the pandemic is necessary. States have organized mental health supportive work in their capacity. A successful example can be quoted from 'National Institute of Mental Health and Neurosciences' (NIMHANS), Bengaluru, Karnataka in coordination with municipal and corporation councils, assisted by the Karnataka government in attending to migrants’ psychological concerns who were contained at relief camps and shelter homes in the city of Bengaluru. A collective team of psychiatrists, clinical psychologists, and psychiatric social workers provided interventions by visiting over 140 locations, including 5,000 migrant workers within the city of Bengaluru. The Ministry of Health and Family Welfare (MOHFW, 2020) has several videos, audio-visual aids, and advisories for every individual's behavioural health under the campaign ‘Help us to help you’ website. There are practical tips to take care of one’s mental health during the lockdown and an audio-visual aid on managing stress and depression on the website. The Ministry has also provided measures on dealing with social isolation, emotional problems, emotional issues that may occur after recovery, ways to recognize mental health problems in partners, and caring for persons with mental illness.

Various mobile applications like Aarogya Setu by the Government of India, SAHYOG application have been initiated to help keep the public updated and help in self-evaluation and “contact tracing”. Some state governments have also developed apps like COVID-19 quarantine monitor by Tamil Nadu, Punjab and Goa.

Several leading mental health institutes of India like NIMHANS (Bangalore), CIP (Ranchi), and others have taken supportive initiatives. They have been organizing mental health helpline since lockdown started. Organizations like Indian Psychiatric Society (IPS), Indian Association of Clinical Psychologists (IACP), Indian Association of Health Psychology (IAHP), regional mental health associations and NGOs have curated and widely distributed lists of professionals providing pro-bono services through telephonic and video calls through which several distress calls have been answered. These lists are regularly updated for making mental health care convenient and affordable for all.

Recommendations for Integrative Care of Migrants

The responses mentioned above of India have been sporadic and insufficient to decrease the misery of migrants. The COVID-19 era and enforced lockdown have surfaced the gaps in the policies related to migrant workers; hence, intervention should consider during lockdowns and times following the lockdown. It is essential to improve migrants' psycho-socio-economic conditions during and after the current crisis by planning and executing appropriate strategies. Integrating community resources into the health care system will help reach a wider population to strengthen the community's mental health resilience and reduce the possibility of developing psychiatric morbidities.

The following recommendations may help guide the functioning of the support system and policymaking related to migrants' mental health care. The role of various stakeholders is mentioned below:

**Migrant Psychosocial Support Policy**

- India needs to develop an integrated 'rights-based approach' for providing comprehensive care to migrants, including economic support, health care and active labour-market policy. It must specifically address mental health care. Furthermore, systems should improve financial aid to lower the cost of migration and smoothen the progress of remittances through legal channels.

While framing the COVID-19 epidemic policy, the policymakers need to pay adequate attention to
the host of the internal migrants' psychosocial issues. Any ignorance of the pandemic's discriminatory impact on the internal migrant workers will hamper India's efforts to prevent the future spread of COVID-19 and magnify pre-existing mental health disparities.

- Top-bottom approach through multi-level initiatives conjointly by the National Health and Family Welfare Ministry (NHFWM), State Health and Family Welfare Department, local municipal and corporation councils, Mobile Medical Units (MMU), trained mental health care professionals and NGOs are required to help the migrant workers. Initiatives akin to these will help distressed migrant workers get necessary counselling and professional help in managing their stress and enhancing their smooth adjustment to maintaining the social distancing rules during the COVID-19 era.

- Inclusive urbanization should be an essential part of migration policy. The policies should be based on unique contextual parameters, like water supply and sanitation, different for each state or region and depending upon the magnitude of infection and the spread. Separate rules for the rural, sub-urban, city and concrete domiciles in growing countries like India should be formulated. A single uniform policy would be incompetent to consider various aspects of migrants dwelling in different environments and would drastically affect the quality of life.

- There is a need for inclusive approaches in which governmental and non-governmental sectors, health care is involved. Moreover, brief basic psychosocial and mental health support training for these sectors should be planned and executed.

- The Migrants should be provided with a distinctive national registration and identity that systematically records their sociodemographic details and would help them avail various economic, psychosocial, and legal facilities.

- The resuming to work policies should be re-defined, keeping the fundamental protocols of social distancing and sanitization in strict purview. The policies should be designed to serve the nature of the job the migrants are majorly involved in.

- Ensuring adequate fund allocation and proper scrutiny of the utilized funds for the implementation policy should be undertaken.

- Policies for promoting and conducting multidisciplinary research studies related to migrants' psycho-social-economic aspects are needed. Also, utilize available research data for better policymaking from the migrants' perspective.

**Role of Mental Health Workers**

- To respond to the psychosocial needs of migrants by planning a holistic intervention module. This can include screening for psychological stress and targeted intervention, providing them tools for coping and dealing with psychological distress and helping them prevent future mental health difficulties.

- A national migrant health care framework for assessing and providing health care to migrants should be formulated to increase awareness, prevention, promotion, and treatment, including the mental health aspects. This can be done by using the research data to plan these initiatives. Migrant workers can get counselling and professional help in managing their stress and enhancing their adaptability, especially during this COVID 19 era, with the stringent social distancing and other protocols.

