

# Displaced and Distressed: A Bibliometric Exploration of The Displaced People's Mental Health

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Received: 28<sup>th</sup> Feb, 2026; Revised: 6<sup>th</sup> March 2026; Accepted: 7<sup>th</sup> April, 2026; Available Online: 20<sup>th</sup> April, 2026

## ABSTRACT

People displaced due to any reason experience mental health issues which are a critical topic of discussion in the mobility studies. In this study, we have bibliometrically analyzed works that discuss the mental health of the victims of displacement. Using Biblioshiny of R Studio and VOS viewer, the productions, citations, sources, themes, contributors, affiliations, collaborations and network were examined from 2012 to 2025. The production regarding the topic has increased since 2018; conversely, the citation count has lowered. Contribution from authors shows significant interest of the researchers to contribute to the topic from the number of production and relevant author contribution figure. Geographically, publication and collaboration remains limited to North America, Europe and few African countries with limited contributions from Middle Eastern, Asian and South American regions. Thematically, discussion is concentrated within basic themes and clinical studies only. While the mental health of the displaced people is being discussed actively in the present times, the bibliometric analysis saw that there is a need for more thematic and geographical exploration on the topic.

**Keywords:** Mental Health, Displacement, Displaced Persons, Displaced People, Bibliometric Analysis.

**How to cite this article:** (Pattanaik Y, Mohanty M, Pati J), (Displaced and Distressed: A Bibliometric Exploration of The Displaced People's Mental Health). Int J Drug Deliv Technol. 2026;16(5): 286-297. DOI: 10.25258/ijddt.16.5.31

**Source of support:** Nil.

**Conflict of interest:** None

## 1. INTRODUCTION

Displacement of population for any reason be it disaster, environmental degradation, violence, conflict or state sponsored projects, is a critical human rights issue. According to Internal Displacement Monitoring Centre's Global Report on Internal Displacement<sup>1</sup>, 73.5 million people were displaced within the State borders due to violence and conflict while 9.8 million people were displaced due to disasters. United Nations High Commissioner for Refugee<sup>2</sup> has recounted that by mid 2025, around 117.3 million people were found to be displaced globally for persecution, violence, conflict and human rights violation. The Democratic Republic of the Congo, Syria and Sudan contribute more than 1 million each to that number making them the most displaced people generating States. Presently, as the year 2026 just began, more than 239 million people across the globe are found to be in the dire need of protection and humanitarian aid against violence and conflict situations<sup>3</sup>. Almost all the people who are displaced have experienced some form of mental health issue. Access to mental health support in such conditions is limited due to security reasons and lack of adequate and qualified staffs. According to World Health Organization's report<sup>4</sup>, the way displacement takes places decides the mental state of the displaced people<sup>4</sup>. In many cases, people go through immense hardship such as life threatening situations, loss of livelihood, oppression,

etc. which resulted in their displacement. The degree of mental impact in the case of loss of livelihood would never be anywhere near the degree of mental impact in the case of persecution. Sukiasyan<sup>5</sup> has described three stages of displacement or forced migration that can lead to trauma<sup>5</sup>. The first is the condition of violence, conflict and an overall unsafe environment which forces the people to move. Second is during the journey itself which is unsafe and uncertain and third is the challenges they face in host country once they arrive. Mental health distress is heavily influenced by all the three stages and not just the reason behind displacement. Mental health disorders arise from pre-displacement conditions which continue during the displacement situation (the period of movement) and continue to persist and even post displacement<sup>6</sup>. People who were displaced because of violence, conflict or persecution are seen to experience mental health issues more disproportionately<sup>7</sup>. Irrespective of the reason of displacement, some mental health issues are commonly seen among refugees such as anxiety disorder, depression and post traumatic stress disorder<sup>8,9</sup>.

Women are more susceptible to mental health disorders and it has long term impact on them. They carry along the emotional burden of caring for the family and handling the domestic chores despite the unstable environment which make them more vulnerable to psychological distress like

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post traumatic stress disorder, depression and anxiety<sup>10</sup>. This shines the light on the fact that gender sensitive options for mental health support and services are limited. Children are more vulnerable to mental disorders not just due to displacement and trauma but also because of its impact on the overall development<sup>11</sup>. The effect of displacement on children's mental health is severe due to the traumatic experiences they have been exposed to which resulted in the involuntary movement which further traumatized them<sup>12</sup>. Otokpa et al.<sup>13</sup> noticed that among children, emotional withdrawal, numbness or distancing, hyper-vigilance and inability to sleep soundly are few common ways to identify the sign of mental distress. Additionally, among youth, substance abuse, aggressive, antisocial and disruptive behaviour are the signs of their mental distress. Besides women and children, the disabled, elderly, sexual minorities are the groups that are more vulnerable and are more prone to developing mental health disorders due to displacement<sup>14</sup>. People who have experienced or survived torture such as children, elderly, sexual or gender minority show higher signs of mental disorder<sup>15</sup>. Understanding the mental health effects of displacement is much more than just the matter of medical interest. It is a crucial humanitarian response that every victim of displacement deserves rescue from. Post displacement, in the ongoing daily life the displaced people face many stressors of mental health. As per UNHRC<sup>16</sup>, in a survey that they conducted along with World Bank among refugees in Uganda, they found that these refugees have higher depression rates despite living in another country. The loss of land and livelihood and extreme dissatisfaction with their current condition of poor living and helplessness is the major reason of stress and depression among the displaced people<sup>17</sup>. Separation from family and loss of their loved ones also acts as stressors to mental distress which under such circumstances of violence and displacement has the potential to make them emotionally numb<sup>11</sup>. Unemployment, loss of social network, food insecurity also increases the risk of mental disorder among the displaced people<sup>18</sup>. Poor condition of living and exposure to traumatic experiences further intensifies the disorder. Sukiasyan<sup>5</sup> mentioned that the socio-economic instability and post displacement isolation and discrimination accelerate the displaced people's psychological distress. Besides this, the lack of access to healthcare facilities and the extended displacement period also enhances the risk making the displaced people more vulnerable<sup>19</sup>. Further, the difference in culture shapes how such stressor is experienced by the displaced people and how they express it, creating difficulty in accessing healthcare attention post displacement<sup>20</sup>. The lack of cultural sensitivity, language barrier, stigmatization and western understanding of the mental health issue makes it difficult for the displaced people to come out openly to seek help or access the existing service<sup>21</sup>. Discrimination, separation, losses incurred and the exhaustive journey for survival can be the cause of such deteriorating mental health. Albelbeisi et al.<sup>22</sup> said that people who have experienced multiple displacements tend to have a higher

level of mental health disorder. Post displacement, due to limited access to healthcare, the issue of mental health of the displaced people is not dealt with in due time or rather is given limited attention<sup>23</sup>. Displaced people who already have mental health issues due to their pre-displacement condition find it even difficult to access healthcare in the host country due to the lengthy asylum system<sup>24</sup>. With increase in the number of displaced population globally, it has become utmost important to address this pressing humanitarian issue multidimensionally. As much as the discussion on mental health is seen globally, it only receives 1 or 2% of world's health finance<sup>10</sup>. In their work, Morina et al.<sup>25</sup> after analyzing 38 different studies on the mental health impact among internally displaced people and refugees saw that comprehensive mental health support and services for the displaced people is extremely lacking. Monsalve et al.<sup>26</sup> saw that even after more than 15 years of being displaced, the victims continue to experience trauma which cements the fact that such experiences indeed have a lasting psychological impact. Baarnhielm et al.<sup>27</sup> pointed that lengthy and exhaustive asylum system, inability to fix their socio-economic condition and lack of access to basic services including healthcare undermines the displaced people's mental health acting as secondary stressors. The trauma, along with the loss of land, livelihood, social ties, safety and security and the brutal asylum process exacerbates the displaced people's mental condition<sup>28</sup>. This highlights the fact that current emphasis on addressing the mental health effects of displaced people is still weak and quite limited.

The aim of this study is to carry out a comprehensive bibliometric analysis to understand the mental health of displaced people from intellectual works found in the Scopus database. This work will discuss about the scientific publications and citations received by the documents and acknowledge the sources, themes, networks and contributors who discuss have discussed the topic in their work. Studying authorship collaborations and institutional affiliations will give us an insight into understanding how ideas and knowledge are shared within a research domain and the countries engaging in research on the topic.

## 2. MATERIALS AND METHODS

For this work, bibliometric analysis was conducted using data derived from Scopus database. The dataset after undergoing filtering was downloaded and run through Biblioshiny from R studio application and VOS Viewer application to generate details regarding publication, citation, sources, institutions, themes and collaboration patterns.

### 2.1 Collection of Document:

For this work, we choose Scopus database for its broad coverage and user friendly approach. In the document search query we gave simple and limited terms for searching documents that discusses the mental health effects of displaced persons. Thus, the Boolean was as follows: *TITLE-ABS-KEY (mental health, displaced persons)*. The reason for choosing these two terms was to

limit the otherwise broad horizon. The search query was carried out on 1<sup>st</sup> of March, 2026. This search provided us with 589 documents from various document types, source types and languages. The document types included articles, book chapters, books, reviews, conference papers, editorials, notes and conference reviews.

**2.2 Filtering of documents:**

To ensure that only those documents that discuss the mental health effects on displaced persons are derived, we have undergone the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) filtering process. The searching phase was done through the use of the search query as mentioned in 2.1. Later, for screening of the documents we added many filters after the Boolean search which helped narrowed our search. First, we applied the open access filter, set the publication stage to final and limited the document types to articles only. We then limited the year of documents from 2012 to 2025 and then limited the language of documents to English only. We then went on to limit the keywords to the following: Anxiety Disorder, Anxiety, Asylum Seeker, Asylum Seekers, Displaced Persons, Displacement (people), Displacement, Forced Migration, Internally Displaced Person, Internally Displaced Persons, Mental Disease, Mental Disorders, Mental Health Care, Mental Health Service, Mental Health Services, Mental Health, Mental Stress, Posttraumatic Stress Disorder, Post-traumatic Stress Disorder, Post-traumatic, Psychological Distress, Psychological Well-being, Psychology, Psychosocial Care, Psychosocial Intervention. Psychotherapy, Psychotrauma, Ptsd, Refugee, Refugees, Stress Disorders, Trauma. After

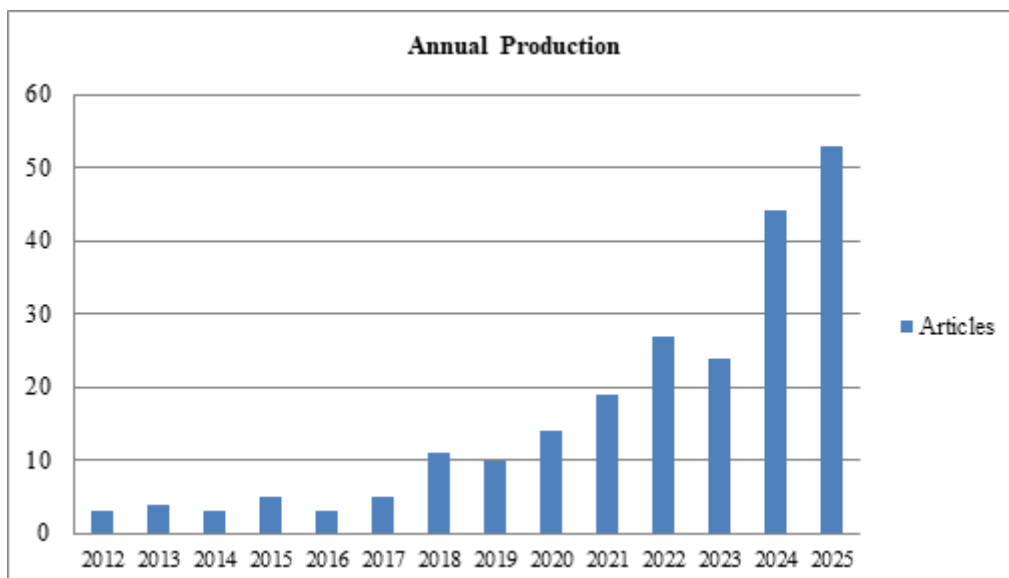
processing all the filters the database gave us 225 documents which we downloaded into a Microsoft Excel file. The excel file had meta data of all those documents such as journal name, publication year, author name and abstracts among many other details. We read the entire abstract and then processed the excel file through Biblioshiny application of R Studio software and VOS Viewer software to get bibliometric data for our article.