- Coordinated and innovative interventions, including administration institutions, legislation, group, and community-based organizations. Cojoined efforts by people playing a vital role, e.g., community volunteers, NGOs, police, etc., should be involved. They should be oriented about the psychosocial stressors and trained for providing essential psychological support and psychological first aid. Counsellors, mental health professionals, factory medical officers, general medical practitioners, and trained community health workers should also be integrated with the public mental health services to address the growing need of mental health management in the migrant workers' population.

- Organize training sessions (in-person or online) for primary health care workers to assess psychosocial factors, screen vulnerable migrants, and provide inputs relevant to managing mild
stress and anxiety. Community volunteers can help identify migrants at high risk and provide them with psychological first aid or further coordinate with mental health care professionals for holistic care. Mental health care promotion, life skill training for helping them master coping tools, coordination with their parents or caregivers at their place or origin place, and referral to mental health care professionals can be strategies for providing care to the distressed migrants.

- Creating and organizing a comprehensive material for mental health care promotion and for management of behaviour problems using contingency management, for delivering psychological first aid and referring to mental health care professionals would be required. In addition, mental health care professionals and advocates should focus on constructing and administering questionnaires to screen psychological distress and other stress symptoms in migrants if they are quarantined and provide extra ad hoc supportive interventions when needed.

- Individuals who screen positive for mental disorders should be dealt with brief supportive interventions. Clinical Psychologists should design and implement short term focused supportive interventions for managing general health conditions in migrants. The pathological aftermath of, e.g., PTSD, depression, substance abuse in migrants should also be addressed on similar lines. There is a requirement for creative and fitting solutions, often case-by-case. They should be referred to a nearby District Mental Health Programme (DMHP) centre for medical interventions following brief interventions. Those who require psychological interventions can be connected to the National COVID Psychosocial Helpline number for individual psychotherapy.

Role of Social Work Volunteers

- They should build on the migrants’ awareness and knowledge about COVID-19. It is then crucial to use non-jargoned language and simple vocabulary about COVID-19. The information dissemination should be fact-based, using audio-visual aids like presentations and videos provided by authorized international organizations like WHO or government resources. The videos can comprise models that can speak and enact through their behaviour about the preventive measures.

- Volunteer social workers have a role to play in promoting well-being among migrants. They can discuss what well-being is and how it is essential for migrants. They can help teach simple de-stressing exercises, like, deep breathing, progressive muscle relaxation, healthy distractions, and positive self-talk as some basic coping strategies. Focused group discussions with interactive workshops can be organized in which ‘life skills’ related to coping with stressful circumstances can be on the agenda by using.
more practical and relatable examples for the migrants.

- They can help identify degrees of mental health problems and further referral to recognized mental health professionals. They have a role as a catalyst between the parents based on their interaction with migrants (below 18 years) and the findings of screening tools. If they observe any problem, they can talk to parents and refer juvenile migrants to mental health professionals.

An intervention model is being proposed, which comprises 3 phases: Prevention, promotion and management.

**Phase 1: Prevention and Awareness**

These activities can be conducted in small groups keeping social distancing as per government protocols of COVID-19 in strict purview.

- Use mass media tools like videos, songs, drama performances like, ‘Nukkad Natak’ (street plays) in various languages to increase awareness.
- This phase involves screening the well-being of the migrants.
- Appointment of professionals to train volunteers, counsellors, social workers to screen the patient in dimensions of stressors, help instil coping skills, and skills for adapting to this pandemic.
- The data would be collected on brief screening forms, and migrants who have been screened for any clinical domain will be further referred to a clinical psychologist. If the patient shows severe degree symptoms, a psychiatrist can be consulted.

**Phase 2: Promotion of Well-being**

- To present the migrants with reinforcements like a week’s ration, recommending them for a job, economic incentive, a recognition for their local newspaper initiatives.
- The incentives will help them be active with the program and help subside their stress levels.
- Including the migrant population in organizing those activities to inculcate a sense of belongingness and increase motivation.
- NGOs, volunteers and counsellors can create small group awareness programs, teaching them basic relaxation exercises, coping skills and ways to cope with stress.

**Phase 3: Management**

- The counsellors and clinical psychologists will help the management of migrants who are screened to experience extreme stress.
- Clinical psychologists, through group psychotherapy (individual therapy for high-risk patients), can have group sessions based on commonly experienced problems.
- The workshops can help expound specific coping strategies and techniques through role-play or team activities while adhering to social distancing rules.

**Conclusion**

Post WHO declaration of COVID-19 as a health crisis, countries worldwide, including India, started taking extensive preventive measures like enforcing nationwide lockdown. This has gravely impacted underprivileged sections of society, including the migrants. There have been pre-existing psychosocial vulnerability factors of internal migrants. Moreover, being less familiar with new contexts, they are prone to several unique social, psychological, and emotional stressors. Different stressors in the form of protocol enforcement of unplanned lockdown, loss of means of livelihood, the ‘mass movement’, varied experiences at temporary shelters lead to widespread frustration, emotional distress and bouts of helplessness, which led to mental health conditions like panic, anxiety, depression, aggression, self-harm and incidents of suicide. A national migrant economic support, including psychosocial support, is in place according to our research review. However, our nation requires developing an integrated ‘rights-based approach’ for providing comprehensive care to migrants, including economic support, health care, and active labour-market policy. Multi-level initiatives to be formed following top-bottom approach, involving Ministry of labour and employment, NHFWD, SHFWD, local municipal and corporation councils, Mobile Medical Units, mental health care workers, municipal bocks, NGOs and gram panchayats.

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Psycho-Socio-Economic Challenges of Internal Migrants of India


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