**3. RESULTS AND DISCUSSION**

After processing the raw Scopus data through Biblioshiny of R Studio and VOS Viewer, the following result was generated.

**3.1 Scientific Productions and Citations**

Figure 1 shows the annual publication of documents. From 2012 to 2025, the production follows an upward growth pattern where initially the publication was low but since 2018, it gained a momentum with a slight fluctuation in the upward curve in 2023. The annual growth rate of document production is 24.75% as per the bibliometric information found from R studio. A steady growth in publication has occurred since 2018 (n = 11), 2019 (n = 10), 2020 (n = 14), 2021 (n = 19). Later, there was significant growth in the number of document production in the year 2022 (n = 27) and 2023 (n = 24), and a huge leap in production can be seen in 2024 (n = 44) and 2025 (n =53). This reflects a growing interest of researchers on studying the mental health of the displaced people since 2022. In the 14 years, through the number of productions, we can see that the mental health dimension of displacement has moved from a niche theme to a rather strong and interdisciplinary topic.



**Figure 1:** Annual Production of Documents (R Studio)

**Table 1:** Annual Citation of Documents (R Studio)

Year	MeanTCperArt	N	MeanTCperYear	Citable Years
2012	15.67	3	1.04	15
2013	65.75	4	4.70	14
2014	37.67	3	2.90	13
2015	42.20	5	3.52	12

2016	76.67	3	6.97	11
2017	38.00	5	3.80	10
2018	40.55	11	4.51	9
2019	36.40	10	4.55	8
2020	18.43	14	2.63	7
2021	14.26	19	2.38	6
2022	17.85	27	3.57	5
2023	11.50	24	2.88	4
2024	21.59	44	7.20	3
2025	1.68	53	0.84	2

The table 1 shows the citation count of production received during the fourteen years (2012-2025). From 2012 to 2017, despite the limited number of document, the articles managed to receive high citations; however, their yearly impact remains limited. The documents in 2016 have received the highest citation (MeanTCperArt = 76.67, MeanTCperYear = 6.97, N = 3). Later, from 2020 onwards, citation count (mean count per article) saw a

downward move contrary to the number of production which kept rising. Citation tag which means that newer publication getting less citation for being published recently, access to Scopus database and bias on the authors part can be one of reasons for limited number of citations received by the documents; this is however, pure speculation on the authors part.

**Table 2: Top 10 highly cited papers (R Studio)**

Paper	DOI	TC	TC per Year	Normalized TC
KIRKBRIDE JB, 2024, WORLD PSYCHIATRY	10.1002/wps.21160	688	229.33	31.87
HORYNIAK DR, 2016, PLOS ONE	10.1371/journal.pone.0159134	181	16.45	2.36
MESA-VIEIRA C, 2022, LANCET PUBLIC HEALTH	10.1016/S2468-2667(22)00061-5	162	32.40	9.07
ROBERTS B, 2019, EPIDEMIOLOG AND PSYCHIATR SCI	10.1017/S2045796017000385	130	16.25	3.57
CERDÁ M, 2013, DEPRESSION ANXIETY	10.1002/da.22007	103	7.36	1.57
SHEVLIN ME, 2018, ACTA PSYCHIATR SCAND	10.1111/acps.12840	100	11.11	2.47
LUSHCHAK O, 2024, LANCET REG HEALTH EUR	10.1016/j.lanepe.2023.100773	90	30.00	4.17
IBRAHIM H, 2018, BMC MED	10.1186/s12916-018-1140-5	86	9.56	2.12
FEYERA F, 2015, BMC PSYCHIATRY	10.1186/s12888-015-0539-1	80	6.67	1.90
RIZZI DD, 2022, INT J ENVIRON RES PUBLIC HEALTH	10.3390/ijerph192416439	79	15.80	4.43

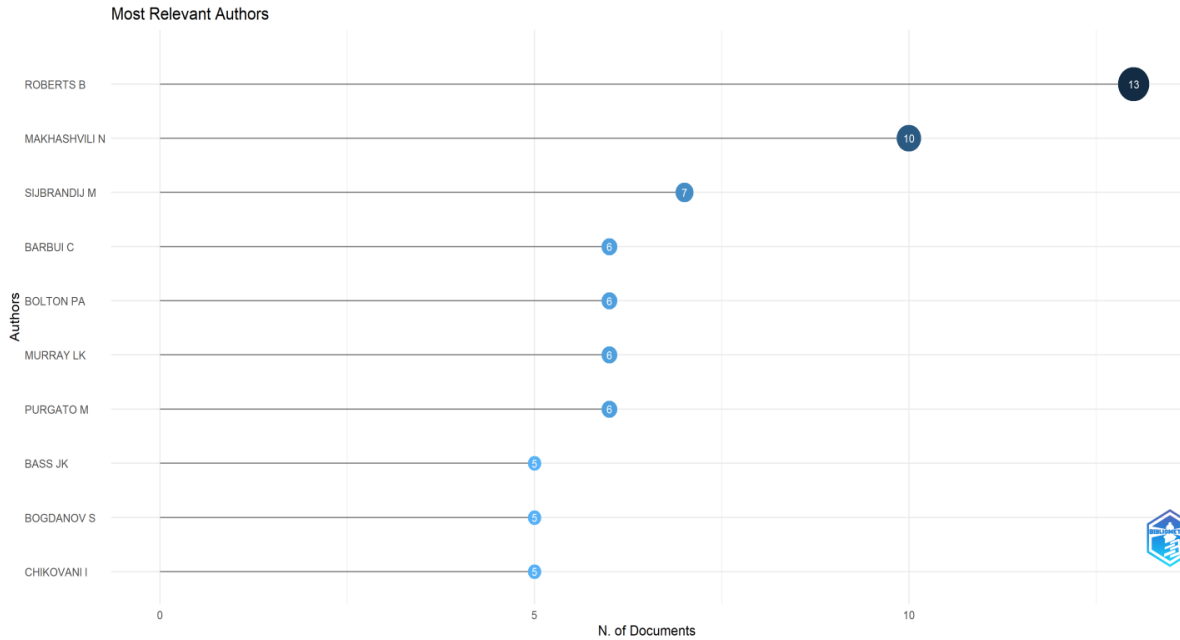
Table 2 presents the list of top ten highest cited documents published in high quality from the year 2012 to 2025. The top 5 global cited articles have received total citation of 100 and more than 100. Kirkbride 2024 published in World Psychiatry journal which talks about how social determinants shape the mental health condition of vulnerable displaced groups has received the highest citation which is 688 total citations with the total citation per year being 229.33. The second position is held by Horyniak 2016 published in Plos One journal talks about socio-economic condition and exposure to traumatic experiences faced by displaced people affecting their mental condition are the stressors behind their substance use and limited access to healthcare services. This paper received a total of 181 citations with the total citation per year being 16.45. Mesa-Vieira 2022 published in The Lancet Public Health journal is the third highly cited document with a total citation of 162 and total citation per

year being 32.40. They have analyzed studies that discussed the experience of migrants who have been exposed to armed conflict. They saw that these migrants display high mental issues like post traumatic stress disorder, anxiety and depression generating the need of mental health care. Roberts 2019 published in Epidemiology and Psychiatric Science journal hold the fourth position of the being the most cited documents globally. They have discussed the mental health condition of internally displaced people in Ukraine which showed that mental disorders such as anxiety, post traumatic stress disorder and depression are high among those people along with limited access to mental health services. Cerda 2013 published in Depression and Anxiety journal is the fifth most globally cited document. They have discussed the mental health condition of earthquake survivors’ in Haiti where they saw an increase in post traumatic stress disorder and depression among displaced people.

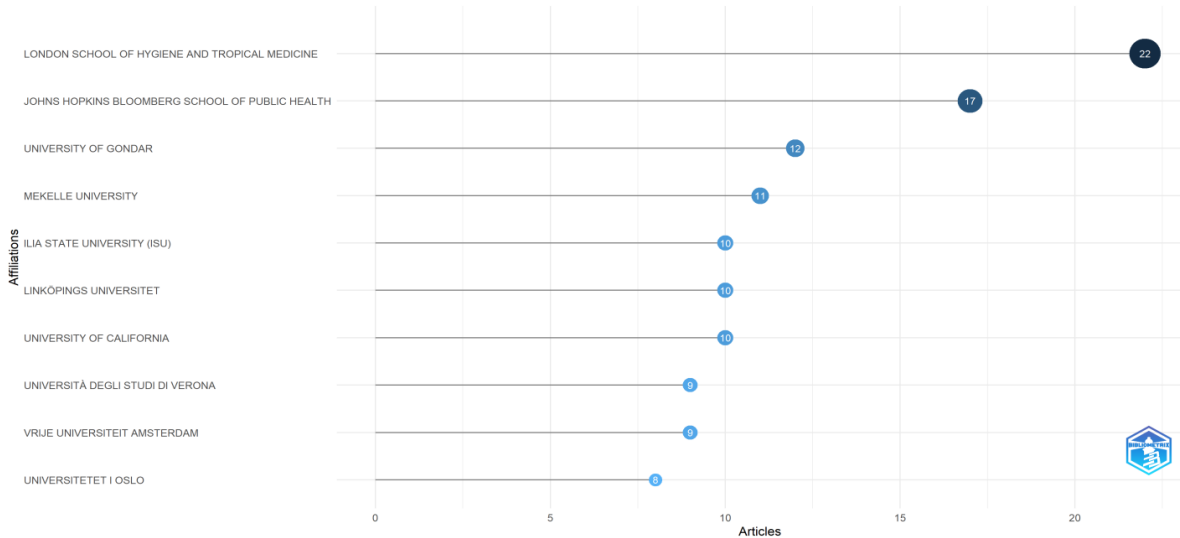
**3.2 Authors, Affiliations and Sources**

Figure 2 displays the list of top ten most relevant authors who have contributed significantly on the topic discussing the mental health of the displaced persons. Discussion on the mental health aspect of displacement draws the interest of researchers for interdisciplinary works giving us diverse approach to the issue. The chart shows that all the authors have contributed a minimum of five and more works on the topic showing that the contributions on the topic are relatively spread among multiple researchers. Among several researchers, Roberts B. has emerged as the dominant researcher in this field with the highest

contribution (13 documents) in the fourteen years time span and a work of his has also gained the fourth spot in the top ten globally cited document list (table 2). Makhshvili N. follows closely with 10 contributions followed by Sijbrandij M. with 7 contributions, making them second and third most relevant authors contributing to the topic. The next four authors have contributed 6 articles each and the last three authors have contributed 5 articles each. This shows that the topic is of interest to the researchers and is being discussed by them in various levels and potentially various disciplines as well.



**Figure 2: Most Relevant Authors (R Studio)**



**Figure 3: Most Relevant Affiliations (R Studio)**

Figure 3 presents us the chart of top ten most relevant affiliations. These are the institutions who have contributed the most amount of work on the mental health of displaced persons. From the chart, we can see that the London School of Hygiene and Tropical Medicine in the

United Kingdom is the highest publishing affiliation with 22 articles emerging as the top contributor during the fourteen years. It is followed by the Johns Hopkin Bloomberg School of Public Health of United States of America with 17 articles and University of Gondar and

Mekelle University of Ethiopia with 12 and 11 articles, making it the second, third and fourth highest contributing affiliations during the fourteen year time span. These four institutions are the leading contributors on the topic with more than 10 contributions each. The Ilia State University of Georgia in the 5<sup>th</sup> place, the Linkoping Universitet of Sweden in the 6<sup>th</sup> place and University of California of the United States of America in the 7<sup>th</sup> place have contributed 10 articles. The Universita Degli Studi Di Verona of Italy and Vrije Universiteit Amsterdam of Netherland contributed 9 articles each and lastly, the Universitetet I Oslo, Norway gave 8 articles. This indicates that the USA and European region, States that receive most of the cross border displaced people are dominating the academic space when it comes to the discussion of mental health of the displaced people with limited mention of African region which experiences frequent displacement incidents. This chart reflects that contribution from institutions on the topic remains geographically spread majorly across Europe however, remains limited in North America and Africa suggesting that the discussion on the topic still remains globally acknowledged, aimed at understanding and studying the broader impact on the mental health of the displaced people.

Figure 4 presents us the chart of the academic journals that have given us the most number of works that discusses the mental health of displaced people during our chosen time frame. The International Journal of Environmental Research and Public Health and Plos One have taken the top two spots (sequentially) with more than ten contributions each (14 and 11), making them the most relevant sources on the topic during the time span. BMC Psychiatry and BMC Public Health have taken the third and fourth spots with 9 contributions each. They are closely followed by the Conflict and Health and Frontiers in Public Health journal with 8 and 7 contributions respectively. The rest of the journals have contributed six documents each which shows that the topic is of significant interest among sources as well. The chart shows that the discussion on the mental health of the displaced population is a topic not limited to a single discipline but rather includes environmental science, psychiatric study, health and medicine education and social science. The topic is being researched from an interdisciplinary lens as we can see from the figure which states that the mental health of displaced people is being discussed in a broader setting rather than being limited to the preconceived theoretical discipline.

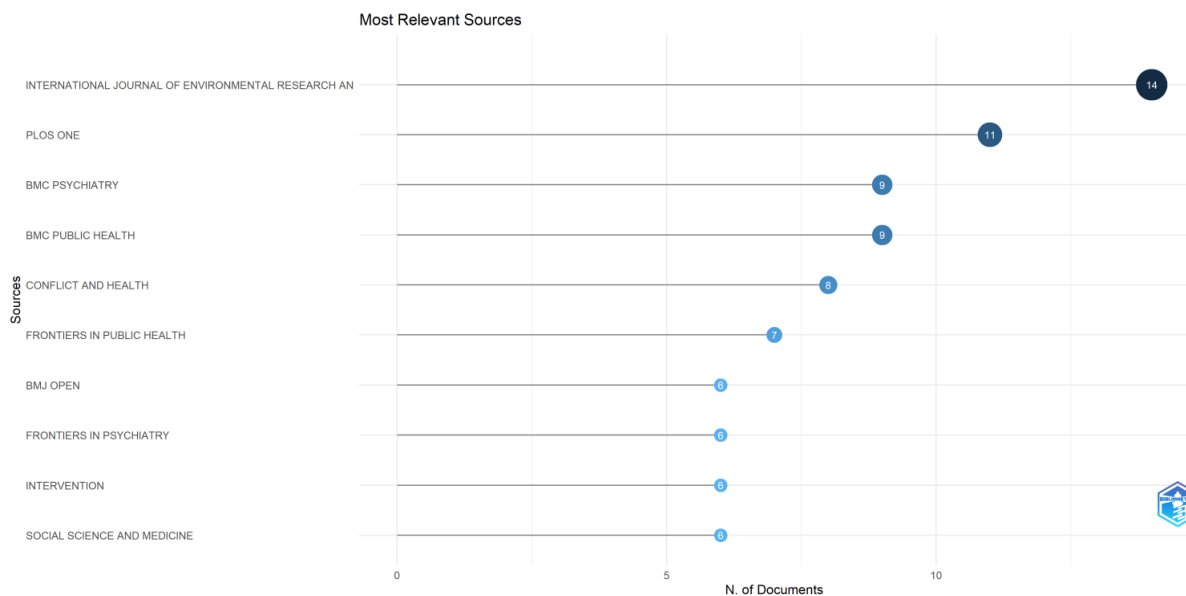


Figure 4: Most Relevant Sources (R Studio)

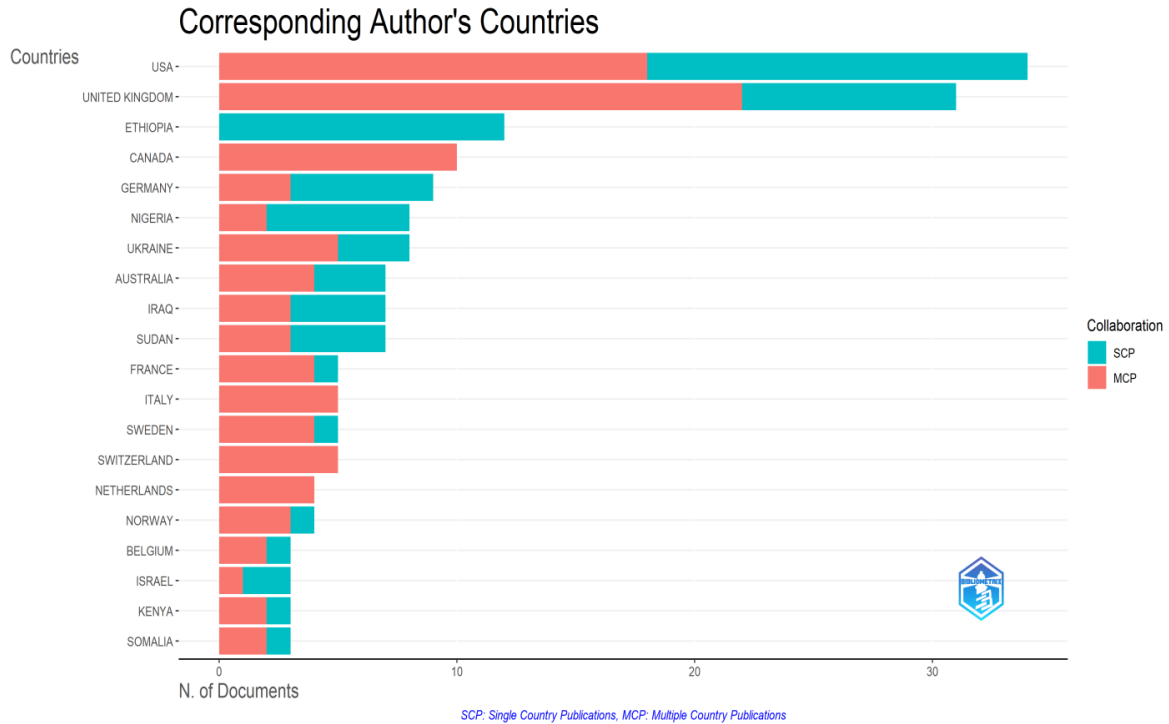
3.3 Collaborations, Themes and Networks

Figure 5 represents the corresponding author’s country which shows the collaboration pattern of researchers from various countries. Here, the length in the bar shows its production size which means the lengthier the size (be it red or blue), the higher is the countries collaboration. The blue bars shows production of document from a single country (SCP- Single Country Production) while the red ones show multiple country publication (MCP) where authors from different countries collaborate together in producing a document. From the length of the bar we can see that USA and UK have the largest (SCP = 16, MCP = 18) and second largest (SCP = 9, MCP = 22) bar which means that they are the leading countries in international

collaboration. USA is the largest producer of SCP and second largest for MCP while, UK is the largest producer of MCP and third largest for SCP. Following behind is Ethiopia which has solely focused on SCP (12) and Canada, who has focused on MCP (10) regarding the topic of mental health of displaced people during the chosen time frame. Australia, Ukraine, Iran and Sudan have also shown significant interest in international collaborations highlighting the importance of studying the mental health of displaced people in disaster and conflict affected regions. Further, from the country co-author network, we can see that European countries have dominated the international collaboration field with significant collaboration with the USA and limited collaboration with

African and Middle East region (Figure 6). This shows that the topic has gathered international interest with the significant interest growing in the Middle East and African regions which experiences displacement. Table 3 presents

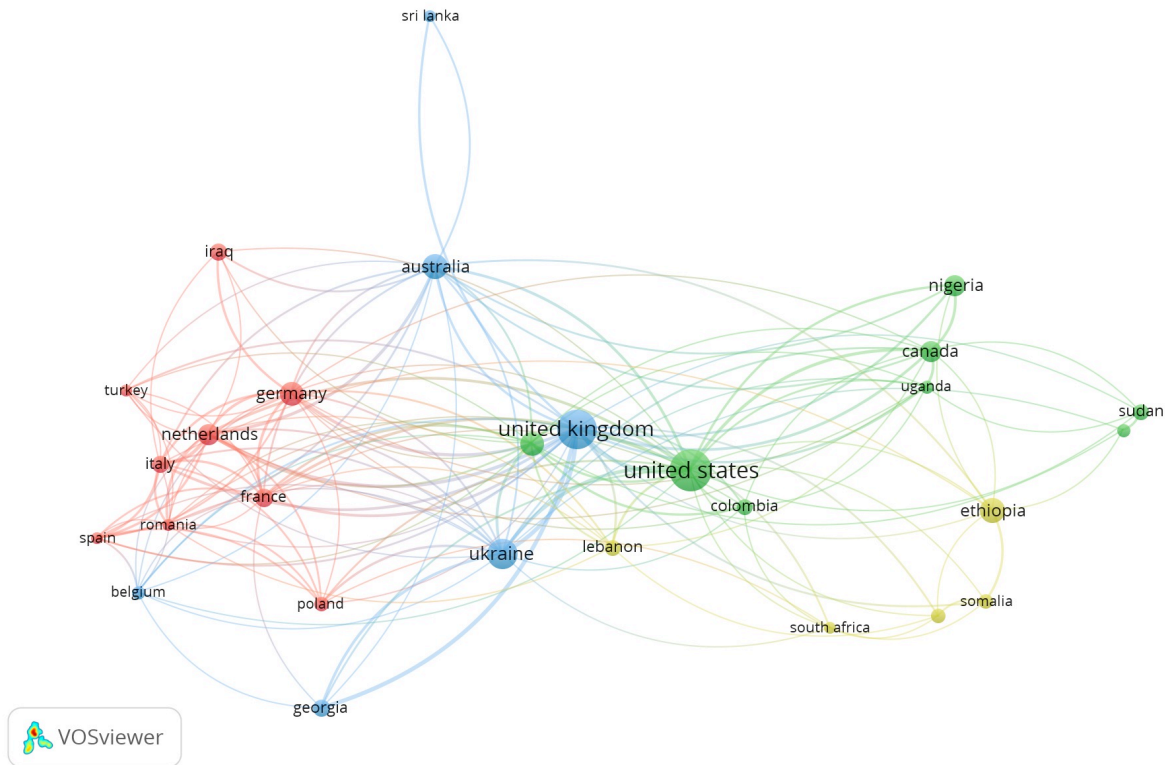
a detailed list of top ten corresponding author’s country discussing collaborations practice for both single country and multiple country collaboration.



**Figure 5:** Corresponding Author's Countries (R Studio)

**Table 3:** Country Collaboration (R Studio)

Country	Articles	SCP	MCP	MCP %
USA	34	16	18	52.9
UNITED KINGDOM	31	9	22	71
ETHIOPIA	12	12	0	0
CANADA	10	0	10	100
GERMANY	9	6	3	33.3
NIGERIA	8	6	2	25
UKRAINE	8	3	5	62.5
AUSTRALIA	7	3	4	57.1
IRAQ	7	4	3	42.9
SUDAN	7	4	3	42.9



**Figure 6:** Co-author Co-occurrence Network (VOS Viewer)

[Type of analysis: Co-authorship, Unit of analysis: Countries, Counting method: Full counting; Minimum number of documents of a country: 5, Minimum number of citations of a country: 5; Out of 77 countries, 28 meet the threshold. (Network Visualization)]

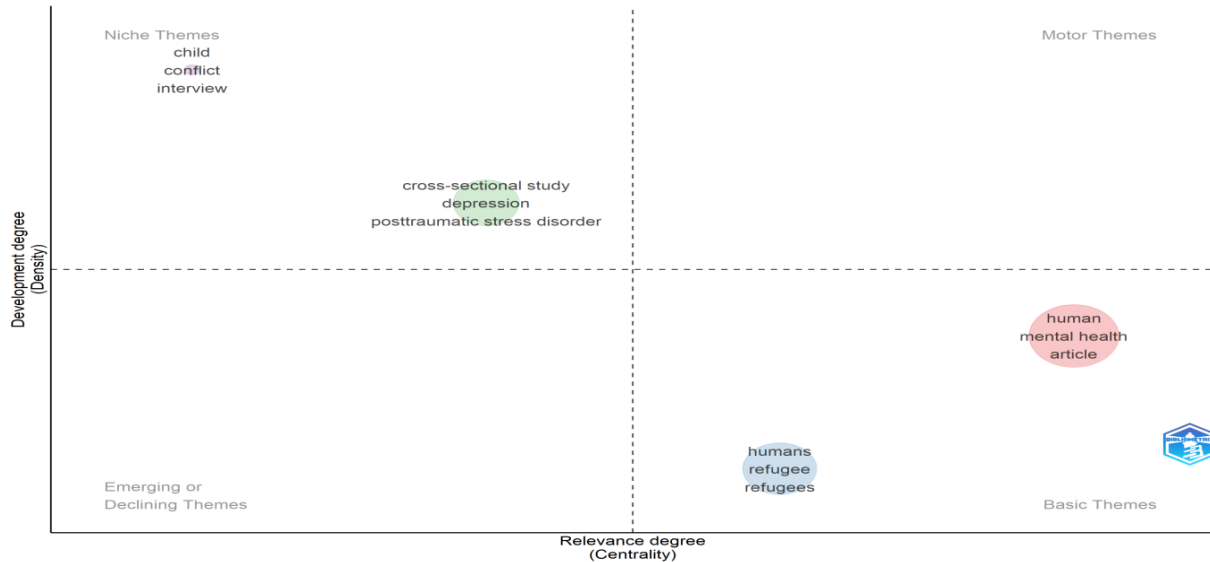
Figure 6 presents the co-author country collaboration pattern. This network presents three different dimensions; the color clusters, the size of the node and the connecting link that is the size of the link connecting two countries. Beginning from the last, the connecting link means that when the line connecting one country node to the other is thicker, the collaboration between those two countries is frequent. The line connecting Georgia with United Kingdom is thicker which means that collaboration between these two countries is more compared to Georgia and Belgium which has a rather thin line showing limited collaboration. The nodes United States and United Kingdom are the biggest which shows that these two countries are the biggest contributors on the topic. These countries being in the central position indicates that they dominate the collaboration field as well, which can be seen from the multiple connecting links generating from their nodes. Countries with smaller nodes such as the ones appearing in the periphery like Sri Lanka and Somalia are countries with lower contribution; hence, the collaboration is also limited. Lastly, the color clusters. The clusters in red (Germany, Netherlands, France, Poland, Italy, Spain, Romania, Turkey, Iraq) are countries with more inter-European collaboration. The clusters in green (United States, Switzerland, Canada, Nigeria, Colombia, Uganda, Sudan) are countries with more north-south collaborations on generating works on the topic considering the former

three countries are mostly the receivers of displaced people and the later four countries experience displacement for various reasons. As can be seen from the network, the clusters in blue (Georgia, Belgium, Ukraine, United Kingdom, Australia, Sri Lanka) are countries that have been involved in more global collaboration while the clusters in yellow (Ethiopia, Somalia, South Africa, Lebanon) are the countries with more regional collaboration.

The figure 7 is the thematic map of the dataset. This map helps understand relevant and developed themes relating to the mental health of displaced people. The map is divided into four parts or quadrants. These quadrants are known as the motor themes (themes that are well developed and central to the topic), basic themes (themes that are central to the topic but less developed), niche themes (themes that are developed but to central) and emerging or declining themes (themes that are not central and weakly developed). The horizontal line dividing the quadrant is the centrality axis which shows relevancy of a theme where themes on the right are very important whereas themes on the left are less connected. The vertical line is the density axis which shows development of a theme where themes on the top are highly developed whereas themes on the bottom are less developed. In the map only two quadrants hold clusters relating the fact that the topic is still in basic and niche theme stage. The basic quadrant holds two clusters, 'human, mental health, article' cluster and 'humans, refugee, refugees' cluster. These themes are the most commonly discussed topics in the study of displacement in relation with mental health acting as the backbone of the broad topic. This shows that

majority of the discussion on the topic is limited to the broader issue without getting into much depth or specialized topic. The niche quadrant also holds two clusters namely, ‘cross-sectional study, depression, posttraumatic stress disorder’ and ‘child, conflict, interview’. These themes are specialized themes and are well developed but not the topics of broader research. These clusters show relevant themes which are

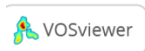
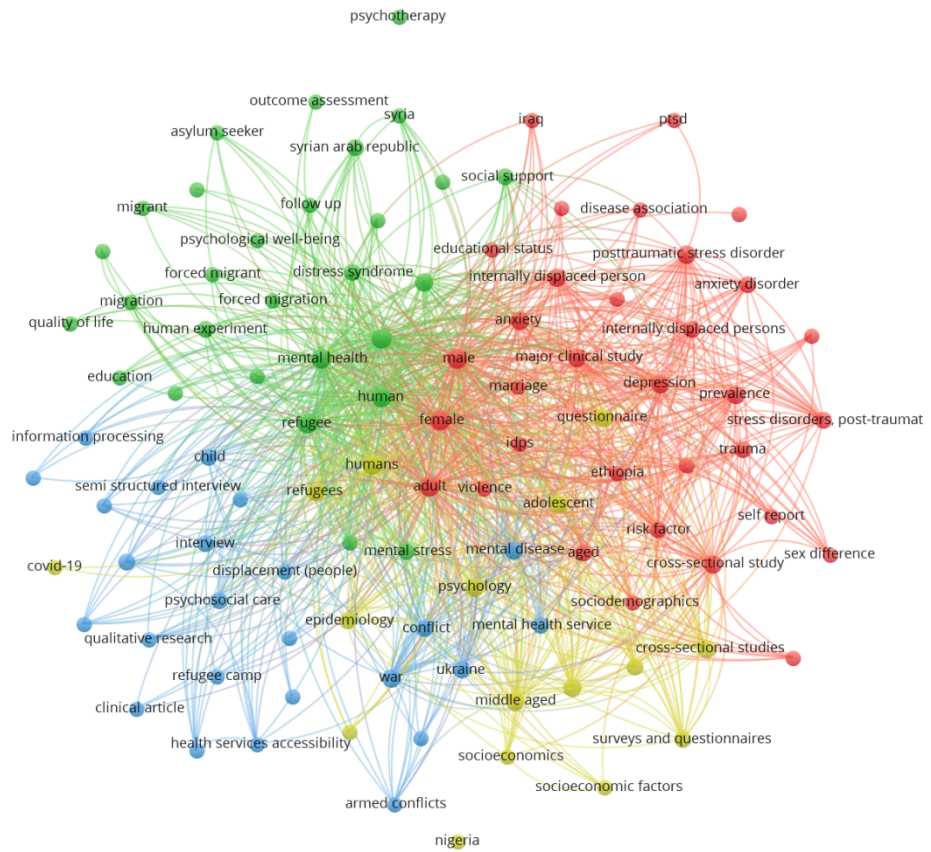
highlighting the lived experiences and discussing methodologically robust studies on the mental state of victims of displacement and presently, according to the map, discussion is limited to the mental health of refugees. Notably, two quadrants, motor themes and emerging and declining themes are empty, suggesting limited or lack of dominant and emerging themes on the topic, reflecting that the topic is still evolving.



**Figure 7: Thematic Map (R Studio)**

The figure 8 shows the keyword co-occurrence network which basically displays how different keywords are related to the studies on the topic of mental health of displaced people. Here, the bigger the node, the frequent the keyword appears in the studies and the lines connecting keywords shows that the terms (lines connecting two nodes) are connectively discussed. It can be seen from the network that majority of the keywords have a reasonable size node which means that they keywords have been discussed widely in relation to works on the mental health of the displaced people. The nodes at the centre are the core themes of the topic and majority of the research is centred around it. The keywords clustered in the color red represent the works that have discussed the gendered and clinical dimension of the topic. The keywords clustered in the color green displays a more psychosocial and mobility centred approach to mental health of displaced people. The blue cluster presents the

qualitative approach taken to understand or discuss the mental health aspect of the displaced people. It also mentions keywords relating service providing works displaying the fact that the lived experiences of the displaced people’s mental state is also being discussed. The yellow cluster discusses the demographic and socio-economic dimension relating to the mental health aspect of displacement. This keyword co-occurrence network highlighted that researchers are actively engaging in discussion on the mental health of the displaced people in various settings. They are not studying just the core concept of psychology or health science with respect to displacement from a standalone point anymore, but rather they are engaging and eager to study the mental health angle from the lens of various disciplines such as social, economic, medical, psychological and gender studies combining them with lived experiences and clinical and qualitative approach to the topic in the process.



**Figure 8:** Keyword Co-occurrence Network (VOS Viewer)

[Type of analysis: Co-occurrence, Unit of analysis: All keywords, Counting method: Full counting; Minimum number of occurrences of a keyword: 10; Out of 1991 keywords, 247 meet the threshold; Number of keywords to be selected: 103. (Network Visualization)]

**4. CONCLUSION**

In this work, we conducted a bibliometric analysis on the mental health of the displaced people using Scopus database. Using ‘*mental health, displaced persons*’ as search query keywords, we received a series of documents relating to the topic. These documents went through a filtering process in the Scopus database filter system and the final document count came out to be 225. This bibliometric analysis was conducted using the Biblioshiny of R Studio and VOS Viewer applications where the analysis showed us that while the production regarding the topic has increased over the years, citation count has remained relatively limited. Contribution from authors shows significant interest of the researchers to continue discussion and contribute to the topic. Geographically, publication and collaboration remains limited to North America, Europe and few African countries with limited contributions from Middle Eastern, Asian and South American regions. USA and UK are the top contributor and collaborators on the topic while regional collaboration is high among Europe and African regions. Thematically, discussion is concentrated within basic themes and clinical studies only. While the mental health of the displaced

people is being discussed actively, it still remains underdeveloped and is limited to basic, clinical and qualitative discussions. The results present a strong need to integrate mental health as a important theme in displacement related studies and a need for a more thematic and geographically diverse approach in the production of research work relating to the same.

**5. LIMITATIONS**

This study has several limitations. First is that the analysis has relied on data from Scopus database which can excluded important document that could have been found in other databases and could have changed the output. Secondly, the search strategy was limited to terms ‘*mental health, displaced persons*’ only, which could have limited many works relevant to the topic. However, the search query keyword limitation was made for conceptual precision only. Thirdly, to generate dataset for the use of bibliometric analysis many filters were used which could have also limited us from accessing some of the most relevant documents related to the topic. All these approaches collectively could have also excluded relevant works that discusses the mental health aspect of displaced people. Finally the fourth, Scopus can retract and add documents according to its discretion at any time meaning that the number of document even after going the similar search query and filtering process can increase or decrease at any given point of time. This approach can also exclude relevant works that address the mental health of the

displaced people and also alter the generated bibliometric data.

**Acknowledgment:** We would like to extend our heartfelt gratitude to our institution for providing access to essential resources. We would also like to extend our acknowledgment to the previous researchers whose work provided a foundation for our study. We have given due recognition to the literatures wherever used abiding by the ethics of research.

**Conflict of Interest:** The authors declare no conflicts of interest.

**Funding:** This research did not receive any financial support.

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